

WEB BASED CONSULTATION – August thru October 2015**Draft 0: Global Strategy and Action Plan on Ageing and Health**

Contents**1. Overview**

- 1.1 Mandate
- 1.2 Response
- 1.3 Summary of proposed vision, goal, strategic objectives and expected impact

2. Process

- 2.1 Approach
- 2.2 Shaping the Future
- 2.3 Non-State Actors
- 2.4 Next Steps

3. Landscape

- 3.1 Population Ageing
- 3.2 Longevity
- 3.3 Challenges and Opportunities

4. What makes up healthy ageing?

- 4.1 Focus on what people value
- 4.2 Guiding Principles

5. What can be done?

- 5.1 Support people to do what is important to them
- 5.2 Proposed Goals of the Five Year Strategy (2016-2020)
- 5.3 Proposed Strategic objectives of the Five Year Strategy
- 5.4 Proposed Actions to achieve Strategic Objectives
 - Strategic Objective 1: Fostering healthy ageing in every country
 - Strategic Objective 2: Aligning health systems to the needs of the older populations
 - Strategic Objective 3: Developing systems for providing long-term care
 - Strategic Objective 4: Creating age-friendly environments
 - Strategic Objective 5: Improving measuring, monitoring and understanding

6. How do we get this done?

- 6.1 Measures of success
- 6.2 Working together
- 6.3 Beyond 2020

WHO Secretariat welcomes comments and suggestions

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1. Overview

1.1 Mandate

In 2014, a World Health Assembly Resolution (WHA67/13): ... requested the Director-General to develop, in consultation with Member States and other stakeholders and in coordination with the Regional Offices, and within existing resources, a comprehensive global strategy and plan of action on ageing and health, for consideration by the Executive Board in January 2016 and by the Sixty-ninth World Health Assembly in May 2016.

1.2 Response

This document represents Draft 0 towards the first WHO comprehensive Global Strategy and Action Plan (GSAP) on Ageing and Health. It will be refined and improved based on consultations during 2015, with Member States and other stakeholders. The purpose of the GSAP is to define the goals, strategies, and activities that WHO (its Member States and secretariat) will pursue, and to lay these out clearly as a global framework for public health action. Contributions from non-state actors, including civil society, older adults themselves, public and private sectors, and other global and regional entities, are also necessary, if action on ageing and health is to be successful. Thus the GSAP focuses on what needs to be done globally, and is intended to provide a global vision beyond what WHO alone can do.

1.3 Summary of proposed vision, goal, strategic objectives and expected impact

The proposed vision for the GSAP is a world in which everyone experiences *Healthy Ageing*. The proposed timeframe for the GSAP is five Years (2016-2020) as a step towards a subsequent Decade of Healthy Ageing (2020-2030).

“Healthy Ageing” is defined as the process of developing and maintaining the functional ability that enables well-being in older age. A person’s intrinsic capacities and the interaction with his or her environment, makes up functional ability. This perspective provides a new approach to frame comprehensive health policies and implement actions within and across countries.

Vision: A world in which everyone experiences Healthy Ageing

Goals:

1. By 2020, all countries commit to fostering healthy ageing, with action plans in place to maximize functional ability that reach everyone.
2. By 2020, countries and other stakeholders build a platform to support a Decade on Healthy Ageing (2020-2030).

Strategic Objectives for the next five years:

1. Fostering healthy ageing in every country
2. Aligning health systems to the needs of the older populations
3. Developing long-term care systems
4. Creating age-friendly environments
5. Improving measuring, monitoring and understanding

Expected impact: Beyond 2020, all countries and stakeholders renew and sustain their political and financial commitment to actions that support healthy ageing. This would mean that: Healthy life expectancy continues to increase as a proportion of increasing life expectancy. Declines in intrinsic

capacity are minimized, so are differences by social or economic characteristics. Functional ability is enhanced irrespective of illness, morbidity or other health conditions.

In the long term, all older adults experience healthy ageing. Intrinsic capacity is strengthened and maintained across the life-course. For those with declines, supportive environments ensure good functional ability, with differences between individuals and across countries, eliminated. All older persons retain autonomy and dignity. Across the life-course, healthy ageing trajectories enable everyone to optimize their abilities and well-being.

2. Process

2.1 Approach

This GSAP focuses on what can be done, so that all older adults can enjoy the right to health, dignity, autonomy and participation, irrespective of where they were born or live, their social or economic status, health conditions or genetic inheritance. It is intended to inform discussions within and across WHO Member States and assist policy- and decision- makers in setting agendas and in developing or updating national and regional health policy development processes.

Developing the plan will bring together multiple stakeholders involved in improving the health of older adults including governments and elected officials, health professionals, older adults themselves, care providers at home or in the community, academia, global agencies, development partners, civil society, media and the private sector. The GSAP process will allow these stakeholders collectively to define priorities for action over the next 5 years.

The GSAP will both build on existing international and regional goals and set new goals. The GSAP may influence the activities of countries, by supporting the definition of normative policy, the creation of country plans, and the development of implementation plans of different development partners and non-governmental organizations. However, implementing activities remain the responsibility of countries.

2.2 Shaping the Future

The GSAP acknowledges two international policy instruments that have guided action on ageing since 2002 – the Madrid International Plan of Action on Ageing (2002) and WHO's policy framework on Active Ageing (WHA52.7, 1999; WHO 2002). Both refer to the right to health and its international legal framework. They too celebrate rising life expectancy and the potential of older populations as a powerful resource for future development. They highlight the skills, experience and wisdom of older people, and the contributions they make. They map a broad range of areas where policy action can enable these contributions and ensure security in older age. Each identifies the importance of health in older age, both in its own right, and for the instrumental benefits it allows in enabling participation in older age. However, a review of 133 countries shows progress to improve health of older adults since 2002 has been uneven.¹ Renewed commitment and more coordinated responses are required, particularly to foster health in older age.

The GSAP also benefits from the fact that five of the six WHO Regional Offices have a strategy or action plan addressing the health of older adults, reflecting extensive consultation with Member States and other stakeholders (see box).

Box: WHO Regional Frameworks in place

AMRO/PAHO 2008-2017
SEARO 2013-2018

EMRO 2006-2015
WPRO 2014-2019

EURO 2012-2020

And the sixth region, AFRO, is currently developing its first regional framework on ageing and health in collaboration with this GSAP. Each Regional framework has been examined and their contents used as a basis for framing and extending the GSAP's strategic objectives and future action. There are many commonalities between these frameworks including a focus on health systems strengthening; multisectoral approaches for health promotion and age friendly environments; and ensuring comprehensive and high quality health and social services without discrimination.

Looking forward, the GSAP also acknowledges that its strategies and actions should contribute to the Sustainable Development Goals² (SDGs) an integrated, indivisible set of global priorities for sustainable development, including Goal 3: "to ensure healthy lives and promote well-being for all at all ages."

2.3 Non-State Actors

Governments and their policies are crucial, as are the decisions and actions of older adults themselves. Civil society and other associations will also be key stakeholders and contributors towards healthy ageing. Many have already made major commitments in this area.

These include a wide range of partners working at the global, regional and country levels, such as HelpAge International and International Federation on Ageing; condition- or service-specific associations, such as Alzheimer's Disease International and International Association for Hospice and Palliative Care; those reflecting professions and specialities, such as the World Medical Association and the International Association of Geriatrics and Gerontology; and those representation health promotion, patient and community groups, such as the International Union for Health Promotion and Education and the International Alliance of Patients' Organizations, among many others. Other international agencies play a vital role, across the United Nations and its technical agencies and other global and regional institutions such as the World Bank, OECD, and African Union, among many others.

The range of stakeholders and efforts clearly demonstrate the worldwide commitment to address the challenges and seize the opportunities of population ageing. **A global strategy adds value to this commitment by providing an overall vision, catalysing a wider range of partners, and allowing the sharing of experiences on what works in practice between regions and countries.**

Given WHO's mandate, Draft 0 of the GSAP identifies priorities that are already shared by these multiple stakeholders and considers further areas that are likely to be effective that have been identified in the *WHO World Report on Ageing and Health* expected to be released on October 1, 2015. The consultation process will serve to refine and prioritize among these and other potential strategic objectives and actions. It will also identify the groups responsible for taking the necessary action and propose contributions to implement action.

2.4 Next Steps

Once adopted by the WHO Governing Bodies, the GSAP will be a living document: the annexes (see Box) will be updated with new information and will incorporate newly identified needs on an ongoing basis through the WHO website, through periodic consultations and assessments. Beyond the action plan, country, regional and global stakeholders need to take responsibility for specific actions, translate the action plan into detailed operational plans (updating both the action plan and the operational plans as new information becomes available), and mobilize resources to ensure that the vision for healthy ageing becomes a reality. Accomplishing this will require new knowledge and

² UN Open Working Group Proposal for Sustainable Development Goals.
<https://sustainabledevelopment.un.org/sdgsproposal.html>

commitment from countries to innovate and to change the way they work. The WHO Secretariat will work across all levels (country, regional, and global) to implement Member State agreements and assemble and engage stakeholders.

Box: Annexes that could accompany subsequent drafts of the GSAP, such as:

- recommended indicators to monitor and evaluate progress.
- overview of the WHO Regional frameworks' strategic objectives and actions
- overview of stakeholder contributions
- overview of UN and other international entities contributions
- overview of implications for each level of WHO
- preliminary costing and funding needs to implement the GSAP, with a focus on implications for the WHO Secretariat
- preliminary benefits of implementing the GSAP
- preliminary considerations to support translation of policy options to actions within a specific environment
- summarize the Countries and Organizations that contributed to the GSAP

3. Landscape

3.1 Population Ageing

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

Box: Population Ageing

Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%. The absolute number of people aged 60 years and over is projected to increase from 901 million in 2015, to 1.4 billion by 2030 and 2.1 billion by 2050, and could rise to 3.2 billion in 2100. By 2050, Europe will have about 34% of its population over 60; Latin America and the Caribbean and in Asia, about 25%; and although Africa has the youngest age distribution of any major area, it is also projected to age rapidly, with the population aged 60 years or over rising from 5% today to 9% by 2050. In addition, older populations will be increasingly concentrated in the less economically developed regions. (United Nations DESA. World Population Prospects: The 2015 Revision, Key Findings and Advance Tables)

3.2 Longevity

Longer lives are an incredibly valuable resource. Yet, the extent of the opportunities that arise from increasing longevity will be heavily dependent on one key factor – the health of these older populations. If people are experiencing these extra years in good health, their ability to do the things that matter will be little different from that of a younger person. However, if these added years are dominated by rapid declines in physical and mental capacity without support, the implications for older people and for society are much more negative.

Based on the most recent WHO estimates³, global life expectancy of a person aged 60 years was 20 years, a substantial increase of 2 years since 2000. Unfortunately, while it is often assumed that

³ WHO Global Health Observatory Data Repository. <http://apps.who.int/gho/data/view.main.700?lang=en>

increasing life expectancy is being 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 or that all older adults have the same opportunities to do so (see box).

Box: Inequalities in life expectancies

WHO global statistics document significant inequalities between countries in both life expectancy and the likelihood that older age will be accompanied by good health. For example, between the worst and best performing countries, there is a difference of 38 years for life expectancy at birth, 37 years for healthy life expectancy at birth, and 13 years for life expectancy at age 60 years. Furthermore, over the past two decades, the gap in life expectancies at age 60 between high-income countries, and low-income and middle-income countries, has grown. (WHO Global Health Observatory Data Repository, 2015)

This does not have to be the case. Most of the health problems of older age are linked to chronic conditions, particularly noncommunicable diseases (NCDs). Many of these can be prevented or delayed by healthy behaviours. Other health problems can be effectively managed, particularly if detected early enough. Health and social systems can work together to maintain or strengthen intrinsic capacity; they can also reverse declines, as new evidence shows about frailty. And for people with declines in capacity, supportive environments can promote dignity and continued personal growth. Yet, the world is very far from this ideal.

Population ageing therefore demands a comprehensive response. Yet debate on just what this might comprise has been narrow, and the evidence on what can be done is limited. But this does not mean that nothing can be done now. Indeed, action is urgent.

3.3 Challenges and Opportunities

Ageing is a complex and challenging area, with many uncertainties and debates. And although international agreements to address population ageing have raised attention, much more can be done to meet challenges that shape the health of older people. To help address this complexity, Draft 0 of the GSAP draws heavily on the first *WHO World Report on Ageing and Health*, expected to be released in October 2015. The Report brings together what is currently known about ageing and health, provides a rationale for the focus on healthy ageing, and identifies evidence on effective action for countries at all levels of development. It also identifies a number of key challenges and incorrect assumptions, to developing a comprehensive response to population ageing, and potential policy opportunities to overcome these, including:

- Many popular perceptions and common assumptions about older people are based on outdated stereotypes. This can limit the way we conceptualise problems, the questions we ask and our capacity to seize innovative opportunities. In its most overt form, these stereotypes can lead to discrimination against individuals or groups simply on the basis of their age. This has been labelled ageism and may now be as pervasive form of discrimination as sexism and racism. **One policy priority must be to combat this discrimination and to break down the many barriers that limit the ongoing social participation and contributions of older people.**

- Older populations are characterized by great diversity. For example, some 80 year olds have levels of physical and mental capacity comparable to that of many 20 year olds. Moreover, what older adults can physically and mentally do – their capacity – is only part of their potential. What they are actually able to do (their functional ability) will depend on the fit between them and their environment. **Policies must be framed in ways that enable as many people as possible to experience healthy ageing.** But many other people will experience significant declines in capacity

at much younger ages. For example, some people in their 60s may require help from others to undertake even basic activities. **A comprehensive policy response to population ageing must also address the needs and rights of those with significant declines in functional capacity.**

- **Ways to enable the abilities and meeting the needs of such diverse populations.** Currently actions and policies often appear disjointed, and may even be administered through different and competing arms of government. Yet, the diverse needs of older people are best viewed as a continuum of functioning. **A comprehensive policy response must be able to reconcile these different emphases into a coherent narrative around ageing, that catalyses actions across sectors and stakeholders.**

- **Unfair differences, in both opportunities for health and for support.** Much of the great diversity seen in older age is likely to be underpinned by the cumulative impact of advantage and disadvantage that we face across our lives. One result is that older people with the greatest needs at any point in time are also likely to be those with the fewest resources to call on to address it. **Policy responses need to be crafted in ways that overcome, rather than reinforce, these inequities.**

- **Shaping social norms to reflect reality.** A widespread ageist stereotype of older people is that they are dependent on others or a burden for society and their families. This can lead to an assumption in policy development that spending on older people is simply a drain on economies, and to a policy emphasis on cost containment. Aged-based assumptions of dependence ignore the many contributions older people make to the economy. This often also translates into ignoring their crucial role supporting other generations, or even leading to their neglect or abuse. **Policies must shape ways that foster the ability of older people to make multiple contributions in an environment that respects people's dignity and rights.**

- **Incorrect assumption that the growing needs of ageing populations will lead to unsustainable increases in health care costs.** In reality, the picture is far less clear. While, in general, older age is associated with increased health-related need, the link with both health care utilization and expenditure is variable. In some high-income countries health care expenditure per person actually falls significantly after the age of around 70 (while expenditure on long-term care increases). Since more and more people are growing into advanced old age, enabling people to lead long and healthy lives may thus actually ease pressures on health-care cost inflation. While much more evidence is needed, predicting future health care costs on the basis of population age structures is thus of questionable value. **Policies must take into account the increasing need for long-term care both for efficacy and efficiency purposes.**

Many other major social changes are occurring alongside population ageing. Combined, these mean that getting older in the future will be very different from the experience of previous generations. For example, urbanization and globalization have been accompanied by increased migration and deregulation of labour markets. For older people, these changes may create new opportunities but also new challenges. **Policies must be framed in a way that allows older people to make the most out of these opportunities and overcome these new challenges.**

Gender norms are also changing in many parts of the world. In the past, a key role for women was often that of carer, both for children and for older relatives. This restricted women's participation in the paid workforce, which had many negative consequences for them in later life including a greater risk of poverty, less access to quality health and social care services, higher risk of abuse, poor health and reduced access to pensions. Today, women are increasingly filling other roles, providing them with greater security in older age. **Policies need to pay particular attention to the specific situation**

of older women, providing them with additional support to overcome the negative consequences of life-long inequities.

Technological change is also accompanying population ageing and creating opportunities that were never previously available. For example the internet can allow continued connection with family despite distance, or access to information that can guide self-care or support caregivers. Assistive devices such as hearing aids are more functional and more affordable than in the past, while wearable devices provide new opportunities for health monitoring and personalised health care. These significant social and technological changes mean that policies should not be designed around outdated social models of ageing. **Rather policies must instead seize the opportunities significant social and technological changes provide for innovative approaches** (see box).

Box: Policy Opportunities for Healthy Ageing – good policies can:

- break down the many barriers that limit their ongoing social participation and contributions
- overcome, rather than reinforce, inequities in the determinants of healthy ageing
- foster the ability of older people to make multiple contributions in an environment that respects rights
- be designed around contemporary social models of ageing and seize the opportunities new developments provide for innovative approaches
- reflect participation of diverse stakeholders, including older people, health professionals and care givers, non-governmental organizations and associations, and policy makers in diverse sectors
- take into account the increasing need for long-term care
- not only focus on increasing life expectancy but on enabling longer, healthier lives without functional decline
- allow older people to make the most out of opportunities and to overcome new challenges resulting from urbanization and globalization trends
- pay particular attention to the specific situation of older women, providing them with additional support to overcome the negative consequences of life-long inequities
- enable as many people as possible to achieve positive trajectories of healthy ageing

4 – What makes up healthy ageing

4.1 Focus on what people value

As populations age, new concepts are needed – defined not just by the presence or absence of disease, but in terms of the impact these conditions are having on an older person's functioning and well-being. Comprehensive assessments of these health states are significantly better predictors of survival and other outcomes than the presence of individual diseases or even the extent of comorbidities.⁴

To frame how health and a person's functioning might be considered in older age, the GSAP defines and distinguishes between two important concepts, intrinsic capacity and environments. **Intrinsic capacity** refers to the composite of all the physical and mental capacities that an individual can draw on at any point in time.

However, this is only one of the factors that will determine what an older person can do. The other is the **environments** they inhabit and their interaction with them. These environments provide a range of resources or barriers that will ultimately decide whether a person with a given level of capacity can do the things they feel are important. Thus, while an older person may have limited capacity they may still be able to do the shopping if they have access to anti-inflammatory medication, an

⁴ Lordos EF, Herrmann FR, Robine JM, Balahoczkky M, Giannelli SV, Gold G, et al. Comparative value of medical diagnosis versus physical functioning in predicting the 6-year survival of 1951 hospitalized old patients. *Rejuvenation Res.* 2008 Aug;11(4):829–36.

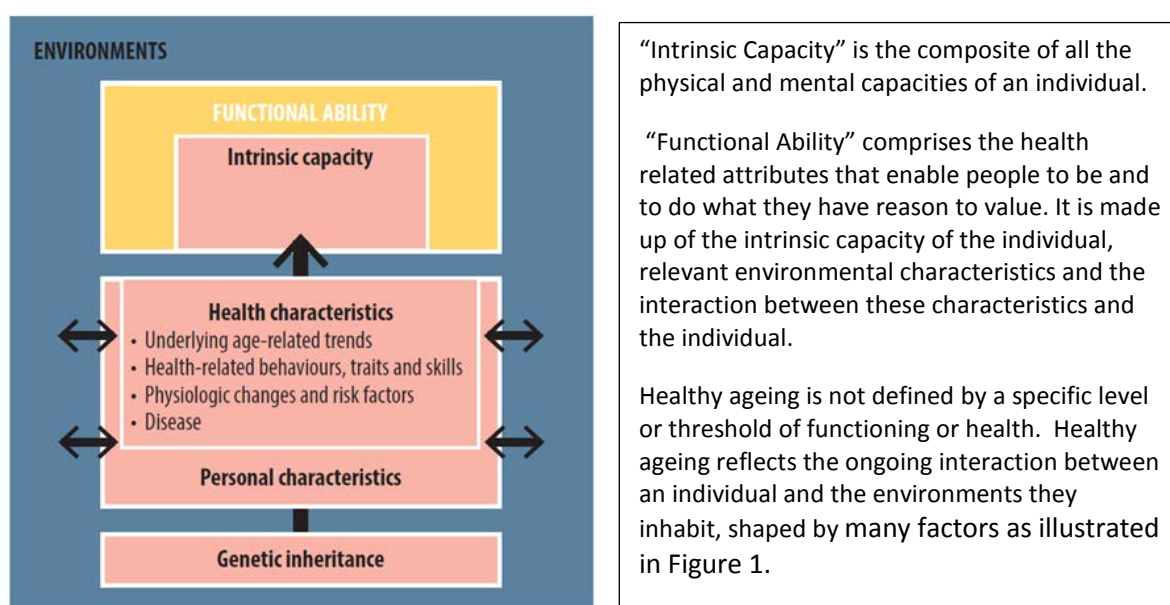
assistive device (such as a walking stick, wheel chair or scooter) and live close to affordable disabled-access transport.

This combination of the individual and their environment, and the interaction between them, is their **functional ability**, defined as the health related attributes that enable people to be and to do what they have reason to value (see box). Building on these two concepts, **the forthcoming WHO World Report on Ageing and Health defines Healthy Ageing as the process of developing and maintaining the functional ability that enables well-being in older age.**

Health systems can build capacity and save and improve lives, social services can maintain dignity and autonomy, and age-friendly environments can extend what people can do, enabling them to experience what is important to them for example participate in communities and stay engaged with families and friends.

Box: Healthy Ageing

Figure 1. Healthy Ageing (source: WHO World Report on Ageing and Health, forthcoming)



4.2 Guiding Principles

Principles that guide the elaboration of the GSAP include:

- human rights (right to health and its accountable, progressive realization)
- equality and non-discrimination (equal opportunity across life course between individuals, eliminating ageism, and minimizing health differences between individuals)
- gender equality (equal opportunity between men, women, boys and girls)
- equity (equal opportunity to determinants of healthy ageing, that does not reflect social or economic status, nor place of birth or residence)
- intergenerational solidarity (social cohesion between generations)

The GSAP starts from an assumption that ageing is a valuable process, regardless of the challenges. The GSAP considers that it is good to get old and that society is better off for having these older populations. At the same time, it acknowledges that many older people will experience very significant losses, whether it be in physical or cognitive capacity or the loss of family, friends and the

roles they had earlier in life. Some of these can be avoided, and we should do what we can to prevent these losses. But other losses will be inevitable. Societal response to ageing should not deny these challenges, but look to foster recovery, adaptation and dignity.

A global strategy and action plan will need to encompass the great diversity of older populations and look to address the inequities that lie beneath it. It must drive the development of new health and long-term care systems that are more in tune to the needs of older people and ensure all sectors are focused on common goals so that action can be coordinated and balanced. Above all, it will need to transcend outdated ways of thinking about ageing and foster the development of transformative approaches. Since social change is ongoing and unpredictable, these cannot be prescriptive but, instead, should look to strengthen the ability of older people to thrive in the complex and changing environment they are likely to live in now and in the future.

Maximizing the functional ability of older people requires knowledge and technical efficiency to put in practice what works, ensuring the right to health and its progressive realization for each individual. Reaching everyone -- or in other words, a fair distribution of functional ability within and across countries -- requires a solid understanding of the broader social determinants of health and pathways leading to healthy ageing trajectories across the life-course. It also recognizes the value of social cohesion between generations that is stable and balances expectations, costs and benefits in a fair way. For example, if the inequities that often underpin the diversity observed in older age are to be addressed, strategies must look, not just to improve conditions for the best-off or the average older person, but to “level up” functional ability across social gradients, and to narrow total inequalities observed between individuals in older age by giving those at the bottom particular assistance.

Comprehensive health action on ageing is urgently needed. While there are major knowledge gaps, we have sufficient evidence to act now, and there is something that every country can do irrespective of their current situation or level of development.

5 -- What can we do?

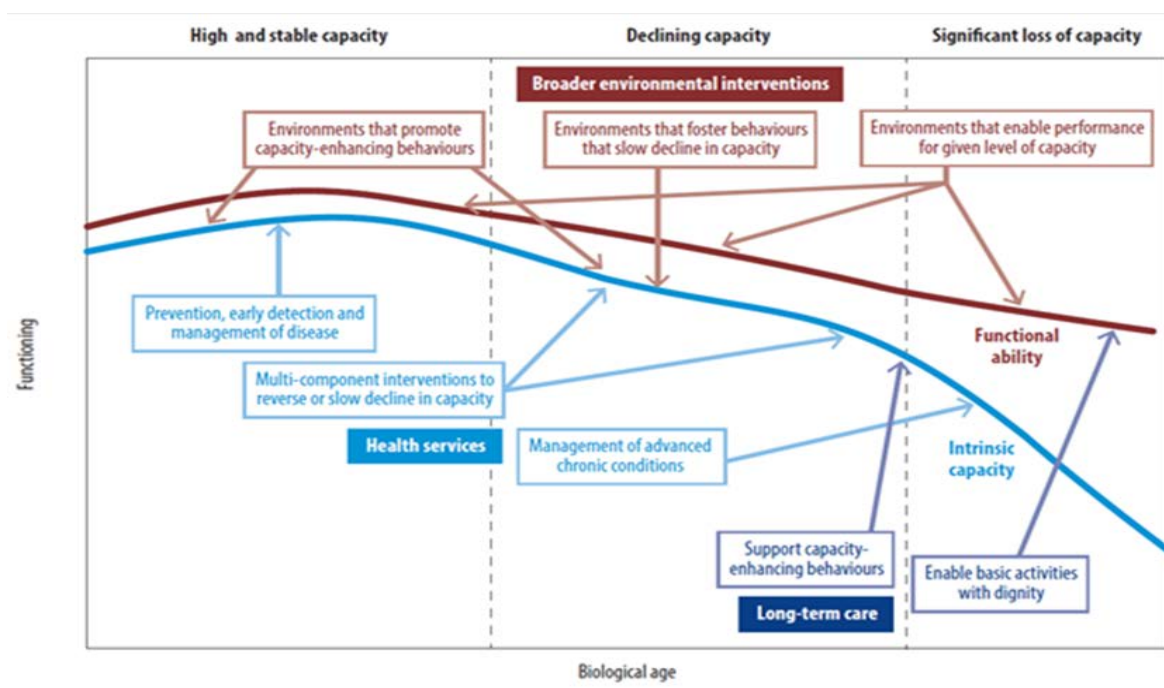
5.1 Support people to do what is important to them

Numerous entry points can be identified for action to foster healthy ageing, but all will have the same goal: to maximize functional ability and reach everyone. This can be achieved through the building and maintaining of intrinsic capacity, and through enabling someone with limitations or reductions in functional capacity, to do the things that are important to them (see Box). Also, policies, services and support must reach every person irrespective of social position or economic means.

Box: Comprehensive Framework for Healthy Ageing

Actions targeting people with high and stable levels of intrinsic capacity will be on building and maintaining this for as long as possible. This will require health systems to detect and control disease and risk factors early. Whereas those targeting the segment of the population with declining capacity need to have a different emphasis. In this stage, diseases may have become established and the emphasis of health systems will generally shift from prevention to minimising the impacts of these conditions on overall capacity. Services are therefore needed that can help stop, slow or reverse declines in capacity.

Figure 2. A Public Health Framework for Healthy Ageing (source: WHO World Report on Ageing and Health, forthcoming).



5.2 Proposed Goals of the Five Year Strategy (2016-2020)

1. By 2020, all countries commit to fostering healthy ageing, with action plans in place to maximize functional ability and its fair distribution.
2. By 2020, countries and other stakeholders build a platform to support a Decade on Healthy Ageing (2020-2030).

5.3 Proposed Strategic objectives of the Five Year Strategy (2016-2020)

Each country will vary in its preparedness to take action. What needs to be done in what order will depend very much on national context. However, five common themes emerge from the review of existing international and regional instruments and the fresh evidence brought together in the forthcoming *WHO World Report on Ageing and Health*:

1. Fostering healthy ageing in every country
2. Aligning health systems to the needs of the older populations they now serve
3. Developing long-term care systems
4. Creating age-friendly environments
5. Improving measuring, monitoring and understanding

5.4 Proposed Actions to achieve Strategic Objectives

Achieving the vision and goals of the GSAP will only be possible if all stakeholders involved in healthy ageing commit themselves to, and take action to achieve, each of these five strategic objectives; uphold the Healthy Ageing guiding principles when implementing all the actions; and regularly monitor and evaluate progress towards both strategic objectives and goals using the indicators and potential targets adopted.

Strategic Objective 1: Fostering healthy ageing in every country

Fostering healthy ageing as a priority first and foremost requires countries to recognize the value that healthy ageing represents in terms of health and economic returns, and other social benefits.

Country commitment to healthy ageing does not, however, imply that diverse programmes addressing the health of older adults, will be prioritized or funded at the expense of other vital health programmes. Rather, these programmes will most likely integrate approaches to achieve healthy ageing. Moreover, national legislation, policies and resource allocation decisions should be informed by credible and current evidence regarding the direct and indirect impacts of *Healthy Ageing*.

Proposed actions build and extend commitments by 159 countries that adopted the Madrid International Plan of Action on Ageing, 2002, particularly Priority Direction II: Advancing health and well-being into old age. These include (see box for details):

1. Establish and sustain commitment to strengthening capacity and functional ability of older people.

2. Inform and engage opinion leaders on the value of *Healthy Ageing*.

3. Strengthen national capacity to formulate evidence-based policies (connecting policy questions to research evidence).

Box: Strategic Objective 1 proposed actions

Countries can demonstrate their commitment **to strengthening capacity and functional ability of older people** in a variety of ways. Key actions that can help achieve this include:

- Ensuring multisectoral policies, legislation or legal framework supporting Healthy Ageing in all countries, including provisions for joined up objectives across sectors, budget lines, and monitoring and reporting.
- developing evidence informed national Healthy Ageing strategies or plans that are part of overall national plans through a process that involves all stakeholders.
- setting ambitious but attainable country specific accountability framework within the context of enhancing the functional ability of older people, that puts the individual in the center and serves to unify disease or condition specific targets and those across multiple sectors.

Countries can demonstrate their commitment **to inform and engage opinion leaders** on the value of healthy ageing, in particular focusing on benefits and autonomy, rather than costs and dependence. Several actions are likely to assist this transformation:

- facilitate open and positive relationships among researchers, knowledge users, funders, consumer groups, and professional bodies in support to healthy ageing policy making including creating regional forums and peer-to peer exchange of information, best practices and tools
- including Healthy Ageing in the agendas of governing body meetings at all levels and in other social, health and economic fora.

Box: Strategic Objective 1 proposed actions (continued)

Countries can demonstrate their commitment **to strengthen national capacity to formulate evidence-based policies** in many ways. Key actions that might be taken include:

- developing more effective ways for national regulatory agencies (including those dealing with long term care, pharmaceuticals, or assistive devices) to assess evidence on older people so that services, products and devices support intrinsic capacity and functional ability
- support multi-stakeholder country teams that can facilitate the use of research in healthy ageing policy development
- creating expanded and more transparent mechanisms for aggregating, sharing and using information to monitor commitments.
- create formal structures, and make available opportunities, capacity and activities for generation and use of research on policy making

Strategic Objective 2: Aligning health systems to the needs of the older populations

As people age, their health needs tend to become more chronic and complex. Health services that address these multidimensional demands of older age in an integrated way has been shown to be more effective than services that simply react to specific diseases independently. Yet older people often encounter services that were designed to cure acute conditions or symptoms, that manage health issues in disconnected and fragmented ways, and that lack coordination across care providers, settings, and time. This results in health care that not only fails to meet adequately the needs and rights of older people, but that can have great costs to them, their families and to the health system.

Fostering Healthy Ageing is therefore not simply a case of doing more of what is already being done. Instead, **health systems need to be developed that can ensure affordable access to integrated services that are centred on the needs of older people**. These have been shown to result in better outcomes for older people and are no more expensive than traditional services. While these systems will share the intersectoral focus on the functional ability of older populations, the main contribution of health services in achieving this will be by maximizing intrinsic capacity.

Making this transition may be particularly challenging for low and middle-income countries, and poorer settings around the world. In these resource constrained settings, the basic health system building blocks are often missing. But this is an opportunity for developing new approaches that can deliver older person centred and integrated care while addressing the acute care needs that remain important at younger ages.

Key approaches proposed to help align health systems to the needs of older populations include (see box for details):

- 1. Ensure access to services that provide older-person-centred and integrated care**
- 2. Orient systems around intrinsic capacity**
- 3. Ensure a sustainable and appropriately trained health workforce**

Box: Strategic Objective 2 proposed actions

Developing and ensuring access to services that provide older-person-centred and integrated care will require systems to be organized around older people's needs and preferences, and services to be 'age-friendly' and closely engaged with families, and communities. Integration will be needed between levels and across services, as well as between health and long-term care. Key actions that can help achieve this include:

- ensuring that all older people are given a comprehensive assessment and have a single service-wide care plan that looks to optimize their capacity;
- developing services that are situated as close as possible to where older people live, including delivering services in their homes and providing community-based care;
- creating service structures that foster care by multidisciplinary teams;
- supporting older people to self-manage by providing peer support, training, information and advice;
- ensuring the availability of the medical products, vaccines and technologies that are necessary to optimize their capacity.

Orientating systems around intrinsic capacity will require changes to the health and administrative information they collect, how they monitor performance, the financing mechanisms and incentives used and the training offered. Several actions are likely to assist this transformation:

- adapting information systems to collect, analyse and report data on intrinsic capacity;
- adapting performance monitoring, rewards and financing mechanisms to encourage the care that optimises capacity;
- creating clinical guidelines to optimise trajectories of intrinsic capacity and updating existing guidelines to link to capacity.

Ensuring a sustainable and appropriately trained health workforce will require all service providers to have basic gerontological and geriatric skills, as well as more general competencies that are needed for work in integrated care systems including in communication, teamwork and ICT. But strategies should not be limited to current workforce delineations. Key actions that might be taken include:

- providing basic training on geriatric and gerontological issues in pre-service training and in continuing professional development courses for all health professionals;
- including core geriatric and gerontological competencies in all health curriculums;
- ensuring that the supply of geriatricians meets population need, and encouraging the development of geriatric units for the management of complex cases;
- considering the need for new workforce cadres (such as care coordinators and self-management counsellors) and extending the roles of existing staff, such as community health workers

Strategic Objective 3: Developing systems for providing long-term care

In the 21st century, there is no country that can afford not to have a comprehensive long-term care system. The central goal of these systems should be to maintain a level of functional ability in older people with, or at high risk of, significant losses of capacity that is consistent with their basic rights, fundamental freedoms, and human dignity. Putting this in practice will also acknowledge older adults legitimate and continuing aspirations for well-being and respect.

Long-term care systems have many potential benefits beyond enabling care-dependent older people to live lives of dignity. These include reducing inappropriate use of acute health services, helping families avoid catastrophic care expenditures and freeing women to play broader social roles. By sharing the risks and the burden associated with care dependence, long-term care systems can help foster social cohesion.

In high-income countries, the challenges to building comprehensive systems are likely to revolve around the needs to improve the quality of long-term care, develop financially sustainable ways to

provide it to all who need it, and to better integrate it with health systems. In low- and middle-income countries, the challenge may be to build a system from nothing. In these settings, responsibility for long-term care has often been left entirely to families. Socioeconomic development, population ageing, and the changing roles of women mean this practice is no longer sustainable nor equitable.

Only governments can create and oversee these systems. But that does not mean long-term-care is the sole responsibility of government. Instead, long-term care systems should be based on an explicit partnership with families, communities, other care providers, and the private sector and reflect the concerns and perspectives of these stakeholders. The role of government (often through Ministries of Health) will be to steward this partnership, train and support caregivers, ensure integration across various services (including with the health sector), ensure the quality of services and directly provide services to those most in need (either because of their low intrinsic capacity or their socioeconomic status). This is achievable even for countries that are most resource-constrained.

Key approaches are proposed that will be crucial for developing systems for providing long-term care. These are (see box for details) :

1. Establish the foundations for a system of long-term care

2. Build and maintain a sustainable and appropriately trained long-term care workforce

3. Ensure the quality of long-term care.

Box: Strategic Objective 3 proposed actions

Establishing the foundation necessary for the development of the system requires a governance structure that can guide and oversee development and assign responsibility for progress. This can help define the key services and roles that are required and who should deliver them, as well as the barriers that may exist to their being fulfilled. A key focus would be on developing the system in ways that help older people to age in a place that is right for them and to maintain connection with their community and social networks. Ensuring access to this care without risk of financial hardship for the recipient or caregiver will require resourcing and a commitment to prioritize support for those with the greatest health and financial need. Key actions that might be taken include:

- recognizing long-term care as an important public good
- assigning clear responsibility that governments oversee the development of a system of long-term care and planning how this will be achieved
- creating equitable and sustainable mechanisms for financing care
- defining the roles of government and developing the services that will be necessary to fulfil them

Building and maintaining a sustainable and appropriately trained long-term care workforce will require a range of steps. Many of the actions outlined under ensuring a trained health workforce, will be relevant for training providers of long-term care services. However, because the field of long-term care is undervalued a crucial strategy will be to ensure paid caregivers receive the status and recognition their contribution deserves. Furthermore, unlike the health system, the majority of caregivers in the long-term care system are currently family members, volunteers, community organizations and paid but untrained workers. Most of them are women. Providing the training that allows them to do their job well, while relieving them of the stress that arises from being insufficiently informed on how to deal with challenging situations, will be central to building a long-term care system. Key actions include:

- improving their salaries and working conditions and creating career pathways to allow them to advance to positions of increased responsibility and remuneration
- enacting legislation supporting flexible working arrangements or leaves of absence for family caregivers
- to retain and extend the human resources needed for caregiving by raising awareness of the value and rewards of caregiving, and combating social norms and roles that prevent men and young people from acting as caregivers
- establishing support mechanisms for caregivers, such as offering respite care and accessible training or information resources

Box: Strategic Objective 3 proposed actions (continued)

- establishing support mechanisms for caregivers, such as offering respite care and accessible training or information resources;
- supporting community initiatives that bring older people together to act as a resource for caregiving and other community development activities. In low and middle income countries good examples exist where older volunteers are empowered through older people's associations to advocate for their rights and provide care and support to peers in need. These concepts may be transferable to higher income settings.

The third key approach will be to **ensure the quality of long-term care**. A first action would be to orient services around the goal of functional ability. This requires systems and caregivers to look at how they can optimize both the older person's capacity and compensate for loss of capacity by providing the care and transforming environments to maintain functional ability at a level that ensures well-being. Condition- and care-specific services, for example, dementia and palliative care, would also be integrated and centered on the person. Key actions include:

- developing and disseminating care protocols or guidelines that address key issues;
- establishing accreditation mechanisms for services and professional caregivers;
- establishing formal mechanisms for care coordination (including between long-term care and health care services)
- establishing quality management systems to help ensure that a focus on optimising functional ability is maintained.

Strategic Objective 4: Creating age-friendly environments

Environments are the settings in which people live their lives and refer to more than just the natural environment (e.g. air, climate, soil, water, etc.). Environments include a range of factors including broader policies, health and social care services but also buildings, transportation, housing, information, streets and parks, as well as people and their prevailing attitudes and values.

The comprehensive framework for Healthy Ageing identifies a common goal for all these sectors – to optimise functional ability that reaches everyone. The forthcoming *World Report on Aging and Health* explores how this might be achieved in five strongly interconnected domains of functional ability that are essential for older people to do the things that they value – the abilities to:

- meet their basic needs;
- learn, grow and make decisions;
- be mobile;
- build and maintain relationships; and
- contribute

Together these abilities enable an older person to age safely in a place that is right for them, to continue to develop personally and to contribute to their communities while retaining autonomy and health.

The actions necessary to foster these abilities take many forms but operate in two fundamental ways. The first is to build and maintain intrinsic capacity, either through reducing risks (such as high levels of air pollution), encouraging healthy behaviours (such as physical activity) or removing barriers to them (for example high crime or dangerous traffic), or by providing services that foster capacity (such as health care). The second is to enable greater functional ability. In other words, by extending what a person can do beyond their given level of capacity (for example through appropriate assistive technologies, accessible public transport or safer neighbourhoods). While

population level interventions may improve environments for many older people in both these ways, many will not be able to benefit fully without individually tailored supports.

Since so many sectors and players can contribute to Healthy Ageing, a coordinated approach to policy and practice that puts the needs and aspirations of older people at its centre will be crucial. Three proposed approaches cut across almost all sectors as priorities for implementation. These are (see box for details):

1. Combat ageism

2. Enable autonomy

3. Support Healthy Ageing in all policies and at all levels of government.

Box: Strategic Objective 4 proposed actions

Age based stereotypes influence behaviours, policy development and even research. Addressing these by **combating ageism** must lie at the core of any public health response to population ageing. While this will be challenging, experience of dealing with other widespread forms of discrimination such as sexism and racism shows that attitudes and norms can be changed.

Tackling ageism will require building, and embedding in the thinking of all generations, a new understanding of ageing. This cannot be based on outdated conceptualizations of older people as a burden, nor unrealistic assumptions that older people today have somehow avoided the health challenges of their parents and grandparents. Rather, it demands an acceptance of the wide diversity in the experience of older age, acknowledgement of the inequities that often underlie it, and an openness to ask how things might be done better. Key actions include:

- undertaking communication campaigns to increase knowledge about and understanding of ageing among the media, general public, policy-makers, employers and service providers;
- legislating against age-based discrimination and mechanisms for enforcement;
- ensuring that a balanced view of ageing is presented in the media, for example by minimizing sensationalist reporting of crimes against older people.

The second crosscutting priority is to **enable autonomy**. Autonomy is heavily dependent on an older person's basic needs being met and in turn has a powerful influence on older people's dignity, integrity, freedom and independence, and has been repeatedly identified as a core component of their general well-being.

Older people have a right to make choices and take control over a range of issues including where they live, the relationships they have, what they wear, how they spend their time, and whether they embark on a treatment or not. The possibility of choice and control is shaped by many factors including the intrinsic capacity of the older person; the environments they inhabit; the personal and financial resources they can draw on; and the opportunities available to them.

One key action in enabling autonomy will be to maximize intrinsic capacity and this is largely covered in the strategies related to health systems. But autonomy can also be enhanced regardless of an older person's level of capacity. These key actions provide options for how this can be achieved:

- legislating to protect the rights of older people (for example, by protecting them from elder abuse), supporting older people in becoming aware of and enjoying their rights, and creating mechanisms that can be used to address breaches of their rights, including in emergency situations;
- providing services that facilitate functioning, such as assistive technologies, community-based or home-based services.
- providing mechanisms for advanced care planning and supported decision-making that enable older people to retain the maximum level of control over their lives despite significant loss of capacity.
- creating accessible opportunities for lifelong learning and growth

Box: Strategic Objective 4 proposed actions (continued)

In a rapidly increasing number of countries, more than one in five of the population are aged over 60 years. There will be few policies or services that do not affect them in some way. **Embedding Healthy Ageing in all policies and at all levels of government** will therefore be crucial. National, regional, state, or municipal ageing strategies and action plans can help to guide this, and ensure a coordinated response that spans multiple sectors and levels of government. Institutionalizing the goal of enhancing functional ability is a starting point for collaboration across sectors. Each will need to establish clear commitment to goals, lines of responsibility, have an adequate budget and specify mechanisms for coordination, monitoring, evaluation and reporting across sectors. Collecting and using age-disaggregated information on older people's abilities will also be important. This can facilitate reviews of the effectiveness of, and gaps in, existing policies, systems, and services. The involvement of older people's representatives/organizations can ensure their relevance to local populations.

There are, however, many other areas for action, which include:

- establishing policies and programmes that expand housing options for older adults and assist with home modifications that enable older people to age in a place that is right for them;
- introducing measures to ensure that older people are protected from poverty, for example through social protection schemes;
- providing opportunities for social participation and for having meaningful social roles, specifically by targeting the processes that serve to marginalize and isolate older people;
- removing barriers, setting accessibility standards and ensuring compliance in buildings, in transport, and in ICT and other technologies;
- considering town-planning and land-use decisions and their impact on older people's safety and mobility;
- promoting collaboration, age-diversity and inclusion in working environments.

Strategic Objective 5: Improving measuring, monitoring and understanding

Progress on healthy ageing will require a far better understanding of age related issues and trends. Many basic questions remain to be answered. These include:

- What are current patterns of *Healthy Ageing* and are they changing over time?
- What are the determinants of *Healthy Ageing*?
- Are inequalities increasing or narrowing?
- Which interventions work to foster *Healthy Ageing* and in which contexts and population subgroups do they work?
- Are the quality, effectiveness and coverage of these interventions improving?
- What is the appropriate timing and sequencing of these interventions?
- What is the level of health and long-term care need among older people, and is this being met?
- What are the economic contributions of older people and the actual costs and benefits of fostering healthy ageing?

As a first step to answering these, older people will have to be included in sufficient numbers in vital statistics collections and general population surveys, to enable appropriate analyses their health situation. Moreover, information resources will need to be disaggregated by age and sex and other social characteristics. Appropriate measures of healthy ageing and its determinants and distributions must also be included in these studies.

But research will need to be encouraged in a range of specific fields related to ageing and health, and this will require agreement on key concepts and how they can be measured. Approaches such

as multicountry and multidisciplinary studies, that are representative of a population's diversity and that investigate the determinants of healthy ageing and the distinct context of older adults should be encouraged. The involvement and contribution of older people may lead to more relevant and more innovative results. Then as new and more relevant knowledge on ageing and health is generated, global and local mechanisms will be needed to ensure its rapid translation into clinical practice, population based public health interventions or health and social policy.

Key approaches proposed as priorities will be crucial for improving measuring, monitoring and understanding. These are (see box for details):

1. Agreeing on metrics, measures and analytical approaches for Healthy Ageing

2. Improving understanding of the health status and needs of older populations and how well their needs are being met

3. Increasing understanding of Healthy Ageing trajectories and what can be done to improve them

Box: Strategic Objective 5 proposed actions

Agreeing on metrics, measures and analytical approaches for Healthy Ageing. The current metrics and methods used in the field of ageing are limited, preventing a sound understanding of key aspects of Healthy Ageing. Consensus is needed on which approaches and methods are most appropriate. These will need to draw from a range of fields and allow comparison and possibly linkage of data collected in a range of countries, settings and sectors. Priorities include:

- developing and reaching consensus on metrics, measurement strategies, instruments, tests and biomarkers for key concepts related to healthy ageing including functional ability, intrinsic capacity, subjective well-being, health characteristics, personal and environmental characteristics, genetic inheritance, multimorbidity and the need for care.
- reaching consensus on approaches for the assessment and interpretation of trajectories of these metrics and measures over the life course. It will be important to demonstrate how the information generated serves as inputs to policy, monitoring, evaluation, clinical or public health decisions, and their link to the need for health and long-term care and broader environmental change;
- developing and applying improved approaches for the testing of clinical interventions and population based approaches that take account of the different physiology of older people and multimorbidity.

The second approach will be to **improve understanding of the health status and needs of older populations and how well needs are being met**. While general population-based research and surveillance needs to place a greater emphasis on older people, specific population-based research is also required on older people to identify levels and the distribution of functional ability and intrinsic capacity, how these are changing over time, health, care and support needs and how well these are being met. This might include:

- establishing regular population surveys of older people that can reflect in detail functional ability; intrinsic capacity; specific health states; the need for health, long-term care or broader environmental changes and whether this need is being met; and disaggregate by age and sex and important social characteristics;
- mapping trends in intrinsic capacity and functional ability in different birth cohorts and determining whether increasing life expectancy is associated with added years of health;
- identifying indicators and mechanisms for the continuous surveillance of healthy ageing trajectories.

A third key approach will be to **improve understanding of Healthy Ageing trajectories and what can be done to improve them**. Fostering Healthy Ageing will require a much better understanding of common trajectories of intrinsic capacity and functional ability, their determinants and the effectiveness of interventions to modify them. This includes identifying what can be done given to support people with relatively high and stable capacity, those with declining capacity and those with significant losses of capacity. Key actions to achieving this include:

Box: Strategic Objective 5 proposed actions (continued)

- identifying the range and types of trajectories of intrinsic capacity and functional ability and their determinants in different populations;
- quantifying the impact of health care, long-term care and environmental interventions on trajectories of healthy ageing, and the pathways and determinants through which they operate;
- better quantifying the economic contribution of older people and the costs of providing the services they require for healthy ageing and have the right to enjoy, and developing rigorous, valid and comparable ways of doing return on investment analyses (e.g. quantifying health returns on investment in intrinsic capacity and functional ability)

For all countries, fostering healthy ageing may also include spearheading research, innovation, and technology transfer, that could be applicable to lower resource settings, whether in other countries or their own. Together with global agencies, all countries can coordinate the sharing of data, information and best practices among countries, and support ethical research partnerships and capacity strengthening by working with stakeholders in different countries and regions.

6 – How do we get this done?
6.1 Measures of success

Goal-Level indicators. Although the goal of healthy ageing is to maximize functional ability that reaches everyone, currently the metrics, methods and data requirements to measure appropriate indicators of intrinsic capacity and functional ability need further work to assess baseline and progress globally. This includes measuring these two important concepts at a point in time, trajectories of healthy ageing over time, and considering their distribution within a population (for example, by wealth, education, place of residence, or occupation, among other social and economic characteristics). WHO currently estimates healthy life expectancy at birth and life expectancy at 60 for all Member States, and these global health statistics provide some insights. Yet data for many countries on intrinsic capacity is estimated, with lack of consensus on methods. Nor do standard approaches exist to measure the interaction between individuals and their environments.

The importance of developing goal level indicators is a key component of the GSAP (see strategic objective five). This will require a rigorous process that includes:

- agreeing on what is intended to be measured and critical assessment of metrics and methods to do so;
- reviewing existing indicators, baseline and number of countries that have this data, and for what time periods;
- establishing criteria for selecting or creating new indicators in terms of validity, reliability, sensitivity to interventions and change over time, including acknowledging the need for longitudinal cohort data for tracing healthy ageing trajectories; and
- clarifying what needs to be measured and done might differ based on:
 - levels of intrinsic capacity: with relatively high and stable capacity, those with declining capacity and those with significant losses of capacity.
 - gaps between intrinsic capacity and functional ability in a specific context: with relatively high and stable ability, those with declining ability and those with significant losses of ability.

- social position in terms of levelling up to the best observed groups and what works given the different context of people who are vulnerable, marginalized or otherwise socially excluded.
- between men and women, gender aspects that consider genetic and biologic differences and social context, and their intersection and interaction.

During the five year time frame of the GSAP, it is proposed to focus on Strategic Objective-Level indicators as measures of progress. It is also proposed to pursue a major effort to seek consensus on what to measure and how to do so, and put this in practice by 2020.

Strategic Objective-Level indicators. Once the strategic objectives are agreed, the WHO secretariat will develop guidance on what can be measured, the indicators that are currently available to assess progress, and where further work is needed.

Importantly, the area of healthy ageing currently lacks norms and standards on what should be done in each country. Such guidance does exist for individual diseases or conditions. On one hand this gap reflects the diversity of experience; on the other, a lack of attention to ageing and health through the lens of the individual.

The approach of the GSAP is to re-orient indicators of success, that place the older person at the center, and consider what can be done to optimize functional ability and reach everyone. Based on the GSAP proposed actions, some could be made more specific with the intent to monitor key actions, and in the long term, connect these to impact on goal-level indicators relevant to all countries. For the five Strategic Objectives (SO) these could include:

SO1. All countries foster healthy ageing proposed indicators:

1. A new or updated comprehensive national healthy ageing plan that is part of an overall national health plan or ageing plan.
2. Country-set country-specific targets within the context of enhancing functional ability, that serves to unify disease or condition specific targets and those across multiple sectors.
3. A global mechanism supported by the country, that draws on countries and regions, for aggregating, sharing and using information to monitor progress against the GSAP.

SO2. Aligning health systems to the needs of the older populations proposed indicators:

1. A proportion of older people given a comprehensive assessment that looks to optimize their functional ability, irrespective of their point of entry to health system or social service.
2. Core geriatric and gerontological competencies integrated in all health curriculums.
3. All older people who need palliative care, obtain it.
4. Home based interventions are available for older populations.

SO3. Developing long-term care systems proposed indicators:

1. A clear, assigned responsibility for the development of a system of long-term care and planning how this will be achieved.
2. An equitable and sustainable mechanism for financing long term care.
3. Support mechanisms for all caregivers, such as offering respite care and accessible training or information resources.
4. Quality of care standards in place and clarity on how this will be achieved.

SO4. Creating age-friendly environments proposed indicators:

1. New or updated national legislation and enforcement strategies against age-based discrimination.
2. Number of age-friendly cities or communities has been established in each Member State and percentage of population 60 years and over they cover.
3. All older persons have affordable access to services or aids that facilitate functioning, such as assistive technologies.
4. National regulations or programs exist that ensure all older people are protected from poverty, for example through social protection schemes.

SO5. Measuring, monitoring and understanding proposed indicators:

1. Consensus occurs on metrics, measurement strategies, instruments, tests and biomarkers for key concepts related to healthy ageing.
2. Adoption and use by National Statistics and or Health Statistics Offices.
3. Regular, nationally representative population surveys of older people that assess functional ability; intrinsic capacity; need for health; long-term care; need for broader environmental changes within each country.
4. More evidence on what can be done to support people with relatively high and stable capacity, those with declining capacity and those with significant losses of capacity.

6.2 Working together

The GSAP needs to reflect a global commitment of Member States and other various stakeholders including international, regional and national partners, supported by a whole of organization response from WHO as well as older persons themselves. Success will require clear commitments to specific actions by each of these. Several critical sets of activities will be required in order to translate the strategy and action plan into actions and results in every country, for every older adult: development of tools for translation of the plan; development of a complete accountability framework; enabling the power and gravitas of older adults to communicate what they value and how to meet their rights and needs; securing commitments from the stakeholder community; a whole of organization (across WHO secretariat) response; and communicating the opportunities and challenges over the next five years.

The GSAP will lay the groundwork for an accountability framework, which will be finalized with more detailed roles and responsibilities for stakeholders and older adults, a complete set of indicators, the methodology and data sources for each indicator detailed and baselines established where required. Investments are needed to improve data quality and develop more robust in-country monitoring and evaluation systems. Regular audits will be needed to verify data quality, whether from vital statistics, nationally representative surveys or from communities or institutions. Progress will need to be reviewed annually, beginning in 2017, by country, the WHO regional committees and the Health Assembly, with a global status report issued by the secretariat in 2020.

Contributions aligned to the GSAP from countries, non-state actors including older adults, civil society organizations, multilateral agencies, development partners and those who develop, manufacture and distribute aids, equipment or pharmaceuticals to improve intrinsic capacity or functional ability, can transform the action plan from a document to a movement. Efforts to build contributions into commitments, and a strategy for coordinating them, will be required at the global, regional and country levels. Appropriate channels must be identified and targeted communications developed to ensure that the next Five Years of Healthy Ageing messages reach and resonate with all stakeholders, and prepare for a Decade on Healthy Ageing (2020-2030).

Country led action – Member States

Efforts will be country-led and internationally supported. Individual countries are best positioned to know which actions are most appropriate.

Potential contributions by Member States, including governments and policymakers at local and national levels:

- Develop, policies and legislation to protect the rights of older people and prevent age discrimination
- Develop, strengthen and implement national plans and policies to address the health needs of an ageing population
- Consider Healthy Ageing in all policies and programmes
- Foster the development of age-friendly environments including encouraging municipalities to join the WHO Global Network of Age-friendly Cities
- Develop national long term care systems
- Collaborate in advocacy programs and support the media outreach to increase knowledge, awareness and understanding of the rights and needs of ageing populations.
- Approve and allocate funds to support research, knowledge generation and translation, interventions and technologies focussed on older adults.
- Ensure gerontological and geriatric skills are included in all health related curricula.
- Ensure health workforce is well trained, with gerontological and geriatric skills to be able to work in integrated older people centred services.
- Encourage and support research, monitoring and evaluation systems related to healthy ageing.

Developmental partners, including global philanthropic institutions and countries providing development aid.

The international community plays a critical role, particularly for resource poor settings, by direct support and providing tools to support action (see box).

Box: potential contributions by development partners:

- Provide predictable long-term support (financial and programmatic) in line with national plans and encourage new partners to fund and develop systems to support healthy ageing.
- Advocate for an increased prioritisation of ageing in global health
- Support efforts to improve understanding of the health status and needs of ageing population
- Empowering older adults in every country to participate in processes to experience healthy ageing

WHO

WHO is the lead international agency on ageing and health, with a broad role that includes the defining of norms and standards for describing healthy ageing, identifying what health systems and other sectors can do to enhance the functional ability of all older adults, and establishing programme monitoring and surveillance systems that cover all countries and build up valid data collection and reporting.

In collaboration with other stakeholders, the WHO Secretariat will also advocate for and provide technical support to Member States, creating synergies between geriatrics, condition specific public health programs, and other primary health-care programmes and implementing research, notably to increase person centred integrated service delivery, without financial hardship to older adults or

their families, and achieve impact – so that all older adults can achieve optimal levels of functional ability. Contributions will reflect the organization's core functions and increasing expertise in the area of ageing and health.

Potential contributions by the WHO Secretariat

- Advocating globally to strengthen national health systems towards older adults and increase knowledge, awareness and understanding of the needs of ageing population
 - Organise and participate in international forums to raise awareness on health priorities on ageing population
 - Mainstream Healthy ageing across all WHO activities/initiatives
 - Support systems that track progress and identify funding gaps;
 - Advocate for and provide support to scale up interventions and strengthen national health systems, including health-care workers, informal care givers and long term care (home, community and institutional based) towards older adults
 - Advocate for creating age friendly environments
- Developing the health research agenda, building national capacity to formulate evidence based policies
 - Work with partners to shape the global research agenda;
 - Coordinate priority multi-country research efforts;
 - Synthesize and disseminate research-derived evidence that reflects important policy questions on healthy ageing
 - Synthesize research-derived evidence, and provide a platform for sharing best practices to foster Healthy Ageing, including evidence on cost-effective interventions;
 - Inspire major projects that fund provision of technology transfer, assistive technologies and other devices
- Define norms, policies, and guidelines to underpin efforts to improve health of the ageing population and encourage their adoption
 - Develop norms and guidelines to orient national health systems around intrinsic capacity towards older adults including identifying essential health and social services, and person-centered coordinate care
 - Develop norms and standards for geriatrics and gerontological skills for health-care workers, informal care givers and long term care (home, community and institutional based) towards older adults
 - Collaborate with Member States and other partners to develop evidence based models for healthcare, long term care and intersectoral action that fosters Healthy Ageing, particularly in resource poor settings;
 - Encourage the implementation of best practices to support long term care without financial burden to individuals or their families
 - Identify opportunities for innovative applications of assistive technologies and other devices.
- Supporting countries to develop and align their national policies for healthy ageing
 - Provide technical assistance and programmatic support to help countries develop and implement their national plans for healthy ageing

- Support initiatives to develop age-friendly cities and communities and coordinate the global sharing of experience between them;
 - Provide technical assistance to help countries analyse approaches to finance long term care and the sharing of experiences and policy options to improve financing healthy aging more generally
 - Encourage links between sectors and integration with other international efforts (such as those on education and gender equality), including harmonized reporting
- Ensure accountability through reporting on progress towards healthy ageing
 - Achieve consensus on concepts, metrics and measurement approaches to monitor and evaluate healthy ageing within and across countries addressing levels and distributions;
 - Support review and sharing of methods for regional, national and community based monitoring of healthy ageing
 - Provide a global baseline by 2020 reflecting metrics and data availability

To do so, the GSAP will have implications for each level of the organization, and across all cluster or division areas. These will be elaborated on in subsequent drafts.

Other International partners and stakeholders

Realization of the GSAP is contingent upon all stakeholders having clearly defined and coordinated responsibilities. Beyond the responsibilities of Member States, development partners and WHO, other stakeholders also have an important role in achieving the objectives, in several areas. Moreover, older adults must be empowered to shape strategies and actions that they potentially will benefit from. Expressions of interest and discussion with partners and stakeholders will identify interests and potential contributions. Based on preliminary discussions and requests, noted below are some examples that will be developed into a coherent and agreed upon set of contributions, during the consultation process (see boxes for examples).

Box: potential contributions from Non-State Actors

- Develop and test innovative approaches to strengthen community and local capabilities for implementation of the most appropriate interventions for older adults;
- Empowering older adults in every country to participate in processes to experience healthy ageing
- Educate, engage and mobilize communities with the aim to increase knowledge, awareness and understanding of the rights and needs of ageing population;
- Support actions to challenge discrimination, attitudes and behaviours towards older adults and create age friendly environment;
- Create age-friendly businesses;
- Ensure medical products are adequately assessed in terms of their impact on older people;
- Advocate increased attention to ageing population's health and increased investment in it

Box: potential contributions from private sector and public private sector partnerships

- Involve older adults in the development, design and evaluation of services or products
- Develop options to enhance environments, such as improved housing and infrastructure to improve service delivery for ageing population
- Promote innovation to accelerate the development of new and improved assisted technologies and interventions to support ageing population;
- Support policies across sectors to address age based discrimination, such as in the employment to older adults and other workplace discrimination;
- Invest additional resources, provide financial support and reduce prices for goods for older population;
- Ensure community outreach and mobilization

Box: potential contributions of health-care workers and their professional associations

- Provide the highest-quality care, grounded in evidence based medicine, share best practice, test new approaches, use the best tools possible and audit clinical practice to improve health of the older people;
- Ensure that older people are treated with respect and dignity when they receive health care;
- Engage in dialogue with communities and the media and use effective communications technique to convey messages about healthy ageing;
- Identify areas where services could be improved and innovations made for older person-centred integrated care;
- Ensure health care workers receive adequate training and continuing education in necessary skills;
- Provide information to track progress and hold authorities and donors to account
- Encourage multi-disciplinary team work and strengthening professional organizations

Box: potential contributions from academia and research institutes

- Train and educate health workers in necessary skills
- Strengthen the global network of academics, researchers and trainers in necessary skills
- Ensure older adults are meaningfully and statistically represented in population based studies to analyse data with sufficient power
- Promote innovation to accelerate the development of new and improved technologies to assist older people
- Involve older adults in setting research questions and research study designs.
- Deliver on a prioritized and coordinated multidisciplinary research agenda that focuses on needs and priorities of older adults.
- Advocate for increased budget allocation for research and innovation
- Build capacity of researchers especially in low and middle-income countries to conduct research on functional ability, intrinsic capacity and need for health, long term care or broad environmental challenges for the aged population
- Collect and disseminate new research findings and best practice on healthy ageing trajectories of intrinsic capacity.
- Support policy development by reporting on trends and emerging issues.

Box: potential contributions from media

- Participate in open dialogues with countries and the public sector and use effective communications techniques to convey balanced messages about population ageing and to address ageism and safety concerns.
- Understand the needs and concerns about population ageing in order to accurately report on and effectively promote safe and healthy ageing programmes.
- Advocate and engage across all sectors to ensure that the needs of the ageing population are understood as a human right.

6.3 Beyond 2020

The GSAP is set out to be a time-limited effort ending in 2020. It is designed with two goals, to immediately result in action that will maximize the functional ability of older people and reach everyone, and to put in place the building blocks that will allow a decade of concerted action on *Healthy Ageing* from 2020 to 2030. The five years of the GSAP offers a window to increase the evidence base on what can be done, including better understanding from all countries on the trajectories of functioning during the second half of life. Collaborations and commitments developed during this period will solidify a platform for action over the subsequent 10 years. Lead stakeholders need to assume ownership to support implementation and monitoring of progress. During 2020, a new strategy reflecting learning, knowledge translation, and a wider circle of stakeholders, is expected to be crafted to underpin the Decade of Healthy Ageing 2020-2030.

WHO Secretariat welcomes comments and suggestions

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