Decade of healthy ageing





Progress report on the United Nations Decade of Healthy Ageing, 2021-2023

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Foreword

Since the World Health Organization was founded 75 years ago, life expectancy globally has increased from 46 to 73 years, a major triumph. But ageing populations present a new set of challenges for many countries, in ensuring that the extra years people are living are spent in good health and well-being, and that their human rights and dignity are protected. The UN Decade of Healthy Ageing, 2021–2030, aims to add life to years, and years to life.

Recognizing the challenges we face and the importance of upholding the rights of older people, including the right to the highest attainable standard of health, the vision of the UN Decade of Healthy Ageing is to achieve a world in which all people live long and healthy lives. WHO, the Secretariat for the UN Decade, and our UN partners, alongside Member States have committed to 10 years of collaborative action on healthy ageing to improve the lives of older people, their families and the communities in which they live.

The first phase of the UN Decade of Healthy Ageing has coincided with unprecedented challenges for us all. It was adopted in 2020, amid the COVID-19 pandemic. COVID-19 took a disproportionate toll on older people, in terms of mortality, income and food security, and their ability to stay physically active and socially connected. During the pandemic, older people's human rights were threatened and the scale of ageism was laid bare.

COVID-19 and the ongoing global economic crisis have highlighted the importance of healthy ageing and the urgency with which we all need to act. Despite the challenges we have faced in the past three years, there has also been progress.

This report celebrates the range of activities and initiatives that have contributed to the UN Decade of Healthy Ageing. I congratulate Member States for their leadership, which has resulted in progress in the development of policies, laws , programmes and research with and for older people. I also thank our UN partners for their leadership and commitment.

As this report shows, however, greater political will and allocation of more resource are necessary if we are to achieve our vision of a world in which all people live long and healthy lives.

We must all do more and invest more in healthy ageing. We must work together, including with older people, their families and communities. This report provides the impetus and lessons for us to transform the world into one where this and future generations of older people enjoy long and healthy lives.

WHO, together with our UN partners, looks forward to playing our part.



Dr Tedros Adhanom Ghebreyesus

Director-General, World Health Organization

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Acronyms

COVID-19	coronavirus disease-2019
CSO	civil society organization
HIV	Human Immunodeficiency Virus
ICOPE	integrated care for older people
ILO	International Labour Organization
ITU	International Telecommunication Union
LGBTQ+	lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and more
MIPAA	Madrid International Plan of Action on Ageing
OHCHR	Office of the United Nations High Commissioner for Human Rights
ROTOM	Reach One Touch One Ministries
SDGs	Sustainable Development Goals
SENAMA	Servicio Nacional del Adulto Mayor
TAG4MHA	Technical Advisory Group on Measurement, Monitoring and Evaluation of the UN Decade of Healthy Ageing
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
USA	United States of America
WHO	World Health Organization



Executive summary

This progress report on the UN Decade of Healthy Ageing, 2021–2030 [the Decade] developed by UN partners, provides comparisons of 10 national progress indicators for the Decade in 2020 and 2022. It is based on the four areas of action for the Decade and its specific aims are to:

- assess the extent of progress made in the first phase of implementation of the Decade, from 2021 to mid-2023;
- present contributions to the Decade being made by stakeholder groups, including Member States, UN agencies, civil society, academia, the private sector, community groups and older people themselves; and
- inspire and motivate stakeholders to collaborate in their continued efforts to implement the Decade at country level and scale up interventions to ensure healthy ageing.

When Member States adopted the Decade, they requested UN partners and WHO to report on progress in implementing the Decade to both the UN General Assembly and to the World Health Assembly, in 2023, 2026 and 2029. Progress is monitored by measuring 10 national progress indicators developed for the *WHO Global strategy and action plan on ageing and health [2016-2020]*, and endorsed for the Decade by Member States, within a broader monitoring and evaluation framework. Member States' reporting on the 10 indicators forms the basis of this report, in which progress is defined as "an increase from baseline in the proportion of countries with policies, strategies, action plans, programmes and data to support implementation of the four action areas of the Decade".

Progress has been made in the first phase of the Decade, despite the challenges the world has faced since 2020. Increases in implementation between 2020 and 2022 were greater than 20% for four of the indicators: having legislation against age-based discrimination, having legislation to support older people's access to assistive products, having a national programme for age-friendly cities and communities, and having a national policy on comprehensive assessments of health and social care needs. Member States have also developed new policies, strategies and frameworks, established new mechanisms and strengthened collection of data on healthy ageing. A wide range of stakeholders have formed partnerships and advocated for change. Older people themselves are engaged and are raising their voices.

When countries were asked about the political support and resources they had received for action in each of the four Decade action areas, however, less than a third reported that the resources were adequate or substantial, and some countries reported that no resources had been made available. Thus, while many countries have developed policies, made commitments and established mechanisms, lack of resources may limit their action.

A key commitment of the Decade is ensuring that older people are central to its implementation. Actions undertaken in the first phase of the Decade demonstrate the importance of working with all older people, particularly those who are often left behind. A range of initiatives is being implemented around the world with older women; older people from indigenous populations; older lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and more [LGBTQ+] people; older refugees; and others. Despite these encouraging signs, greater attention is needed, particularly on ensuring that strategic approaches are taken to enable the meaningful engagement of older people as the Decade progresses. The range of activities highlighted in this report provides vital lessons and an opportunity to advocate for older people's engagement where it is currently lacking.

Key findings

The main findings of the report are:

- Progress has been made in the first phase of the Decade, despite the challenges the world has faced since 2020.
- The Decade provides a framework to achieve a world in which all people live long and healthy lives. The opportunity we have must be seized.
- Member States have developed new policies, strategies and frameworks, established new mechanisms and strengthened data collection on healthy ageing.
- A wide range of stakeholders have been taking action, forming partnerships and advocating for change.
- Older people themselves are engaged, raising their voices and creating change, but a more systematic approach to older people's meaningful engagement is needed.
- The wealth of experience and learning, at all levels and with all stakeholders, provides an opportunity for strengthened collaboration and action.
- Resources for work towards healthy ageing remain limited, and more commitment and investment are crucial.
- Concerted and accelerated action is needed to support healthy ageing in low- and middle-income countries, where 80% of the world's older population will live by 2050.

Progress by Decade action area

Action area 1. Changing how we think, feel and act towards age and ageing

More and more countries have national legislation to prevent discrimination related to age, and effective strategies to combat ageism are available and being used. New data collected for this report show that over 60% of countries have mechanisms to promote and protect the rights of older people and specific legal, administrative and other effective means to protect older people who have been subject to discrimination. This report highlights intergenerational activities undertaken to address ageism in **Singapore** and the work of an Ombudsman for older people in **Finland**.

Action area 2. Ensuring that communities foster the abilities of older people

The percentage of countries with national programmes to support the activities of the WHO Global Network for Age-friendly Cities and Communities has increased. WHO's Age-friendly Cities and Communities framework supports Member States in meeting their commitment to foster the abilities of older people. Examples of action to support age-friendly environments include transport initiatives in the United States of America [**USA**], researching and addressing social isolation and loneliness in **India** and **Japan** and responding to a humanitarian emergency in **South Africa**. The Age Friendly **Ireland** initiative is a coordinated, comprehensive approach to fostering age-friendly environments, led by the Government, with meaningful engagement of older people.



© Age Friendly Ireland
Age Friendly Ireland and Healthy ageing friendly homes

Action area 3. Delivering person-centred, integrated care and primary health services responsive to older people

More countries had national policies to support comprehensive assessments with older people in 2022 than in 2020. WHO's Integrated Care for Older People [ICOPE] approach has generated wide interest among Member States, and many have undertaken pilot projects to assess their capacity to implement and to initiate training of health and care workers in the approach. Various initiatives have been undertaken to meet the needs of older people for comprehensive health and care, including innovative approaches to often neglected issues. They include training for health and care workers in **El Salvador** and **Qatar**, access to COVID-19 vaccines in the **United Republic of Tanzania**, establishment of a dementia learning centre in **New Zealand** and a sexual rights charter for older people in the **United Kingdom of Great Britain and Northern Ireland**. Many countries, however, reported challenges in providing integrated care, including human resource constraints.

Action area 4. Providing access to long-term care for older people who need it

National and regional initiatives have been conducted to strengthen long-term care for older people, including national policy development. At regional level, initiatives are being put in place to support Member States, including adoption of the European Care Strategy by the European Commission in 2022 *(3)*. There is widespread recognition of the human resource challenges in relation to long-term care, including the reliance on family care, usually provided by women, many of whom are older. It was found that 60% of countries have programmes in place to support carers, but this figure is as low as 25% in some regions. Various stakeholders are addressing this challenge, with training being provided to care workers in **Chile** and the **Maldives** and a return of older people, such as retired nurses and carers, to the workforce in **Romania**.

Doing things differently in the Decade

The Decade represents an opportunity to do things differently. The Decade enablers are:

- listening to diverse voices and enabling meaningful engagement of older people, family members, caregivers, young people and communities;
- nurturing leadership and building capacity for integrated action across sectors;
- connecting stakeholders around the world to share and learn from the experience of others; and
- strengthening data, research and innovation to accelerate implementation.

These enablers provide the framework for a different approach. The Decade Platform has been established as a digital space that makes experiences, expertise and knowledge on ageing available for everyone, connecting stakeholders around the world.

In 2022, the ITU, ILO, OHCHR, the UNDESA, the World Economic Forum and WHO launched the "Healthy Ageing 50", celebrating 50 leaders who are transforming the world into one that is a better place to grow older and nurturing leadership and capacity-building for integrated action. Research and innovation have been strengthened, from the development of the WHO Ageing Data Portal, to UNFPA and WHO developing a guide for situational analyses, and population surveys planned in **Kuwait** and **Uzbekistan**. To monitor the progress of the Decade, the Technical Advisory Group on Measurement, Monitoring and Evaluation of the UN Decade of Healthy Ageing [TAG4MHA] was established to review and assess evidence and make recommendations to advance measurement, monitoring and evaluation.

Accelerating action

The progress and limits to implementation of the Decade described in this report indicate how action could be accelerated in the next phase. Reports of lack of resources for action indicate that political commitment and allocation of dedicated budgets are necessary to support healthy ageing. The many programmes and initiatives being implemented at all levels offer great potential. The challenge will be to learn how the initiatives can be used and scaled up to reach greater numbers of older people.

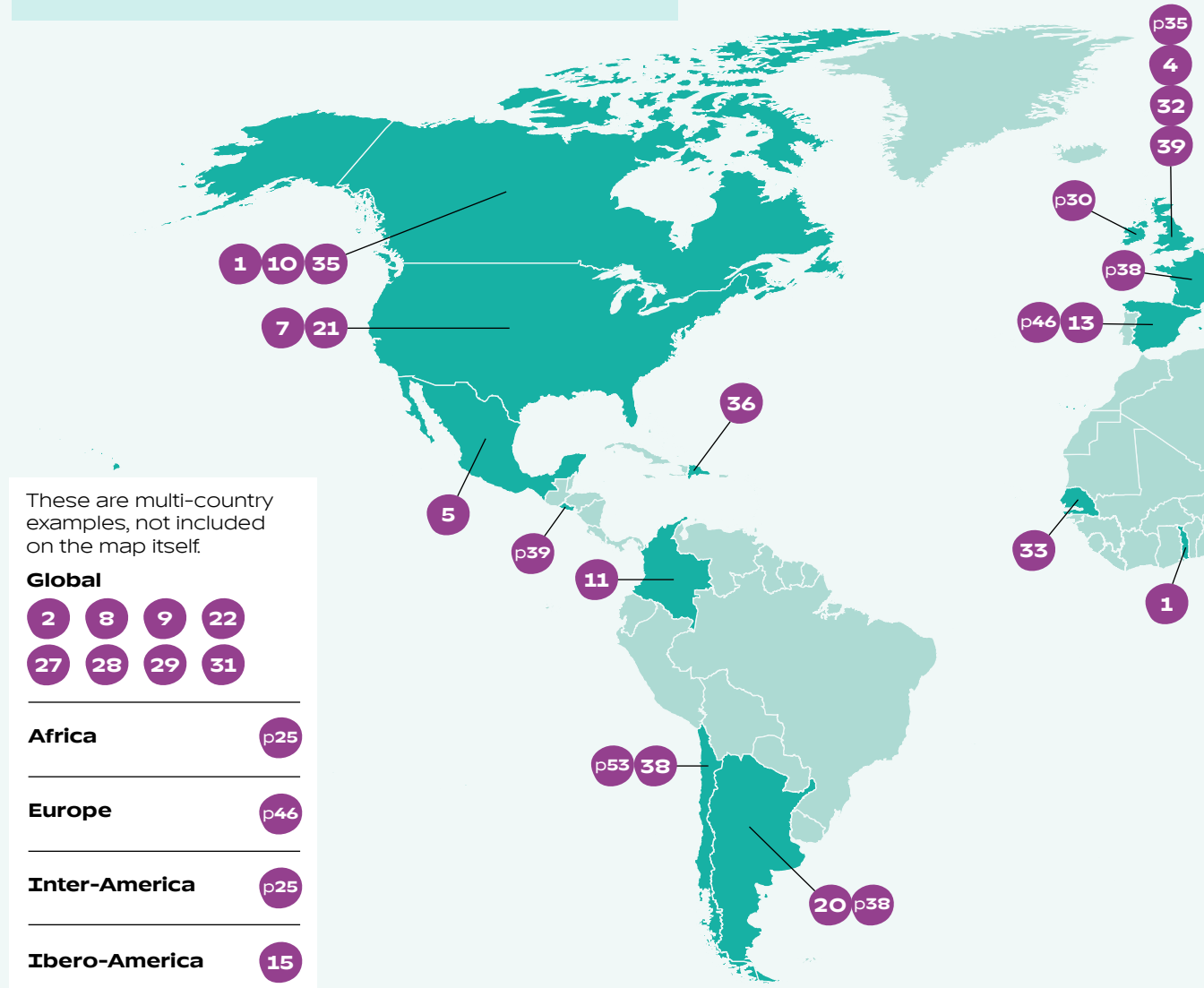
A priority for the next phase of the Decade will be implementation in lower-income countries, many of which still lack the policies, strategies programmes and data for implementation. As the Decade moves forward in the coming years, we must "walk the talk" on meaningful engagement of older people, who must be central to the Decade's implementation.



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3. Aged Care Council of Elders, Australia

Action on healthy ageing: examples from around the world

This map provides an overview of all example initiatives on healthy ageing included in this report and where they are being implemented. These include both case studies and examples that are mentioned within the report's text. Either the case study or the page number where the example is mentioned show where further information on each can be found.



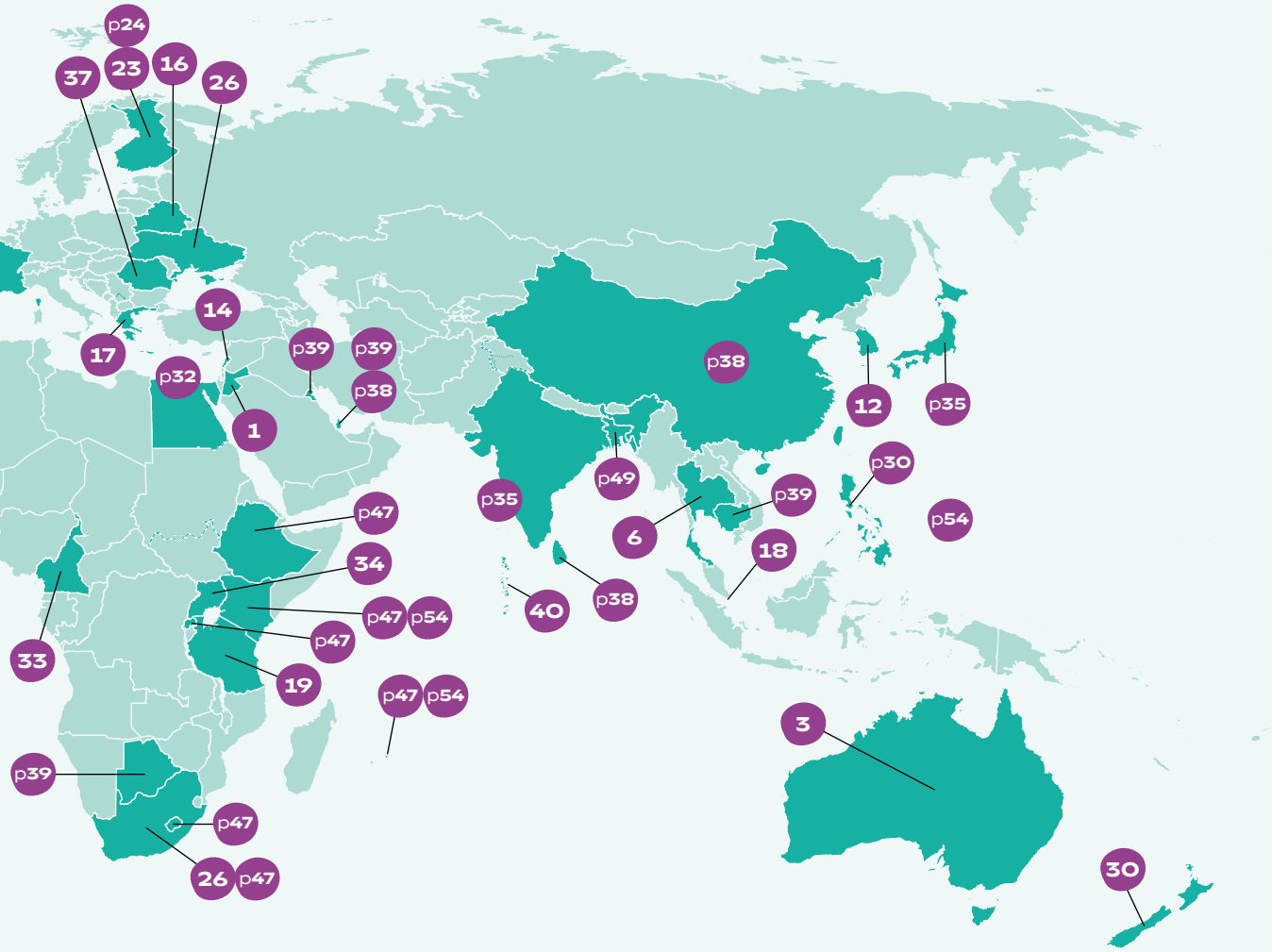
These are multi-country examples, not included on the map itself.

Global

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Africa	p25
Europe	p46
Inter-America	p25
Ibero-America	15
Latin America and the Caribbean	24

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Chapter 1.
Introduction



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21. Getting to health care appointments, USA

1.1 Why the Decade?

Today, most people in the world can expect to live into their 60s and beyond. Longer lives are one of humanity's greatest achievements; however, the extra years that people are living are not yet all spent in good health. People everywhere should enjoy good health and well-being in later life *(1)*.

Between 1990 and 2020, global life expectancy rose by more than 8 years, to 72 years *(2)*. It is projected that, during the UN Decade of Healthy Ageing, the number of people aged ≥ 60 years worldwide will increase from 1.1 to 1.4 billion by 2030 *(3)*. Data in the the WHO baseline report for the Decade of Healthy Ageing, however, showed an increasing gap between life expectancy and healthy life expectancy, the gap increasing between 2000 and 2019 from 7.3 to 8.3 years for men and from 9.7 to 11 years for women. An increasing gap was also seen between life expectancy and healthy life expectancy at 60 years, from 4.1 to 4.7 years for men and from 5.3 to 6 years for women *(4)*.

Population ageing is the result of decreasing fertility rates and decreasing mortality rates, leading to longer lives – one of the most significant trends of the twenty-first century. While the proportion and absolute number of older people globally are increasing rapidly, too little attention has been given to how older populations live, the contributions they can make and the services and support they may require. Despite population ageing, the world remains largely unprepared to respond to the challenges and to seize the opportunities presented by our changing demographics. Policies, systems and services rarely address healthy ageing or the rights of older men and older women, resulting in situations in which older people are left behind.

1.2 The response: the UN Decade of Healthy Ageing, 2021–2030

The UN Decade of Healthy Ageing recognizes the fundamental rights of older people [see section 2.4.1], including the right to the highest attainable standard of health. Its vision is a world in which all people live long and healthy lives. The Decade is a global collaboration, aligned with the SDGs, to improve the lives of older people [focused on people in the second half of their lives], their families and the communities in which they live. With endorsement of the Decade by the Seventy-third World Health Assembly in August 2020 and its adoption by the Seventy-fifth UN General Assembly in December of the same year, countries committed themselves to 10 years of concerted, catalytic, collaborative action on healthy ageing. WHO was asked to lead the Decade by acting as the secretariat for its implementation, working in partnership with other UN agencies through existing mechanisms.

The Decade builds on global commitments, including WHO's *Global strategy and action plan on ageing and health [2016–2030]* *(5)* and *the Madrid International Plan of Action on Ageing* [MIPAA] *(6)*. The goals of the WHO strategy were to use evidence, fill gaps and foster partnerships to lay the foundations of the Decade. WHO's *World report on ageing and health* in 2015 *(7)* proposed a first framework for achieving healthy ageing. In a shift from disease-based approaches, it addressed support for people in older age to enable them to do things that are important to them in the places in which they want to live [i.e. maintenance of a person's functional ability and prevention of its loss]. It also described the explicit link between people's physical and mental capacities [their "intrinsic capacity"] and their interaction with the environment [Box 1] *(7)*. For example, an older person with impaired vision and declining mobility faces loss of intrinsic capacity. If they are given glasses, a walking aid and support to adapt their environment, they will be better able to maintain their functional ability and independence. This will improve their well-being and support healthy ageing.

Box 1. Definitions of healthy ageing

In 2015, WHO's *World report on ageing and health (7)* outlined a framework for action to foster healthy ageing, based on the new concept of functional ability. In 2016, all WHO Member States endorsed the goal of healthy ageing. By 2020, WHO had further clarified concepts and ways to operationalize and measure healthy ageing as presented in the the WHO baseline report for the Decade of Healthy Ageing *(4)*. In 2020, all UN Member States endorsed the Decade and these concepts. To emphasize that health in older age is not just the absence of disease, the reports provide the following definitions:

Healthy ageing: the process of developing and maintaining the functional ability that enables well-being in older age.

Functional ability: health-related attributes that enable people to be and to do what they have reason to value. It consists of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and those characteristics.

Intrinsic capacity: the composite of all the physical and mental capacities of an individual.

Environment: all the factors in the extrinsic world that form the context of an individual's life. They include assistive products, home, communities and broader society.

The Decade also builds on and complements the MIPAA, the international framework that guides global action on population ageing since 2002. MIPAA and its political declaration represent the first time that governments agreed to link issues of ageing to other frameworks for social and economic development and human rights. It recognizes that all human rights and fundamental freedoms must be promoted and protected to achieve a society for all ages. It celebrates increasing life expectancy and the role of older populations as powerful resources for development according to their skills and experience. It maps areas in which policies could enable older people to contribute to and ensure security in older age. It identifies the importance of health, in its own right and in allowing older people to participate. Member States engage in a review and appraisal process of MIPAA, and the fourth review was conducted in 2022–2023.

The Decade further supports realization of Agenda 2030 and the SDGs. *The 2030 Agenda for Sustainable Development and the UN Decade of Healthy Ageing, 2021–2030 (8)*, part of the Decade Connection series of advocacy briefs, analyses the relevance of the Decade to the SDGs and provides examples of what can be done.



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1. Participatory video - Jordan

Decade action areas and enablers

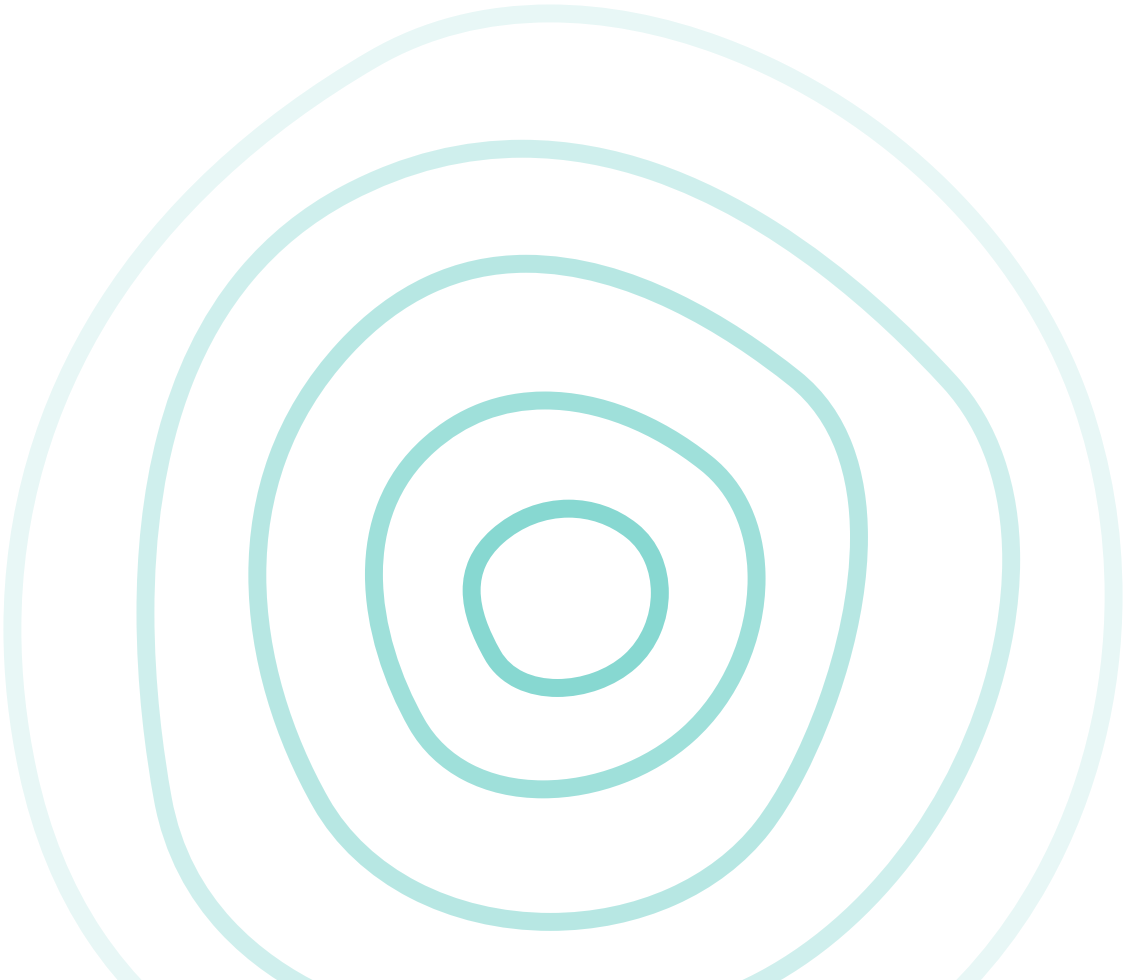
The Decade addresses people in the second half of their lives. It recognizes that each older person can drive change but that this requires action in four areas at several levels in many sectors to promote health, prevent disease, maintain intrinsic capacity and optimize functional ability.

The Decade therefore calls on stakeholders in many sectors to work together to address the four areas for action:

- changing how we think, feel and act towards age and ageing;
- ensuring that communities foster the abilities of older people;
- delivering person-centred integrated care and primary health services that are responsive to older people; and
- providing access to long-term care for older people who need it.

These areas are interconnected and mutually reinforcing. The work of stakeholders around the world to achieve these action areas will foster healthy ageing and improve the well-being of older people. Strong collaboration for transformative change in these areas will benefit from four Decade enablers:

- listening to diverse voices and enabling meaningful engagement of older people, family members, caregivers, young people and communities;
- nurturing leadership and building capacity for integrated action across sectors;
- connecting stakeholders around the world to share and learn from the experience of others; and
- strengthening data, research and innovation to accelerate implementation.



Monitoring the Decade

The Technical Advisory Group on Measurement, Monitoring and Evaluation of the UN Decade of Healthy Ageing [TAG4MHA] was established to help monitor progress in implementing the Decade. The multidisciplinary group of 20 experts reviews and assesses evidence and makes recommendations for measurements, monitoring and evaluating work related to the Decade. The work of the TAG4MHA builds on the findings of the WHO baseline report for the Decade of Healthy Ageing, described in Box 2. Box 3 lists the national indicators of progress in implementing the Decade.

Box 2. The WHO baseline report for the Decade of Healthy Ageing

The WHO baseline report for the Decade of Healthy Ageing *(4)* focused on functional ability, providing a transformative pathway for optimizing functional ability and for accelerating implementation of the Decade. The pathway consists of clarifying, identifying, designing, assessing, evaluating, reaching and accelerating impact. The report provided data on 10 national progress indicators [see Box 3] and a comparison of data from 2018 with those from 2020 to set the baseline for the Decade. Many case reports were included of how governments, civil society, the private sector and older people themselves were creating new evidence and developing and implementing actions to promote healthy ageing.

The report included studies on the various domains of functional ability [to meet basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute to society] *(9)* and also on learning from the prevention and management of noncommunicable diseases, emphasizing person-centred, integrated approaches that are inclusive of older people. It provided a review and analysis of 55 nationally representative studies with data on older people, which showed that at least 142 million older people worldwide were unable to meet their basic needs, with inequities in gender and education contributing to differences within and between countries.

It also showed that governments and other stakeholders lacked data on healthy ageing throughout the life course, with only 25% of Member States having comparable data. The evidence indicated that, to accelerate action and to make a measurable impact on older people's lives by 2030, older people must be engaged at all stages.

Box 3. National progress indicators to monitor the implementation of the Decade

Percentages of countries with:

1. a focal point on ageing and health;
2. a national policy, strategy and plan aligned to healthy ageing;
3. a national multistakeholder forum or committee on ageing and health;
4. national legislation and enforcement of strategies against age-based discrimination;
5. legislation or regulations to ensure that older people access assistive devices;
6. a national programme to support activities of the WHO Global Network for Age-friendly Cities and Communities;
7. a national policy to support comprehensive assessments of the health and social care needs of older people;
8. a national policy to support long-term care of older people;
9. nationally representative population studies with cross-sectional data on the health status and needs of older people; and
10. nationally representative population studies providing longitudinal data on the health status and needs of older people.

[see Fig. 1 and Fig. 2]

1.3 Purpose of the 2023 report

This report, developed by UN partners as a follow-up to the WHO baseline report for the Decade of Healthy Ageing *(4)* provides comparisons of the 10 national progress indicators in 2020 and 2022. It also builds on the process and outcomes of the fourth review and appraisal of the MIPAA.

The report is based on the four areas of action for the Decade. Its specific aims are to:

- assess the extent of progress made in the first phase of implementation of the UN Decade of Healthy Ageing, from 2021 to mid-2023;
- present contributions to the Decade being made by stakeholder groups, including Member States, UN agencies, civil society, academia, the private sector, community groups and older people themselves; and
- inspire and motivate stakeholders to collaborate in their continued efforts to implement the Decade at country level and scale up interventions to ensure healthy ageing.

1.4 Methods

1.4.1 Process evaluation survey

For this report, global and regional progress was assessed with a process evaluation survey focused on the activities of Member States. Global and regional progress has been defined as an increase from the 2020 baseline in the proportion of countries with policies, strategies, action plans, programmes and data to support implementation of all four action areas at national level. Between September 2022 and April 2023, WHO conducted the survey and received responses from 136 Member States. The survey was designed in consultation with the TAG4MHA and includes the 10 national progress indicators [see Box 3] and additional indicators related to the action areas and enablers of the Decade.

The survey was conducted online, with one lead respondent designated by each government. Most [68%] of the respondents were based in ministries of health, with 15% from other government authorities. When the WHO country office was designated to respond to the survey [14% of countries], the person worked with relevant government ministries. The global response rate was 70%, with 136 of 194 Member States submitting complete responses by the end of April 2023. The response rate varied by region, ranging from 81% for the African Region to 33% for the Eastern Mediterranean Region.

For comparison with baseline data collected in 2020, only information provided by Member States that responded to both surveys [2020 and 2022] are included in this report. In this 2020–2022 comparison, not all 136 countries that submitted data in 2022 are included, as they did not all respond in 2020. In addition, in 2020, some Member States responded to some indicators and not others, meaning the number of Member States included in this analysis differs by indicator. The information provided by all 136 Member States in 2022 on both the 10 national progress indicators and additional questions is, however, included in this report, in addition to the 2020–2022 comparison analysis. Responses submitted after April 2023 are not included but are available on the WHO Ageing Data Portal *(9)*.

A limitation of collecting data through the process evaluation survey is self-reporting. Although Member States were asked to provide supporting documentation with their responses, the documentation could not be verified in detail for this report.

1.4.2 Case studies of the UN Decade of Healthy Ageing

WHO also collected examples of programmes or activities for healthy ageing that could be considered contributions to the Decade, and organizations and agencies were invited to submit case studies on the UN Decade of Healthy Ageing Platform *(10)*. Complete submissions were reviewed for their alignment with the Decade action areas, their contribution to the Decade, the approach to collaboration, involvement of older people and lessons learnt during implementation. In selecting case studies for inclusion in this report, consideration was given to geographical spread, type of stakeholder and older people's involvement. The detailed reports on all the studies included in this report and other case studies found to be of sufficient quality are available on the Decade Platform.

The case studies are included in this report to demonstrate activities that directly contribute to implementation of a national progress indicator or an additional indicator in the process evaluation survey; and, secondly, as examples of programmes or initiatives that make a contribution to the Decade. The initiatives may not have been started explicitly because of the Decade but are aligned with its vision and action areas and, in many cases, used the opportunity of the Decade to raise awareness. All the initiatives included were either begun or completed during the first phase of the Decade.

Neither the information collected in the process evaluation survey nor the case studies are intended to demonstrate impact. Programmes or activities did not have to be formally evaluated in order to be submitted as examples of work that contributes to the Decade.



© WHO/Tricia Jenkins, InsightShare
1. Participatory video, Jordan

Chapter 2.
Progress in implementation of the Decade



© ROTOM
34. Community response to COVID-19

2.1 The first phase of the Decade – context

The first 2 years of the Decade coincided with significant, unprecedented global events, including the COVID-19 pandemic, a global economic crisis and several humanitarian emergencies, all in the context of the ongoing threats from climate change. COVID-19 reshaped the world, impacting people's health, social and economic well-being and the health and care systems and services that support them. The disproportionate impact on older people was clear from early in the pandemic. An analysis in February 2023 showed that, by the end of 2021, 80% of reported deaths due to COVID-19 worldwide had been of people aged ≥ 60 years, who also accounted for 82% of the estimated 15 million excess deaths *(11)*. Older people, particularly women, experienced impacts on many aspects of their lives, including their income, food security and their ability to stay physically active, and threats to their human rights, as some countries imposed restrictions on people's movement according to age. Older people living in long-term care facilities have been particularly affected: 40% of COVID-19-related deaths in member countries of the Organisation for Economic Co-operation and Development occurred in long-term care *(12)*.

There is also a global economic crisis, caused in part by the pandemic. Economic activity is experiencing a sharp slowdown, with inflation higher than seen in decades *(13)*. A worldwide crisis in the cost of living, with rapidly increasing prices for energy and food, is particularly severe for older people who are income insecure. While 67% of older people globally have access to a pension, the rates are far lower in low-income countries – often < 20% *(14)*. Up to 78% of older workers are in informal employment, and the figure is close to 95% in the African Region *(15)*. The inadequacy of pension coverage and lack of decent work both contribute to older people's vulnerability to economic shocks.

The first phase of implementation of the Decade also coincided with ongoing and new emergency situations, in which older people are often among the most vulnerable. Escalating political tensions and conflict in Ethiopia, Myanmar, Somalia, South Sudan and Sudan, protracted crises in the Syrian Arab Republic and Yemen and natural disasters in Afghanistan, Indonesia, Nigeria, Pakistan, the Philippines and Türkiye have all affected older people. The war in Ukraine, a country where one in four in the population is aged ≥ 60 years *(2)*, and the resulting humanitarian crisis, is also disproportionately affecting older people.

The challenging global context during the Decade further demonstrated many unmet needs of older people, indicating that healthy ageing should be supported differently. The crises have emphasized the long-standing systemic inequalities and challenges to human rights faced by older people, which are deeply rooted in ageism and are reflected in inadequate health services for older people, gaps in social protection and intersecting discrimination based on age, gender, disability and other grounds.

The ambition of the Decade, to bring together all sectors and stakeholders for concerted, catalytic, sustained collaborative action to improve the lives of older people, is more important now than ever. This report highlights the progress being made in implementation of the Decade, irrespective of the challenges we all face.

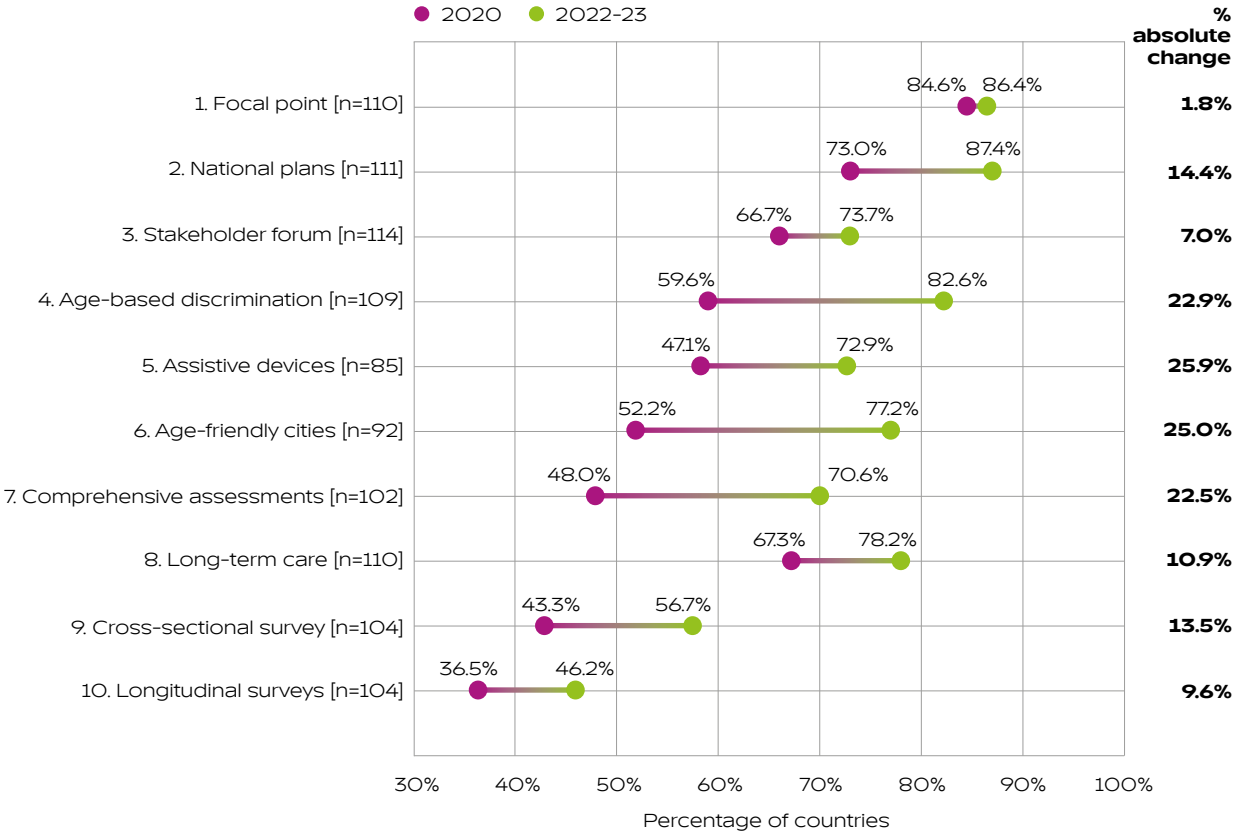
2.2 Progress in the first phase of the Decade: National progress indicators

The process evaluation survey showed that progress had been made in the first phase of implementation of the Decade, with progress in all 10 national indicators [Fig. 1] [Box 3], despite the challenges of the COVID-19 pandemic. For all indicators, increased percentages of countries responded that they had the relevant policies, legislation, programmes or surveys in place.

For four indicators, the absolute increase was > 20%: legislation or regulations to ensure that older people access assistive devices [26%]; a national programme to support activities of the WHO Global Network for Age-friendly Cities and Communities [25%]; national legislation and enforcement of strategies against age-based discrimination [23%]; and a national policy on comprehensive assessments of health and social care needs [22%]. Least progress was seen in relation to having a focal point on ageing and health, with a < 2% increase between 2020 and 2022, and having a national multistakeholder forum or committee on ageing and health, with a 7% increase. The rate for having a national focal point was the highest of the 10 national progress indicators, at 85% in 2020, giving less scope for rapid increase.

Progress differed by region, some having made more rapid progress on some indicators but less on others; data from some regions suggest that their situation remained largely unchanged between 2020 and 2022. Data from the process evaluation survey, including a comparison with 2020 data, is available on the WHO Ageing Data Portal *(9)*.

Fig. 1 Changes in Member State reporting against national progress indicators, 2020 and 2022

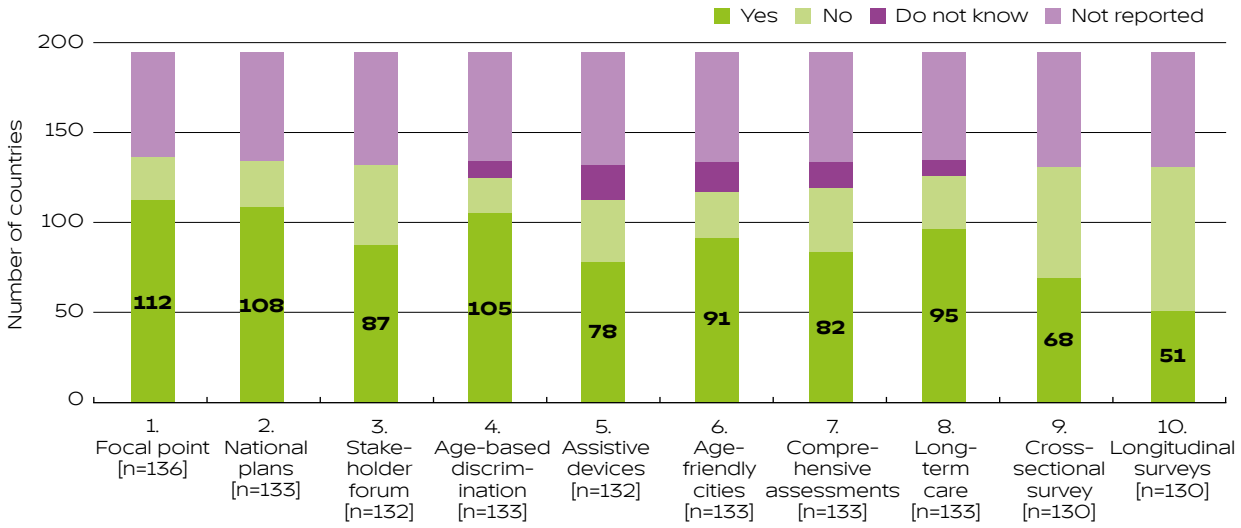


Source: WHO–UN Decade Process Evaluation Survey 2022–2023 [data collection period, September 2022–April 2023] and data for baseline year 2020 collected in 2019 and reported in the WHO baseline report for the Decade of Healthy Ageing *(10)*. Analysis was restricted to countries that participated in both the baseline survey and the follow-up survey in 2022

Fig. 2 shows the full range of responses with respect to the 10 national progress indicators in 2022. For three indicators, more than 100 countries reported having policies, mechanisms or legislation in place: 112 countries had a focal point on ageing and health; 108 had a national policy, strategy or plan aligned to healthy ageing; and 105 had national legislation and enforcement strategies against age-based discrimination. Only 51 countries, however, reported having conducted nationally representative population studies providing longitudinal data on the health status and needs of older people, and only 68 had conducted nationally representative population studies with cross-sectional data on the health status and needs of older people. This implies that more attention should be paid to the inclusion of older people in data, research and monitoring.

The MIPAA also has an established reporting mechanism – the review and appraisal process. The fourth review and appraisal was conducted in 2022 at regional level by UN regional commissions, with a global review at the sixty-first session of the Commission for Social Development, in 2023 *(16)*. The 109 Member States that participated in the fourth review and appraisal represented 84% of where older people reside worldwide.

Fig. 2 Numbers of countries that replied "Yes" to the 10 progress indicators in 2022



n = number of countries that reported in 2022.

Progress in implementing the different areas of MIPAA was reported by all regions, but many challenges remain, including many that have persisted across the three previous review and appraisal processes, suggesting failure of a 'business as usual' approach. One of the key findings of the fourth appraisal was that there are significant disparities between and within regions in the rate of implementation of MIPAA and in the focus of countries and regions on issues of population ageing.

Many of the regional processes reinforced the link between MIPAA and the Decade. The UN Economic Commission for Europe included a question on national action plans for the Decade's implementation in its survey, and the Economic and Social Commission for Asia and the Pacific *(17)* also included questions on the Decade in their voluntary national survey on implementation of MIPAA. The results of the fourth review and appraisal can be found in the report to the Commission for Social Development *(16)* and in regional summary reports *(18)*.

2.3 Older people at the centre of the Decade

Key messages

- Older people are central to the UN Decade of Healthy Ageing and must be meaningfully engaged throughout its implementation.
- Older people's dignity and rights must be upheld, including the right to equal participation.
- Greater attention is necessary to ensure that meaningful engagement becomes the norm in all activities for healthy ageing.
- National action is necessary to ensure older people's engagement, including in multistakeholder forums on ageing.

Meaningful engagement of older people is at the heart of the UN Decade of Healthy Ageing in recognition of and respect for older people's roles, rights and entitlements [see section 2.4], as both agents of change and service users. Engagement with older people will be critical in each of the Decade's action areas. The diverse voices of older people must be heard and acted upon [see section 2.3.2], their inherent dignity and individual autonomy must be respected, and their human right to participate fully in their societies promoted and protected. Many of the contributions to the Decade described in this report indicate the centrality of older people [see sections 2.4.2, 2.5.2, 2.6.2, 2.7.2]. Some initiatives have focused specifically on older people's meaningful engagement.

Of 114 countries that provided data in both 2020 and 2022, 74% reported having a national multistakeholder forum or committee on ageing and health in 2022, from 67% in 2020 [see Fig. 1]. Regional differences were seen, from 48% in the WHO African Region to 85% in the Region of the Americas. The greatest change between 2020 and 2022 was in the South-East Asian Region, from 38% to 75%. In all regions, at least two thirds of countries include older people in such forums or committees; the rate is considerably lower in low-income countries [see WHO Ageing Data Portal].

In the contributions sections of this report, each case study includes information on where it was implemented and the lead stakeholder. The icons shown next to the case studies highlight which Decade action areas the initiative contributes to, in addition to the main area of focus. Given the interlinkages between the action areas, most case studies include efforts that address more than one action area.

- Changing how we think, feel and act towards age and ageing
- Ensuring that communities foster the abilities of older people
- Delivering person-centred, integrated care and primary health services responsive to older people
- Providing access to long-term care for older people who need it

1 Participatory video

Canada, Jordan and Togo

Lead stakeholder: Older people's organization

WHO used a participatory video method to support older people in Canada, Jordan and Togo to make films highlighting issues that were important to them and possible solutions *(19)*. In Canada, the project was implemented in Manitoulin Island, home to seven first nations and non-native people. One of their recommendations was to raise funds for intergenerational projects to spread awareness about respecting nature and indigenous knowledge. Older people in Amman, Jordan, highlighted problems with public transport and lack of access to health services, poor medical supplies and financial assistance. In Togo, older people called for research to make positive changes in their communities, highlighting the importance of affordable, nutritious food, services in the community and income-generating activities. WHO also developed a toolkit *(20)* for use of the participatory video methodology in supporting the meaningful engagement of older people.



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1. Participatory video, Jordan

2 Dementia focus groups with older people

Global

Lead stakeholder: UN

WHO's Global Dementia Observatory knowledge exchange platform was developed to support implementation of the *Global action plan on the public health response to dementia, 2017–2025 (21)*. The aim is to improve countries' response to dementia by making information available at no cost and to ensure that the perspectives of older people living with dementia are heard and acted upon. Resources submitted to the platform are reviewed in focus groups of people living with dementia, a panel of peer reviewers and WHO. In the focus groups, people living with dementia comment on whether a resource might make a difference to their lives and those of their peers and their carers and propose ways to improve resources and increase their acceptability and applicability to people with dementia. Their views are made available on the platform. Focus group members were also involved in designing the platform.

3 Aged Care Council of Elders

Australia

Lead stakeholder: Older people's organization

The Council of Elders provides a formal platform for members to speak directly to the Government on behalf of older people. The Council consists of 14 academics, advocates, activists, specialists and researchers, who consult older people on issues related to the quality and safety of care and the needs of older people and their families and carers. The priorities for the council since its establishment have included creating an equitable, accessible, high-quality care system [see section 2.7]; supporting older people to age well; tackling the abuse of older people [see section 2.4.1]; housing and homelessness [see section 2.5]; and supporting functional ability at all stages of life *(22)*.

2.3.1 Older women

If older people are to be meaningfully engaged in the UN Decade of Healthy Ageing, their diversity and experience must be recognized. Yet, due to stereotypes and misconceptions about ageing and older people, they are often viewed as a homogeneous group. Policies for healthy ageing and services for older people are rarely person-centred but offer a "one size fits all" approach. This includes gender and a lack of sensitivity and specificity to the needs and preferences of older women and men, and how they differ.

In almost all societies, women live on average longer than men and thus comprise a majority of older people. In 2021, women outlived men by an average of 5.4 years *(23)* and accounted for 55% of the global population aged ≥ 60 years and 62% of those aged ≥ 80 years *(2)*. Yet, older women often report feeling invisible and can face discrimination due to their age and gender *(24)*. They are at higher risk of chronic diseases and conditions that can contribute to disability and are more likely to be carers and experience caregiver stress *(25)*. Older women are more likely to experience functional decline and impairments and will probably need more care but are less likely than men to access it. Older women often face higher levels of poverty or economic vulnerability and have fewer savings and assets, mainly because of disproportionate exposure to a lifetime of discrimination that affects their opportunities and treatment in labour markets and their access to contributory pensions *(26)*. Older women are more likely to be widowed, less likely to remarry and more likely to live alone – three features that can exacerbate their economic insecurity *(23)*.

4 **Uncertain Futures +100 Women**

Manchester, the United Kingdom

Lead stakeholder: Cultural organization

Uncertain Futures *(27)*, an art and research project, highlights the inequality faced by women over 50 years of age in relation to work, gender, age, race, disability and migration status. In the Uncertain Futures exhibition, 100 interviews were conducted with women over 50 in a booth in the Manchester Art Gallery. The interviews were transcribed, anonymized and displayed for visitors to read, and then analysed by the research team. A project advisory group consisting of 15 older women in Manchester participated in designing, developing and delivering all elements of the project. A key lesson has been that lack of protection against intersectional discrimination makes tackling ageism and creating age-friendly environments more challenging.

5 **Envejecimiento Consciente (Conscious Ageing)**

Mexico

Lead stakeholder: Academia

The aim of Envejecimiento Consciente is to transform the way women think about and experience ageing by bringing women of all ages together to share their experiences. Two workshops for 80 women in the state of Oaxaca showed the importance of recognizing that every older woman has a past and that her experiences influence her ageing. This recognition enabled older women to give new meaning to their pasts, to value themselves and their family histories and to establish new plans for healthy ageing. A lesson from the first phase of the project is that older women are hesitant to engage, partly due to use of the terms "old", "older" and "ageing", indicating potential self-ageism *(28)*.



© Manchester Art Gallery
4. Uncertain Futures +100 Women, Manchester, the United Kingdom



© RDNE Stock project / Pexels

6 Gendered impact of COVID-19

Thailand

Lead stakeholder: CSO

The Geriatric Work Development Foundation, part of the Foundation for Older Person's Development in Thailand, undertook research into the impacts of COVID-19 on older women *(29)*. It was found that gendered roles within families and households place older women at greater risk of exposure and that they cannot seek health services because of their care responsibilities. More than half of the women interviewed were still engaged in paid work, all in the informal sector [see section 2.7.2], which led to income insecurity and poor resilience to economic shocks. Both informal workers and those in unpaid care work in the home were ineligible for Government financial assistance during the pandemic, exacerbating their income insecurity.

7 Women's wellness and healthy ageing

USA

Lead stakeholder: Academia

The Johns Hopkins Women's Wellness and Healthy Aging Programme provides personalized care to women from peri-menopause to menopause and post-reproductive years *(30)*. It provides comprehensive assessments to ensure integrated care, with consideration of conditions common after menopause, including bone, cardiovascular and mental health issues. The programme has provided care for more than 575 women, established communication systems between specialists and primary health care doctors and provided education to health workers on healthy ageing.



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8. What Women Want.

8 What Women Want: Demands for quality health care from older women

Global

Lead stakeholder: CSO

Women and girls know best what they need for their health and well-being. When stakeholders listen to women about their priorities, they design policies and programmes that better meet their needs, with better outcomes. Yet, too often, the perspectives of women and girls are unheard or ignored. In 2018, more than 300 partners organized the "What Women Want: Demands for quality health care from women and girls" campaign *(31)*, asking over one million women and girls in 114 countries about their main demand for reproductive and maternal health. The campaign had remarkable results, mobilizing domestic and donor resources for new health and social programmes.

As older women were still unheard, only 2% of participants being older women, "Women's health and well-being: Listening across the lifespan" was launched in 2023. The goal was once again to hear from one million women but this time about their health needs at different periods of life. For this campaign community partners are mobilized to understand the specific health and care needs, challenges and demands of older women [Box 4].

Box 4. What older women want for their health and well-being *(31)*

In *Women's health and well-being: Listening across the lifespan*, over 800 000 responses have been collected around the world, 15% of which are from women over 55 and 8% over 65, in **Burkina Faso, Cambodia, Egypt, Ethiopia, Ghana, India, Kenya, Mexico, Nigeria, Pakistan, the Philippines, Senegal, Serbia and South Africa**. The results for the first million women are expected in late 2023, with more countries represented.

The initial results indicate that health systems should be reoriented to deliver age- and gender-responsive policies and programmes. Older women around the world demanded access to adequate food and nutrition, followed by more people-centred health systems with more staff, fully functional, closer, well-equipped health facilities, and free, affordable services and medicines. In all six WHO regions, older women asked for more "free treatment" and "cheaper medicines" as well as timely, comprehensive, consistent check-ups [e.g. "patient time", "regular" and "proper" health check-ups]. Initial national analyses also indicated disease-specific demands: for example, the requests of older women in India were for noncommunicable diseases such as diabetes, hypertension and joint pains, and those in the Philippines were for better access to vitamins. Older women also demanded changes to their environment, with frequent requests in Pakistan for clean drinking-water, and in South Africa, for improved housing and living conditions and more health workers and clinics.

2.3.2 Older people in their diversity

Older people have many identities, experiences, advantages and disadvantages that impact their older age and the choices they can make. The intersection of these identities can exacerbate challenges, including experiencing multiple, parallel forms of discrimination. Identities and experiences are rarely considered; however, some stakeholders are responding to diversity in older age, working with specific groups of older people to explicitly target programmes and activities.

9 Equity by Design

Global

△ ⬡ ◇

Lead stakeholder: CSO

Equity by Design, a global initiative led by AARP International, was created to engage professionals in the built environment to consider ageing and equity in their work. The initiative has published a case study on housing for older LGBTQ+ people *(32)*, which provides useful resources and examples of housing developments. In the United Kingdom, the Pride in Care *(33)* quality standard demonstrates a commitment to delivering high-quality, inclusive, safe, supportive services to older LGBTQ+ people; and, in the USA in 2021, the Human Rights Campaign Foundation and SAGE [Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders] *(34)* released the first edition of the Long-term Care Equality Index, a national benchmarking tool to evaluate long-term care facilities according to equity and inclusion of their LGBTQ+ residents. In France, the first Maison de la Diversité *(35)* will open in Lyon in 2023 to address social isolation [see section 2.5.3] among older LGBTQ+ people.

10 Home and community care

Canada

◇

Lead stakeholder: Government

The Public Health Agency of Canada and the Healthy Seniors Pilot Project funded a project with older people of Elsipogtog First Nation in New Brunswick *(36)*. The project included development and testing of a "Home for life community assessment tool". A "meals-to-go" programme, an educational programme on dementia care for indigenous peoples and a programme for end-of-life care have been initiated. The researchers have been approached to scale-up use of the tool for all First Nations in Canada.



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10. Home and community care, Canada

11 Centenarians person-centred care

Colombia

Lead stakeholder: Health sector

SURA, Colombia's health insurance scheme, established a person-centred care model for people aged ≥ 95 years. Each older person has a health evaluation every 6 months by a multi-disciplinary team consisting of a nurse, a nutritionist, a physical therapist, a social worker, a pharmacist, a doctor, a dentist and, if necessary, an ophthalmologist and an otorhinolaryngologist. Older people receive support for balance, muscle strength and gait and have access to a telephone follow-up line and support by trained personnel. A total of 826 people enrolled in the first year of the programme *(37)*.

12 Seoul Learn 4050

Republic of Korea

Lead stakeholder: Government

The Seoul Metropolitan Government initiative, Seoul Learn 4050 *(38)*, supports people in their 40s and 50s who are at a transition in their lives. It is designed to strengthen job skills, support employment, enhance digital skills, aid in life and retirement planning and establish a "vitality happiness town" [a centre providing support for health, family, relationships and careers] to support people in planning an active, healthy older age. Different services and support are delivered to people of different ages, with support for job changes, career advancement, income security and work–life balance for people in their 40s and digital learning, socially useful, meaningful jobs and volunteer activities for people in their 50s.

13 Supporting Venezuelan immigrants

Spain

Lead stakeholder: Older people's organization

The Asociación de Pensionados y Jubilados de Venezuela en Cataluña *(39)*, an association for retired Venezuelan immigrants in Barcelona, Spain, provides services and support to strengthen their economic autonomy, improve access to affordable housing and to public services and provide opportunities for social volunteering. The association includes a pension advisory service and training in computer skills.

14 Supporting older Syrian Refugees

Lebanon

Lead stakeholder: CSO

The Norwegian Refugee Council and the American University of Beirut published the findings of research into the experiences of older Syrian refugees in Lebanon during COVID-19 *(40)*. Five rounds of data collection from 3838 Syrian refugees aged 50 and over were conducted between September 2020 and March 2022 to investigate their experiences and how their vulnerability evolved during the pandemic. The findings included low rates of vaccination, less access to health services and increasing food and water insecurity during the pandemic.



© Seoul 50 Plus Foundation
12. Seoul Learn 4050, Republic of Korea

2.4 Action area 1: Changing how we think, feel and act towards age and ageing

Key messages

- 83% of countries had national legislation on discrimination by age, from 60% in 2020.
- Only 22% of countries reported having adequate resources to implement activities to combat ageism.
- Policies, laws, education and intergenerational interventions are effective in combatting ageism.
- Older people are taking action to combat ageism in their communities, including campaigning for change. Evidence is needed to determine whether such activities are effective.
- Older people are sometimes reluctant to engage in activities related to ageism or healthy ageing because of their own or social perceptions of words such as "ageing", "older" and "old".

Ageism refers to stereotyping [how we think], prejudice [how we feel] and discrimination [how we act] towards ourselves and others on the basis of age. It pervades many institutions and sectors of society, including health and social care settings, the workplace, media, legal systems, communities and families. Ageism has serious, far-reaching consequences for people's health, well-being and human rights [see section 2.4.1.1]. For older people, ageism is associated with reduced life expectancy and quality of life and poorer health. It restricts their ability to express their sexuality, can contribute to poverty and financial insecurity and may increase their risk of experiencing violence and abuse [see section 2.4.1.2].

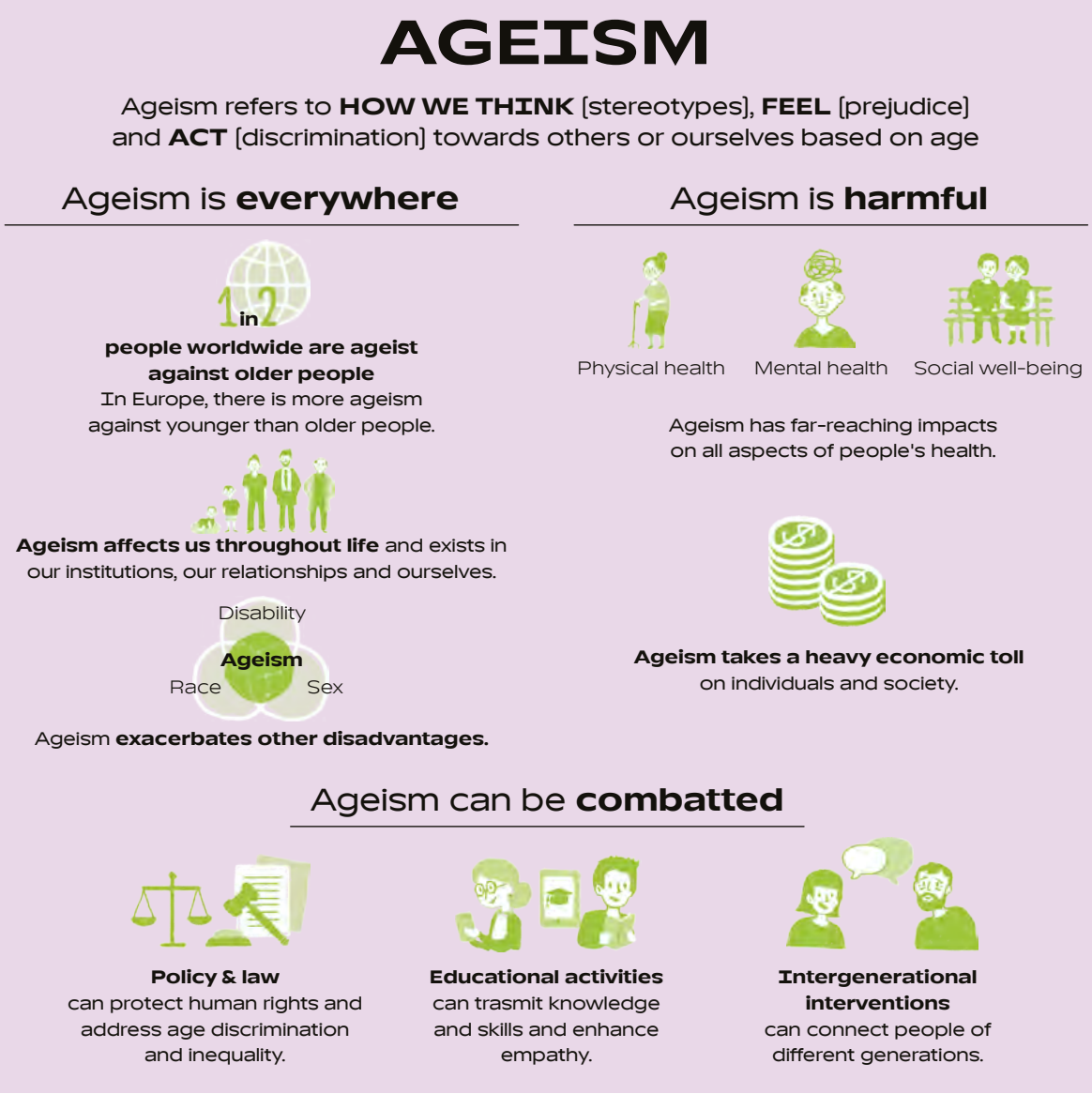
Ageism was identified as a key barrier to healthy ageing in the WHO *World report on ageing and health (7)*, and combatting ageism was one of the strategic objectives of the *Global strategy and action plan on ageing and health (5)*. Commitments in the MIPAA include addressing employment-related discrimination and changing stereotypes about ageing and older people, particularly older women and people with disabilities.

2.4.1 Progress in the first phase of the Decade

Data collected in 2020 and 2022 show progress in this action area. Of 109 countries that provided data in both 2020 and 2022, 83% reported having national legislation and enforcement strategies against age-based discrimination in 2022, from 60% in 2020 [see Fig. 1]. Large increases were seen in the African and South-East Asian regions.

The importance of such legislation and of creating an enabling policy and legislative environment was highlighted in the 2021 *Global report on ageism (41)*, a product of the Global Campaign to Combat Ageism. Developed by WHO, UNDESA, OHCHR and UNFPA with input from civil society and academia, the report summarizes the best evidence on the nature and magnitude of ageism and its determinants and impact. It outlines three strategies to prevent and counter ageism: [i] development of policies and laws to protect human rights and address age discrimination [see section 2.4.1.1]; [ii] educational interventions; and [iii] intergenerational activities. The report identifies gaps and proposes future research to improve understanding of ageism and how to address it.

Box 5. Key findings of the *Global report on ageism*



The *Global report on ageism* provides recommendations for governments, UN agencies, civil society organizations, businesses, research institutions and individuals to change the ways we think, feel and act towards age and ageing. Key findings and recommendations from the report are summarized in Box 5.

2.4.1.1 Policy and legal environment

The process evaluation survey included data on additional indicators of the policy and legal environment for ageism, age-based discrimination and older people's human rights, recognizing that human rights mechanisms are key to protection against ageism. In 2022, over 60% of countries reported having human rights mechanisms for the promotion and protection of the rights of older people and specific legal, administrative or other "effective remedies" [means of redress] for older people who have been subject to discrimination [Fig. 3]. The results were relatively consistent in all the regions for the indicator of human rights mechanisms, ranging from 63% to 71%. Greater discrepancies between regions were seen in effective remedies and when data are disaggregated by World Bank income groups. For both indicators, a smaller proportion of low- and lower- to middle-income countries reported having mechanisms and remedies in place than high-income countries.

Fig. 3. Numbers and proportions of reporting countries with mechanisms for the promotion and protection of the rights of older people in 2022

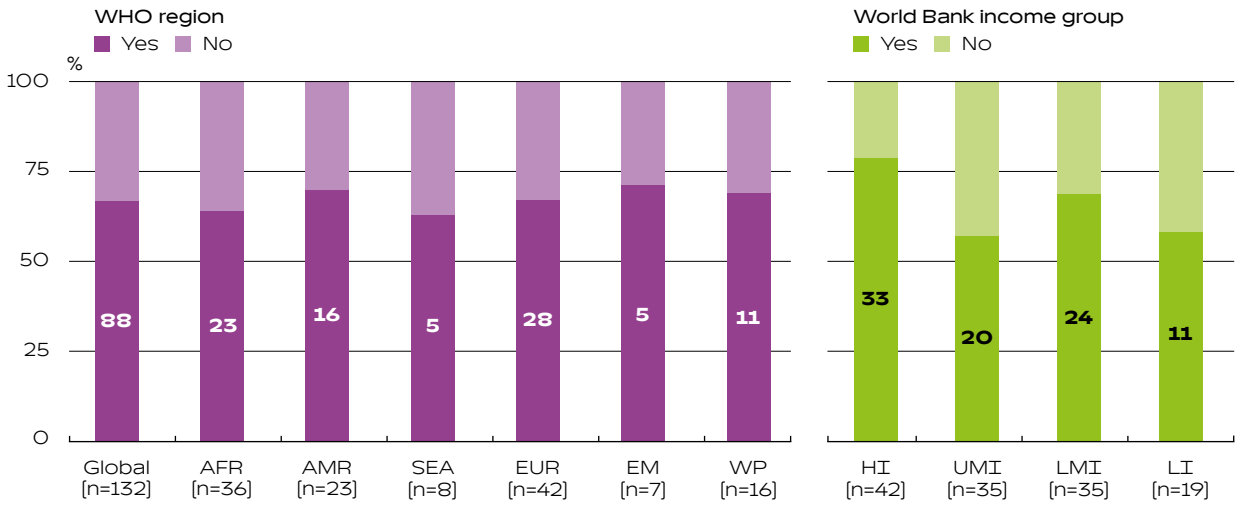
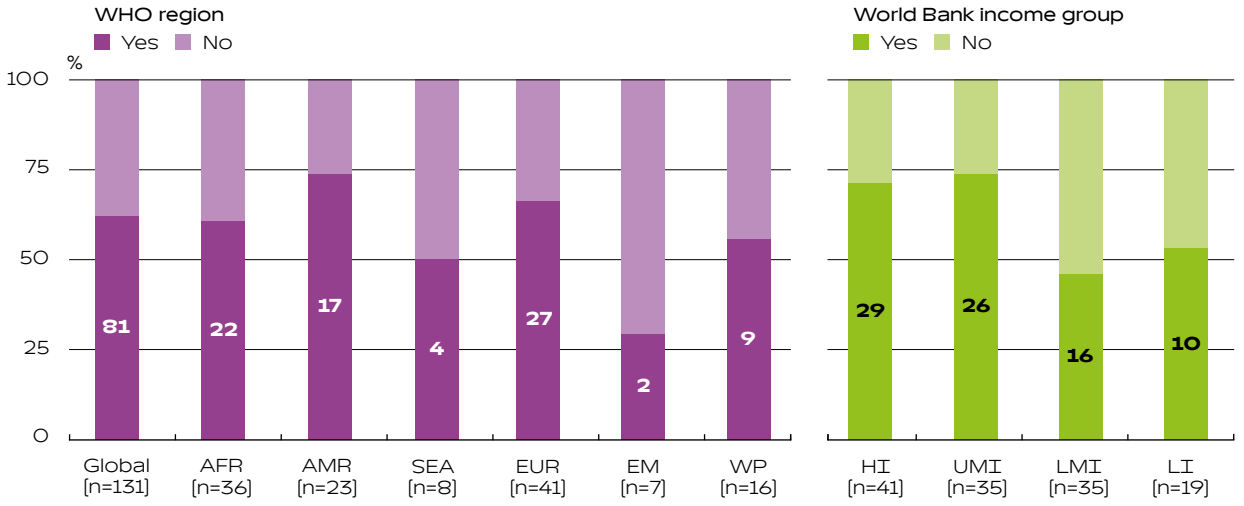


Fig. 4. Numbers and proportions of reporting countries with specific legal, administrative or other effective means for redress (anti-discrimination body, national human rights institution) for older people who have been subject to discrimination in 2022



For figures 3,4,7,8,9,10 and 11
AFR = African Region, AMR = Region of the Americas, SEA = South-East Asia Region, EUR = European Region, EM = Eastern Mediterranean Region, WP = Western Pacific Region.
HI = High Income, UMI = Upper Middle Income, LMI = Lower Middle Income, LI = Low Income.

Case studies also provide examples of actions taken by Member States to ensure appropriate policy and legislative environments. An ombudsman for the rights of older people is an example of a mechanism for the promotion and protection of older people's rights, including protection against ageism. Such a system has been established in **Finland**, where legislation was enacted to establish the Office of the Ombudsman for Older People. The first ombudsman was appointed in January 2022. According to the Act, the Ombudsman:

- monitors and assesses the position of older people and realization of their rights;
- monitors legislation and decisions and assesses their effects on older people;
- develops initiatives, states opinions, and participates in social discussion;
- draws up and commissions surveys and reports;
- promotes information on older people and its dissemination; and
- promotes cooperation among stakeholders, including those who represent older people.

The Ombudsman published her first recommendations in February 2023, on inequality in digitalization, access to health and social services and eradication of age discrimination *(42–44)*.

Global and regional initiatives also support older people's rights and protect them against ageism and age-based discrimination. Box 6 summarizes the work of the General Assembly Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons.

Box 6. General Assembly Open-ended Working Group on Ageing

The Open-ended Working Group on Ageing was established by the UN General Assembly in December 2010 to strengthen the protection and promotion of the human rights of older persons and to "consider the existing international framework of the human rights of older persons and identify possible gaps and how best to address them, including by considering, as appropriate, the feasibility of further instruments and measures".

The working group holds annual sessions to discuss topics that have included equality and non-discrimination, autonomy and independence, long-term and palliative care [see section 2.7], social protection [see section 2.5.1.1], education, training, lifelong learning and capacity-building [see section 2.5], access to justice, the right to work [see section 2.5], economic security [see section 2.5.1], the contribution of older persons to sustainable development, and, most recently, the right to health and access to health services [see section 2.6] and social inclusion [see section 2.5.3].

At its 13th session *(45)*, the working group adopted Decision 13/1 by consensus for the identification of possible gaps in the protection of the human rights of older persons and how best to address them. Two co-facilitators are appointed and invited to conduct open, transparent, inclusive, informal intersessional intergovernmental meetings with Members States, specialized agencies and observers in the General Assembly, and to collaborate with national human rights institutions and nongovernmental organizations and the Independent Expert of the Human Rights Council on the enjoyment of all human rights by older persons. The co-facilitators are also requested to submit proposed intergovernmental negotiated recommendations to be considered at the 14th session and to be presented for consideration by the General Assembly in accordance with resolution 77/190.

In 2015, the General Assembly of the Organization of American States, with support from the WHO Regional Office for the Americas and other partners, approved the Inter-American Convention on Protecting the Human Rights of Older Persons *(46)*, the first international, legally binding instrument for protection of the human rights of older people. The Convention recognizes that the human rights of older people require special protection and promotion, and discrimination on the grounds of age should be explicitly prohibited. The UN Decade of Healthy Ageing has been useful in drawing attention to older people's rights in the region, helping to mobilize debate on the Convention. Since adoption of the Decade, **Colombia**, **Mexico**, **Peru** and **Suriname** have ratified the Convention. In 2023, the tenth ratification was received, triggering establishment of a mechanism to review progress in implementation by signatory states.

The African Union Protocol to the African Charter on Human and People's Rights on the Rights of Older Persons *(47)*, adopted in 2016, has continued to gain support since the beginning of the Decade. **Angola**, **Burundi**, **Kenya**, **Malawi**, **Mozambique**, **Rwanda** and **Togo** ratified the Charter in 2021 and 2022, and **Mauritius** has also become a signatory. The WHO Regional Office for Africa and other partners have used the UN Decade of Healthy Ageing to popularize the Charter since 2020.

2.4.1.2 Abuse of older people

An important human rights issue that has received too little attention is the abuse of older people. Although ageism may be a risk factor for abuse of older people *(48)*, the two are distinct. WHO defines abuse of older people as "a single or repeated act or lack of appropriate action occurring within any relationship in which there is expectation of trust that causes harm or distress to an older person" *(49)*. Older people are abused in communities and institutions, and the abuse takes many forms, including physical, psychological, financial or material and sexual abuse and neglect. Individual characteristics can increase the risk of being a victim of abuse, including disability, poor physical health, cognitive impairment, poor mental health and low income *(49)*. In 2022, under the banner of the UN Decade of Healthy Ageing, WHO, UNDESA, OHCHR, UNFPA and UN Women developed *Tackling abuse of older people: five priorities for the UN Decade of Healthy Ageing [2021–2030]* *(50)*. It is estimated that one in six people aged 60 and older experiences some form of abuse in the community annually. The five priorities are: combatting ageism; generating data on prevalence, risk and protective factors; developing and scaling up solutions; making an investment case; and raising funds. WHO and partners are currently addressing two of these priorities: developing and scaling up effective solutions through an international "intervention accelerator" *(51)* and generating better data on prevalence with a new instrument for national surveys.



© SaveElders Tanzania
19. Younger people challenging ageist misconceptions, United Republic of Tanzania



© UNFPA Belarus
16. Information strategy for active ageing, Belarus

2.4.2 Contributions to the Decade

In the contributions sections of this report, each case study includes information on where it was implemented and the lead stakeholder. The icons shown next to the case studies highlight which Decade action areas the initiative contributes to, in addition to the main area of focus. Given the interlinkages between the action areas, most case studies include efforts that address more than one action area.

- Changing how we think, feel and act towards age and ageing
- Ensuring that communities foster the abilities of older people
- Delivering person-centred, integrated care and primary health services responsive to older people
- Providing access to long-term care for older people who need it

15 #StopIdadismo

Lead stakeholder: CSO

The aim of the Ibero-American initiative, #StopIdadismo, is to combat ageism in Portuguese- and Spanish-speaking countries *(52)*. #StopIdadismo is a civil society initiative, welcomed by the President of Portugal, based on the three strategies in the *Global report on ageism* [see Box 5] identified as effective in combatting ageism. In the first year of the initiative, during legislative elections in Portugal, information was provided to the general public on the importance of supporting candidates who defend the rights of older people and the initiative, and its actions were presented to federal ministerial managers in Portugal.

16 Information strategy for active ageing

Belarus

Lead stakeholder: UN

UNFPA and the Ministry of Labor and Social Protection, Belarus, with civil society organizations, mass media and people aged 65 and over, developed the Information Strategy for Active Aging [IS 65+] *(53)*. The aim is to address stigmatization of older people and to influence their image. Its audience is specialists who produce or commission information for and about older people. At the start of the initiative, focus groups were held with older people, where they discussed common perceptions of who they should be and how they should act. They reported that they were "supposed" to do chores, work in the garden and watch television; education, participation in social activities and volunteering were considered "abnormal". They said that they did not want to be called "elderly" or be represented as victims. Training sessions were then held for 320 information specialists, many of whom have begun to change the way in which they communicate about older people.



© Associação StopIdadismo
15. #StopIdadismo

17 Tackling self-ageism

Greece

Lead stakeholder: CSO

The Association of Women over 40 [A40s] in Greece *(54)* works with women aged 40 and over to tackle self-ageism. The programme is delivered by one-to-one online mentoring. Women are supported in acknowledging their own stereotypes and in managing the obstacles posed by those stereotypes. Participants commit to 3 months of mentoring, taking part in weekly online meetings, sharing their experiences and exploring their prejudices. The programme is in its early stages, inspired by the UN Decade of Healthy Ageing, with planning for large-scale research on self-ageism for further initiatives.

18 Youth Action Challenge, Singapore: supporting "successful ageing"

Singapore

Lead stakeholder: Government

The National Youth Council of Singapore launched its Youth Action Challenge, an opportunity for groups of younger people to develop community projects and pitch ideas for funding *(55)*. One of 10 issues prioritized for action was "successful ageing". The Dream Artisans team *(56)* developed the idea of working with older people to help them to pursue their dreams in retirement. The aims were to address interpersonal and self-directed ageism, build older people's self-confidence and change the negative attitudes of younger people by sharing their activities on social media. A second team, Gen-Closer *(57)* developed a project to bridge the generational gap and tackle misconceptions and stereotypes of ageing. Groups of older and younger people were asked about the barriers they faced in engaging with people of different ages, and their responses were used to organize intergenerational activities, such as cooking, painting and calligraphy.

19 Younger people challenging ageist misconceptions

United Republic of Tanzania

Lead stakeholder: CSO

SaveElders Tanzania engages young volunteers to work with and for older people. It undertakes activities to challenge misconceptions and stereotypes about older people, including through the Act to Understand initiative. Older people are invited to attend plays depicting different forms of ageism and abuse, which are then discussed by the older and the younger generations. SaveElders also provides information and advice on where older people can report discrimination. In another initiative, young volunteers work with leaders of older people's forums to celebrate 50 "national legends", 50 older people who positively impact their communities. The stories will be shared on social media and in a book *(58)*.

20 Gender-based violence against older women

Argentina

Lead stakeholder: Health sector

The National Institute of Social Services for Retirees and Pensioners of Argentina has opened the Eva Giberti Center for Comprehensive Protection for Women and Diversities in Buenos Aires *(59)*. The centre supports older women who have experienced violence, using a gerontological approach to gender-based violence services and support. This is the first service of its kind in Latin America and the Caribbean. The centre provides psychosocial support, training and advice to older women, including on a telephone line, and represents a place to report gender-based violence. Services are provided by social workers, psychologists, lawyers and sociologists.

2.5 Action area 2: Ensuring that communities foster the abilities of older people

Key messages

- 77% of countries reported having a national programme to support activities of the WHO Global Network for Age-friendly Cities and Communities in 2022, from 52% in 2020.
- Only 26% reported that they had adequate resources for action to foster age-friendly environments.
- Initiatives often focus on a particular element of age-friendly cities and communities; strategic oversight and coordination are necessary to bring the elements together.
- Age-friendly environments must be inclusive of and work for groups of older people who are often marginalized, including those with disabilities, older LGBTQ+ people [see section 2.3.2] and people with cognitive impairment.
- Specific consideration should be given to ensuring age-friendly environments in humanitarian contexts.

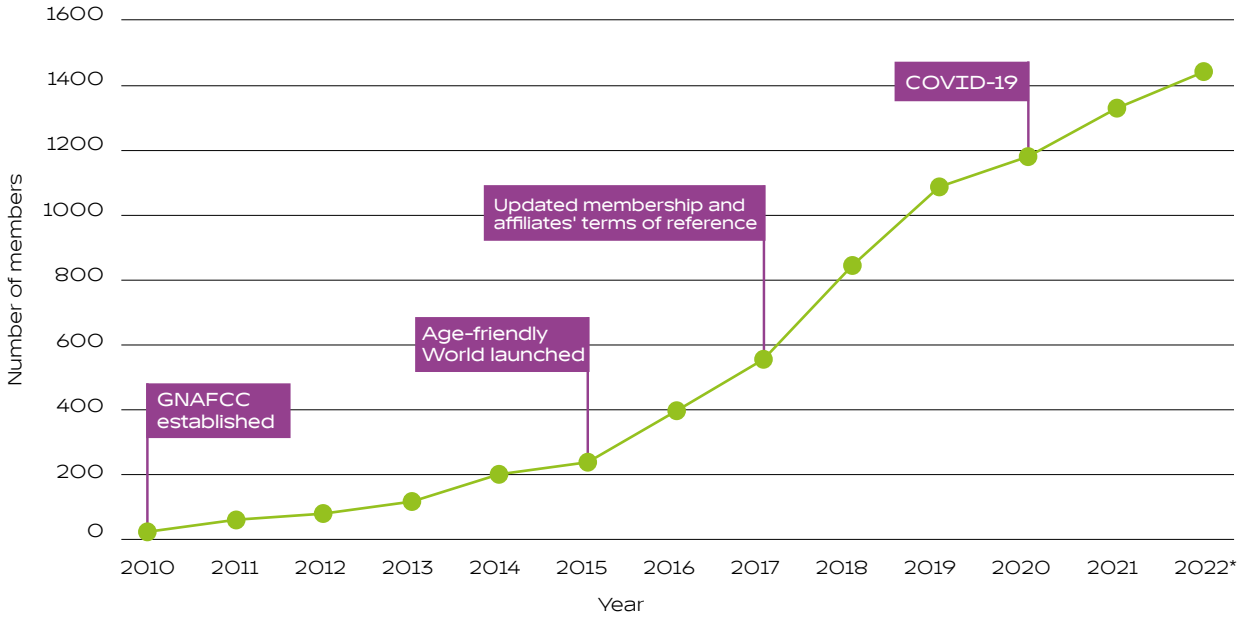
Physical and social environments influence how people experience ageing and the opportunities it brings. Creating age-friendly environments enables people to age well in a place that is right for them, continue to develop personally, be included and contribute to their communities, while ensuring their independence and health. Creation of such environments requires action in many sectors – health, long-term care, transport, housing, labour, social protection and support, information and communication – indicating the links between age-friendly environments and the other action areas of the Decade. Fostering age-friendly environments involves all levels of government and action by many stakeholders, including older people and organizations that represent them.

The *WHO Global strategy and action plan on ageing and health* included developing age-friendly environments as a strategic objective. This was based on the MIPAA priority of ensuring enabling and supportive environments and on recognition of older people's rights and entitlements [see section 2.4.1] in the Habitat Agenda *(60)*. UN-Habitat later committed itself to ensure age- and gender-responsive urban and rural development that is inclusive of people with disabilities *(61)*. Inclusion of the action area on communities that foster the abilities of older people is also based on recognition that age-friendly cities and communities are a proven way to create age-friendly environments that benefit everyone, as seen in the work of members of the Global Network for Age-friendly Cities and Communities. WHO's toolkit for a dementia-inclusive society *(62)* reinforces those principles from the perspective of older people with dementia and their families.

2.5.1 Progress in the first phase of the Decade

Data collected in 2020 and 2022 show that an increasing number of countries have national programmes to support age-friendly cities and communities. Of the 92 countries that provided data in both 2020 and 2022, 77% had a national programme in 2022, from 52% at the start of the Decade [see Fig. 1]. Progress was reported in all regions, with the most significant increases in the African and the Western Pacific regions. The progress aligns with the rising number of members of the Global Network for Age-friendly Cities and Communities [Fig. 5]. Membership has increased year on year since establishment of the Network in 2010 and continued to do so between 2020 and 2022, despite the impact of COVID-19.

Fig. 5. Membership of the Global Network for Age-friendly Cities and Communities [GNAFCC]



* as of October 2022

The Age Friendly **Ireland** programme ensures that communities foster the abilities of older people through the development of age-friendly cities and communities *(63)*. In the first phase of the Decade, Age Friendly Ireland made significant progress, including launching the first age-friendly hospital, stadium, airport, train station and tourist destinations worldwide. Ireland has also begun a new initiative, Healthy Age Friendly Homes, to ensure that older people can live well in their homes and communities, including through adaptations, access to housing grants and home energy improvements *(64)*. One of the stated objectives of the initiative is to support the avoidance of early or premature admission to residential care. Since its start in 2021, the initiative has proven so successful that the Government has granted an extra € 5 million per year to extend the programme throughout the country.

An important element of Age Friendly Ireland is meaningful engagement of older people [see section 2.3], through a network of Older People's Councils, which includes 31 local councils *(65)*. The network brings issues from the local councils to national decision-makers and allows older people to engage with a multisectoral national advisory group comprising county councils, several government departments, the Health Service Executive, the police, Chambers Ireland [the Irish Business Network], National Dementia Awareness Campaign and Age Friendly Alliances.

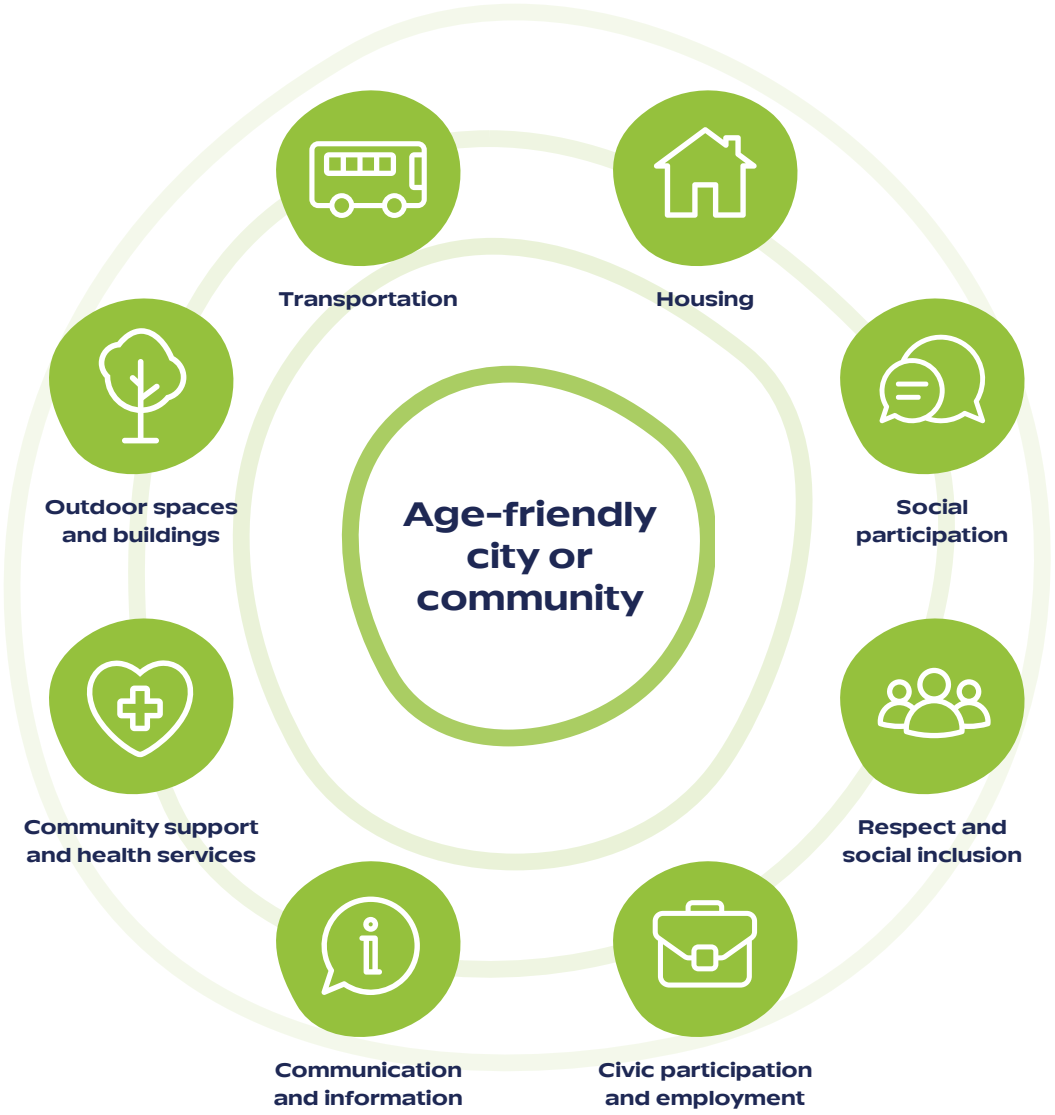
The **Philippines** is also taking action on age-friendly cities and communities. The Government has established a National Commission of Senior Citizens, with a chair and six commissioners, all of whom are at least 60 years old *(66)*. The Commission, with the Department of Health and support from the WHO Regional Office for the Western Pacific, developed the Philippine Plan of Action for Senior Citizens, 2023–2028, in which a whole-of-government approach is taken to creating age-friendly environments. The National Commission of Senior Citizens is developing a framework for age-friendly environments, with initial implementation in local government units composed of highly urbanized, rural and island municipalities [Borongan, Camarines Norte, Maguindanao, Parañaque and Santa Catalina]. Since 2022, the Mayor

of Parañaque has committed himself to build two wellness centres for older people to support social participation, and the National Commission of Senior Citizens has held age-friendly forums and planning workshops at the different levels of government in the Philippines.

To support initiatives like these, WHO published *National programmes for age-friendly cities and communities: a guide (67)* in 2023. The purpose is to guide national authorities and stakeholders responsible for or involved in forming or sustaining national programmes for age-friendly cities and communities. It includes suggestions for meaningful engagement of older people [see section 2.3], steps to be considered in creating a new or strengthening existing national age-friendly cities and communities programmes and identifies eight domains of age-friendly cities and communities [Fig. 6]. The aim of the guide is to support communities that promote the autonomy, dignity, health and well-being of older people.

The World Bank also recommends actions to foster age-friendly environments. Its 2022 report, *Silver hues: building age-ready cities (68)*, suggests universal design, housing solutions, multigenerational spaces, better transport, technology and efficient spatial forms.

Fig. 6. Domains of age-friendly cities and communities



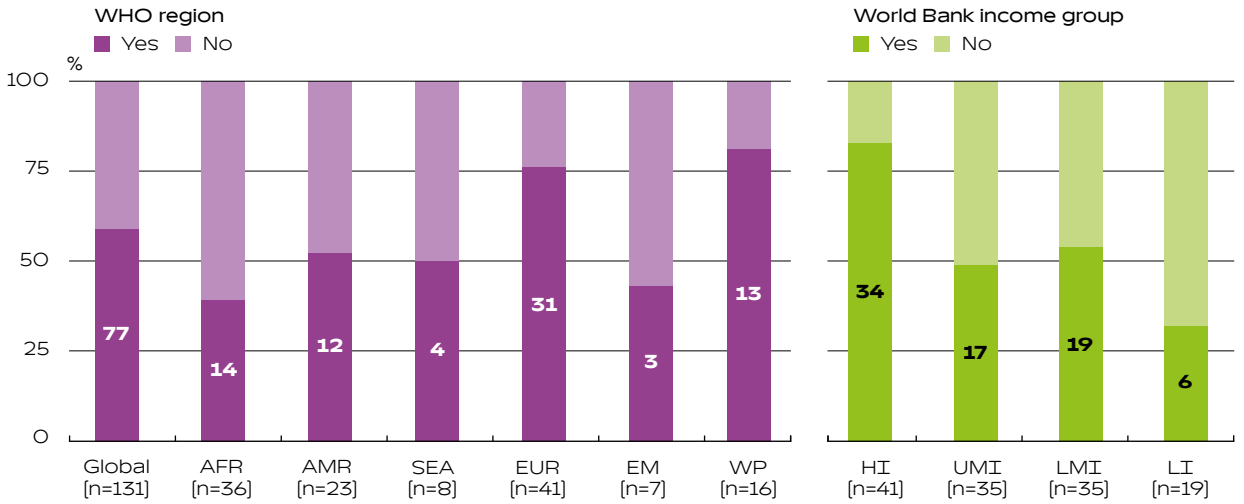
2.5.1.1 Social and financial protection

Social and financial protection are important elements of older people's lives that can be supported by age-friendly cities and communities. The process evaluation survey included data on the proportion of countries that implemented actions to support income generation activities for older people. This indicator is aligned with civic participation and employment, one of eight domains in which cities and communities can contribute to healthy ageing *(69)*. Almost 60% of the countries that provided data for the survey responded that they had implemented actions to support income generation by older people [Fig. 7]. Differences were seen by region, ranging from 39% in Africa to 81% in the Western Pacific. Differences were also seen between country income groups: 83% of countries classified as high-income and 32% of low-income countries reported actions to support income generation. The limited support in lower-income countries occurs in contexts of greater income insecurity among older people.

In 2021, the International Labour Organization [ILO] published its flagship *World social protection report, 2020–2022 (70)*, which includes data on the SDG indicator, effective social protection coverage by population group. Effective coverage was found for 78% of older people [aged ≥ 65 years] globally, through some form of contributory or non-contributory pension. The percentage has increased from 68% in the 2017–2019 report *(71)*, but major disparities were found among regions, between rural and urban areas and between women and men. In 48 countries, 42 of which are classified as low-income or lower-middle income, pension provision reached less than 20% of older people.

The adequacy of pensions to sustain the recipients' basic needs is also a challenge. In many countries, non-contributory social pensions are set at < 50% of the value of the national poverty line, indicating that the pension is not sufficient to prevent poverty in older age. As pension adequacy is affected by the affordability of essential goods and services, the cost-of-living crisis will affect adequacy and, subsequently, older people's income security. In 2020, the Government of **Egypt** enacted a law to replace ad-hoc adjustments in pension values with automatic annual adjustments based on changes in the national consumer price index. This is a progressive step that will help to protect the adequacy of pensions *(72)*.

Fig. 7. Numbers and proportions of reporting countries that implemented actions to support income-generating activities for older people in 2022



2.5.2 Contributions to the Decade

In the contributions sections of this report, each case study includes information on where it was implemented and the lead stakeholder. The icons shown next to the case studies highlight which Decade action areas the initiative contributes to, in addition to the main area of focus. Given the interlinkages between the action areas, most case studies include efforts that address more than one action area.

- Changing how we think, feel and act towards age and ageing
- Ensuring that communities foster the abilities of older people
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21 Getting to health care appointments

USA

Lead stakeholder: Private sector

In the USA, lack of access to reliable transport means that over 5.8 million people miss healthcare appointments each year. This is a particular issue for older people and people with disabilities, 40% of whom rely on friends and family to take them to appointments. Since 2021, Onward, a ride-share company, has been offering a door-through-door car service to older people. Trained drivers enter older people's homes, if necessary, help them to put on their shoes and a coat, carry their belongings to the car, and help them into it. On arrival at the health facility, the driver walks the older person to their appointments and makes sure they are settled. With feedback from older people, Onward has a new "favourite driver" feature, which allows older people to identify their preferred drivers. Onward currently provides 1500 journeys per month and has plans to reach 800 000 journeys per year in 5 years *(73,74)*.

22 World Summit on the Information Society: information and communication technology and older people

Lead stakeholder: UN

The World Summit on the Information Society launched a "track" on information communication technology and older people at its 2020 forum in support of the UN Decade of Healthy Ageing. There have since been two editions of the track, which brought together more than 550 participants in a series of workshops on topics ranging from remote care and artificial intelligence to age-friendly environments, digital skills, financing, and protection of older people online. The ITU, which is responsible for the Summit, also worked with WHO, UNDESA and the Global Coalition on Aging to launch the World Summit on the Information Society Healthy Ageing Innovation Special Prize, which supports innovation for sustainable solutions for older people. The prize has so far been received by winners in 14 countries *(75)*.

23 Peer support to improve digital literacy

North Karelia, Finland

Lead stakeholder: Older people's organization

Joen Severi ry is an association that provides peer support and guidance to older people to improve their digital literacy skills and confidence *(76)*. Many older people report that they feel reliant on their families to navigate digital tasks and are unable to keep up with advice from their grandchildren. Joen Severi ry therefore developed a peer support approach, in which older people are trained to provide guidance on using technology to other older people. Both groups have given positive feedback. Tutors report an increased sense of meaning, identity and purpose, feelings of joy, pleasure and success by having helped others, learnt new skills and built new relationships. Older people who have received training report increased confidence and social and emotional well-being, making friends and having more stimulation in their lives.

24 Engaging older people and improving communities for all ages

Latin America and the Caribbean

Lead stakeholder: CSO

HelpAge International, AARP and the WHO Regional Office for the Americas launched Let's Go: steps to engaging older people and improving communities for all ages *(77)*, a guide to support local authorities, nongovernmental organizations and older people to develop and implement low-cost community projects to improve the lives of older people, including those with disabilities. During development of the project, HelpAge noted little participation of older people in decision-making. A new phase of the activity will therefore support older people in engaging and advocating with decision-makers to influence the design of age-friendly cities and communities in urban areas across Latin America and the Caribbean.



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25. Civil society support for older people, Ukraine

2.5.3 Social isolation and loneliness

An older person's social inclusion or isolation is influenced by their environment. The first phase of the UN Decade of Healthy Ageing coincided with increased interest in and research on this issue, driven in part by the COVID-19 pandemic. An advocacy brief developed for the Decade by WHO, ITU and UNDESA in 2021, summarized the evidence on the prevalence and impact of social isolation and loneliness among older people and on strategies to reduce them *(78)*. In some countries, up to one in three older people feels lonely, and certain groups of older people are at greater risk, including those with disabilities, ethnic minorities, older LGBTQ+ people [see section 2.3.2] and older people living in residential care. WHO also recently launched a Commission on Social Connection to raise the political priority of this issue, reframe it as a global public health problem for all groups and advance effective solutions.

Other national and international action include appointment of "loneliness ministers" in **Japan** and the **United Kingdom** and establishment of a Global Initiative on Loneliness and Connection that brings together 16 national organizations *(79)*.

Research was published in 2022 by the National Bureau of Economic Research *(80)* on levels of loneliness and isolation among older people in Tamil Nadu, **India**, and the impact on their mental health. Data were presented on the percentages of older people with various living arrangements who reported often feeling lonely, with control for age and gender. Loneliness was reported by 20–30% of older people living with their spouse and by 30–40% of those who lived with others; the rate was far higher among older people who lived alone, over 60% of whom reported often feeling lonely. The study also found that older people who lived alone were more likely to feel depressed and had lower levels of functional ability *(81)*.

Evidence is accumulating of the effectiveness of strategies to reduce social isolation and loneliness. Face-to-face and digital interventions have been developed, including training in social skills, community support groups, befriending and cognitive behavioural therapy *(82)*. Case studies on social isolation and loneliness are available on the Decade Platform.

2.5.4 Emergency situations

Age-friendly environments can increase the capacity and resilience of communities to respond to emergency situations. Age-friendly environments can also be created in emergency contexts, with the activities that are most appropriate or urgent determined by the situation. The importance of such interventions is demonstrated by the Global Humanitarian Overview of the UN Office for the Coordination of Humanitarian Affairs in 2021 *(83,84)*, which states that 26 million older people experience disasters each year and recognizes that older people continue to be overlooked in emergency responses. The report stresses the need for more data and research on ageing populations in humanitarian crises and more age-inclusive and -targeted responses. The Global Trends Report of the UN High Commissioner for Refugees in 2022 also highlights the scale of the challenge. In 2022, 100 million people were forced to cross borders looking for international protection due to conflicts and violence, at least 5% of whom were older *(85)*.



© HelpAge International
24. Engaging older people and improving communities for all ages, Latin America and the Caribbean

25 Civil society support for older people

Ukraine

Lead stakeholder: CSO

HelpAge International has been working with partners to support older people affected by the war in Ukraine. It has conducted rapid needs assessments and emergency programmes for older people who are internally displaced in Lviv, Dnipro and surrounding areas, and also supporting refugees in Moldova and Poland. Its network of volunteers – many of whom are older people – continues to support those who have stayed in their homes in eastern Ukraine, delivering food, essential supplies and psychosocial support. In the first year of the war, HelpAge and 41 local organizations provided more than 77 000 people with food and hygiene kits. Almost 10 000 older people received home-based care, and 2500 received psychosocial support. In Moldova, more than 28 000 people have been given food and non-food items, hygiene packs, psychosocial support and assistive products. HelpAge has also conducted research on the rights of older people in Ukraine, showing that they have fared worse financially and in access to services than younger people *(86,87)*.

26 Older people's role in emergency response

South Africa

Lead stakeholder: Older people's organization

When Durban in South Africa was severely hit by floods, a provincial disaster was declared in KwaZulu Natal. The floods caused loss of life and infrastructure damage, and many people lost their homes. Although the floods significantly affected older people, many worked in the relief effort. Older people from a residential care facility and other older members of the community volunteered to organize a programme for food relief and sourced food, packed hampers and organized logistics. At a time where people could not travel as roads had been washed away, older people stepped up to support their communities *(88)*.

2.6 Action area 3: Delivering person-centred, integrated care and primary health services responsive to older people

Key messages

- 71% of countries reported having national policies to support comprehensive assessments for older people in 2022, from 48% in 2020.
- Only 27% reported having adequate resources for action on person-centred, integrated care for older people.
- WHO's ICOPE approach is a key resource for providing person-centred, integrated care and primary health services for older people, emphasizing intrinsic capacity.
- There is widespread interest in implementing ICOPE, and many countries are building human resource capacity for the health and care sector.
- Locally adapted guides should be provided for organizing integrated care, monitoring care and competence frameworks.
- Initiatives are addressing older people's comprehensive health and care needs and often-neglected issues such as sexual health, providing models and motivation for the next phase of the Decade.

Older people must be included in actions to achieve universal health coverage. They have the right to non-discriminatory access to high-quality essential health services that include prevention, promotion, and curative, rehabilitative, palliative and end-of-life care, without experiencing financial hardship. Most health systems are not designed to provide appropriate services for older people, and many focus on acute conditions rather than preventing and managing the chronic conditions commonly experienced in older age. Vertical systems lack the flexibility and multidisciplinary approach required for person-centred care, which is exacerbated by a lack of trained health and care workers. Strengthening primary care, the main entry point for older people into the health system, requires an adequately skilled workforce, sustainable financing, appropriate legislation and regulation, improved availability and disaggregation of data, establishment of age-friendly environments and elimination of ageism. Strengthening primary care for all people at all stages of their lives through a life-course approach is important for healthy ageing.

One of the strategic objectives of the *WHO Global strategy and action plan on ageing and health* was to align health systems to the needs of older people. Sub-objectives included orienting health systems towards improving intrinsic capacity and functional ability, ensuring affordable access to high-quality, person-centred, integrated care, and a strengthened workforce *(5)*. This was based on the MIPAA commitment to advance health and well-being into old age, including by eliminating inequalities to ensure universal access and strengthening health systems in a primary health care approach.

2.6.1 Progress in the first phase of the Decade

A comprehensive assessment of health and social care needs is part of person-centred integrated care for older people. Of 102 countries that provided data in both 2020 and 2022, 71% reported having a national policy to support comprehensive assessments in 2022, an increase from 48% in 2020 [see Fig. 1]. Regional differences were seen, with the highest rates in the South-East Asian, Americas and European regions; less than half of the respondent countries in the African Region reported having such policies.

In 2017, WHO introduced the ICOPE approach, a critical element of which is a comprehensive person-centred assessment. ICOPE was developed to support a transformation of health and social care systems to deliver an integrated, person-centred continuum of care for older people *(89)*. WHO published the evidence-based ICOPE guidelines to manage declines in intrinsic capacity in communities *(90)*, an implementation framework for policy-makers and programme managers *(91)* and the ICOPE handbook for health and care workers *(92)* with a mobile app.

Programmes have been established to test the ICOPE approach, with emphasis on screening, comprehensive assessments of intrinsic capacity, underlying diseases and physical and social environments, and providing personalized care with follow up. The findings of these programmes are documented in *Integrated care for older people [ICOPE] implementation pilot programme: findings from the "ready" phase (93)*. The report presents opportunities and challenges for the implementation of ICOPE.



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27. ICOPE Sri Lanka

Opportunities

- Positive attitudes from health and care workers towards ICOPE show that care and service delivery can change if workforce capacity is built and enabling environments are created.
  - In **Sri Lanka**, nursing officers and physicians in primary health care in 6 districts have received training in ICOPE to build their capacity. The programme uses a training of trainers approach to ensure wider roll-out and engagement of health and care workers *(94)*.
- Proactive engagement of older people and their communities is crucial at each step of the ICOPE care pathway.
  - A programme utilising the ICOPE approach to promote maintenance of older people's intrinsic capacity and healthy lifestyles in **Argentina**, co-produced with older people, was successful in empowering them in self-care *(95)*.
- ICOPE can be implemented in various contexts, with local co-design and adaptation.
  - In **Qatar**, the Ministry of Public Health and Primary Health Care, Hamad Medical Corporation and WHO worked with health and care workers to adapt the ICOPE tools to the local context. The adapted tools have been included in the national health information system *(96)*.

Challenges

- Human resources: shortages of health and care workers, lack of time, lack of skills and training.
- Financing: a sustainable financial model is required, including paying for staff time.
- Digital technology: issues of access, interoperability, integrity, data governance and usability.
  - Digital tools developed for an ICOPE pilot study in **France** *(97)* are used by health and care workers to monitor older people and provide follow-up care. The ICOPE MONITOR platform consists of the ICOPE MONITOR app, the ICOPEBOT MONITOR conversational robot and the ICOPE MONITOR database. Over 9000 health workers have an ICOPE Monitor account.
- Lack of coordination and collaboration within and between health and social care systems.
  - In **China**, over 22 700 health workers have received information and 5300 have been trained in ICOPE. Of those, 431 have been trained as integrated care managers, who are responsible for managing the ICOPE care pathway, helping to address challenges with coordination across the health and social care sectors *(98)*.



© Pinetree Care Group
27. ICOPE China

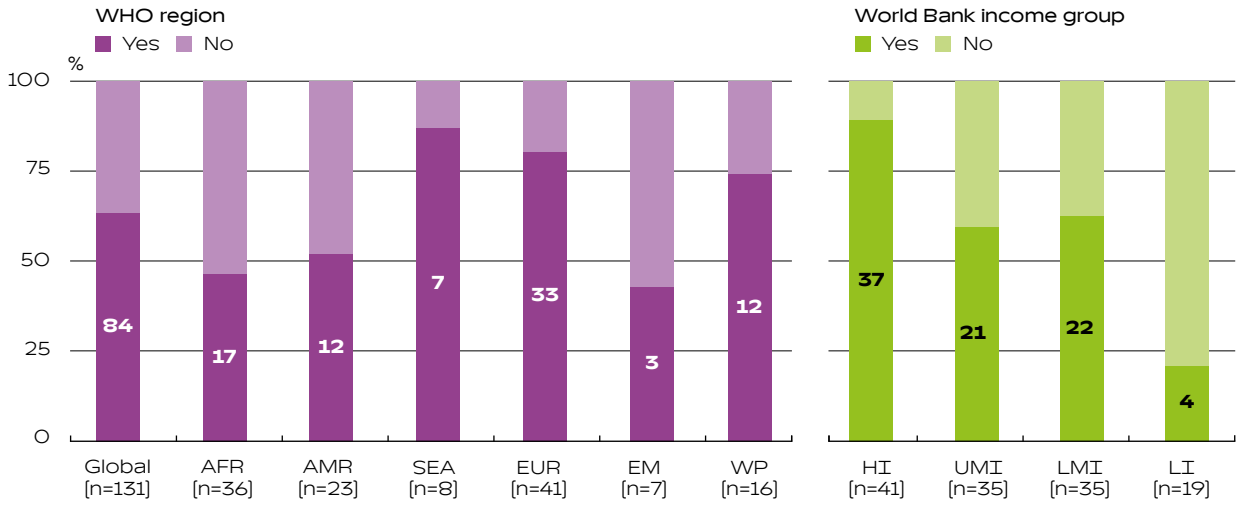
2.6.1.1 Strengthening the health and care workforce

The process evaluation survey also included questions on other indicators relevant to the delivery of person-centred, integrated primary health and care services, three of which address the health and care workforce. Of the 131 countries that provided data, 64% have plans to strengthen their geriatric and gerontology workforce [Fig. 8]. Fewer [57%] reported having national guidelines for organizing geriatric care and training, and 53% had a national competency framework [see WHO Ageing Data Portal].

The importance of strengthening the health and care workforce to support the delivery of person-centred, integrated care is well understood. WHO is developing a programme for training health and care workers in ICOPE. It is designed to be dynamic and adaptable to developments in scientific evidence, evolving needs and specific requests from countries. Training has been conducted in **Botswana**, **Cambodia**, **Kuwait** and **Qatar**, with high levels of satisfaction reported by participants.

The Government of **El Salvador** is also prioritizing health workforce capacity-building with a virtual course, *Development of competencies in health care for older persons*. The Ministry of Health has a stated focus on providing health workers with the necessary skills to provide quality care to older people in its framework for the UN Decade of Healthy Ageing *(99)*.

Fig. 8. Numbers and proportions of reporting countries with plans to build capacity to strengthen their geriatric and gerontology workforce in 2022



2.6.1.2 Access to health and assistive products and health services

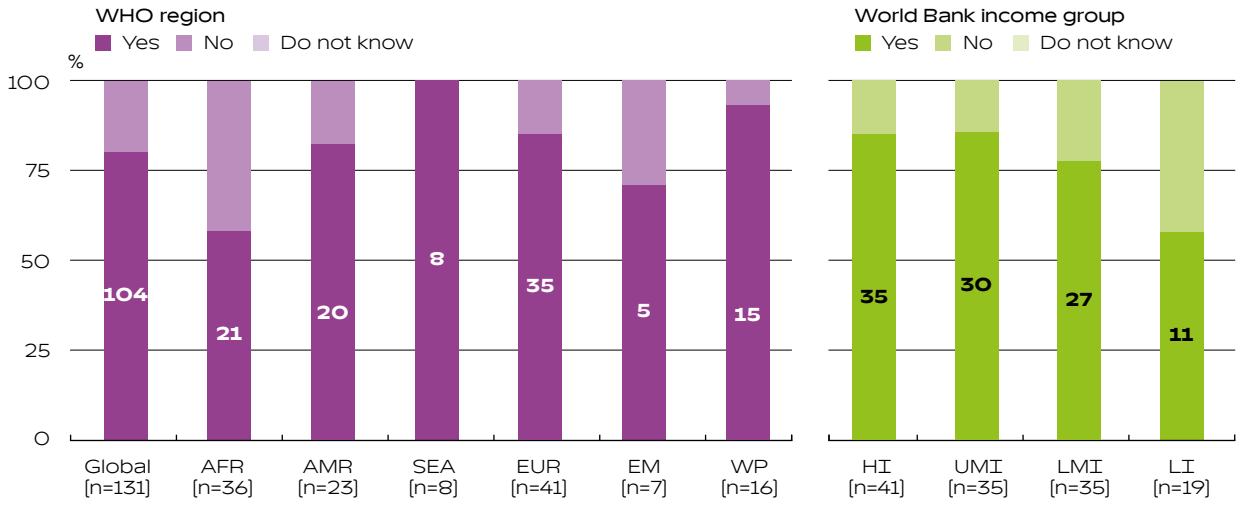
Assistive products maintain or improve an individual's functional ability and independence, thereby promoting their well-being. The percentages of countries with legislation or regulations to support older people in accessing assistive products show that progress is being made, with 73% of countries reporting such policies, as compared with 47% in 2020 [see Fig. 1]. Globally, 66% reported that they provide assistive products free of charge in the public sector for older people, the rates ranging from 37% in low-income countries to 81% in high-income countries [see WHO Ageing Data Portal].

WHO and other stakeholders have conducted initiatives to strengthen older people's access to assistive products. WHO and UNICEF prepared the *Global report on assistive technology* in 2022 *(100)*, with a comprehensive dataset and analysis of current access to assistive technology and the needs and benefits. WHO also launched *Training in safe and effective provision of assistive products (101)*.

The survey also showed that 80% of countries had free-of-charge access to outpatient services for older people [Fig. 9], and 73% of countries reported providing pharmaceutical products and/or other medical supplies free of charge for older people [see WHO Ageing Data Portal].

A number of initiatives support access to pharmaceutical products for older people, and particularly vaccines. As part of Immunization Agenda 2030 *(102)*, WHO is working towards the goal that all people will benefit from recommended vaccines throughout the life-course. In order to achieve this goal, immunization policies and integrated service delivery are being strengthened. In the most recent data, 58% of countries have a vaccination policy for seasonal influenza, but only 13% have a policy for pneumococcal and 5% for herpes zoster vaccination *(103)*.

Fig. 9. Numbers and proportions of reporting countries that provide free-of-charge outpatient services in the public sector for older people in 2022





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ICOPE China

2.6.2 Contributions to the Decade

In the contributions sections of this report, each case study includes information on where it was implemented and the lead stakeholder. The icons shown next to the case studies highlight which Decade action areas the initiative contributes to, in addition to the main area of focus. Given the interlinkages between the action areas, most case studies include efforts that address more than one action area.

- Changing how we think, feel and act towards age and ageing
- Ensuring that communities foster the abilities of older people
- Delivering person-centred, integrated care and primary health services responsive to older people
- Providing access to long-term care for older people who need it

27 WHO's work on strengthening primary health care for older people

Lead stakeholder: UN

WHO's work on various issues and technical areas is contributing to the UN Decade of Healthy Ageing. Recent initiatives include the development of a package of interventions for rehabilitation *(104)*, guidelines on physical activity and sedentary behaviour *(105)*, a *Global report on health equity for people with disabilities (106)*, a *World report on hearing and hearing screening (107)*, a guide to integrating eye care into health systems *(108)*, Step Safely Strategies for Preventing and Managing Falls *(109)* and the *Global status report on the public health response to dementia (25)*.

28 Vaccines4Life

Global

Lead stakeholder: CSO

The International Federation on Ageing established the Vaccines4Life programme *(110)* to increase awareness of the importance of a life-course approach to vaccination. The goal is to increase the rates of adult vaccination globally *(111)*. One of its initiatives addresses the two priorities of strengthening the workforce and ensuring access to vaccines. Although health workers are still the most trusted advisers, influencers and advocates of vaccination decisions for older people, they often lack training. The International Federation on Ageing thus developed an interactive series on adult vaccination for health workers. Over 200 participants in 39 countries took part in the first series.

29 Older people's access to COVID-19 vaccines in low- and middle-income countries

Global

Lead stakeholder: CSO

Older people's access to vaccines has come to the fore as a result of COVID-19. WHO recommends that older people be prioritized to receive the primary series and booster doses of COVID-19 vaccines *(112)*. HelpAge International and its network members are working with ministries of health and health facilities to ensure their priority *(113)*. In the **United Republic of Tanzania**, community health structures have been used to discuss with older people their barriers to vaccination, and mobile vaccination clinics have been established in partnership with district vaccination teams. A total of 6899 older people were vaccinated as a direct result of the project, and 200 000 older people have been vaccinated in project districts. In **Kyrgyzstan**, the Resource Centre for Elderly used community systems to disseminate information on vaccines; over 1000 older people were vaccinated as a direct result. HelpAge **Cambodia** supported the vaccine rollout by disseminating information to older people and providing older people's associations with grants for transport costs. As of September 2021, 95% of older people in Cambodia had received a first dose of COVID-19 vaccine.

30 Dementia Learning Centre

New Zealand

Lead stakeholder: CSO

Alzheimers New Zealand has established the country's first Dementia Learning Centre *(114)*, which provides support and information for people with dementia and their carers, with courses, workshops and webinars to increase their knowledge and skills. An online module on "Caring for the carers" was designed with significant input from people with dementia. The Centre has used virtual reality technology to demonstrate what it's like to live with dementia and provided a tailored session for the Parliamentary Friends of Dementia.

31 World Alzheimer's Month

Global

Lead stakeholder: CSO

Alzheimer's Disease International organizes an annual global awareness-raising campaign, World Alzheimer's Month *(115)*, and issues the World Alzheimer's Report. The campaign raises awareness and challenges the stigmatization of people with Alzheimer disease or dementia. In 2022, the campaign in 111 countries was designed to emphasize the need for better post-diagnostic support. Alzheimer's Disease International promotes leadership and capacity-building in governments, institutions, care facilities and among health and care workers, informal carers and people living with dementia and provides evidenced-based best practice and recommendations.



© VIHeillir Project
33. Older people living with HIV, Cameroon and Senegal

32 Sexual Rights Charter for Older Adults

The United Kingdom

Lead stakeholder: Academia

The University of Sheffield and Age-friendly Sheffield have developed a Sexual Rights Charter for Older Adults *(116)* for the public, health and social care workers and volunteers, researchers, educators, and policy-makers. It is designed to help older people to talk about their sexuality in order to access appropriate support and to guide service providers in delivering that support. A training course has been developed for primary health care nurses to give them the skills and confidence to discuss sexual health with older people. After training, 94% of the nurses reported more knowledge and skills, including putting an older person at ease in discussing sexual issues.

33 Older people living with HIV

Cameroon and Senegal

Lead stakeholder: CSO

The Regional Centre for Research and Training in Clinical Management, Fann, Senegal, is working with Positive Generations, Cameroon, to improve access to health services for people aged 50 and over living with HIV *(117)*. The aim is to test strategies for integrating screening, diagnosis, specialized referral and treatment of co-morbid conditions in routine HIV care and also address stigmatization, discrimination and lack of confidence in the confidentiality of health services. Older people living with HIV are screened for chronic conditions and declines in intrinsic capacity and functional ability.

34 Community response to COVID-19

Uganda

Lead stakeholder: CSO

Reach One Touch One Ministries [ROTOM] is a non-denominational Christian organization for older people and children in their care. It was started in Uganda in 2003 and has become one of the most effective mission organizations for older people in Ethiopia and Uganda *(118)*. When COVID-19 began, the organization was unable to provide its usual health and care services in Uganda. Lockdown affected all modes of transport, so that health and care workers were less able to reach communities, and older people were unable to travel to health facilities. ROTOM developed a new outreach strategy in which its village volunteers received training in COVID-19 and were given personal protective tools. With the supervision of field nurses and with access to *boda boda* drivers [motorbike taxis that were not suspended during COVID-19] and smartphones, volunteers took over home visits, working in their own communities to support older people. When Uganda experienced its second wave of COVID-19 and health facilities were overwhelmed, ROTOM provided direct COVID-19 services. An isolation centre was established at one of its facilities, and, when vaccines became available, staff at Government facilities trained ROTOM teams to deliver vaccines. ROTOM achieved its highest rate of healthcare access during COVID-19, and the approach used in the pandemic is now part of its standard model of care.

2.7 Action area 4: Providing access to long-term care for older people who need it

Key messages

- 78% of countries reported having a policy for long-term care for older people, from 67% in 2020.
- Only 34% report having adequate resources available for action on long-term care.
- A significant proportion of long-term care is delivered through informal mechanisms that are unsustainable, and there is increasing demand for training and support for informal, unpaid carers.
- Informal, unpaid carers have insufficient support. Only 16% of low-income countries provide such support.
- Little progress has been reported in developing or strengthening comprehensive, public-funded long-term-care systems, due to challenges in implementation, resourcing and evidence.
- Contributions to the Decade show the importance of palliative and end-of-life care in healthy ageing. Non-specialist palliative care should be integrated with long-term and primary health care.

Declines in physical and mental capacity can limit older people's ability to care for themselves and to participate in society. Access to rehabilitation, assistive technology and age-friendly environments can help, but many people reach a point at which they can no longer care for themselves without support. Access to good-quality long-term care is essential for such people to maintain their functional ability, enjoy their basic human rights [see section 2.4.1] and live with dignity. Current approaches to long-term care consist primarily of informal care, provided mainly by families, usually women, many of whom are older and who may not have the necessary training or support to provide appropriate, good-quality care, with negative effects



© UNFPA Dominican Republic
36. Improving access to and the quality of services in long-term care centres, Dominican Republic

on the carers' health and well-being. Every country should have a system for meeting the needs of older people for long-term care, including social care and support. Existing long-term-care systems are rarely integrated into health systems and cannot meet demand. A study published in 2020 found that one in four older people had unmet needs for long-term care *(119)*.

The Decade action area on long-term care is based on the *WHO Global strategy and action plan on ageing and health (5)*, which included development of sustainable, equitable systems for long-term care as a strategic objective. It is also based on MIPAA commitments to improve the coordination of primary health care with long-term care and social services and providing care for carers.

2.7.1 Progress in the first phase of the Decade

Data collected in 2020 and 2022 showed that progress was being made in the area of long-term care. Of the 110 countries that responded to the question on long-term care policies in both 2020 and 2022, 78% reported having a national policy to support long-term care of older people in 2022, from 67% in 2020 [see Fig. 1]. Although differences were seen by WHO region, increases were achieved in all regions. To ensure that the policies and commitments they include are put into action, there must be coordination and collaboration between health, social protection and social care sectors and the relevant government ministries and departments.

To support Member States, WHO developed the *Framework for countries to achieve an integrated continuum of long-term care* in 2021 *(120)*. The framework identifies the actions necessary to provide a continuum of integrated long-term care and to facilitate integration of long-term care services into health and social care systems. The framework recognizes that there is no "one-size-fits-all" approach, but recommends that all systems include the five principles of stewardship, integration into primary health care, affordability and accessibility, older people's human rights and the continuum of care.

In 2022, ILO and the International Social Security Association issued a working paper on social protection and long-term care *(121)* that addresses the role of social protection in ensuring access of older people who need long-term care without suffering hardship and also explores issues of adequacy, governance, administration and financing. It addresses social protection coverage for carers, including for unpaid and volunteer carers, and decent work and social security for the paid health and care workforce [see sections 2.5.1 and 2.6.1].

There has also been action on long-term care at regional level. In the European Region, 98% of countries reported having a long-term care policy. To ensure high-quality, affordable, accessible care services and to improve the situation for both care receivers and people providing care, the European Commission adopted the European Care Strategy in 2022 *(122)*.

The strategy follows a person-centred, life-course approach, including child care and long-term care for older people and people with chronic conditions and disabilities. It proposes actions to increase access, improve working conditions, increase investment in care and improve evidence and monitoring.

The European Commission also made a recommendation to Member States on long-term care, which was adopted by the Council of the European Union in December 2022 *(123)*. It proposes action to make care more accessible, affordable and of better quality, to improve the availability of and access to long-term care, in particular in rural and depopulating areas, ensuring compliance with criteria and standards for the quality of care in all long-term-care settings and promoting autonomy and independent living. In response, European Union Member States are reviewing their national policies. To support implementation of the recommendation, the care strategy includes a European Union action to develop a strategic partnership with WHO to provide country-specific support for designing and implementing policy measures for high-quality long-term care, including through integrated care services.

In the Rome Ministerial Declaration of the UN Economic Commission for Europe in 2022, Member States set policy priorities for the fifth cycle of MIPAA implementation, including "Ensuring access to long-term care and support for carers and families" as one of its main goals for 2022–2027 *(124)*.

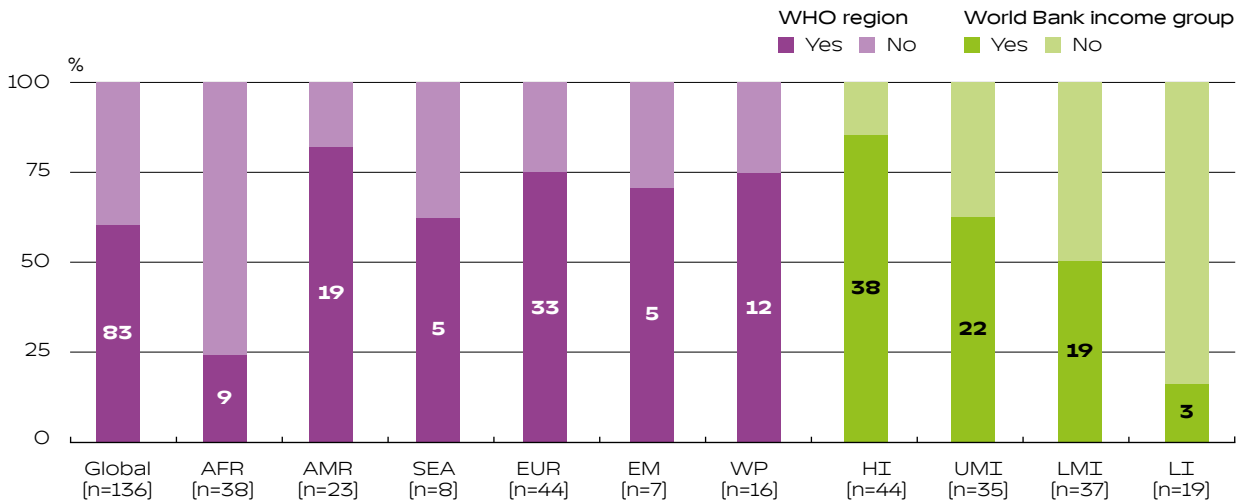
The lowest proportion of countries that reported having a long-term care policy was in the African Region, although the number is increasing, from 41% in 2020 to 56% in 2022. In 2022, UNFPA published a review of healthy ageing and long-term-care systems in East and Southern Africa, which assessed the readiness and responsiveness of long-term-care systems to the needs of older people *(125)*. It included an assessment of the status of regional, subregional and national frameworks and structures to support healthy ageing, including long-term care, in six countries [**Ethiopia**, **Kenya**, **Lesotho**, **Mauritius**, **Rwanda** and **South Africa**] and made recommendations for policy development and strategic interventions.

2.7.1.1 Strengthening the long-term care workforce

Strengthening of health and care workforce capacity, which was highlighted in relation to person-centred, integrated care [see section 2.6.1], is also necessary for long-term care, with better training, support and remuneration for both paid and informal carers. In the process evaluation survey, 61% of countries reported having a programme for carers of older people, the rates ranging from 24% in the African Region to 83% in the Americas Region [Fig. 10]. A marked difference was seen between high- and low-income countries, 86% of high-income countries and only 16% of low-income countries having such a programme.

Considerable variation was found within and among regions and countries in the provision of long-term care, whether by formal or informal, paid, unpaid or volunteers or by trained or untrained people. Care workers in health and social care systems account for 130.2 million jobs worldwide *(121)*, most of whom are women [estimated to be 80% in Europe] *(126)*. Poor pay and working conditions, lack of regulation and monitoring and few professionally qualified staff have been long-standing concerns that have worsened with COVID-19, resulting in pronounced shortages of formal care workers and difficulties in recruitment and retention *(121)*. The process evaluation survey justifies the concern, particularly for lower-income countries. In many countries, migrant workers form a large proportion of the long-term care workforce, and they commonly have temporary contracts, resulting in further marginalization of this often-discriminated group. Globally, the extent to which countries rely on unpaid, informal care is substantial, women providing the bulk of care for older people [76% of all hours provided].

Fig. 10. Numbers and proportions of reporting countries with programmes [in-person or online] for caregivers of older people in 2022

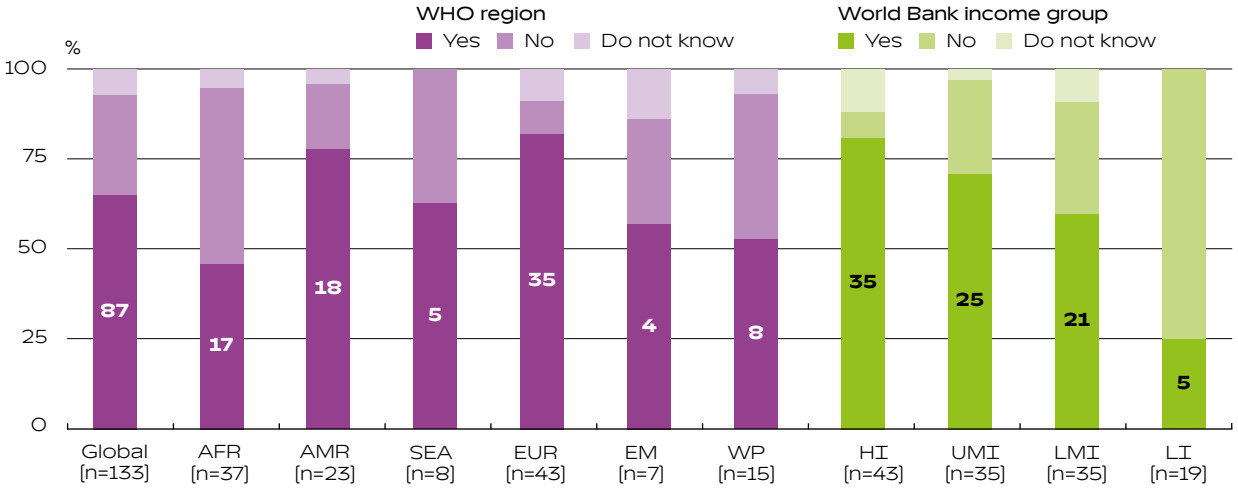


To guide national work to support long-term care workers, UN Women has developed a toolkit on paid and unpaid care work *(127)*, which follows the ILO "5R framework for decent care work": recognize, reduce and redistribute unpaid care work, and reward and represent paid care work by promoting decent work for care workers and guaranteeing their representation, social dialogue and collective bargaining *(128)*. The UN Women toolkit builds on its work in 2016 on recognizing, reducing and redistributing unpaid work and care *(129)*, maintaining these three areas and adding information on rewarding and representing, as in the ILO framework. The toolkit is an introductory reference guide, providing background information on each of the 5Rs and signposting useful resources. In 2022, ILO published *Care at work: Investing in care leave and services for a more gender equal world of work (130)*, which provides a global overview of national laws, policies and practices in care, including long-term care, and describes the need for greater investment.

2.7.1.2 Palliative care

Palliative care is a crucial part of integrated, person-centred health services. It improves the quality of life of both people and their caregivers. In the process evaluation survey, Member States were asked whether they had a policy, legislation, strategy or programme that included integration of palliative care services in the structure and financing of national health systems. Of the 133 countries that responded, 65% reported they did, ranging from 46% in the African Region to 81% in Europe [Fig. 11]. In low-income countries, only 25% reported inclusion of palliative care in a policy, legislation, strategy or programme.

Fig. 11. Numbers and proportions of reporting countries with a policy, legislation, a strategy or a programme for integration of palliative care services into the structure and financing of national health care systems at all levels of care in 2022



A number of examples have been reported of initiatives that contribute to the UN Decade of Healthy Ageing by providing palliative and end-of-life care for older people. In Castilla y León, **Spain**, the Ministry of Family and Equal Opportunities and the Ministry of Health provide end-of-life care for people with incurable, advanced or progressive disease *(131)*. The service, developed in collaboration with provincial councils, city councils, the Spanish Association Against Cancer and nongovernmental organizations, provides personalized physical, psycho-emotional, spiritual and social care and support to family members. The services include assessments of accessibility and adaptations in the home, assistive technology [see sections 2.6.1 and 2.6.2], advanced telecare, personal care, scheduled and emergency health care at home, and grief management.

The Worldwide Hospice and Palliative Care Alliance and its partners in **Bangladesh** [Bangabandhu Sheikh Mujib Medical University Hospital in Dhaka, AYAT Education, a local social enterprise, St Christopher's Hospice in the United Kingdom, the Directorate General of Health, and the local Narayanganj Palliative Care Society] work with Government health facilities to provide a palliative care programme, which links community indigenous services with the Government-run *upazilla* [administrative unit] primary health care system *(132)*. Local leaders are supported in creating a new health care delivery service, owned by the community, in order to integrate palliative care into community health services, increase workforce capacity, establish a network of community members who provide palliative care and establish a national policy framework and budget for palliative care. The programme has provided training for community health workers, volunteers, nurses and doctors to revise palliative care training curricula. A Government steering committee on palliative care has been formed, and the Ministry of Health has agreed to include palliative care in its next programme on health, nutrition and population.



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2.7.2 Contributions to the Decade

In the contributions sections of this report, each case study includes information on where it was implemented and the lead stakeholder. The icons shown next to the case studies highlight which Decade action areas the initiative contributes to, in addition to the main area of focus. Given the interlinkages between the action areas, most case studies include efforts that address more than one action area.

- Changing how we think, feel and act towards age and ageing
- Ensuring that communities foster the abilities of older people
- Delivering person-centred, integrated care and primary health services responsive to older people
- Providing access to long-term care for older people who need it

35 Developing new standards for long-term care

Canada

Lead stakeholder: Other [standards organisation]

The Standards Council of Canada asked the Health Standards Organization and the Canadian Standards Association to develop new standards for long-term care, to respond to increasing public pressure for long-term care services, increasing demand from a growing number of older people with complex care needs and an understaffed, undertrained, underpaid workforce. The *National long-term care services standard (133)* was developed to guide care homes in providing services for residents to maintain their functional ability and their right to high-quality care, dignity and autonomy. The Standard provides criteria and guidelines for care homes and governing bodies for delivery of resident-centred, high-quality care by a healthy, competent workforce.

36 Improving access to and the quality of services in long-term care centres

Dominican Republic

Lead stakeholder: UN

UNFPA, the National Council of Older Persons and a private entity for administration of pension funds in the Dominican Republic collaborated to improve the living conditions of older people in three long-term care centres *(134)*. The aim is to ensure that older residents have comprehensive health evaluations, the centres have the necessary equipment and supplies, the capacity of the care workforce is strengthened, and older people are aware of their rights and entitlement to care [see section 2.4.1]. Partnerships have been built between the public and private sectors for activities, including bringing health services into the long-term care centres so that older residents can have oral health care and psychiatric and ophthalmologic services. In the future, the programme will create "citizen oversight committees" for the centres to ensure older people's engagement in the management and delivery of services.

37 Building caring communities for people of all ages

Romania

Lead stakeholder: Private sector

The Care Hub *(135)* has developed a model of care provision, in which older people act as both care providers and care recipients. Older people who wanted to work in the long-term care sector were identified, including retired nurses and carers who wished to continue to work but more flexibly than in their previous roles, and other older people who wished to support their peers through paid or voluntary work. The model enables older people to work, setting their own limits on when, where and how much.



© The Care Hub
37. Building caring communities for people of all ages, Romania

The Care Hub has an online platform to link older carers with older people in need of care. The carers provide social care to assist people in their daily activities and medical care services, including giving injections and medication at home. The Care Hub's services are certified by the Ministry of Health and the Ministry of Labour. It works in five cities in Romania and has delivered over 25 000 hours of care to over 425 families. It has also provided 125 older carers with decent work.

38 Capacity-building of long-term care workers

Chile

Lead stakeholder: Health sector

The Psychogeriatrics Task Force at the Chilean Psychiatry and Neurology Society has developed a training programme for workers in long-term care on older people's mental health and caring for people with dementia. The task force designed the training package with Servicio Nacional del Adulto Mayor [SENAMA] the National Service for Older Persons, including identifying priorities. Training consists of a series of films that long-term care workers can watch when they choose. The videos are being introduced into all public long-term care facilities in Chile by SENAMA. The task force collects information on workers' knowledge and attitudes before and after watching the videos *(136)*.

39 Using technology to improve outcomes for care home residents and staff during COVID-19

The United Kingdom

Lead stakeholder: Health sector

During COVID-19, staff in care homes in London had less face-to-face contact with clinicians and were concerned that they might not always be able to identify when a resident was becoming unwell and to prevent an avoidable admission to hospital. In a project to support staff and residents to identify early signs of deterioration, they were given a single box of equipment to monitor blood pressure, temperature, pulse, blood oxygen, respiration rate and consciousness. All the results were automatically uploaded onto a digital app on a tablet, which calculated a "national early warning score", which alerted staff and residents to potential problems. The results on the app were accessible to care home staff, residents, doctors, and out-of-hours and emergency services. Care home staff and residents were trained in use of the technology and in broader digital skills. After the first 6 months, 10 care homes reported significant reductions in hospital attendance, ambulance calls and non-elective admissions *(137)*.

40 Strengthening long-term care

Maldives

Lead stakeholder: Government

The Government of the Maldives, working with Maldives Polytechnics, has developed a short training course for carers on care for older people who are bedridden. This training course is now being implemented with support from WHO, with the theory component planned to be completed before the end of 2023 *(138)*.



© NHS North Central London Integrated Care Board / NCL Training Hub
39. Using technology to improve outcomes for care home residents and staff during COVID-19, the United Kingdom

2.8 Doing things differently in the UN Decade of Healthy Ageing

Key messages

- The UN Decade of Healthy Ageing represents an opportunity to do things differently, including through multistakeholder, multisectoral collaboration.
- Significant progress in the first phase of the Decade includes establishment of the Decade Platform, the Healthy Ageing Collaborative and the Healthy Ageing 50.
- 87% of countries reported having a policy or strategy for healthy ageing in 2022, an increase from 73% in 2020.
- There has been significant global action for monitoring healthy ageing and implementation of the Decade, but further work is necessary at national level to improve data collection, analysis and use.

The UN Decade of Healthy Ageing provides a catalyst and mechanisms for stakeholders to deliver on the framework for healthy ageing to support functional ability that enables older people to do the things they value. In the Decade, Member States and other stakeholders have committed themselves to collaborative multisectoral and multistakeholder partnerships, with older people at the centre. The four Decade enablers provide the focus for a changed approach. Listening to diverse voices and enabling meaningful engagement [see sections 2.3 and 2.3.2] are crucial to achieving the commitment to place older people at the centre of the Decade. Stakeholders have worked directly with older people to ensure that the Decade and activities for its implementation are aligned with their priorities and preferences. Action to enhance older peoples' functional ability will improve healthy ageing and people's lives, which will be the topic of the mid-term report in 2026.

Successful implementation of the Decade and achievement of its vision will require equitable, democratic access to knowledge for all stakeholders. To ensure collaboration and in line with the Decade enabler "connecting stakeholders around the world to share and learn from the experience of others", a Decade Platform *(139)* has been established. The Platform provides a digital space that makes experiences, expertise and knowledge on ageing available for everyone, in one place. Between September 2021 and July 2023, the Platform listed 894 items shared by the global community. This knowledge base is accessed by an average of over 1500 unique users per week, and over 400 organizations, networks and individuals have signed up to be listed on the Platform.

Another of the Decade's enablers is "nurturing leadership and building capacity for integrated action across sectors". To support this, ITU, ILO, OHCHR, UNDESA, the World Economic Forum and WHO launched the Healthy Ageing 50, celebrating 50 leaders who are transforming the world into a better place to grow older *(140)*.

Over 500 nominations were evaluated by an expert panel from international organizations, and the 50 leaders were announced in 2022, to celebrate the 20th anniversary of the MIPAA and the second year of the Decade.

The Healthy Ageing Collaborative was created to support, promote and strengthen multisectoral and multistakeholder partnerships to foster healthy ageing and support the Decade's implementation. It was launched in 2022 with the objectives of raising awareness about the Decade, strengthening international coordination, promoting multisectoral engagement and cooperation, encouraging and supporting national implementation and ensuring the meaningful engagement of older people. It provides an opportunity to create new partnerships, strengthen existing ones and encourage the multistakeholder, multi-sector collaboration that is central to the Decade. The Decade has also seen strengthened collaboration between UN agencies working on healthy ageing, through existing coordination mechanisms, such as the Inter-Agency Group on Ageing *(141)*, and civil society organizations are coming together under the UN Decade of Healthy Ageing CSO alliance, formed through a process led by the International Federation on Ageing in collaboration with other partners *(142)*.

2.8.1 National action

The Decade provides a framework for Member States to do things differently at national level, with a focus on supporting a multisectoral, multi-stakeholder approach to healthy ageing. A number of the indicators used to assess progress in the implementation of the Decade address national policy environments [see section 2.4.1]. Data collected in 2020 and 2022 show that, of the 110 countries that provided responses to both surveys, 86% reported having a focal point on ageing and health, a small increase from 85% in 2020 [see Fig. 1].

While figures for the Americas and South-East Asian regions remained static [at > 85%], a significant increase was seen in the African Region, from 63% to 83%.

Data on national policies, strategies and plans aligned to healthy ageing also show progress. The Decade requires a whole-of-government, whole-of-society response, drawing on national experience and the work of governments in partnership with civil society and other actors. Development of a national policy, strategy or plan can provide a framework for collaborative action. Of 111 countries that submitted data in both 2020 and 2022, 87% reported having such a plan in 2022, from 73% in 2020 [see Fig. 1]. In the Americas, 91% of 22 countries that responded had a policy in 2022, an increase from 73% in 2020.

In 2021, **Chile** launched its *National comprehensive health plan for older people, 2020–2030 (143)*, developed by the ministries of Health and of Social Development, in collaboration with SENAMA. Its objective is to "improve the well-being of older people through a comprehensive health system that allows them to maintain and improve their state of health and functionality and access benefits according to their needs, through coordinated intersectoral work, integrated care and with the participation of society as a whole". The Decade and the SDGs served as a framework for the plan, with six strategic areas: education, promotion and prevention; provision of services; strengthening the integrated care network for older people; strengthening information systems; stewardship, regulation and inspection; and financing.

In **Kenya**, the Government launched its *Healthy ageing and older persons' health strategy* in 2022 *(144)* to "facilitate implementation of quality, comprehensive and responsive health and social services for all older persons in support of their health and well-being". It was developed by the Ministry of Health in collaboration with WHO and HelpAge International through a consultative process which included older people, and was based on a situational analysis. The strategy has four objectives: promote healthy ageing throughout the life course; strengthen health and long-term-care systems; strengthen research, evidence and knowledge management; and strengthen advocacy, communication and community engagement. An implementation framework that includes performance metrics has also been developed.

In 2023, **Mauritius** launched the *National integrated care for older people strategic and action plan, 2022–2026 (145)*. The vision of the plan is that "all older people age healthily, with respect and dignity, and enjoy their human rights". It was developed by the ministries of Health and Wellness, Social Integration, Social Security and National Solidarity in collaboration with other ministries, the Senior Citizens Council, the Mauritius Council of Social Services, nursing homes, the Private Medical Practitioners Association and WHO. Its aim is to maximize functional ability, and its strategic priorities include person-centred, integrated care and long-term care; mobilizing the community, including older people; age-friendly environments; coordinating health and social services; developing the capacity of health and care workers; strengthening governance and accountability; and protecting older people against abuse and ageism [see sections 2.4 and 2.4.1.2]. The strategy and action plan also include actions and objectives for dementia, in line with the *Global action plan on the public health response to dementia 2017–2025 (146)*. This is an encouraging example of integrated policy-making to address complex global commitments in a single national policy.

The Government of **Nepal** has launched *the National geriatric health strategy* 2021-2030 *(147)*, which sets out a comprehensive framework for planning, funding and providing health care and health protection services to older people. The strategy supports healthy ageing through a focus on supporting older people to live well with long-term health conditions, improved support for older people with complex health needs, improving recovery and rehabilitation from acute episodes and enabling respectful, dignified end-of-life care. The strategy prioritizes, guides and sets standards for geriatric health services, mainstreams geriatric health into the national health system, includes a focus on accountability and enables adaptation at provincial and local levels to meet specific needs.

National policies and strategies are being developed in other countries and territories. In 2020, the President of **Palau** signed into law a bill for development of a "comprehensive national policy on care for the ageing" *(148)*, and, in April 2023, he signed the National policy on care for older people *(149)*. As background to the policy, the Ministry of Health and Human Services organized 10 in-depth interviews and a national symposium on healthy ageing, engaging over 70 participants, including policy-makers, civil society, health and care workers, community leaders and older people.



© Ministry of Helath and Human Services, Palau
Palau National Policy on Care for Older People

2.8.2 Monitoring the UN Decade of Healthy Ageing

Two national progress indicators concern data on older people. As seen in many documents and processes, lack of data on healthy ageing and older people hinders policy development and service provision. For the WHO baseline report for the Decade of Healthy Ageing *(4)*, comparable data were available from only 42 countries, demonstrating the scale of the challenge ahead.

Data collected in 2020 and 2022 showed that only 57% of countries that submitted data reported having conducted a nationally representative population study[1] with cross-sectional data on the health status and needs of older people [see Fig. 1]. Longitudinal studies also provide critical information to support healthy ageing and the necessary interventions throughout the life-course, including different stages of older age. Only 46% of countries reported having obtained longitudinal data in a nationally representative population study in 2022. Although, for both data-related indicators, there was a marked increase from 2020, from 43% for cross-sectional data and 37% for longitudinal, [see Fig. 1], these indicators saw the lowest proportion of countries responding "Yes" out of all the national progress indicators.

In line with the Decade enabler "strengthening data, research and innovation to accelerate implementation" and in response to these challenges, WHO has developed an WHO Ageing Data Portal *(9)* for data on global indicators relevant to the health and well-being of people aged 60 years and over. Maps, charts and tables provide various options for analysis. They will increase the visibility of older people and inform actions to improve health and well-being in line with commitments. Disaggregation of data by age is vital for a clear picture of the challenges older people face. In 2021, WHO and the World Bank published, for the first time, data on financial protection in universal health coverage [SDG indicator 3.8.2], disaggregated by age. An analysis showed that people living in older households [with at least one person aged ≥ 60 years and no member under 20 years] have the highest incidence of catastrophic health spending among all income groups and UN regions *(150)*.

Lack of data disaggregation by age [and by other characteristics, including sex, disability and socioeconomic status] limits accurate understanding of the challenges faced during the life-course and the responses required. For example, reporting the noncommunicable disease burden on the basis of conditions that contribute most to "premature mortality" [defined as death before the age of 70 years] not only provides underestimates of the burden in older adults but also hides the significant burden of dementia in older adults and their families.

The Titchfield City Group on Age and Age-disaggregated Data was established in 2018 under the auspices of the UN Statistical Commission and is led by the Office of National Statistics, the United Kingdom. Its work includes collaborating with and strengthening offices of national statistics worldwide to report on SDG indicators and to communicate disaggregated data to policy-makers. A report from some 30 offices of national statistics in each region on approaches and indicators that make older people visible in SDG reporting will be presented to the UN Statistical Commission in 2024.

Other data-related initiatives in the first phase of the Decade included the development by WHO, with the TAG4MHA, of a short list of indicators for monitoring the progress and impact of the Decade, including potential tracer indicators of effective coverage of services as part of universal health coverage. The TAG4MHA is supporting development of a national toolkit for monitoring the Decade that will include programme indicators for monitoring the action areas. UNFPA and WHO are preparing guidance for national situation analysis of healthy ageing, and work is under way in **Kuwait** and **Uzbekistan** on national situation analyses by population survey.

[1] A representative survey on older persons should have been conducted after 2010, with data collected on one of the following topics: (i) socio-economic status of older people and their needs, (ii) health status and use of health and long-term care services, (iii) the well-being of older people or (iv) age-friendly environments. A sub-question was added to determine whether the survey was representative of the national or subnational population of older people. No age cut-off was used, because, for the purposes of the process survey, an older person was defined as being ≥ 60 years.



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Chapter 3. **Accelerating action**



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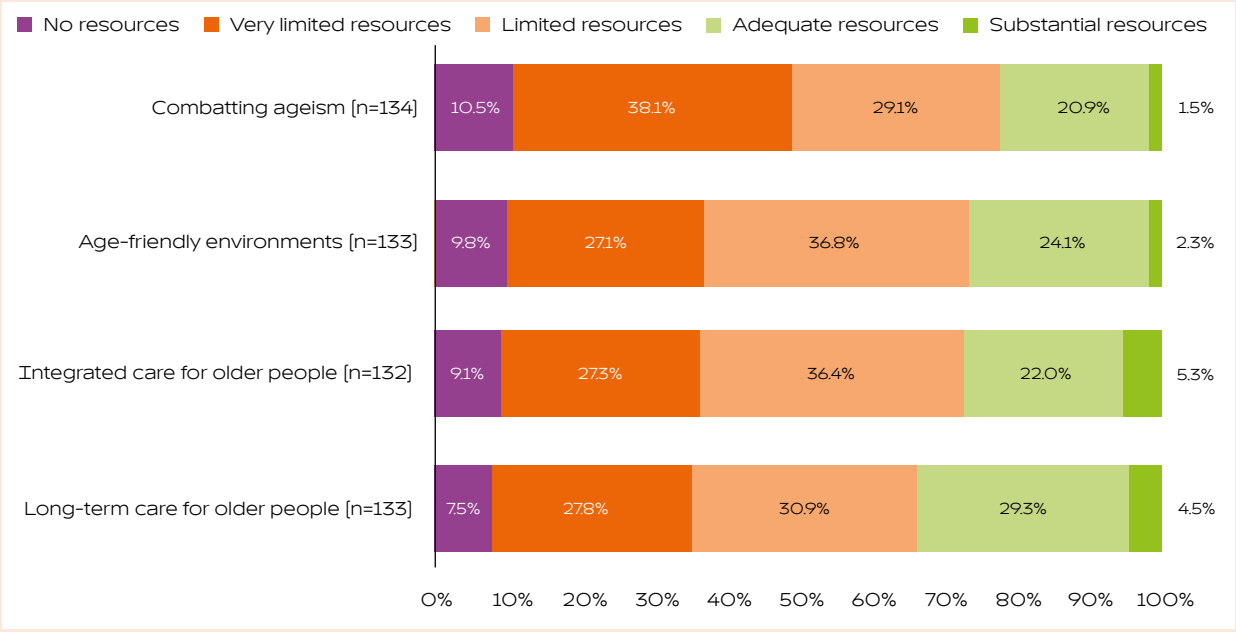
3.1 Lessons for the next phase of the Decade

1 **Data collected in the process evaluation survey on the 10 national progress indicators show progress since the Decade was adopted in 2020,** with an increasing percentage of countries responding "Yes" to all indicators [see Fig. 1]. An increase of more than 20% was seen for indicators on assistive products, age-friendly cities and communities, age-based discrimination and comprehensive assessments of health and social care needs. Data on additional indicators collected in 2022 show the breadth of national interventions and activities to support healthy ageing and implementation of the Decade.

2 **Yet, resources to implement activities related to healthy ageing remain limited, which will hinder implementation of the Decade.**

While the data on national progress indicators are encouraging, other data suggest that, even though countries are taking positive steps, more is needed if the vision of the Decade is to be achieved. Data on the adequacy of political support and resources to implement action show low levels of commitment [Fig. 12]. Only up to a third of countries reported having adequate or substantial resources available for the four action areas, ranging from a high of 34% for long-term care to 27% for integrated primary health care, 26% for age-friendly environments and 22% for combatting ageism. For each action area, some countries reported having no resources [10% for ageism, 10% for age-friendly environments, 9% for integrated care and 8% for long-term care]. This demonstrates that political will, commitment and investment should all be increased at national level.

Fig. 12. Availability of resources to implement the UN Decade of Healthy Ageing, by action area



3 **A wide range of programmes and initiatives by diverse stakeholders are contributing to the Decade.** The case studies included in this report demonstrate the range of activities that are contributing to several action areas through a multisectoral approach, a single action area, or a particular area of focus within an action area. There are examples of large-scale global and national initiatives and small community activities involving local organizations and groups of older people. Some initiatives were developed for the Decade, while others are leveraging the power of the Decade for awareness-raising, partnership building and bringing about changes for older people.

4 **The breadth of experience in these diverse initiatives offers great potential, but bringing them together, scaling them up rapidly and delivering them over large areas may be difficult.** The Decade provides the framework and opportunity, and mechanisms were established in the first phase to support the multistakeholder collaboration required for healthy ageing. The Healthy Ageing Collaborative will provide a space for regional and international actors to work together, enhance cooperation and develop leadership for national implementation. Increased commitment, support and funding are, however, necessary from all stakeholders to ensure that the Collaborative is effective. The Decade Platform will continue to provide the space for stakeholders to share experience and knowledge, including detailed lessons and reflections from the case studies documented in this report and many others.



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5 **More attention should be paid to low- and lower- to middle-income countries.** A misconception that populations are ageing only in high-income countries is detrimental to efforts to achieve healthy ageing in lower-income contexts. A consistent finding from the indicators in the process evaluation survey, in all action areas, is less national engagement in lower-income countries. This is a particular challenge in relation to an integrated continuum of care, as only 11% of low-income countries had national guidelines for organizing geriatric care and training, 16% had programmes for carers, and 25% had policies for palliative care. These findings indicate lack of political will, commitment and capacity for healthy ageing in these contexts. More action is urgently needed, given that, by 2050, 80% of older people globally will live in low- and middle-income countries, where the fast pace of population ageing is giving these countries less time to adapt.

6 **The Decade has a role in legitimizing work on healthy ageing, including in lower-income contexts.** Many case studies have highlighted the added value of the Decade, which provides a frame for healthy ageing activities and helps to explain why action with older people is important. The global priority of and commitment to healthy ageing by endorsement of the Decade is being used by stakeholders at all levels to raise the profile of their work. This added value can be used in lower-income countries where ageing is not yet viewed as a priority.

7 **An increased focus on data monitoring and evaluation of healthy ageing and the Decade is necessary** to understand older people's priorities and the challenges they face. With the support of the TAG4MHA, WHO and UN partners will continue to support Member States in building their capacity for data collection and analysis and implementing the monitoring and evaluation framework for the Decade, which will allow further assessment of progress and of impact. Such increased capacity could also improve SDG reporting, for which data on older people are lacking.

8 **"Walking the talk" for meaningful engagement of older people will be crucial for the next phase of the Decade.** Older people were involved in the design and implementation of many case studies and initiatives highlighted in this report; structures and mechanisms have been put in place for meaningful engagement of older people; and older people themselves have driven interventions. More work is required, however, to ensure that older people, as rights-holders [see section 2.4.1], are meaningfully and strategically engaged throughout the Decade at all levels, and with all stakeholders [see section 2.3]. This is clearly highlighted by the fact that one third of countries with a multistakeholder forum on healthy ageing did not include older people.

Frameworks, tools and guidelines are necessary to increase understanding of the importance of meaningful engagement of older people and to take the approach forward.

9 **The Decade's focus on collaboration can be used to accelerate action.** The Decade is basically a collaboration among stakeholders of all kinds in many sectors. The case studies in this report demonstrate the collaborative approach, as many are designed and implemented by several groups working together. In other cases, partnerships have been built through a programme or initiative. An important consideration for the next phase of the Decade will be scaling up and taking forward partnerships and collaborations designed for specific programmes, to strengthen and mutually reinforce several initiatives on the rights of older persons, including accelerated implementation of MIPAA and the SDGs. Building connections, sharing lessons and experience and working together in stakeholder groups, regions and countries will be essential, as will diffusing knowledge and lessons to accelerate actions and optimize functional ability.



3.2 Preparing for the report in 2026: Impact evaluation of the UN Decade of Healthy Ageing

The main objectives of the Decade's action areas by 2030 are to:

- decrease the proportion of older people who experience stereotyping, prejudice and discrimination based on age;
- increase the proportion of older people living in cities, towns and rural areas that are working to become age-friendly;
- increase the coverage of integrated health and social care services as part of universal health coverage to maximize intrinsic capacity and functional ability; and
- increase the coverage of long-term care services as part of universal health coverage to meet the health and social care needs of older people and carers and ensure autonomy, independence and dignity.

For the next progress report in 2026, WHO, as secretariat for the Decade, will conduct a survey on 20 core outcome indicators recommended by the TAG4MHA, to measure progress in achievement of the objectives of the four action areas. The 20 outcome indicators will be tracked again in 2029 to determine the impact of the Decade. WHO will conduct a public consultation on the final list of outcome indicators and a statistical consultation with Member States before publishing the official estimates in a report. Links with impact measures of healthy ageing will be included in the indicators. Reporting in 2026 and 2029 will continue to include the 10 national progress indicators cited in this report and the WHO baseline report for the Decade of Healthy Ageing *(4)* for the Decade for continuing assessment of progress. Links will also be made with the SDGs, including the extent to which older people have been included.



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