Decade
of **healthy**
ageing

UN Decade of Healthy Ageing: Plan of Action

2021–2030

This document describes the plan for a Decade of Healthy Ageing 2021–2030, which will consist of 10 years of concerted, catalytic, sustained collaboration. Older people themselves will be at the centre of this plan, which will bring together governments, civil society, international agencies, professionals, academia, the media and the private sector to improve the lives of older people, their families and their communities. It is the second action plan of the WHO *Global strategy on ageing and health*, building on the United Nations Madrid International Plan of Action on Ageing [1] and aligned with the timing of the United Nations Agenda 2030 on Sustainable Development [2] and the Sustainable Development Goals.

1. Why we need concerted, sustained action

1.1 Longer lives

Longer lives are one of our most remarkable collective achievements. They reflect advances in social and economic development as well as in health, specifically our success in dealing with fatal childhood illness, maternal mortality and, more recently, mortality at older ages. A longer life is an incredibly valuable resource. It provides the opportunity for rethinking not just what older age is but also how our whole lives might unfold.

Today, most people can expect to live to 60 years and older. A person aged 60 years at the beginning of the Decade of Healthy Ageing could expect to live, on average, an additional 22 years. There is, however, great inequity in longevity according to social and economic grouping. In countries in the Organization for Economic Co-operation and Development [OECD], for example, a 25-year-old, university-educated man can expect to live 7.5 years longer than his peer with shorter education; for women, the difference is 4.6 years [3]. The disparity is more acute in emerging economies.

The number and proportion of people aged 60 years and older in the population is increasing. Box 1 shows that the increase is occurring at an unprecedented pace and that it will accelerate in coming decades, particularly in developing countries. The ageing of the population will continue to affect all aspects of society, including labour and financial markets, the demand for goods and services, such as education, housing, health, long-term care, social protection, transport, information and communication, as well as family structures and intergenerational ties.

Box 1. Demographic facts[*]

1. By the end of the Decade of Healthy Ageing [2021–2030], the number of people aged 60 years and older will be 34% higher, increasing from 1 billion in 2019 to 1.4 billion. By 2050, the global population of older people will have more than doubled, to 2.1 billion.

2. There are more older people than children under 5 years. In 2020, for the first time in history, people aged 60 years or over outnumbered children under 5 years. By 2050, there will be more than twice as many people above 60 as children under 5. By 2050, people aged 60 years or over will outnumber adolescents and young people aged 15–24 years.

3. Most older people live in developing countries. In 2019, 37% of older people lived in eastern and south-eastern Asia, 26% in Europe and North America, 18% in Central and South Asia, 8% in Latin America and the Caribbean, 5% in sub-Saharan Africa, 4% in North and West Africa and 0.7% in Oceania.

4. The number of people aged 60 years and older will increase most rapidly in developing countries, from 652 million in 2017 to 1.7 billion in 2050, whereas more developed countries will see an increase from 310 million to 427 million. The number of older people is growing fastest in Africa, followed by Latin America, the Caribbean and Asia. Projections indicate that nearly 80% of the world's older population will live in less developed countries in 2050.

5. In most countries, the proportion of older people in the population will increase, from one in eight people aged 60 years or over in 2017 to one in six by 2030 and one in five by 2050.

6. Women tend to live longer than men. In 2017, women accounted for 54% of the global population aged 60 years or older and 61% of those aged 80 years or older. Between 2020 and 2025, women's life expectancy at birth will exceed that of men by 3 years.

7. The pace of population ageing is accelerating. Today's developing countries must adapt much more quickly to ageing populations than many developed countries but often have much lower national income and infrastructure and capacity for health and social welfare than countries that developed much earlier.

Sources: References 4 and 5.

*Figures do not add up to 100 because of rounding.

New measurements of ageing and life expectancy are presented in the World Population Ageing Report 2019 by the Population Division of the United Nations Department of Economic and Social Affairs.

1.2 Adding life to years

Globally, there is little evidence that older people today are in better health than previous generations [6]. Furthermore, good health in older age is not distributed equally, either between or within populations. For example, there is an average difference of 31 years of healthy life expectancy at birth and 11 years for healthy life expectancy at 60 years between countries.

Good health adds life to years. The opportunities that arise from increasing longevity depend strongly on healthy ageing [see Box 2]. People who experience these extra years of life in good health and continue to participate and be an integral part of families and communities will strengthen societies; however, if the added years are dominated by poor health, social isolation or dependency on care, the implications for older people and for society are much more negative.

Box 2. Healthy ageing

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

Functional ability is determined by the intrinsic capacity of an individual [i.e. the combination of all the individual's physical and mental capacities], the environment in which he or she lives [understood in the broadest sense and including physical, social and policy environments] and the interactions among them.

The concept of healthy ageing and the related public health framework are described in detail in the *World report on ageing and health* [6].

Healthy ageing spans the life-course and is relevant to everyone, not just those who are currently free of disease. Intrinsic capacity at any time is determined by many factors, including underlying physiological and psychological changes, health-related behaviour and the presence or absence of disease. Intrinsic capacity is strongly influenced by the environments in which people have lived throughout their lives.

The social and economic resources and opportunities available to people across their life-course influence their power to make healthy choices, contribute and receive support when they need it. Healthy ageing is hence closely linked to social and economic inequity [6]. Disadvantages in health, education, employment and earning start early, reinforce each other and accumulate over the life-course. Older people in poor health work less, earn less and retire earlier [3]. Gender [see Box 3], culture and ethnicity are important moderators of inequity and result in widely different trajectories of ageing.

Healthy ageing can be a reality for all. This will require a shift in focus from considering healthy ageing as the absence of disease to fostering the functional ability that enables older people to be and to do what they value. Actions to improve healthy ageing will be needed at multiple levels and in multiple sectors to prevent disease, promote health, maintain intrinsic capacity and enable functional ability.

Despite the predictability of population ageing and its accelerating pace, countries are at different states of preparedness. Many of today's older people cannot access the basic resources necessary for a life of meaning and dignity. Many others face daily barriers that prevent them from experiencing health and well-being and fully participating in society. These difficulties are exacerbated for older people in fragile settings and emergencies, where resources are more limited and the barriers higher. For sustainable development and to achieve the goals outlined in the 2030 Agenda, societies must be prepared and responsive to the needs of current and future older populations.

2.   Vision, principles and added value

2.1   Solid foundations

The Decade of Healthy Ageing builds on and responds to global commitments and calls for action. It is based on the *Global strategy and action plan on ageing and health* [2016–2030] [8], which was drawn up through extensive consultation and was itself informed by the *World report on ageing and health* [6]. The global strategy includes multisectoral action for a life-course approach to healthy ageing to foster both longer and healthier lives. The global strategy's goals for the first 4 years [2016–2020] were to implement evidence, fill gaps and foster the partnerships required for a decade of concerted action towards five strategic objectives [p. 11].

The Decade builds on the Madrid International Plan of Action on Ageing [1] and fills gaps in health and well-being by strengthening multisectoral approaches to healthy ageing. Like the global strategy and Madrid Plan, the Decade supports realization of Agenda 2030 and its 17 Sustainable Development Goals. Agenda 2030 is a global pledge that no one will be left behind and that every human being will have the opportunity to fulfil his or her potential in dignity and equality. As shown in Table 1, the actions proposed in the Decade [see section 3] support the achievement of key Sustainable Development Goals.

Table 1. Guiding principles for the Decade of Healthy Ageing

Interconnected and indivisible	All implementing stakeholders address all the Sustainable Development Goals together instead of a list of goals from which they pick and choose.
Inclusive	Involves all segments of society, irrespective of their age, gender, ethnicity, ability, location or other social category.
Multistakeholder partnerships	Multistakeholder partnerships are mobilized to share knowledge, expertise, technology and resources.
Universal	Commits all countries, irrespective of income level and development status, to comprehensive work for sustainable development, adapted to each context and population, as necessary.
Leaving no one behind	Applies to all people, whoever and wherever they are, targeting their specific challenges and vulnerability.
Equity	Champions equal, just opportunities to enjoy the determinants and enablers of healthy ageing, including social and economic status, age, gender, place of birth or residence, migrant status and level of ability. This may sometimes require unequal attention to some population groups to ensure the greatest benefit to the least advantaged, most vulnerable or marginalized members of society.
Intergenerational solidarity	Enables social cohesion and interactive exchange among generations to support health and well-being for all people.
Commitment	Sustains work over the 10 years and into the longer term.
Do no harm	Commits countries to protect the well-being of all stakeholders and minimize any foreseeable harm to other age groups.

The Decade also supports the goals of related strategies and plans endorsed by the World Health Assembly and the United Nations General Assembly and other bodies on population ageing[1] and health, including cooperation with countries to advance universal health coverage for people of all ages within the Global Action Plan for healthy lives and well-being [9] and the Political Declaration of the High-level Meeting on Universal Health Coverage [10].

2.2 Vision and guiding principles

Our vision is a world in which all people can live long, healthy lives. It is linked to the three priorities of the Madrid International Plan of Action on Ageing [1] and reflects the vision of the Sustainable Development Goals to leave no one behind.

Our focus is on the second half of life. Actions to ensure healthy ageing can and should be taken at all ages, representing the life-course approach, which includes a healthy start to life, actions at each life stage and fulfilling the needs of people at critical life stages. In view of the unique issues of older age and the limited attention given to this period as compared with other age groups, the Decade, like the global strategy, focuses on what can be done for people in the second half of their lives. The actions outlined in this document, if implemented at multiple levels and in multiple sectors, will benefit both current and future generations of older people.

The Decade of Healthy Ageing will adhere to the guiding principles [see Table 1] of Agenda 2030 and those in the global strategy and the Global Campaign to Combat Ageism [11]. The Decade will be based on the human rights approach, which addresses the universality, inalienability and indivisibility of the human rights to which everyone is entitled, without distinction of any kind, including the rights to enjoyment of the highest attainable standards of physical and mental health; an adequate standard of living; education; freedom from exploitation, violence and abuse; living in the community; and participation in public, political and cultural life. The organizations engaged in the collaboration will adhere to their own guiding principles and values.[2]

2.3 Added value

A decade of action can increase the significance of an issue, create urgency to act and generate transformative change [12]. A decade of concerted, sustained collaboration in healthy ageing is needed to change the view of population ageing from a challenge to an opportunity. Concern is growing about how to cope with the expected increases in the costs of health and long-term care and the economic implications of there being proportionally fewer younger people of traditional working age. Evidence suggests, however, that the cost of caring for older populations may not be high. Instead, older people will provide significant economic and social benefits, especially when they are healthy and active, for example by participating directly in the formal and informal workforce, through taxes, consumption, social security contributions, cash and property transfers to younger generations and volunteer work.

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[1] See Annex, also https://apps.who.int/gb/gov/

[2] For WHO, these are: trusted to service public health always; professionals committed to excellence in health; people of integrity; collaborative colleagues and partners; and people caring about people.

The Decade of Healthy Ageing will provide opportunities to:

- make appropriate adaptations and investments to foster healthy ageing, including integrated health and social care and age-friendly environments, and reap the benefits, which will include better health and nutrition, skills and knowledge, social connectivity, personal and financial security and personal dignity;
- harness technological, scientific, medical [including new treatments], assistive technologies and digital innovations that can foster healthy ageing [13, 14]; and
- engage[3] various civil society groups, communities and the private sector in policy and programme design and delivery, particularly for marginalized, excluded and vulnerable groups, and reinforce accountability [9].
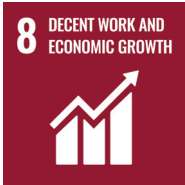
Specific added value will be:

- highlighting the urgency to act and align actions and investments to improve the lives of older people, their families and communities;
- offering a robust national plan of action for the ageing population and health stakeholders;
- systematically building and amplifying various intergenerational voices on healthy ageing and engaging in innovative partnerships with older people;
- helping countries to meet commitments that are meaningful for older people by 2030;
- sharing and learning from regional and global perspectives on various issues in healthy ageing; and
- providing a multi-stakeholder platform for implementation of concrete activities and programmes, with a focus on supporting national efforts, as partnering can achieve more than any organization or institution alone.

Table 2 lists the relevant Sustainable Development Goals, indicators and data disaggregation required for healthy ageing.

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[3] Engagement can be defined as meaningful when participants manage to influence decisions on issues that affect their lives. An important outcome of meaningful participation is participants' strengthened empowerment, which can be defined as their capacity to exert control over their lives and to claim their rights [9].

Table 2. Relevant Sustainable Development Goals, indicators and data disaggregation required for healthy ageing

Goal	Implications for healthy ageing	Examples of indicators to distinguish by age
1 NO POVERTY	Preventing older people from falling into poverty will be critical. This will require flexible retirement policies, tax-funded minimum pensions, social security and access to health and long-term care services.	1.3.1: Proportion of population covered by social protection "floors" or systems, by sex, distinguishing children, unemployed people, older people, people with disabilities, pregnant women, newborns, people with work injuries, the poor and the vulnerable 1.4.1: Proportion of population living in households with access to basic services, distinguishing older people 1.4.2: Proportion of total adult population with secure tenure rights to land, legally recognized documentation and who perceive their right to land as secure, by sex and type of tenure, also distinguishing older people
2 ZERO HUNGER	Older people may be vulnerable to food insecurity, as the young are often prioritized by families and aid programmes. Attention to older people will help reverse patterns of malnutrition and prevent dependence on care.	2.1.2: Prevalence of moderate or severe food insecurity in the population, also distinguishing older people 2.3.2: Average income of small-scale food producers, by sex and indigenous status, also distinguishing older people
3 GOOD HEALTH AND WELL-BEING	Healthy ageing means that older people contribute to society longer, with opportunities for good health at all stages of life, universal health coverage and integrated, people-centred, transforming health and social systems rather than systems based only on disease.	3.4.1: Mortality from cardiovascular disease, cancer, diabetes or chronic respiratory disease, including adults aged ≥ 70 years 3.4.2: Mortality rate from suicide, by age and sex across the life-course 3.8.2: Proportion of population with a large share of household expenditure or income on health, also distinguishing households with older people
4 QUALITY EDUCATION	Healthy ageing requires life-long learning, enabling older people to do what they value, retain the ability to make decisions and preserve their purpose, identity and independence. It requires literacy, skill training and barrier-free participation, including in digital skills.	4.4.1: Proportion of young people and adults skilled in information and communications technology, by type of skill, also distinguishing older people 4.6.1: Proportion of population in each age group who have achieved at least a fixed level of functional literacy and numeracy, by sex
5 GENDER EQUALITY	Pursuing gender equality throughout the life-course will lead to better outcomes later in life. Systems should therefore promote equitable workforce participation and social pensions to raise the economic status of older women and improve their access to services. Gender-based violence must be eliminated.	5.2.1: Proportion of women and girls aged ≥ 15 years who have ever had a partner who have been subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age 5.2.2: Proportion of women and girls aged ≥ 15 years who have been subjected to sexual violence by people other than an intimate partner in the previous 12 months, by age and place 5.4.1: Proportion of time spent in unpaid domestic and care work, by sex, age and location, as a basis for provision of public services, infrastructure and social protection policies

8 DECENT WORK AND ECONOMIC GROWTH	The working age population, which includes many older people, must have job opportunities and decent work conditions. Their income and access to financial services will contribute to access to health services and products and reduce the risk of catastrophic expenditure. A healthy workforce increases productivity and reduces unemployment.	8.5.1: Average hourly earnings of female and male employees, by occupation, age and disability status 8.5.2: Unemployment rate, by sex, age and disability status 8.10.2: Proportion of adults ≥ 15 years with an account at a bank or other financial institution or with a mobile money-service provider
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE	The infrastructure for healthy ageing will require age-inclusive, affordable access to the Internet; research and evidence-based interventions that make older people visible by age-disaggregated data and analysis; new technologies and eHealth.	9.1.1: Proportion of rural population who live within 2 km of an all-season road, also distinguishing older people
10 REDUCED INEQUALITIES	Older people experience unequal access to services and support in their homes, neighbourhoods and communities, often because of their gender, ethnicity or level of education. Healthy ageing requires policies to overcome such inequity in all sectors.	10.2.1: Proportion of people living at < 50% of median income, by sex, age, also distinguishing older people and people with disabilities. 10.3.1: Proportion of population who reported personal discrimination or harassment in the previous 12 months on the basis of grounds of discrimination [age] that are prohibited under international human rights law
11 SUSTAINABLE CITIES AND COMMUNITIES	Age-friendly cities and communities allow all people to maximize their abilities across the life-course. Multiple sectors [health, social protection, transport, housing, labour] and stakeholders [civil society, older people and their organizations] should be involved in creating them.	11.2.1: Proportion of population that has convenient access to public transport, by sex, age and disability status, also distinguishing older people 11.3.2: Proportion of cities with direct, regular, democratic participation of civil society in urban planning and management, also including older people or their representatives 11.7.1: Average proportion of the built-up area of cities that is for public use, by sex, age [including older people] and people with disabilities 11.7.2. Proportion of persons who were victims of physical or sexual harassment in the previous 12 months, by sex, age, disability status and place of occurrence, in the previous 12 months
16 PEACE, JUSTICE AND STRONG INSTITUTIONS	Age-inclusive institutions will empower older people to achieve things that previous generations could not imagine. These will require campaigns to raise awareness of ageism, tailored advocacy on healthy ageing and laws to prevent age-based discrimination at all levels.	16.1.3: Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months, including older people 16.1.4: Proportion of population that feels safe walking alone in the area in which they live, including older people 16.7.1: Proportion of population who consider decision-making to be inclusive and responsive, by sex, age, disability status and population group, distinguishing older people
17 PARTNERSHIPS FOR THE GOALS	Healthy ageing should leave no one behind, creating a future for people of all ages. It will require active partnerships among many sectors, stakeholders and traditional boundaries, with investments in age-friendly environments and integrated health and social care systems.	17.8.1: Proportion of individuals using the Internet [disaggregated by age] 17.18.1: Proportion of national sustainable development indicators with full disaggregation relevant to the target, in accordance with the fundamental principles of official statistics

3. Areas for action

To foster healthy ageing and improve the lives of older people and their families and communities, fundamental shifts will be required not only in the actions we take but in how we think about age and ageing. The Decade will address four areas for action:

·   change how we think, feel and act towards age and ageing;

·   ensure that communities foster the abilities of older people;

·   deliver person-centred integrated care and primary health services responsive to older people; and

·   provide access to long-term care for older people who need it.

These areas are strongly interconnected. For example, primary health care that is responsive to the needs of older people is essential for health promotion, and integrated health and long-term social care and support can develop communities in ways that foster the abilities of older people. Ageism should be addressed in all policies, programmes and practice. Together, they should promote and foster healthy ageing and improve the well-being of older people.

Many sectors will have to be involved to improve healthy ageing, including health, finance, long-term care, social protection, education, labour, housing, transport, information and communication. This will involve national, subnational and local governments and also service providers, civil society, the private sector, organizations for older people, academia and older people, their families and friends.

The activities considered most appropriate or urgent will depend on the context. All activities must nevertheless be conducted in ways that overcome rather than reinforce inequity. Unequal access to the benefits of these action areas may be due to individual factors such as gender, ethnicity, level of education, civil status, residence or health conditions and thus affect the ability to optimize healthy ageing. Addressing the challenges currently faced by older people and anticipating the future ageing population will guide commitments and activities during the decade to create a better future for all older people.

3.1   Change how we think, feel and act towards age and ageing

Despite the many contributions of older people to society and their wide diversity, negative attitudes about older people are common across societies and are seldom challenged. Stereotyping [how we think], prejudice [how we feel] and discrimination [how we act] towards people on the basis of their age, ageism, affects people of all ages but has particularly deleterious effects on the health and well-being of older people.

Attitudes to age, as for gender and ethnicity, start to form in early childhood. Over a lifetime, they can become internalized [self-directed ageism], with negative impacts on an individual's health behaviour, physical and cognitive performance and lifespan. Ageism also imposes barriers in policies and programmes in sectors such as education, labour, health and social care and pensions, as it influences the way problems are framed, the questions asked

and the solutions offered. Ageism therefore marginalizes older people within their communities, reduces their access to services, including health and social care, and limits appreciation and use of the human and social capital of older populations. Ageism, when it intersects with other forms of discrimination, can be particularly disadvantageous for older women and older people with disabilities.

While challenging negative stereotypes, prejudice and discrimination must be integral to all areas of action, other activities are necessary to create more positive, realistic understanding about age and ageing and societies that are more age-integrated. The aim of the Global Campaign to Combat Ageism, called for by the Health Assembly in resolution WHA69.3 [2016], is to create a world for all ages by changing how we think, feel and act towards age and ageing. The activities to reframe ageing listed in Table 3 will be included in the Global Campaign to Combat Ageism.

Table 3. Changing how people think, feel and act towards age and ageing

Responsible body	Action
Member States	Adopt or ratify legislation to ban age-based discrimination and ensure mechanisms for enforcement.
	Modify or repeal any laws, policies or programmes that permit direct or indirect discrimination on the basis of age, in particular in health, employment and life-long learning, and that prevent people's participation and access to benefits.
	Support the development and implementation of programmes to reduce and eliminate ageism in various sectors, including health, employment and education.
	Support the collection and dissemination of evidence-based, age-disaggregated information about healthy ageing and the contribution of older people [see 4.4].
	Support educational and intergenerational activities to reduce ageism and foster intergenerational solidarity, including activities in schools.
	Support the development and implementation of activities to reduce self-directed ageism.
	Conduct campaigns based on research on ageism to increase public knowledge and understanding of healthy ageing.
	Ensure that the media present a balanced view of ageing.
WHO Secretariat and other United Nations agencies	Design tools to measure ageism and to provide a standardized assessment.
	Support countries in understanding ageism in their contexts, and design frameworks and messages to transform understanding and discourse about age and ageing.
	Provide guidance and training in acting against ageism for better policy and practice.
	Ensure that United Nations policies, guidance and communication are free from age-based stereotyping, prejudice and discrimination.
National and international partners	Collect and disseminate evidence about ageing, the roles, contributions and social capital of older people and the social and economic implications of ageism.
	Ensure that a balanced view of ageing is presented in the media and entertainment. Participate in campaigns to increase public knowledge and understanding of healthy ageing.
	Promote research on ageism.

3.2   Ensure that communities foster the abilities of older people

Physical, social and economic environments, both rural and urban [6, 15], are important determinants of healthy ageing and powerful influences on the experience of ageing and the opportunities that ageing offers. Age-friendly environments are better places in which to grow, live, work, play and age. They are created by removing physical and social barriers and implementing policies, systems, services, products and technologies to:

- promote health and build and maintain physical and mental capacity[4] throughout the life-course; and

- enable people, even when they lose capacity,[5] to continue to do the things they value.

Integral to these objectives and as a basis for creating sustainable, inclusive economic growth, is addressing the social determinants of healthy ageing, such as improving access to lifelong learning, removing barriers to retaining and hiring older workers and limiting the impact of job loss and poverty, providing adequate pensions and social assistance in financially sustainable ways and reducing inequality in care by better supporting informal caregivers.

Age-friendly urban and rural environments can enable older people with a wide range of capacities to age safely where they want to be, to be protected, to continue to develop personally and professionally, to be included and to participate and contribute to their communities while retaining their autonomy, dignity, health and well-being. Such environments can be created everywhere [see Box 4], in urban and rural areas, by understanding the needs, setting priorities, planning strategies and implementing them with the available human, financial and material resources and by leveraging technology. Activities should be conducted at many levels of government, as collaboration and alignment among national, subnational and local governments and involving and working with the private sector and civil society, as appropriate, can enhance the impact on health and well-being. The activities that are most appropriate or urgent for improving the lives of older people, their families and their communities and how they are implemented will depend on the context. Table 4 lists activities for ensuing that communities foster the abilities of older people.

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[4] For example, intrinsic capacity can be built and maintained by reducing risks [such as air pollution], encouraging healthy behaviour [such as not smoking or drinking alcohol to excess, eating a healthy diet, doing regular physical activity], removing barriers to healthy behaviour [such as high crime rates or dangerous traffic] or by providing services that foster capacity such as holistic person-centred and integrated care.

[5] For example, through access to assistive technologies, accessible housing and transport and long-term care.

Box 4. Older people in humanitarian emergencies and fragile settings

Older people are disproportionately affected in emergency situations. For example, 75% of people who died as a result of Hurricane Katrina in 2005 were older than 60 years; in South Sudan's crisis in 2012, the mortality rate among people aged ≥ 50 years was reported to be four times that of people aged 5–49 years; and 56% of the people who died during the earthquake in Japan in 2011 were aged ≥ 65 years.

Despite these statistics, the needs and vulnerability of older people in emergencies are often not addressed, their voices are usually not heard, and their knowledge and contributions are overlooked. Impairments and chronic conditions that in normal circumstances do not interfere with daily functioning can render older people incapable of obtaining food or receiving messages to flee from danger. Those with reduced mobility are often left behind. Ageist attitudes exacerbate exclusion, loss of control over resources including livelihood opportunities, and elder abuse.

Over the next decade, emergency preparedness, response and recovery must be inclusive of older people, contribute to fostering their resilience and use their strengths and potential. Existing mechanisms such as the Inter-Agency Standing Committee, Global Protection Cluster and Global Refugee Forum can be used to coordinate responses.

Table 4. Ensuring that communities foster the abilities of older people

Responsible body	Action
Member States	Establish or extend multisectoral mechanisms at national, subnational and local levels to promote healthy ageing, and address the determinants of healthy ageing, ensuring policy coherence and shared accountability.
	Support inclusion of the voices of older adults, particularly in disenfranchised and marginalized groups, in multisectoral and multistakeholder platforms, processes and dialogues.
	Promote and develop national and/or subnational programmes on age-friendly cities and communities, and engage with communities, older people and other stakeholders including the private sector and civil society, in designing these programmes.
	Tailor advocacy to specific sectors on how they can contribute to healthy ageing. Take evidence-based action at all levels and sectors to foster functional ability and to strengthen the capacity of rural and urban communities to:
	· build knowledge and understanding of age and ageing and stimulate intergenerational dialogue, learning and collaboration [see 3.1];
	· extend options for housing, and improve modifications to their residences that enable older people to age in a place that suits their needs;
	· develop and ensure gender-responsive, affordable, accessible, sustainable mobility by complying with standards for accessibility in buildings and safe systems for transport, pavement and roads;
	· develop and ensure compliance with standards for access to information and communication technologies and assistive technology;
	· provide information and opportunities for leisure and social activities to facilitate inclusion, participation and reduce loneliness and social isolation;

Member States	· provide training to improve financial and digital literacy and support in income security across the life-course, and protect older people, particularly women, from poverty, including through access to adequate social protection; · provide opportunities for lifelong learning, particularly for older women; · promote age diversity, improve workplace health and safety, and assist individuals to extend their working lives in decent work, including through support for retraining and assistance in finding jobs; · deliver comprehensive person-centred, integrated health and social care [see 3.3 and 3.4], including for people with dementia; · strengthen programmes and services to improve health literacy and self-management, and increase the opportunities for physical activity, good nutrition [see 3.3] and oral health; and · prevent and respond to elder abuse[6] in the community [see also 3.3. and 3.4]. Develop contingency plans for humanitarian emergencies to ensure an age-inclusive response. Allocate the necessary human and financial resources. Collect, analyse and disseminate geographically disaggregated data [see Box 5]. Monitor and evaluate actions to implement what works.
WHO Secretariat and other United Nations agencies	Extend the WHO Global Network for Age-Friendly Cities and Communities [16] and other work to foster healthy ageing, such as dementia-friendly initiatives and the centres for healthy ageing of the United Nations Population Fund. Provide evidence and technical assistance to countries for building age-friendly environments and ensuing that the most vulnerable are being served, such as older people with dementia. Provide opportunities to connect cities and communities, exchange information and experience and facilitate learning by leaders in countries, cities and communities on what works to foster healthy ageing in different contexts. Identify priorities and opportunities for collaborative action and exchange among networks and constituencies. Provide tools and support to countries, cities and communities to monitor and evaluate progress in creating age-friendly environments. Collaborate with humanitarian organizations to provide technical guidance and support to governments to ensure age-inclusive humanitarian responses, including emergency preparedness, response and recovery.
National and international partners	Promote the concept of age-friendly environments, and support the development of age-friendly communities, cities and countries by connecting partners, facilitating information exchange and learning and sharing good practice. Support age-inclusive responses in humanitarian emergencies. Provide technical and financial assistance to ensure the provision of functional ability by public and private services. Support the collection and dissemination of evidence-based, age- and sex-disaggregated information about the contributions of older people. Promote research on age-friendly cities and communities.

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[6] WHO defines elder abuse as a single or repeated act or lack of appropriate action in any relationship in which there is an expectation of trust, which causes harm or distress to an older person. Elder abuse can take various forms, including financial, physical, psychological and sexual. It can also be the result of intentional or unintentional neglect.

3.3 Deliver person-centred, integrated care and primary health services responsive to older people

Older people require non-discriminatory access to good-quality essential health services that include prevention; promotion; curative, rehabilitative, palliative and end-of-life care; safe, affordable, effective, good-quality essential medicines and vaccines; dental care and health and assistive technologies, while ensuring that use of these services does not cause the user financial hardship.

Many health systems set up to address individual acute health conditions rather than conditions of older age[7] and are not prepared to deliver good-quality health care for older people that is integrated among providers and settings and linked to the sustainable provision of long-term care [see action area 3.4]. Furthermore, oral health is a key indicator of overall health in older age. Better integration of oral health care into general health care systems is required.

Primary health care, the cornerstone of universal health coverage, is the main entry point for older people into the health system. It is also the most effective, efficient approach for enhancing physical and mental capacity and well-being. Strengthening primary health care[8] to deliver accessible, affordable, equitable, safe, community-based care for older people will require a competent workforce, appropriate legislation and regulation and sufficient sustainable funding. Integral to these activities will be recognition of equity, social justice and social protection, as well as the elimination of widespread ageism [see 3.1], which limits the access of older people to good-quality health services. Particular emphasis should be placed on the crucial role that nurses play in all action areas of the Decade and the challenges of turnover and the ageing of the health workforce.

The delivery of person-centred, integrated care and primary health services that are comprehensive and responsive to older people will move countries one step closer to ensuring that more people benefit from universal health coverage by 2030. Table 5 lists activities for delivering care that is adapted for older people.

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[7] These include musculoskeletal and sensory impairment, cardiovascular disease, risk factors such as hypertension and diabetes, mental disorders, dementia and cognitive decline, cancer, oral health and geriatric syndromes such as frailty, urinary incontinence, delirium and falls.

[8] As declared in the Alma-Ata Declaration [1978] and reaffirmed in the Astana Declaration [2018].

Table 5. Deliver integrated care and primary health services for older people

Responsible body	Action
Member States	Adopt and implement the WHO Integrated care for older people package [17], including guidance for person-centred assessment and pathways in primary care and other relevant WHO guidance [18], such as on reducing the risk of cognitive decline and dementia.
	Assess the capacity and readiness of the health system to implement Integrated care for older people, including in humanitarian emergencies.
	Improve access to safe, effective, affordable essential medicines, vaccines, diagnostics and assistive technologies to optimize older people's intrinsic capacity and functional ability.
	Encourage use of safe, affordable, effective digital technology in integrated care. Analyse the labour market and conduct needs-based planning to optimize current and future workforces to meet the needs of ageing populations.
	Develop a sustainable, appropriately trained, deployed and managed health workforce with competence in ageing, including for comprehensive person-centred assessments and the integrated management of chronic or complex health conditions, including dementia.
	Assess and use public and private and combined public and private health financing models and their links with social protection systems [pensions and health protection] and long-term care.
	Collect, analyse and report clinical data on intrinsic capacity and functional ability in national contexts, disaggregated by age, sex and other intersectional variables.
	Scale up age-friendly primary health care to provide a comprehensive range of services for older people, including vaccination, screening, prevention, control and management of noncommunicable [including dementia] and communicable diseases and age-related conditions [e.g. frailty, urinary incontinence].
	Ensure a continuum of care for older people, including promotion and preventive, curative, rehabilitative, palliative and end-of-life care, as well as specialized and long-term care.
	Ensure that no older people are left behind, including indigenous elders, older people with disabilities and older refugees and migrants.
	Increase capacity for cross-sectoral collaboration in healthy ageing, including participation of civil society [see also 3.2].
WHO Secretariat and other United Nations agencies	Develop or update evidence-based guidance on: · clinical management of specific age-related health conditions, including dementia; · combating ageism in health-care settings; · primary health care toolkit for age-friendly primary health care; and · assessment of services for delivering integrated care for older people.
	Further develop the WHO Clinical Consortium on Healthy Ageing [18] to test and refine norms and standards on integrated care for older people, and advance research and clinical practice.
	Design tools to collect and analyse data on healthy ageing from service facilities.
	Provide technical assistance to ensure a comprehensive range of services for older people in primary health care, including vaccination, screening and prevention, control and management of noncommunicable and communicable diseases.
	Support review and updating of national lists of essential medical products and assistive technologies for healthy ageing.

WHO Secretariat and other United Nations agencies	Support health professional development and life-long learning on ageing through the WHO Health Academy [19].
	Provide guidance on and models of financing care provision [including financial protection of older people] and support its use.
	Promote the availability and use of assistive and digital technologies and innovations that increase access to good-quality health and social services.
	Provide technical assistance to strengthen global, regional and national capacity to integrate the prevention and control of noncommunicable diseases and sexual and reproductive health into national planning for healthy ageing.
	Ensure that the needs of older people are reflected in programming humanitarian health responses.
National and international partners	Build awareness of the health needs of ageing populations and older people.
	Support older people's engagement with health systems and services, including oral health systems.
	Promote older people's health and human rights, and combat ageism in health care.
	Engage older people and the non-State actors that represent them in stating their preferences and perspectives on provision of care and amplify their voices .
	Become familiar with and help to implement WHO norms and guidelines on integrated care for older people.
	Contribute evidence and research on changes to health systems for the older population.
	Support teaching institutions in revising their curricula to address ageing and the associated health issues.
	Provide pre-service education and training in countries where there is a shortage of health care professionals working in the field of ageing.
	Address gaps in training on relevant health provision for older people and the needs of older people in emergencies.
	Facilitate coordination of care for older people with service providers.
	Support national authorities in using evidence-based, multisectoral action to address gaps in the response to noncommunicable diseases in older people.
	Promote the development, production, availability and use of assistive and digital technologies and innovations that increase access to good-quality health and social services.

3.4   Provide access to long-term care for older people who need it

Significant 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 technologies and supportive, inclusive environments can improve the situation; however, many people reach a point in their lives when they can no longer care for themselves without support and assistance. Access to good-quality long-term care is essential for such people to maintain their functional ability, enjoy basic human rights and live with dignity.

Current approaches to providing long-term care rely heavily on informal care – predominantly families and notably women [6], who may not have the necessary training or support, such as caregiver's leave and social protection. Informal caregivers often experience severe strain, which affects their physical and mental health. Moreover, as the proportion of older people increases, many

without families, and the proportion of younger people available to provide care decreases, this often-inequitable model of care may not be sustainable. Current approaches are further challenged in humanitarian emergencies and global and regional migration, in which family and community networks may break down.

Every country should have a system to meet the needs of older people for long-term care, including social care and support that helps them with daily living and personal care and enables them to maintain relationships, to age in a place that is right for them, to be free from elder abuse, to access community services and to participate in activities that give their life meaning. A wide array of services may be required, such as day care, respite care and home care, and these services must be linked with health care [see Action 3.3] and with broad community networks and services [see Action 3.2]. Supporting and increasing the capacity of informal caregivers should be a priority, in order to address inequality and the burden on women. Table 6 lists actions to provide long-term care for older people when necessary.

Table 6. Provision of long-term care to older people when they need it

Responsible body	Action
Member States	Ensure legal frameworks and sustainable financial mechanisms for provision of long-term care.
	Support active engagement of older people and their families, civil society and local service providers in designing policies and services.
	Steward the development of long-term care, and foster collaboration among stakeholders, including older people, their caregivers, nongovernmental organizations, volunteers and the private sector in providing long-term care.
	Develop national standards, guidelines, protocols and accreditation for provision of community social care and support that are ethical and promote the human rights of older people and their caregivers.
	Implement community services that comply with national standards, guidelines, protocols and accreditation for person-centred, integrated health and social care and support.
	Develop and share models for provision of community social care and support, including in humanitarian emergencies.
	Use guidance and tools to prevent ageism and elder abuse in care provision.
	Ensure appropriate use of and affordable access to innovative digital and assistive technologies to improve the functional ability and well-being of people who require long-term care.
	Develop the capacity of the current and emerging formal workforce to deliver integrated health and social care.
	Ensure that formal and informal caregivers receive the necessary support and training.
	Implement strategies for the provision of information, respite and support for informal caregivers and flexible working arrangements.
	Structure financing models to support and sustain long-term care.
	Foster a culture of care in the long-term care workforce, including men, younger people and non-family members, such as older volunteers and peers.

Member States	Ensure monitoring of quality of long-term care, impact on functional ability and well-being and continuous improvement of long-term care based on outcomes.
	Work with other sectors and programmes to identify needs and gaps, improve living conditions and financial security and facilitate social engagement, inclusion and participation.
WHO Secretariat with other United Nations agencies	Provide technical support for national situation analyses of long-term care and for development, implementation and monitoring of relevant legislation, policies, plans, financing and services.
	Design tools and guidance for a minimum package of long-term care as part of universal health coverage, including: · appropriate, sustainable models, with financing options for different resource settings; · training in good-quality care to ensure optimal mix of skills for long-term care; · support to improve the working conditions of caregivers and recognize their contribution; and · prevention of and responses to ageism and elder abuse in formal and informal long-term care.
	Provide online resources for informal caregivers as part of their capacity-building. Improve the working conditions of care workers through the Working for Health initiative [20].
	Assess the health impact of social protection programmes, including pensions, and the role of the social protection system in fostering healthy ageing.
National and international partners	Provide good-quality long-term care that complies with national standards, guidelines and protocols for promoting responsiveness to the needs of older people.
	Implement innovative long-term care services, including with technology, for support, coordination and monitoring.
	Identify cost-effective interventions and good practices and provide means for care providers to share and learn from experience, including in humanitarian emergencies.
	Contribute evidence to develop appropriate models and sustainable mechanisms for funding long-term care in various resource settings and contexts.
	Contribute to the development, implementation and evaluation of an integrated, sustainable, equitable system of long-term care.
	Contribute to the development and implementation of training, continuing education and supervision for the long-term care workforce.
	Promote the development, production and availability of assistive and digital technologies and innovations that contribute to good-quality long-term care.

4.   Partnerships for change

The Decade of Healthy Ageing deliberately includes collaborative multisectoral and multi-stakeholder[9] partnering in its vision and in each of the four areas for action to meet its commitment to bring about transformative change while building trust across generations by optimizing everyone's opportunities for healthy ageing. A platform will be established to connect and convene the stakeholders who promote the four action areas at country level and those seeking information, guidance and capacity-building. It will represent a different way of "doing business", to ensure reach and impact.

The platform will enable work on the four areas by:

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

The platform will build on strong collaboration with relevant multisectoral and multistakeholder partnering and other coordination mechanisms within and beyond WHO and the United Nations system.

4.1   Listening to diverse voices and enabling meaningful engagement of older people, family members, caregivers and communities

In lessons learnt from other United Nations decades [12], a key factor for success was identified as "bringing a human face to a powerful cause". Engagement with older people themselves will be critical to each of the action areas, as they are agents of change as well as service beneficiaries. Their voices must be heard, as stated in articles 5 and 12 of the Madrid International Plan of Action on Ageing [1], their inherent dignity and individual autonomy respected and their human right to participate fully in the civil, economic, social, cultural and political life of their societies promoted and protected. Meaningful engagement and empowerment of older people at all stages is essential for setting the agenda, as is the cooperative development, implementation and evaluation of work on the four action areas.

Families, caregivers and communities can jointly participate and advocate for action under the Decade and can contribute to research on challenges faced by older people, such as how they access services, as well as co-create solutions. Thus, organizations and individuals skilled in participatory facilitation, collective dialogue and community outreach will be identified and involved, particularly with the most marginalized groups. The work will be embedded in the platform so that the voices and perspectives of older people in all their diversity and those of their families and communities can be shared to highlight

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[9] Various government and private institutions and actors linked by their formal, functional roles or area of work.

[10] Individuals or groups who can influence or be affected by a concern, process or outcome.

intergenerational perspectives, challenges and opportunities.

The Decade will:

- extend opportunities to older people to raise their voices and meaningfully engage and influence discussions on health and well-being for themselves and their communities;
- bring the perspectives of younger people, other family members and caregivers to creation of communities and systems to foster healthy ageing for current and future generations and promote intergenerational solidarity; and
- encourage and support governments and civil society organizations working with and representing older people to ensure that they are engaged in the Decade, and especially those in situations of the greatest vulnerability, exclusion and invisibility, to leave no one behind.

4.2 Nurturing leadership and building capacity at all levels to take appropriate action that is integrated across sectors

Fostering healthy ageing and reducing inequity require strong, effective governance and leadership. Appropriate laws, policies, national frameworks, financial resources and accountability mechanisms must be established in all sectors and at all administrative levels to ensure that people experience health and well-being and enjoy their human rights. Leaders at all levels must generate the necessary commitment to drive collaboration and coordinated actions under the Decade and ensure that older people everywhere experience healthy ageing. National and international partners should engage with a wide range of sectors, including older people, to ensure that population ageing and health are on the development agenda. They should also advocate for transforming social, economic and environmental policies for increasing longevity and optimizing healthy ageing for development throughout the life-course.

Without the necessary competence and knowledge, governments, United Nations staff, civil society organizations, academics and others will be unable to deliver the actions planned in the Decade adequately or may fail to implement them fully. Different stakeholders will require different skills and competence; no one size will fit all.

The Decade's platform will ensure the following:

- Provide online and hybrid learning opportunities for future leaders and champions of healthy ageing [e.g. in United Nations agencies, civil society organizations and governments] to obtain the competence and knowledge necessary to drive action for the Decade, including national policies and frameworks for action on healthy ageing. The learning mechanism will evolve over time as necessary.
- Provide access to capacity-building resources and tools to strengthen the competence of various stakeholders, including to improve data on healthy ageing, to build the capacity of the health and social care workforce who will deliver integrated care and those involved in developing age-friendly cities and communities and working to combat ageism. This work can be linked

with, for example, the universal health coverage menu of interventions, the Global Campaign to Combat Ageism [11], the WHO Global Network for Age-friendly Cities and Communities [16] the WHO Clinical Consortium on Healthy Ageing [19], and the WHO Consortium on Metrics and Evidence for Healthy Ageing [21]. The possibilities include simulated and collaborative learning, webinars, on-line discussion forums, face-to-face training and workshops and site visits.

- Support emerging and established leaders in healthy ageing by making connections through mentorship programmes and peer-to-peer support networks, in which countries can learn from each other.

To collaborate on training programmes, the Decade will engage with national and subnational governments and parliamentarians, mayors and heads of municipalities, academic experts, civil society organizations, other United Nations agencies, community leaders and "knowledge producers", who influence ageing policies and practices. For supporting capacity-building and leadership, the Decade will integrate its training opportunities into the WHO Health Academy [19].

4.3   Connecting diverse stakeholders around the world to share and learn from the experience of others

The more stakeholders are connected across sectors and disciplines, the greater the possibility they have for leveraging resources, sharing learning and experience, supporting diffusion of policy and concrete action. The Decade will promote partnering for multidisciplinary and collaborative action that unites organizations and people around the world. The Decade's platform will be used to create virtual and in-person contacts among stakeholders for learning, exchange and aligning actions.

To ensure that their actions transform the ecosystem and not just the issue, partnerships will:

- connect sectors – health, social welfare, labour, employment, education, planning, finance, transport, environment, local government, food and agriculture, water and sanitation, information and communications technology, human rights, gender and others – in a coherent way, supported by external organizations active in a policy area or topic;
- connect stakeholders throughout and outside government, including in civil society, academia and the private sector, to strengthen government work; and
- connect with structures and partnerships that address aspects of ageing and health, including the United Nations Economic Commission for Europe Working Group on Ageing [23]; OECD work on health, employment, inequity and well-being; work of the European Commission on innovation in healthy, active ageing, linked to regional cooperation; the United Nations Statistical Commission and related Titchfield City Group on Ageing[22]; World Economic Forum Global Future councils [13]; the WHO Clinical Consortium on Healthy Ageing [19]; the Global Network for Age-friendly Cities and Communities [16]; the WHO Consortium on Metrics and Evidence for Healthy Ageing [21]; and new collaborations.

4.4　Strengthening data, research and innovation to accelerate implementation

Three quarters of the world's countries have limited or no data on healthy ageing or on older age groups, which contributes to the invisibility and exclusion of older people. Older people are not a homogeneous group, and data must be disaggregated [see Box 5] to better understand their health status and their social and economic contributions and social capital.

Box 5. Age disaggregation

In the past, data collection often excluded older people, or data were aggregated for people over a certain age, such as 60 or 65 years. National statistical and surveillance systems covering health, labour, social services and others should ensure disaggregation of data collection, collation, analysis and reporting. Age and sex disaggregation should be consistent throughout adulthood, and 5-year age brackets should be considered when possible. Other approaches should also be more inclusive of older people and their diversity with regard to gender, disability, urban or rural residence, socioeconomic status, educational level, ethnicity or indigeneity and other drivers of inequality.

Research on healthy ageing must address the current needs of older people, anticipate future challenges and link the social, biological, economic and environmental conditions and determinants of healthy ageing in the first and the second halves of life and evaluate interventions to improve healthy ageing trajectories. Studies should reflect research priorities, gaps in evidence and the preferences of older people; they should be gender-sensitive and designed to improve health equity. Syntheses of evidence on activities and interventions that can benefit older people, their families and communities and for ways to scale them up to reach more people will be encouraged. Innovations must be relevant and change people's lives. Every country can contribute to and learn from such a knowledge base.

The Decade's platform will provide data, research, best practices and innovation, which will help to strengthen, align and harness global, regional and national data collection and analysis, knowledge brokering and capacity strengthening.

- Data on healthy ageing [intrinsic capacity and functional ability] throughout the life-course will be collected, which should include monitoring health and health-related inequality in order to optimize healthy ageing and achieve health equity.
- Research capacity will be strengthened by setting research norms, standards and ethical policies; sponsoring research to generate knowledge for strengthening synthesis of evidence; using evidence for impact; and monitoring impact.
- Calls will be made for research on healthy ageing to attract financing and collaborators within and among countries, supported by national institutes of research and medical and health research councils to fill

critical research gaps, promote tailored research in neglected areas or on emerging challenges, including polypharmacy, multimorbidity, vulnerability to infections, poor drug adherence, handovers in care, dementia, support for caregivers, adult vaccines, better vision, effects of climate change on the health of older people, impact of migration on older people, appropriate physical activity, ergonomic tools, innovations in biomedicine and assistive and remote care technologies.

· A series of grand challenges will be linked to the platform through new types of collaboration and innovation. They will include sharing case studies of good practices, inviting approaches to solving discrete problems by incubating new and innovative products and services that may be used regionally or globally, overcoming barriers to translation of evidence into effects on people's lives and fostering collaboration, transfer and further development in new areas.

No single discipline, perspective or method will achieve these goals. They will require collaboration among interdisciplinary research networks of practitioners, professionals, policy-makers, older people and researchers. Science, technology, social and business innovation must be integrated to find ideas that respond to the policy and practice challenges. Key stakeholders will include multinational corporations, regional and global intergovernmental bodies and academic research, development and innovation institutions.

5. Understanding and measuring success together

Mechanisms for tracking progress are essential to improve the lives of older people, their families and communities. Governments, donors, civil society and other actors, including private sector, increasingly recognize that what is measured drives action. During the Decade, progress could be followed with indicators specific to ageing or through global, regional and national commitments, such as disaggregating data by age. These information sources will strengthen older people's visibility and help drive action in countries.

The plan for the Decade prioritizes the roles of national and subnational leadership and their ownership of the results; building strong capacity, including to monitor and evaluate; and reducing the reporting burden by aligning the work of multiple stakeholders with the systems countries use to monitor and evaluate their national policies and strategies on ageing. This should provide decision-makers at different levels with the information they require for planning, investment and implementation. The plan also recognizes that not only traditional forms of support to State systems and institutions but also a stronger citizen voice and the engagement of civil society are important to ensure responsive governance and service delivery. The framework for tracking progress throughout the Decade of Healthy Ageing therefore:

· takes stock of the vision and action areas;
· builds on the indicators of progress agreed on for the global strategy;
· extends other WHO and United Nations global policy instruments to include older people; and
· is linked to the four "enablers": voice and engagement, leadership, capacity-building and research and innovation.

Indicators by process and outcome are listed in Table 7. They do not include disease-specific indicators or specific risk factors, which are reported by WHO. Many of the Sustainable Development Goal indicators endorsed by Member States are disaggregated by age; other age-disaggregated indicators would provide valuable information related to the areas of action in the Decade [see Table 2].

Table 7. Indicators of progress in healthy ageing, by process and outcome

Indicator	Process	Outcome
Global strategy on ageing and health		
Countries appoint a national focal point on agieng and health in the ministry of health.	X	
Countries report a national plan on ageing and health.	X	
Countries report a national multi-stakeholder form.	X	
Countries report national legislation and enforcement strategies against discrimination by age.	X	
Countries report national regulations or legislation on access to assistive devices.	X	
Countries report a national programme to foster age-friendly environments.	X	
Countries report a national policy to support comprehensive assessments of older people.	X	
Countries report a national policy on long-term care.	X	
Countries report the availability of national data on the health status and needs of older people	X	
Countries report the availability of longitudinal data on the health status and needs of older people.	X	
Each country reports healthy ageing [functional ability, environment and intrinsic capacity] by age and sex.		X
WHO General Programme of Work or Core 100 Indicators		
Each country reports healthy life expectancy at birth and at older ages [60, 65, 70 years, etc.]		X

Examples of Sustainable Development Goal indicators relevant to older people are listed in Table 1.

Progress will be measured against indicators and monitored nationally and subnationally, with average levels and distributions within and among countries, to monitor inequality and address inequity.

Member States will be encouraged to produce and disseminate data, share reports and organize events to discuss progress and adapt plans. If requested, WHO, the United Nations and other agencies could cooperate with Member States in developing national monitoring frameworks to extend core indicators according to the country's priorities.

WHO and United Nations partners will produce status reports at baseline [2020], at the end of the WHO Thirteenth General Programme of Work [2023], mid-term [2026] and before the end of the decade [2029] and the United Nations' 2030 Agenda. Progress reports will draw on previous WHO reports, the reporting mechanism for the Madrid International Plan of Action on Ageing and national reviews on progress in achieving the Sustainable Development Goals.

6. Making it work

The Decade of Healthy Ageing requires a whole-of-government and whole-of-society response. Implementation will be led by each country, drawing on its leadership and work of the government and its parliament at various levels, in partnership with civil society. Governments are responsible at various administrative levels for putting in place policies, financial arrangements and accountability mechanisms to create age-friendly environments and build health and care systems that really improve the lives of all older people, their families, caregivers and communities. Civil society organizations, businesses and community leaders will also play key roles in ensuring local ownership of the plan and the engagement of diverse stakeholders.

The Decade's vision, action areas and transformative pathways will be championed and supported by United Nations country teams, led by a United Nations resident coordinator and, where relevant, humanitarian coordinators and humanitarian country teams.[11] With partner United Nations agencies and multilateral agencies, WHO will ensure common understanding of the Decade's action areas, tailoring them to national contexts in partnership with national stakeholders, ensuring integration into country planning processes and their budgets and cooperation on communications, resourcing and setting milestones.

The United Nations as a whole will support Member States in delivering the objectives of the Decade plan, partnering with other international organizations and non-State actors. The partners will plan together, refine mechanisms for implementation and provide support and technical assistance, depending on the context, the level of development, system strengthening and infrastructure. Key areas of United Nations collaboration will be strengthened, such as intersectional links among gender and age, nutrition and food systems, climate change and work on cities. A committee, to be chaired initially by WHO with representation from regions and relevant actors, will use their expertise,

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[11] Or the head of another United Nations agency, as appropriate.

constituencies and networks and be responsible for overseeing coordination and delivery of the aims of the plan. A small secretariat at WHO headquarters will initially coordinate the three levels [country, region, headquarters], working in particular with the regional committees, communicate about activities and manage the platform. It will also initiate development of effective coordination among United Nations agencies and international partners.

The Decade of Healthy Ageing will be fully aligned with United Nations reform. The Decade secretariat will collaborate with intergovernmental and multi-stakeholder interests in ageing, such as the United Nations Open-ended Working Group [24], the United Nations Inter-agency Group on Ageing,[12] the United Nations Economic Commission for Europe Standing Working Group on Ageing [25], the reporting cycle of the Madrid International Plan of Action on Ageing [26] and voluntary national reviews [27] on progress in achieving the Sustainable Development Goals. This will ensure strong communication, reporting, monitoring and accountability, with the United Nations system delivering as one entity, and contribute to progressive realization of the rights of all older people to the enjoyment of the highest attainable standard of health. The United Nations Secretary-General will nominate agency focal points and coordinators for the Decade, who will be active from the launch of the plan.

The strong regional and global political commitment that has built the momentum for this proposal must continue throughout the Decade.

Resources

The Decade provides an opportunity to align actions and collaborate across sectors and stakeholders to foster healthy ageing. This process can help make better use of existing resources. WHO will maintain its technical support on healthy ageing to countries. Further progress towards healthy ageing, including communication, regionally and nationally would be possible with additional resources. All partners – including intergovernmental and nongovernmental organizations, academic and research institutions and the private sector – can do more to mobilize resources at all levels.

Good health adds life to years

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[11] An informal network of interested entities of the United Nations system, launched by the United Nations Department of Economic and Social Affairs and the United Nations Development Programme.

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