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Draft 1: Global Strategy and Action Plan on Ageing and Health

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Contents

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1. Overview

1.1 Mandate

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

1.2 Response

A Draft 0 towards the first WHO comprehensive Global Strategy and Action Plan (GSAP) on Ageing and Health was circulated end August 2015. This document is Draft 1. It reflects an update based on a preliminary review of approximately 200 detailed comments from Member States and other stakeholders received during September 2015., Draft 1 will be refined and improved based on further consultations during October 2015, including a face to face WHO global consultation meeting on 29-30 October with Member States and other stakeholders. Based on additional inputs, an updated draft will be prepared during November 2015.

The purpose of the GSAP is to define the goals, strategies, and activities that WHO (its Member States and secretariat) will pursue, and to lay these out clearly as a global framework for public health action. Important contributions from multiple governmental sectors, and non-state actors, including civil society, older adults themselves, public and private sectors, and other global and regional entities, are also necessary, if action on ageing and health is to be successful. Thus the GSAP focuses on what needs to be done globally, and is intended to provide a global vision beyond what WHO can do alone.

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

The proposed vision for the GSAP is a world in which everyone experiences *Healthy Ageing*. The proposed timeframe for the GSAP is five years (2016-2020) as a step towards an eventual Decade of Healthy Ageing (2020-2030).   The five years of this strategy and action plan propose to focus on further inspiring commitment and gathering evidence on what can be done, to support healthy ageing in diverse contexts and with multiple perspectives. This is so as the current global evidence base remains largely bio-medical, and drawn from a limited number of countries. Nevertheless, the GSAP also proposes areas for action, recognizing that many governments and stakeholders need to make decisions now, that require timely guidance on policy development, investments and interventions.

"Healthy Ageing" is defined as the process of developing and maintaining the functional ability that enables well-being in older age. The overall objective is well-being, which is holistic and encompasses all of the elements and components of life and living that people value. Healthy Ageing does not reflect an individual's motivation or success, rather it is about how societies enable people to function and experience what they value, particularly at older ages. There are many aspects of well-being, and multiple-sectors must therefore contribute. This GSAP also recognizes that health is an important aspect of well-being, and health systems, among others, play a vital role in Healthy Ageing.

This definition builds on the view that a person's functional ability reflects interaction with his or her environments, and how these environments support healthy ageing. Moreover, every person should have the opportunity to experience healthy ageing – within a supportive and enabling environment - even though he or she may have multiple morbidities, or declining intrinsic capacities

(see section 4). Thus, the theory underpinning Healthy Ageing is aligned to overall well-being, and reflects an eco-social model, drawing on social determinants of health and accumulation of strengths or deficits across the life-course. Actions to improve healthy ageing require multi-level and multi-domain frameworks (including on biologic, social, economic and environmental determinants, and in homes, communities, cities, countries, regions and globally). Moreover, across countries, different government sectors and mechanisms may coordinate policies on ageing, or ageing and health, with the health sector usually playing an important role.

As the UN specialized agency on health matters, WHO is expected to provide leadership on health issues. This GSAP should make clearer how health policies – health in all policies – can inspire actions across sectors, and how the health system can better support Healthy Ageing, either by leading actions or by supporting actions by other sectors. Moreover, part of healthy ageing does reflect health status, with a focus on intrinsic capacities (see section 4), and part reflects societies' responses to ensure that older persons can function and realize well-being even if they have different levels of capacity.

This perspective provides the approach to frame comprehensive policies and actions within and across countries. Health Ageing explicitly incorporates that health is more than the absence of disease and that ageing is a valued part of the life-course. However, the GSAP also recognizes that health and other social systems contribute to Healthy Ageing. Within the health sector and health system, these should better align and develop policies and regulations, finances, work force (formal and informal), and services to the needs and rights of older populations. WHO recognizes that population based and clinical services span promotion, preventive, treatment, care, rehabilitative, and palliative care. From a well-being perspective, the GSAP recognizes that what people value may change over the life course; yet societies' responsibilities are to meet needs and rights of older persons, and to do so through fair processes, without discrimination.

Eventual endorsement of this strategy and action plan (see box 1) is not an advanced endorsement of a subsequent Decade on Healthy Ageing; rather, it would signal agreement to consider and prepare for a potential 10 year commitment for action, aligned to the timeframe of the Sustainable Development Goals (see section 6.3). This process would most likely involve Member States and older people themselves, to collaborate and pursue this idea more concretely with stakeholders across multi-lateral, governmental, and non-governmental sectors -- including the United Nations and its specialized agencies and other development and implementation partners.

Box 1: GSAP key components

Vision: A world in which everyone experiences Healthy Ageing

Goals:
1. By 2020, all governments commit to fostering healthy ageing, with action plans in place to maximize functional ability that reach every person.

2. By 2020, governments, other stakeholders and older people themselves build a platform to support a Decade on Healthy Ageing (2020-2030).

Strategic Objectives for the next five years:
1. Fostering healthy ageing in every country
2. Creating age-friendly environments
3. Aligning health systems to the needs of older populations
4. Developing long-term care systems (home, communities and institutions)
5. Improving measurement, monitoring and research on healthy ageing

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Expected, long term impact: Beyond 2020, all countries and stakeholders renew and sustain their political and financial commitment to actions that support Healthy Ageing. This would mean that: Healthy life expectancy continues to increase as a proportion of increasing life expectancy. Declines in intrinsic capacity are minimized, so are differences by social or economic characteristics; functional ability is enhanced even if people have illness, morbidities or other health conditions, within diverse contexts.

In the long term, all older adults will experience healthy ageing.   For those with declines in capacities, supportive environments ensure good functional ability, with gaps in coverage between individuals and across countries, minimized. All older persons retain autonomy and dignity. Across the life-course, healthy ageing trajectories enable everyone to optimize their abilities and well-being.

2. Process

2.1 Approach and Target Audience

This GSAP focuses on what can be done, so that all older adults can enjoy their human rights, including the right to available, accessible, affordable, acceptable and good quality health facilities, goods and services[1]. The enjoyment of the right to health is not age- dependent and does not cease once a person reaches a certain age. Other aspects of well-being are also vital for older persons, including dignity, autonomy, and participation. For older persons, these should be enjoyed in an equitable way, where ever they were born or live, their social or economic status, health conditions or genetic inheritance. For Healthy Ageing, a rights based approach requires strengthening capacities, enabling functioning and realizing well-being, across the life course.   This GSAP is intended to inform discussions within and across WHO Member States and assist policy- and decision- makers in setting agendas and in developing or updating local, national, regional and global health policy development processes.

Developing the plan will bring together multiple stakeholders involved in improving the health and well-being of older adults including governments and elected officials in health and non-health sectors*,* health professionals, older adults themselves, care providers at home or in the community, academia, global agencies, development partners, civil society, media and the private sector. However the focus is not on any particular disease or clinical practice. Yet the strategy recognizes that some conditions are concentrated in older adults, such as dementia and frailty. It also recognizes that experience from other public health programs, such as those addressing non-communicable diseases, or violence and injury prevention, can benefit healthy ageing, particularly where these have been inclusive of older persons' needs and preferences. The GSAP process will allow stakeholders collectively to define priorities for action over the next 5 years, and their contributions.

The GSAP will both build on existing international and regional goals and set new goals. The GSAP may influence the activities of countries, by supporting the development of regional and national policies and plans, that will bring together different development partners and non-governmental organizations. However, implementing activities remain the responsibility of Member States, supported by implementation partners whether in public or private sectors.

Given WHO's mandate, Draft 1 of the GSAP identifies priorities that are already shared by many of these stakeholders and considers further areas that are likely to be effective. Draft 0 reflected what had been identified in the *WHO World Report on Ageing and Health*. **The consultation process will**

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[1] Thematic study on the realization of the right to health of older persons by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, 2011

serve to refine and prioritize among these and other potential strategic objectives and actions. It will also identify the groups responsible for taking the necessary actions and propose contributions to implement action.

2.2 Shaping the Future

The GSAP builds on two international policy instruments that have guided action on ageing and health since 2002 – the Madrid International Plan of Action on Ageing (2002) and WHO's policy framework on Active Ageing (WHA52.7, 1999; WHO 2002).   Both refer to the right to health and its international legal framework. They both celebrate rising life expectancy and the potential of older populations as a powerful resource for future development. They highlight the skills, experience and wisdom of older people, and the contributions they make including those of people with physical and cognitive limitations. They map a broad range of areas where policy action can enable these contributions and ensure security in older age. Each identifies the importance of health in older age, both in its own right, and for the instrumental benefits it allows in enabling participation in older age. However, a review of 133 countries shows progress to improve health of older adults since 2002 has been uneven.[2] Renewed commitment and more coordinated responses are required, particularly to foster health in older age. This GSAP expands on what could be done in the health pillar more concretely, consistent with the framework agreed on within the Madrid International Plan of Action on Ageing.

The GSAP also benefits from the fact that five of the six WHO Regional Offices have a strategy or action plan addressing the health of older adults, reflecting extensive consultation with Member States and other stakeholders (see box 2). And the sixth WHO regional office, AFRO, is currently developing its first regional framework on ageing and health with Member States, in collaboration with this GSAP.

Box 2: WHO Regional Frameworks in place

AMRO/PAHO 2008-2017	EMRO 2006-2015	EURO 2012-2020
SEARO 2013-2018	WPRO 2014-2019	AFRO (in development)

Each Regional framework has been examined and their contents used as a basis for framing and extending the GSAP's strategic objectives and actions. There are many commonalities between the five existing frameworks including a focus on health systems strengthening; multisectoral and intersectoral approaches for health promotion and age friendly environments; and ensuring comprehensive and high quality health and social services to older persons, without discrimination. Although there are characteristics that are similar within each region, countries within each region can be diverse in relation to demographics and pace of population ageing, organization of government sectors to respond to population ageing and health, and priorities for action. The GSAP recognizes that fruitful collaborations can take place across regions, as well as with individual countries across regions.

The GSAP proposes actions that reflect agreed-on strategies and well known approaches and platforms, such as Universal Health Coverage, Social Determinants of Health, and Age-Friendly Cities and Communities (see Box 3) among others; and WHO strategies, declarations and action plans already adopted or also in development, in areas that are relevant and essential for older adults,

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[2] United Nations Population Fund and HelpAge International, 2011. Overview of Available Policies and Legislation, Data and Research, and Institutional Arrangements Relating To Older Persons. New York.

including Human Resources for Health, Person Centered and Integrated Care, Dementia, Mental Health, and Non-Communicable Diseases (this includes access to prevention, early detection and diagnosis, management and treatment of health conditions).

Box 3: WHO Global Network of Age Friendly Cities and Communities

Proposed actions can build on and complement WHO's work during the past decade to develop age-friendly cities and communities. These include the Global Network of Age Friendly Cities and Communities and an interactive information sharing platform -Age-friendly World. Through the global network WHO support municipalities that wished to transform ambitions to be more age-friendly into reality by:
- obtaining commitment from mayors of cities and communities to develop an age-friendly environment, benefiting people of all age groups;
- engaging with older people and other stakeholders across sectors;
- assessing the age-friendliness of their cities and identify priorities for action;
- using the assessment findings to engage in evidence-based planning and policy-making across a range of fields to adapt their structures and services to be accessible to and inclusive of older people with varying needs and capacity.

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

2.3 Non-State Actors and Multi-Lateral Entities

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

These include a wide range of partners working at the global, regional and country levels, such as HelpAge International and International Federation on Ageing; condition- or service-specific associations, such as Alzheimer's Disease International and International Association for Hospice and Palliative Care; those reflecting professions and specialities, such as the World Medical Association and the International Association of Geriatrics and Gerontology; and those representing health promotion, patient and community groups, such as the International Union for Health Promotion and Education and the International Alliance of Patients' Organizations, among many others.

In addition to WHO, other multi-lateral entities and international agencies play a vital role, across the United Nations and its specialized agencies, and other global and regional institutions such as the World Bank, OECD, and African Union, among many others.

A global strategy adds value to this commitment by providing an overall vision, underlining the importance of Healthy Ageing as a public health priority and the need for Member States' to plan for improvements and financial sustainability. Together, this can catalyse a wider range of partners and the active engagement of older people themselves. This also supports the sharing of experiences on what works in practice to improve Healthy Ageing (e.g. including content, policy and programme development and implementation) that can refine national, regional and global efforts.

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[3] UN Open Working Group Proposal for Sustainable Development Goals. https://sustainabledevelopment.un.org/owg.htm

2.4 Individuals and families

We all want to experience healthy ageing, and want to see the same for our families and friends. This GSAP engages older adults, recognizes the need to support their families and informal care givers, and calls to meet their expectations. Although governments have the responsibility to develop policies, and set up the systems for their implementation, older adults and their families and other care givers have a crucial role.

On one hand, most older adults want autonomy to make decisions and do what they value, even if for some, this means allowing family members and care givers to act on their behalf based on their interests. In many countries, older adults actively participate in shaping communities and engaging in political processes. One determinant of healthy ageing and of well-being, includes taking responsibility and seeking dignity, for example through self-care where and when possible. It can also include engaging in self-help groups where the "young old" or able adults, support "older old" adults or those with declines in capacities. There are many examples across low- middle- and high-income settings.

On the other, this also means that older adults should be in supportive environments that enable Healthy Ageing – for example, those that promote and allow for physical activity; that are safe at night; that transport people with limitations in capacities; that celebrate ageing in media and entertainment; that have fair, participatory process that are inclusive of older adults, for example when determining how to use scarce resources such as what to include in Universal Health Coverage schemes; that offer social protection in an equitable way, across the life course. And the same for families and other care givers, as they legitimately need to be supported by systems and mechanisms that value their social and economic contributions, and provide information and guidance to enable them to be better care givers. This also means enabling family care givers, usually women, to pursue other life goals.

2.5 Next Steps

Once adopted by the WHO Governing Bodies, the GSAP will be a live document: key agreements should be in the final draft, whereas some annexes may be updated reflecting learning and implementation, and ensuring progress towards agreed on objectives (see Box 4). These new and updated elements will be available on WHO's website, and submitted for mid-term and final reviews. Beyond the action plan, country, regional and global stakeholders need to take responsibility for specific actions, translate the action plan into detailed operational plans (updating both the action plan and the operational plans as new information becomes available), and mobilize resources to ensure that the vision for Healthy Ageing becomes a reality. Accomplishing this will require new knowledge and commitment from countries to innovate and to change the way they work. The WHO Secretariat will work across all levels (country, regional, and global) to advocate and build further capacities, and to convene and engage stakeholders, with the aim to support Member States to implement agreements.

Box 4. Annexes that could accompany the final draft of the GSAP:

- list Member States and other Stakeholders that contributed to the GSAP development
- recommended milestone and indicators to monitor and evaluate progress
- overview of the WHO Regional frameworks' strategic objectives and actions
- overview of the GSAP's implications for each level and across all category areas of WHO
- overview of commitments towards implementation, by Member States and other Stakeholders (Non-governmental organisations, UN specialized agencies and other multi-lateral entities, research institutions, and others)
- preliminary cost and funding needs to implement the GSAP, with a focus on implications for the WHO Secretariat

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3. Landscape

3.1 Population Ageing and Longevity

For the first time in history, most people can expect to live into their sixties and beyond. This is a great public health triumph and reflects our successes in dealing with fatal childhood disease, maternal mortality and more recently mortality in older ages. When combined with marked falls in fertility rates, these increases in life expectancy are leading to equally significant changes in population structure – population ageing (see box 5).

Box 5: Population Ageing

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

Longer lives are an incredibly valuable resource. Yet, the extent of the opportunities that arise from increasing longevity will be heavily dependent on one key factor – the health of these older populations. If people are experiencing these extra years in good health, their ability to do the things that matter will be not so different from those of a younger person. However, if these added years are dominated by rapid declines in physical and mental capacity without support, the implications for older people and for society are much more negative.

From 2013, the most recent WHO estimates[4], shows global life expectancy of a person aged 60 years was 20 years, a substantial increase of 2 years since 2000. Unfortunately, while it is often assumed that increasing life expectancy is being accompanied by an extended period of good health, there is little evidence to suggest that older people today are experiencing better health than their parents did at the same age or that all older adults have the same opportunities to do so (see box 6).

Box 6: Inequalities in life expectancies

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

This does not have to be the case. Most of the health problems of older age are linked to chronic conditions, particularly noncommunicable diseases (NCDs), including conditions that have increasing prevalence with age, such as dementia and frailty. Many of these can be prevented or delayed by

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[4] WHO Global Health Observatory Data Repository. http://apps.who.int/gho/data/view.main.700?lang=en

healthy behaviours, and with physical and policy environments that support them. Other health problems can be effectively managed, particularly if detected early enough. Health and social systems can work together to maintain or strengthen intrinsic capacity (see section 4); they can also reverse declines, as new evidence shows about frailty[5]. And for people with declines in capacity, supportive environments, health and social services and systems, including the contributions of older persons and their families, can promote dignity, autonomy, functioning, and continued personal growth. Yet, the world is very far from this ideal particularly for poor older people and those from disadvantaged social groups.

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

3.3 Challenges and Opportunities

Ageing is a complex and challenging area, with many uncertainties and debates. And although international agreements to address population ageing have raised attention, much more can be done to meet challenges that shape the health of older people. To help address this complexity, Draft 0 of the GSAP drew heavily on the first *WHO World Report on Ageing and Health*. The Report brings together what is currently known about ageing and health, provides a rationale for the focus on Healthy Ageing, and identifies evidence on effective actions for countries at all levels of development. It also identifies a number of key challenges and incorrect assumptions, to developing a comprehensive response to population ageing, and potential policy opportunities to overcome these. Draft 1 of this GSAP has benefited from additional refinements. These include:

- Maximising the functional abilities of older populations, calls for a deep transformation of environments, and of the health and social systems that contribute to well-being. In all countries, current health, care, work, social, education, transport, leisure, engineering and habitat systems are generally oriented towards a population that is expected to be mostly between 15-55 years. But this will no longer be the case as populations age around the world. Health systems have generally been oriented towards acute care episodes, and treating individual diseases. Neither do health systems automatically consider inequities, discrimination or limited access to care for communicable and NCDs services, which are usually aimed at children, people of reproductive age or those in formal work. Adolescents and older persons are the groups that often fall through the gaps.

All of these sectors will have to be synchronised in novel ways so that the new emerging world, which will have population ageing and increased longevity as a key feature, is made fit for an average population that will be much older. **Driving transformation of societies and systems will benefit from several policy priorities and actions,** including:
- engagement in national dialogues, country by country, to achieve clarity on national and global visions of what healthy ageing should look like, what it should mean for older adults within diverse contexts, and to shape and decide who will coordinate and be responsible for national ageing policies;
- coordination of multi-sector change in a holistic and joined up way, and
- systematic assessment of needs of older populations and whether health and social services are available of sufficient quality and without financial burden;
- crafting of future scenarios and long-term planning towards agreed upon goals.

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[5] Michel JP, Cruz-Jentoft AJ, Cederholm T 2015. Frailty, Exercise and Nutrition.   Clinics in Geriatric Medicine, 31(3): 375–387

These are crucial steps towards the re-alignment of health systems for each and every country, based on an understanding of both evidence and context, towards a future that is age-friendly and achieves the vision that all people can experience healthy ageing.

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

- Older populations are characterized by great diversity. For example, some 80 year olds have levels of physical and mental capacity comparable to that of many 20 year olds. Moreover, what older adults can physically and mentally do – their capacity – is only part of their potential. What they are actually able to do (their functional ability) will depend on the fit between them and their environment. **Policies must be framed in ways that enable as many people as possible to experience Healthy Ageing.** But many other people will experience significant declines in capacity at much younger ages. For example, some people in their 60s may require help from others to undertake even basic activities (see box 7). **A comprehensive policy response to population ageing must address the needs and human rights of those with significant declines in intrinsic capacities**

Box 7: The magnitude and challenges of informal, home-based care: need for innovative and equity-oriented policies

Families in low-, middle-, and high-income countries provide informal care at home. Key challenges include addressing gender and economic inequities experienced by care givers. Across countries in the OCED, about 10 percent of adults provide home care[6]. There are also significant social, political, environmental and economic inequities however, that particularly burden women in of these countries. This is why policies that promote "ageing in place and at home" must also encourage mechanisms to value and support the contributions of care givers. For example, in the USA, at least 43.5 million people at least 18 years and over, provide unpaid care to an older adult family member or friend (19 percent of all adults in the US). Most care givers are women (67%), on average aged 50 years, and provide almost 20 hours of care giving per week, for approximately 4 years[7].

In Japan, social norms on caregiving also consider it as a duty of women, typically daughters in law, and more recently of unmarried children[8]. Long-term care policies introduced in Japan in 2000 have had a positive impact on providing better choice of options between home-based care and institutional care. Yet the implementation of these policies has not necessarily alleviated the traditional burdens of enabling ageing at home for all people. For example, in 2012, women between 50 and 65 years old represent the majority of people who leave or change their jobs to take

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[6] OECD (2011). Help Wanted? Providing and Paying for Long-Term Care, Paris.
[7] National Alliance for Caregiving & AARP (2009). Care giving in the U.S.: A Focused Look at Those Caring for Someone Age 50 or Older.
[8] Hanaoka C, Norton EC (2008). Informal and formal care for elderly persons: How adult children's characteristics affect the use of formal care in Japan. *Soc Sci & Med*, 67(6), 1002-8.

care of a parent[9]. Positively, the average time spent in providing care by family members has decreased, yet this reduction principally benefitted middle- and higher socio-economic classes[10].

Population ageing also means that there are a growing number of older adults with no families, and home-based care may not always be the most practical or preferred option. Addressing these challenges call for large-scale societal transformations, that takes stock of each country's context and older persons' preferences. Moreover, policies that ensure that people can age in place, must also be policies that are equitable. This will be a key innovation for the future. These policies will have to tackle a lot of hard questions about the nature of future societies, beyond health and social care related issues and peoples' desires to age at home.

- Ways to enable the abilities and meeting the needs and preferences of such diverse populations and contexts. Understanding the needs and preferences of older people, and their families, is a prerequisite for further actions to align health and social care systems, design innovative assistive health technologies and community-based models of care and support, and to design age friendly environments. **Efforts are needed to engage older persons and to identify their needs and preferences.**

- Enhancing policy coherence and multisectoral action in various contexts. Currently actions and policies are either lacking and may often be disjointed. Similarly, implementation of policies may be administered through different and competing arms of government. Enabling greater intrinsic capacity and functional ability requires coherently planned and implemented policies and actions across many sectors. **A comprehensive policy response must be able to reconcile these different emphases into a coherent policy objective on ageing, that catalyse actions across sectors and stakeholders.**

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

- Shaping social norms to reflect reality. A widespread ageist stereotype of older people is that they are dependent on others or a burden for society and their families. This can lead to an assumption in policy development that spending on older people is simply a drain on economies, and to a policy emphasis on cost containment. Aged-based assumptions of dependence ignore the many contributions older people make to the economy and society. This translates into ignoring their crucial role supporting other generations, or even leading to their neglect or abuse. **Policies must shape ways that foster the ability of older people to make multiple contributions in an environment that respects people's dignity and human rights[11], free from gender and age based discrimination.**

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[9] Japanese Ministry of Internal Affairs and Communications (2012). Employment Status Survey. http://www.stat.go.jp/english/data/shugyou/pdf/sum2012.pdf

[10] Tamiya N et al. (2011). Population ageing and wellbeing: lessons from Japan's long-term care insurance policy. *The Lancet*, 378(9797), 1183 – 1192.

[11] Kornfeld-Matte R 2015. Report of the Independent Expert on the Enjoyment of all human rights by older persons. Add reference provided by Silvia on human rights of older adults. United Nations Human Rights Council

- **Incorrect assumptions that the growing needs of ageing populations will lead to unsustainable increases in health care costs.** In reality, the picture is far less clear. While, in general, older age is associated with increased health-related need, the link with both health care utilization and expenditure is variable. In some high-income countries, health care expenditure per person actually falls significantly after the age of around 70 (while expenditure on institutionalized long-term care increases). Since more and more people are growing into advanced old age, enabling people to lead long and healthy lives may thus actually ease pressures on health-care cost increases. While much more evidence is needed, predicting future health care costs on the basis of population age structures is thus of questionable value. **Policies must address the challenge of financing long term care and developing innovations for home and community based care**. The care economy is also an enormous opportunity for creating jobs.

-**Technological change** is also accompanying population ageing and creating opportunities that were never previously available. For example the internet can allow continued connection with family despite distance, or access to information that can guide self-care or support caregivers. Assistive devices such as hearing aids are more functional and more affordable than in the past, while wearable devices provide new opportunities for health monitoring and personalised health care. These significant social and technological changes mean that policies should not be designed around outdated social models of ageing. **Policies must therefore seize the opportunities that social and technological changes provide for innovative approaches, including access to basic devices and information technologies** (see box 8).

Box 8: Technological and social innovation

Access to needed assistive health technologies and medical devices, along with other innovations in services, information technologies or knowledge, are significant determinants of healthy ageing and enabling older people to age in their own homes or preferred place. This means having access to knowledge, services and devices that support and enable functioning for daily life, such as seeing, hearing, speaking, moving, remembering, eating and drinking, personal hygiene, and personal safety and protection. These include basic devices such as spectacles, hearing aids and walking sticks.   Access is also vital to those medical devices related to the major diseases that affect older people and reduce their intrinsic capacities (such as cardiovascular and respiratory diseases, cancers, sense organ diseases and neuropsychiatric conditions).

The question of access is not limited, however, to devices themselves, but equally important, to health and social services provided by qualified staff and informal care givers. Others such as mobile phones and free Wi-Fi, enable access to information and advice. Key actions to consider include:

- Building the evidence base for older persons' needs and preferences for various assistive health technologies, the gaps in availability, and obstacles to greater accessibility and use;
- Increase older persons' engagement in design, testing and distribution of innovations;
- Learning from community-based programmes on means to enhance access, including through reductions of stigma, financial barriers, and insufficient health and social service system staff;
- Creating enabling environments to systematically encourage innovations, including addressing assessment, regulatory, financing, and use issues.

- **Gender norms remain an important determinant in many parts of the world**. A key role for women is that of carer, both for children and for older relatives (see box 7). This restricts women's

participation in the paid workforce. This has many negative consequences later life, including a greater risk of poverty, less access to quality health and social care services, higher risk of abuse, poor health and reduced access to pensions. Yet women have many other roles, and also need financial and social security in older age. **Policies need to pay particular attention to the specific situation of older women (and men) given their often distinct roles and expectations, providing them with additional support to overcome the negative consequences of life-long inequities.**

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

4 – What makes up Healthy Ageing

4.1 Guiding Principles

Principles that guide the elaboration of the GSAP include:

- human rights including the right to health and its accountable, progressive realization[12]
- equality and non-discrimination (equal opportunity across life course between individuals, eliminating ageism, and minimizing health differences between individuals, equal access to legal systems, information and technologies)
- gender equality (equal opportunity between men, women, boys and girls)
- equity (equal opportunity to determinants of healthy ageing, that does not reflect social or economic status, nor place of birth or residence or other social determinants)
- intergenerational solidarity (enabling social cohesion between generations)

The GSAP starts from an assumption that ageing is a valuable process, regardless of the challenges. The GSAP considers that it is good to get old and that society is better off for having older populations. At the same time, it acknowledges that many older persons will experience very significant losses, whether it be in physical or cognitive capacity or the loss of family, friends and the roles they had earlier in life. Some of these can be avoided, and we should do what we can to prevent these losses. But other losses will be inevitable. Societal response to ageing should not deny these challenges, but look to foster recovery, adaptation and dignity.

4.2 Focus on what people value - and how they are valued by society

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

However, this is only one of the factors that will determine what an older person can do. Broader structural determinants include social, economic, and environmental factors, that interact with genetic inheritance and personal characteristics. These influence and are influenced by strengths,

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[12] Older persons are included in the two International Covenants, on Economic, Social and Cultural Rights and on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities.

exposures, and vulnerabilities that are accumulated over time. Health and other socio-economic systems, including the built environment, can be considered as intermediary determinants. Together, these contribute to the level and distribution of diseases and injuries, broader geriatric syndromes, and intrinsic capacity. These also contribute to opportunities or not, to engage in healthy lifestyles, obtain support when needed, enjoy human rights. Thus, the theory underpinning Healthy Ageing is aligned to overall well-being, and reflects an eco-social model, drawing on social determinants of health. This implies multi-level and multi-domain frameworks for action across the life-course (with actions in homes, communities, cities, countries, regions and globally). Effective and equity-enhancing actions demonstrate that societies value older persons and their well-being.

Therefore, the **environments** people inhabit and interact with, are major determinants of healthy ageing and well-being. These environments provide a range of resources or barriers that will ultimately decide whether a person with a given level of capacity can do the things they feel are important. Thus, while an older person may have limited capacity they may still be able to do shopping or play with grandchildren, take an on-line education course or pursue artistic talents, if they have access to anti-inflammatory medication, an assistive device (such as a walking stick, wheel chair or scooter), internet access, and live close to affordable disabled-access transport.

This combination of the individual and their environment, and the interaction between them, is their **functional ability**, defined as the health related attributes that enable people to be and to do what they have reason to value (see Figure 1). Evidence shows that comprehensive assessments of peoples' functioning are significantly better predictors of survival and other outcomes than the presence of individual diseases or even the extent of comorbidities.[13] There are other attributes that enable well-being. Building on these concepts, the ***WHO World Report on Ageing and Health*** **defines Healthy Ageing as the process of developing and maintaining the functional ability that enables well-being in older age**.

Figure 1. Healthy Ageing (source: WHO World Report on Ageing and Health, 2015)

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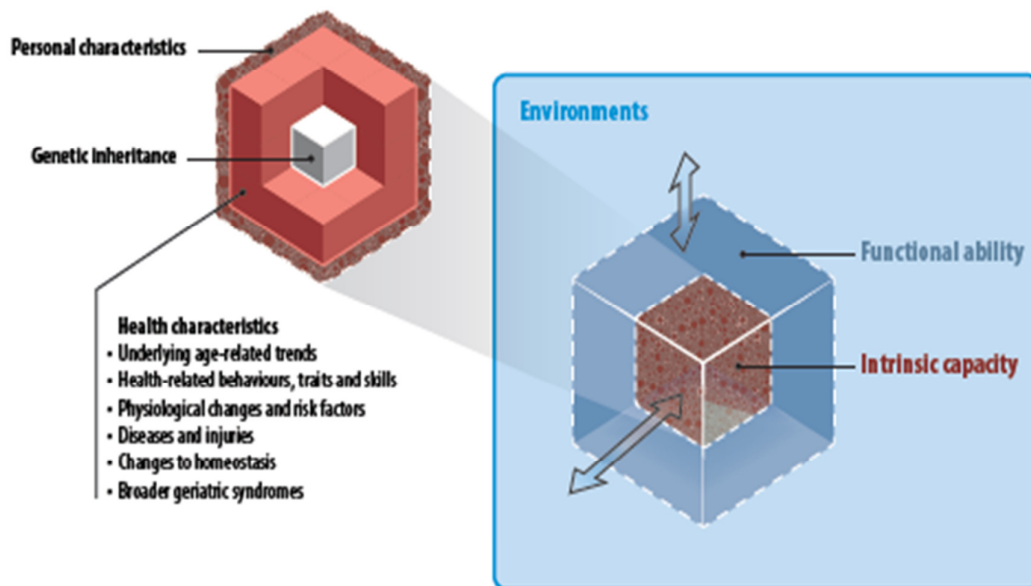
[13] Lordos EF, Herrmann FR, Robine JM, Balahoczky M, Giannelli SV, Gold G, et al. Comparative value of medical diagnosis versus physical functioning in predicting the 6-year survival of 1951 hospitalized old patients. Rejuvenation Res. 2008 Aug;11(4):829–36.

"Intrinsic Capacity" is the composite of all the physical and cognitive capacities of an individual.

"Functional Ability" comprises the health related attributes that enable people to be and to do what they have reason to value. It is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interaction between these characteristics and the individual.

Healthy ageing is not defined by a specific level or threshold of functioning or health. Healthy ageing reflects the ongoing interaction between an individual and the environments they inhabit, with opportunities for healthy ageing shaped by many factors including broader determinants of health and intermediary factors, as illustrated in Figure 1.

Environments reflect social, political, economic and natural/built environments, including health and social systems.

Together, health systems, social services and age friendly environments can build greater intrinsic capacity and functional ability, save and improve lives, maintain dignity and autonomy, and extend what people can do. This enables older persons to experience what is important to them for example participate in communities and stay engaged with families and friends. Governments thus need to articulate and plan for multi-sectoral and intersectoral actions that reflect the specific context and meet the expectations of older adults.

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

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

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

5 -- What can we do?

5.1 Support people to do what is important to them

Numerous entry points can be identified for action to foster Healthy Ageing, but all will have the same goal: to maximize functional ability and reach everyone. This can be achieved through the building and maintaining of intrinsic capacity, and through enabling someone with declines in intrinsic capacity, to still maintain functional ability and to do the things that are important to them (see Figure 2). Also, policies, services and support must reach every person irrespective of social position or economic means.

Figure 2. Comprehensive Framework for Healthy Ageing (source: WHO World Report on Ageing and Health, 2015)
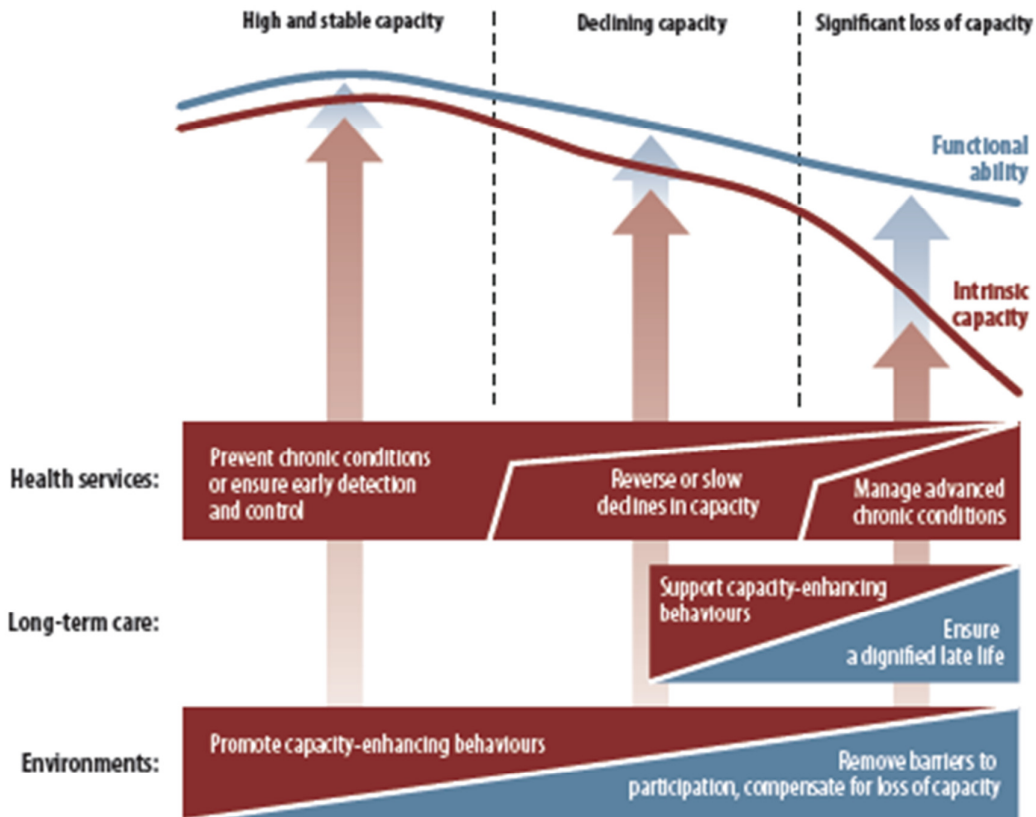
Actions targeting people with high and stable levels of intrinsic capacity will be on building and maintaining this for as long as possible. This will require health systems to promote health, prevent, detect and control disease and address risk factors early, as well as broader, multi-sectoral and intersectoral actions that contribute to capacities. Actions targeting the segment of the population with declining capacity need to have a different emphasis. In this stage, conditions and diseases may have become established and the emphasis of health services and care systems will generally shift from prevention to minimising the impacts of these conditions on overall capacity. Services are therefore needed that can help stop, slow, reverse, or manage declines in capacity. Environments, including multi-sector and intersectoral policies and interventions, are key to enhance functional ability at all levels of capacities – and can enable maximizing functional ability of every person.

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

1. By 2020, all governments commit to fostering healthy ageing, with action plans in place to maximize functional ability that reach every person.

2. By 2020, governments, other stakeholders and older people themselves, build a platform to support a Decade on Healthy Ageing (2020-2030).

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

Each country will vary in its preparedness to take action. For implementation, action plans should be properly resourced and should have clear, coherent lines of institutional accountability. Yet what needs to be done in what order, will depend very much on national context. However, five common strategic themes emerge from the review of existing international and regional instruments and the fresh evidence brought together in the *WHO World Report on Ageing and Health*:

1. Fostering Healthy Ageing in every country
2. Creating age-friendly environments
3. Aligning health systems to the needs of older populations
4. Developing systems for providing long-term care (home, communities, institutions)
5. Improving measurement, monitoring and research on Healthy Ageing

5.4 Proposed Actions to achieve Strategic Objectives

Achieving the vision and goals of the GSAP will only be possible if all stakeholders involved in healthy ageing commit themselves to, and take action to achieve progress among the five strategic objectives. Certainly these will reflect national priorities, as well as commitments to uphold the Healthy Ageing guiding principles when implementing all actions. Countries that regularly monitor and evaluate progress towards strategic objectives and goals, using the indicators and milestones eventually adopted, will enable sharing of information and experiences across countries and globally.

Strategic Objective 1: Fostering Healthy Ageing in every country

Fostering healthy ageing as a priority first and foremost requires countries to recognize the value that healthy ageing represents in terms of health and economic returns, and other social benefits, that lead to well-being. It also requires leadership and commitment. Government commitment to healthy ageing does not, however, imply that diverse programmes addressing the health of older adults, will be prioritized or funded at the expense of other vital health programmes. Rather, these programmes will most likely integrate approaches to achieve healthy ageing. Moreover, national legislation, policies and resource allocation decisions should be informed by credible and current evidence regarding the direct and indirect impacts of *Healthy Ageing* and by older persons' preferences and expectations.

Proposed actions build on commitments by 159 countries that adopted the UN Madrid International Plan of Action on Ageing, 2002, particularly further developing Priority Direction II: Advancing health and well-being into old age. Moreover, the GSAP aims to cover 194 WHO Member States. Many countries do not have policies or strategies addressing ageing and health, or could improve current strategies to reflect a stronger evidence base for policies and actions. Proposed actions for this strategic objective include (see box 9 for details):

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

1.2 Combat ageism through informing and engaging opinion leaders on what is healthy ageing and how to foster it.

1.3 Strengthen national capacities to formulate evidence-based policies (connecting policy questions, older adults' needs and expectations, and research evidence).

Box 9. Strategic Objective: Fostering healthy ageing in every country - proposed actions

1.1. Countries can demonstrate their commitment **to strengthening intrinsic capacity and functional ability of older people** in a variety of ways. This includes:

- ensuring **healthy ageing in all policies** including commitment to goals, provisions for joined up objectives across sectors, budget lines, mechanisms for coordination, regulatory frameworks, and monitoring and reporting across sectors. For example, institutionalizing the goal of enhancing functional ability could be achieved by creating age-friendly environments as a starting point for collaboration across sectors.
- developing **evidence informed national Healthy Ageing strategies** or plans that are part of overall national plans through a process that involves all stakeholders including older adults. Strategies may be championed at national, sub-national or local levels, such as commitments within age friendly cities and communities.
- setting ambitious but attainable **country specific accountability framework** within the context of enhancing the functional ability of older people that serves to unify well-being objectives across multiple sectors. These should systematically incorporate older persons' views within monitoring and evaluation.

1.2 Countries can **combat ageism through informing and engaging opinion leaders** on what is Healthy Ageing and how to foster it. Age based stereotypes and discrimination influence behaviours of institutions and individuals, policy development and even research. Addressing these by **combating ageism** must lie at the core of any public health response to population ageing. While this will be challenging, experience of dealing with other widespread forms of discrimination such as sexism and racism shows that attitudes and norms can be changed. This can on one hand, be at the institutional level through legal and regulatory means, and on the other, through the way societies depict older adults, such as through media and entertainment.

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

- undertaking communication campaigns, based on research on attitudes and beliefs, to increase knowledge about and understanding of Healthy Ageing among the media, general public, policy-makers, employers and service providers;

- legislating against age-based discrimination and mechanisms for enforcement, including identifying and correcting laws, regulations and resource allocation approaches that currently institutionalize ageism (including mandatory retirement;
- ensuring that a balanced view of ageing is presented in the media and entertainment, for example by minimizing sensationalist reporting of crimes against older people, and including older adults as role models.
- including Healthy Ageing throughout the life course in the agendas of governing body meetings at all levels and in other social, health and economic fora.

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

- Facilitate open and positive relationships among researchers, knowledge users, funders, older adults, families and care givers, and professional bodies in support of healthy ageing policy making including creating regional forums and peer-to peer exchange of information, best practices and tools
- Developing or improving more effective ways for national regulatory agencies (including those dealing with long term care, pharmaceuticals, or assistive devices) to assess evidence on older people so that services, products and devices support the development and maintenance of intrinsic capacity and functional ability
- create formal structures, and make available opportunities, capacity and activities for generation and application of research on policy making
- support multi-stakeholder country teams that can facilitate the generation and application of research in healthy ageing policy development
- creating expanded and more transparent mechanisms for aggregating, sharing and using information to monitor commitments.

Strategic Objective 2: Creating age-friendly environments

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

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

• meet their basic needs;
• learn, grow and make decisions;
• be mobile;
• build and maintain relationships; and
• contribute to families and communities.

Together these abilities enable an older person to age safely in a place that is right for them, to continue to develop personally and to contribute to their communities while retaining autonomy and health. Environmental factors also contextualize where older persons live, generate social gradients (patterns of inequity), and when better understood, help craft comprehensive multi-sectoral policies that, in a relevant way, can have an impact on improving functional ability.

The age-friendly actions necessary to foster these abilities take many forms and operate in two fundamental ways. **The first is to build and maintain intrinsic capacity**, either through reducing risks (such as high levels of air pollution), encouraging healthy behaviours (such as physical activity) or removing barriers to them (for example high crime or dangerous traffic), or by providing services that foster capacity (such as decent workplaces and health services, including promotion, care, treatment, rehabilitation). **The second is to enable greater functional ability**. In other words, by extending what a person can do beyond their given level of capacity that is shaped by many other interventions beyond medical or bio-medical approaches (for example through appropriate assistive technologies, accessible public transport or safer neighbourhoods). While population level interventions may improve environments for many older people in both these ways, many will not be able to benefit fully without individually tailored supports, or those that consider the underlying patterns and accumulation of inequity.

Since so many sectors and players can contribute to Healthy Ageing, a coordinated approach to policy and practice that puts the needs and aspirations of older people at its centre will be crucial. Strategic Objective 1 includes overall policy commitments to Healthy Ageing and fundamental approaches, such as Healthy Ageing in all policies and combating ageism. Here, three proposed approaches are relevant across government policies. These are (see box 10 for details):

2.1 Enable autonomy

2.2 Empower older adults and their families, and organizations that represent them

2.3 Support Healthy Ageing interventions (multi-sector and intersectoral) and at all levels of government.

Box 10.   Strategic Objective 2 Creating age-friendly environments - proposed actions

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

Older people have a right to make choices and take control over a range of issues including where they live, the relationships they have, what they wear, how they spend their time, and whether they embark on a treatment or not. The possibility of choice and control is shaped by many factors including the intrinsic capacity of the older person; the environments they inhabit; the personal and financial resources they can draw on; and the opportunities available to them. The design of services must be **participatory** in that they take older persons' views into consideration and work with associations representing older people.

One key action in enabling autonomy will be to maximize intrinsic capacity and this is highlighted across several strategic objectives, including on health systems. But autonomy can also be enhanced regardless of an older person's level of capacity. These key actions provide options for how this can be achieved:

-   legislating to protect the rights of older persons and protecting them from elder abuse, supporting older people in becoming aware of and enjoying their human rights, creating mechanisms that can be used to address breaches of their rights, including in emergency situations, and ensuring care givers and social and health workers can recognize abuse, report it, and are protected themselves (as potential whistle-blowers);

- providing services that facilitate functioning, such as assistive and information technologies, community-based or home-based services, and age-friendly transportation;
- providing mechanisms for advanced care planning and supported decision-making that enable older people to retain the maximum level of control over their lives despite significant loss of capacity;
- creating accessible opportunities for lifelong learning and growth.

2.2 The second crosscutting priority is to **empower older adults and their families** as central actors. This is fundamental for the overall strategy and action plan. Integrating a core principle, intergenerational solidarity, the GSAP reflects that each society wants children, adolescents, young adults, and older adults, to pass through each age group across the life-course, and experience healthy ageing, also in older ages. Age-friendly environments will benefit younger and older persons, not only as individuals, but also as families that care and support each other, learn and contribute to society, have leisure time and pursue other activities that they value. Thus, the involvement of individuals and families at the centre, is vital to understand and meet their expectations, and move towards the vision that every person can experience Healthy Ageing.

Beyond basic needs and enjoyment of rights, people may also value different attributes, goods and services within their environments. This can be due to their personal characteristics and choice, and family or household context. Individuals and families might also be represented through a variety of entities, such as community groups, formal civil society organizations (CSOs) such as self-help groups, labour organizations, indigenous peoples' groups, and other small- or large-scale social movements. Several actions can engage older adults and their families, and organizations that represent them, including:

- taking the needs and preferences of older persons as a starting point to shape age-friendly environments, rather than starting only from a service, or supply side perspective;
- providing dedicated resources as part of multi-sectoral and inter-sectoral programme budgets to ensure support for ongoing community engagement and empowerment including of older persons;
- promoting collaboration, age-diversity, social connectedness and inclusion in working environments;
- supporting and creating platforms for sharing the diverse voices of older people and improve awareness on the value of experience and knowledge from living and working with different generations, ages and socio-economic backgrounds;
- involving civil society, that is inclusive of older adults, in design, implementation and monitoring of interventions, as this significantly improves the effectiveness and equity-orientation of actions (via consultation mechanisms, fair decision making processes, legal protection, partnership with state-run enterprises, and involvement in research, monitoring and programme evaluation);
- encouraging public debate on Health Ageing and well-being, and allowing the media to hold multiple sectors accountable to implement interventions that combat ageism and discrimination, and promote equity, gender equality and intergenerational solidarity.

2.3 The accelerated pace of population ageing in practice means that in an increasing number of countries, more than one in five of the population are aged over 60 years. There will be few policies or services that do not affect older persons in some way. Thus, another key area is **implementing Healthy Ageing in all policies, through interventions at all levels of government.** This is crucial to foster healthy and active ageing and enable well-being throughout the life course.

National, regional, state, or municipal ageing strategies and action plans can help to guide this, and ensure a coordinated response that spans multiple sectors and levels of government.   The systematic involvement of older persons' representatives can ensure the relevance of actions, to the needs and preferences of local populations. Collecting and using age- and socio-economic-disaggregated information on older persons' functional abilities will also be important. This can facilitate reviews of the effectiveness of, and gaps in, existing policies, systems, and services. This includes gauging to what extent accumulated inequities are being addressed, remaining stagnant, or getting worse.

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

- establishing policies and programmes that expand housing options for older adults, and promote social inclusion;
- assist with home modifications that enable older people to age in a place that is right and safe for them, without financial burden;
- introducing measures to ensure that older persons and their families are protected from poverty, through social protection schemes or other interventions that are equity enhancing;
- providing opportunities for social participation and for having meaningful social roles, specifically by targeting the processes that serve to marginalize and isolate older people;
- facilitate civic engagement — participation in voting, planning, policy and program design, governance;
- removing barriers, setting accessibility standards and ensuring compliance in buildings, in transport, and in ICT and other technologies;
- considering town-planning and land-use decisions and their impact on older persons' safety and mobility;
- promoting collaboration, age-diversity and inclusion in working environments.

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

As people age, their health needs tend to become more chronic and complex. Health systems and the services offered, that address these multidimensional demands of older age in an integrated way, have been shown to be more effective than services that simply react to distinct diseases independently. Yet older people often encounter services that are designed to treat acute conditions or symptoms that are aimed at younger populations. Moreover, systems that manage health issues do so often in disconnected and fragmented ways, or lack coordination across care providers, settings, and time. In general, these results in health systems including service delivery, that fail to meet adequately the needs and rights of older persons. This also comes with high financial costs to older persons, their families, and contributes to the overall escalating costs within health systems.

Although this GSAP takes a holistic approach to the Healthy Ageing, there are specific risk factors and conditions that are particularly important for intrinsic capacity and functional ability of older persons. These include frailty, dementia and other mental health conditions, as well as alcohol abuse and tobacco use, obesity, poor nutrition, air pollution and sedentary lifestyles. There are also very specific issues related to the right to health services. Older persons, who are living with non-communicable diseases and disabilities, often require palliative care and pain relief. Yet there are countries and settings where opioid medications are not available or accessible. Fostering Healthy Ageing is therefore not simply a case of doing more of what is already being done. Rather a transformation is needed that will re-orient health systems to the needs of older persons within the context of overall population ageing.

Certainly, extending Universal health coverage (UHC) to older adults, presents important opportunities for strengthening and aligning health systems to develop policies, infrastructure and regulations, so that all older persons are covered adults – as 100% population coverage is the basis for UHC[14]. Effective services are another aspect, as is without financial burden.   An important first step is to learn and discuss the nature of older persons' needs and preferences. Then, recognizing that each country is at a different starting point, fair approaches can identify and negotiate a service package for healthy ageing (that could reflect services across life stages), and specific benefit packages for older persons, that make up essential services (spanning prevention to palliative care), inclusive of devices and pharmaceuticals. For example, services that promote, maintain and improve physical and cognitive capacities and functional abilities, taking stock of the consequences of diseases, risk factors (such as tobacco use, alcohol abuse, obesity) or other conditions. These services could also be offered in homes and communities as non-institutional settings can often produce better outcomes for older people and provide higher patient satisfaction and improved outcomes for many conditions, compared to institutionally-based services.

The key is for **health systems to ensure affordable access to quality integrated services that are centred on the needs of older persons** (see box 11). This can maximize intrinsic capacity and support people to maximize their functional ability, in collaboration with other sectors. **An important agenda is to consider the interaction and coordination across health and social services** (within this GSAP, the connection between strategic objectives 3 and 4).   It also means that services determine the types of competencies and skills required from health workers - a wide range of professionals working in institutions and communities, and as informal care givers. The types of health workers and training approaches might differ in each country. It also means increasing both the level and progressivity of funding for services, devices and pharmaceuticals. Overall, UHC promotes the universal pooling of resources from across the entire population (e.g. different age groups and households), so that older persons and their families are not financially burdened. A system's perspective requires clarity on healthy ageing goals, as well as functions related to regulations, knowledge and information, service delivery, financing, health workforce, and infrastructure.

Box 11. Older person centred and integrated care – what does this mean in practice

First, this requires creating formal links across different levels of care: primary, secondary and tertiary (vertical integration); and across different programmes or specialties such as health promotion, chronic diseases, rehabilitation, and other social services (horizontal integration). Coordination aims to link similar levels of care, as well as ensuring collaboration between health systems and social care. Importantly, each aspect requires leadership and different techniques to support transformation.   Both vertical and horizontal integration are needed to counteract the fragmentation of services across the health sector, between health and long term care systems.

Around the world, older people with complex needs greatly value continuity of care, with clinicians and carers who are familiar with their needs and who can help them to navigate multiple services. Thus, a second condition is integrating services with coordination that includes incentives to work together to meet the needs and expectations of the older person and his or her context.   Although there is no typical older person, two vignettes offer insight:

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[14] World Health Report 2010: health systems financing: the path to universal coverage. WHO, Geneva.

Madame living with dementia: She is 71 years, a widower, and is recently diagnosed with mixed Alzheimer's disease and vascular dementia. She has long-standing diabetes, visual impairment, and depression. She lives with her younger son and daughter in law and two school age children. Apart from the neurologist who is managing her dementia, she needs regular assessment in a diabetes clinic, treatment from an ophthalmologist of her diabetic retinopathy and referral for psychological therapies. Additionally, support to the family caregivers and respite are required. A care coordinator develops a comprehensive care plan, focusing on her most important needs that have been discussed with her and her family members, and updated every month; information is shared among different providers; harmful medicine interactions can be detected, avoided and managed; and other support can be identified, such as links with older persons' and care giver associations; and outings to her village where she has fond memories of her childhood.

Monsieur with signs of frailty: He is 82 years, divorced, and recovered from prostate cancer. He lives in a nursing home and does not socialize much. He had 4 falls in the last month, although without serious injury. His falls typically occur during the night or early in the morning when he gets up to use the bathroom. Due to fear of falling and inner ear imbalance, he has become increasingly sedentary.   A geriatric assessment performed by local geriatrician highlighted that he is developing frailty – vulnerability characterized by muscle weakness, fatigue, and inflammatory pathways. Appropriate care requires close integration between long term and health services in order to avoid further declining intrinsic capacities and maintaining functional abilities. These include vision examinations, physical exercise training to improve balance and muscle strength, ensuring appropriate nutrition, review of current medications, neurologist consultation and proximity to emergency care. Other services to enhance well-being include access to a piano, his passion, and to ICT to keep in touch with his children who have immigrated to other countries.

Transforming health systems may be particularly challenging for low- and middle-income countries, in poorer settings around the world, and where change is resisted. In resource constrained settings, health systems are weak. In many high income countries that pursue efficiencies, the equity impacts of cost reductions must be monitored carefully. This transition needs to be seen in the context of health systems reforms that move towards universal health coverage: doing so provides an opportunity for countries to consider systematic steps towards extending services to older adults, addressing population ageing and reducing inequities sequenced appropriately. The key is to innovate and develop context specific approaches that offer older person centred and integrated care, while addressing the acute care needs that remain important throughout the life course.

Key approaches proposed to help align health systems to the needs of older populations include (see box 12 for details):

3.1 Ensure coverage to integrated services that provide quality older-person-centred care

3.2 Enhance health systems to build intrinsic capacity and increase functional ability

3.3 Ensure a sustainable and appropriately trained, deployed and managed health workforce

Box 12.   Strategic Objective 3 Aligning health systems to the needs of the older populations - proposed actions

3.1 Developing and ensuring coverage to integrated services that provide quality older-person-centred care will require governments to organize systems around older people's needs and preferences (which must be understood), in the context of health system reforms (such as steps

towards universal health coverage) and services to be 'age-friendly' and closely engaged with families and communities. Coordination or integration will be needed between levels and across services, as well as between health and long-term care. This includes condition- and care-specific services, that older persons are more likely to need, for example, dementia and palliative care. Key actions that can help achieve this include:

- engaging communities and older persons in articulating their needs, identifying and planning for services;
- ensuring that all older persons can benefit from comprehensive assessments and have a single service-wide care plan that looks to optimize their abilities and capacities;
- developing quality services that are situated as close as possible to where older people live, including delivering services in their homes and providing community-based care and in under-served areas;
- identifying strategies to ensure quality of care in clinical and non-institutional care settings;
- reduce out-of-pocket payments, wherever possible, by removing user fees;
- as part of UHC reforms, reduce fragmentation and segmentation within the health system by pooling funds and harmonizing contribution levels and benefit packages between population groups, including widening the package of services that older persons often need;
- identifying technological innovations (including assistive technologies) that support health needs of older persons, particularly within home or community settings.

3.2 Enhance health systems to build intrinsic capacity and increase functional ability will require defining the factors influencing trajectories of intrinsic capacity as well as those enabling responses to maximizing functional ability, and the nature of comprehensive services. This will further require changes to the health and administrative information collected, how overall performance is monitored, and for providers, the financing mechanisms, incentives in place, and the training offered. Several actions are likely to assist this transformation:

- adapting information systems to collect, analyse and report data on intrinsic capacity;
- defining the nature of comprehensive services that mediate and maximize capacity;
- creating clinical guidelines to optimise trajectories of intrinsic capacity and updating existing guidelines to link to capacity;
- adapting performance monitoring, rewards and financing mechanisms to encourage provision of services and care that optimises capacity;
- ensuring coverage of prevention, early detection and diagnosis, treatment, rehabilitation and care, including palliative care and pain relief for health conditions commonly faced by older populations;
- ensuring availability of medical products, vaccines and technologies that are necessary to optimize older persons' intrinsic capacities and functional abilities;
- supporting older people to self-manage by providing peer support, training, information and advice, to them and to informal care givers.

3.3 Ensuring a sustainable and appropriately trained, deployed and managed health workforce will require all service providers to have the skills and competencies to address older persons' needs. Often, these will include gerontological and geriatric skills, as well as more general competencies that are needed to provide integrated care including communication, teamwork, ICT and approaches to combat ageism. But strategies should not be limited to current workforce delineations. Key actions that might be taken include:

- reflecting the services needed, define the nature, quantity, and characteristics of health and social work force competencies;

- providing basic training on geriatric and gerontological issues, as well as approaches to combat ageism, in pre-service training and in continuing professional development courses for all health professionals and volunteers;
- including core competencies that are needed to address the needs of older person, such as geriatric and gerontological skills, among others, for all health professionals;
- ensuring that the supply of professionals focused on the health of older persons meets population need, and encouraging the development of specialized units for the management of complex cases;
- considering the need for new workforce cadres (such as care coordinators and self-management counsellors) and extending the roles of existing staff, whether paid or unpaid, health workers, working in institutions or in communities;
- promoting care by multidisciplinary teams, whether clinical or community practices.

Strategic Objective 3 on health systems and Strategic Objective 4 on systems for long term care, require linking of the health services, home care and institutional care to ensure a continuum of care for older persons. This has implications for the functions of both systems, including the health and social workforce.

Strategic Objective 4: Developing systems for providing long-term care

In the 21st century, no country can afford not to have a comprehensive system for long-term care that can be provided at home, in communities or within institutions. The central goal should be to maintain a level of functional ability in older people with, or at high risk of, significant losses of capacity. This is consistent with ensuring older persons' human rights and dignity. Putting this in practice will also acknowledge older persons' legitimate and continuing aspirations for Healthy Ageing and well-being.

Long-term care systems have many potential benefits beyond enabling care-dependent older people to live with dignity. This includes freeing women to pursue other social and economic roles, including their personal goals beyond care giving. It also includes reducing inappropriate use of acute health services and helping families avoid poverty and catastrophic care expenditures. By sharing the risks and the costs associated with care dependence, long-term care systems can help foster social cohesion. Designing appropriate long term care strategies must initially build on each country's current context, take advantage of existing health and social delivery systems, and patterns of inter-generational equity. Yet all must support families who provide care. Initial steps towards transformation include innovation with new models of care and support, and valuing those who provide care.

In high-income countries, the challenges to reforming or building comprehensive systems are likely to revolve around the needs to improve the quality of long-term care, develop financially sustainable ways to provide it to all who need it, and to better coordinate or integrate it with health systems. In low- and middle-income countries, the challenge may be to build a system from no pre-existing foundations beyond families who provide home care. The pace of population ageing and the lack of gender equality means that only relying on families to provide care at home, is neither sustainable nor equitable (see box 7). Across all countries, support for families and innovation for non-institutionalized, community based models are needed.

The incentives and regulations to develop long term care systems should be based on an explicit partnership with older persons, families, communities, other care providers, and the private sector,

and reflect the concerns and perspectives of these stakeholders. The role of government (often through Ministries of Health and others, such as Social Welfare) is multi-faceted to steward these partnerships. It includes to ensure a sound regulatory basis, train and support caregivers, ensure coordination and integration across various sectors (including with the health system), ensure the quality of services and sometimes directly provide services to those most in need (either because of their low intrinsic capacity or their socioeconomic status or marginalization; or lack of incentives for private providers to meet the needs of marginalized or poor populations). Models can vary and should be relevant to different contexts. Resourced-constrained countries can make steps towards developing a system of long term care.

Key approaches are proposed that will be crucial for developing systems for providing long-term care. These are (see box 13 for details):

4.1 Establish the foundations for a system of long-term care

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

4.3 Ensure the quality of long-term care

Box 13.   Strategic Objective 4 Developing systems for providing long-term care - proposed actions

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

- understanding the needs and expectations of older persons and their families;
- recognizing long-term care as an important public good, and developing sustainable and innovative financing mechanisms, including credits to families reflecting their social and economic contributions (such as care banks in Japan);
- governmental planning and oversight assigning clear responsibility on who oversees and implements the development and expansion of a system of long-term care;
- defining the roles of government and other stakeholders and implementers, and developing the approaches that will be necessary to fulfil these roles (regulation, incentives, evaluation).

4.2 Building and maintaining a sustainable and appropriately trained long-term care workforce will require a range of steps. Many of the actions outlined under ensuring a trained, deployed and managed health workforce, will be relevant for training providers of long-term care services. However, because the field of long-term care is undervalued in most countries, a crucial action will be to ensure paid caregivers receive the status and recognition their contribution deserves. Furthermore, unlike the health system, the majority of caregivers in the long-term care system are currently family members, volunteers, community organizations, and paid but often untrained workers. Most of them are women. Across low, middle and high income countries good examples exist where older volunteers are empowered through older people's associations to advocate for their rights, provide care and support to peers in need. These concepts and good practices may be

transferable across countries and diverse settings. Central to building long-term care systems include the provision of resources and training that allows care givers to do their job well. This will relieve them of the stress that arises from being insufficiently informed on how to deal with challenging situations. Key actions include:

- retaining and extending the human resources needed for caregiving by raising awareness of the value and rewards of caregiving, and combating social norms and roles that prevent men and younger persons from acting as caregivers;
- improving their salaries, working conditions and creating career pathways to allow them to advance to positions of increasing responsibility and remuneration;
- enacting legislation supporting flexible working arrangements or leaves of absence for family caregivers;
- establishing support mechanisms for caregivers, such as offering respite care and accessible training or information resources;
- supporting community initiatives that bring older people together to act as a resource for caregiving and other community development activities.

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

- developing and disseminating care protocols or guidelines that address key issues;
- establishing accreditation mechanisms for services and professional caregivers;
- establishing formal mechanisms for care coordination (including between long-term care and health care services);
- preventing and reporting elder abuse;
- ensuring access to essential medicines, including those for pain relief;
- establishing quality management systems to help ensure that a focus on optimising functional ability is maintained.

Strategic Objective 5: Improving measurement, monitoring and research on Healthy Ageing

Progress on healthy ageing will require more research on age related issues and trends and evidence on what can be done to promote healthy ageing. Many basic questions remain to be answered. These include:

- What are older persons' needs and preferences; how diverse are these and changing over time?
- What are current patterns of *Healthy Ageing;* how diverse are these and changing over time?
- What are the determinants of *Healthy Ageing*? Structural, intermediate, and systems?
- Are inequalities increasing or narrowing? For each context, what inequalities are inequities?
- Which interventions work to foster *Healthy Ageing* and in which contexts and population subgroups do they work?
- Are the quality, effectiveness and coverage of these interventions improving?
- What is the appropriate timing and sequencing of these interventions in diverse contexts?
- What is the level of health and long-term care need among older people, and is this being met?

- What are the roles of governments, non-governmental actors including private sector, and other stakeholders in promoting Healthy Ageing?
- What approaches can support generation and translation of policy options to actions within a specific context – actions that address improvements of trajectories of Healthy Ageing?
- What are the economic contributions of older people and the actual costs and benefits of sustainable approaches to foster Healthy Ageing?

With a preliminary focus on the health and social sectors, as a first step to answering these and other important questions, older people will have to be included in sufficient numbers in vital statistics collections and general population surveys. Only then can specific analyses of their health situation take place. Moreover, information resources will need to be disaggregated by age and sex and other social and economic characteristics, including civil status. Appropriate measures of healthy ageing and its determinants and distributions must also be included in these studies, that take stock of management of long term conditions, whether communicable or non-communicable, and wider determinants of Healthy Ageing. This will require linkages with measurements, monitoring and research in other sectors.

Research will need to be encouraged in a range of specific fields related to ageing and health, and this will require agreement on key concepts and how they can be measured. Approaches such as multi-country and multidisciplinary studies, that are representative of a population's diversity and that investigate the determinants of healthy ageing and the distinct context of older adults, should be encouraged. The involvement and contribution of older people and those who represent them, will lead to more relevant and more innovative study designs and results. Then as new and more relevant knowledge on ageing and health is generated, global and local mechanisms will be needed to ensure its rapid translation into clinical practice, population based public health interventions, and health in all policies.

Key approaches and priorities will be crucial for improving measurement, monitoring and research. These are (see box 14 for details):

5.1 Agreeing on metrics, measures and analytical approaches for Healthy Ageing

5.2 Improving research on gaps between intrinsic capacity and functional ability

5.3 Increasing research on Healthy Ageing trajectories and what can be done to improve these over the life-course

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Box 14. Strategic Objective 5: Improving measurement, monitoring and research on Healthy Ageing- proposed actions

5.1 Agreeing on metrics, measures and analytical approaches for Healthy Ageing. The current metrics and methods used in the field of ageing are limited, preventing a comprehensive understanding of Healthy Ageing. Consensus is needed on which approaches and methods are most appropriate, and if new ones need to be developed. Improvements will need to draw from a range of disciplines and fields. Analysis will need to be based on linking data collected in a range of countries, settings and sectors, and valid comparisons within and across countries. Priorities include:

- developing and reaching consensus on metrics, measurement strategies, instruments, tests and biomarkers for key concepts related to Healthy Ageing including intrinsic capacity, functional ability, well-being, environments and their characteristics, genetic inheritance,

social position, vulnerability and resilience, multimorbidity and the need for care and other social services;

- reaching consensus on approaches for the assessment and interpretation of trajectories of Healthy Ageing using these metrics and measures over the life course. It will be important to demonstrate how the information generated, serves as inputs to policy, programmes, monitoring, evaluation, or other clinical or public health decisions. Understanding pathways over time will enable understanding how environments in each context can shape the experience of Healthy Ageing and meet the needs and rights for health and long-term care and;

- developing and applying improved approaches for the testing of clinical interventions and population based approaches that take account of the different physiology of older people. This includes their experience of multimorbidity, poly-pharmacy, and potentially unique views on what constitutes appropriate outcomes for health and well-being – for example in clinical trials.

5.2 The second approach will be to **improve research understanding of the gaps between intrinsic capacity and functional ability in specific contexts.** Rather than a disease specific approach, this means understanding the context of persons with declining ability, and those with significant losses of ability, and being sensitive to socio-economic and gender differences. General population-based research and surveillance needs to place a greater emphasis on being inclusive of older people. Specific population-based research is also required, with older persons, to identify the levels and the distribution of functional ability and intrinsic capacity, how these are changing over time, and to what extent older persons' needs and expectations for diverse services and care are being met. This might include:

- establishing regular longitudinal population surveys of older persons that can reflect in detail: functional ability; intrinsic capacity; specific health states; the need for health services, long-term care; or other broader environmental and social determinants of Healthy Ageing, and whether these are being addressed.

- ensuring data, information and reporting should be disaggregated by age and sex across the life course (e.g. not lumping of age groups such as 70 and over given the huge diversity across older persons), as well as by important social and economic characteristics that will help identify inequalities and potential inequities;

- mapping trends in intrinsic capacity and functional ability in different birth cohorts and determining whether increasing life expectancy is associated with added years of Health Ageing;

- identifying indicators and mechanisms for the continuous surveillance of healthy ageing trajectories that build on, to the extent possible, existing data.

5.3 A third key approach will be to **improve research understanding of Healthy Ageing trajectories and what can be done to improve them**. Fostering Healthy Ageing will require a much better understanding of trajectories of intrinsic capacity and functional ability, how inequities and vulnerabilities are accumulated, their determinants, the sequencing and effectiveness of interventions from multiple sectors, to mitigate and overcome them. Global and national research priorities must reflect a process that brings together different stakeholders. This includes identifying what can be done:

- to support people with relatively high and stable capacity,
- those with declining capacity, and
- those with significant losses of capacity.

Key actions to achieving this include:

- using appropriate methods (qualitative and quantitative) to understand, document and communicate the holistic needs and expectations that people have for experiencing Healthy Ageing and well-being, across different age groups, birth cohorts, and people with different levels of capacity;
- identifying the range and potentially common trajectories of intrinsic capacity and functional ability and their broader social, economic and environmental determinants in different populations and contexts;
- quantifying the impact of health services, long-term care and other multi-sector or intersectoral interventions, on the trajectories of healthy ageing. This includes understanding the pathways and determinants through which they operate;
- reaching consensus and applying new approaches to test the safety and efficacy of medical, ICT, and other assistive devices, that inform regulations and financing approaches;
- refining approaches to value the care economy and how to support individuals and families;
- quantifying the economic contribution of older people and the costs of providing services they require for healthy ageing and have the right to enjoy
- developing rigorous, valid and comparable ways of documenting returns on investments, (e.g. quantifying health and broader social returns, on investments in intrinsic capacity and functional ability across the life-course)

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

6 – How do we get this done?

6.1 Measures of success

Goal-Level indicators – Healthy Ageing. The goal of Healthy Ageing is to maximize functional ability that reaches everyone. However, currently the metrics, methods and data requirements to select and measure appropriate indicators of intrinsic capacity and functional ability need further work to assess baseline and progress globally. This includes measuring these two important concepts at a point in time, trajectories of healthy ageing over time, and considering their distribution within a population (for example, by wealth, education, place of residence, or occupation, among other social and economic characteristics). WHO currently estimates healthy life expectancy at birth, and life expectancy at birth and at 60 years, for all Member States. These global health statistics provide some insights. Yet data for many countries on intrinsic capacity is estimated, given lack of vital statistics and data measuring intrinsic capacities or to older persons. Current approaches to adjust life expectancy with the experience of health, do not necessarily reflect the concept of Healthy Ageing.   Nor do standard approaches exist to measure the interaction between individuals and their environments that document levels of functional ability.

The importance of eventually identifying goal level indicators is one component of the GSAP (see Strategic Objective five). This would be helpful in setting up a Decade of Healthy Ageing. This will require a rigorous process that includes:

- agreeing on what is intended to be measured and critical assessment of metrics and methods to do so;
- reviewing existing indicators, baseline and number of countries that have this data, and for what time periods – including a review of indicators within the Sustainable Development Goals that are relevant to Healthy Ageing and older persons;
- establishing criteria for selecting or creating new indicators in terms of validity, reliability, sensitivity to interventions and change over time, including acknowledging the need for longitudinal cohort data for tracing healthy ageing trajectories; and
- clarifying what needs to be measured and how this information will improve understanding and decision making. This should consider:

    - levels of intrinsic capacity: with relatively high and stable capacity, those with declining capacity and those with significant losses of capacity.
    - gaps between intrinsic capacity and functional ability in specific contexts: a) with relatively high and stable ability, those with declining ability and those with significant losses of ability, and b) in various socio-economic conditions.
    - social position in terms of identifying: patterns of inequities, the best observed outcomes of different sub-groups and what works given the different context of people who are vulnerable, marginalized or otherwise socially excluded.
    - between men and women, gender aspects that consider genetic and biologic differences and social context, and their intersection and interaction.

During the five year time frame of the GSAP, it is proposed to focus on Strategic Objective-Level indicators, as measures of progress. Milestones could focus on better understanding, partnerships, more evidence and increased communication (see section 6.3). Proposed milestones include seeking consensus on what to measure and how to do so (2017), and reporting on baseline by 2020.

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

Importantly, the area of healthy ageing currently lacks norms and standards on what should be done in each country. Such guidance does exist for individual diseases or conditions, or other population sub-groups, such as for infants and children. This gap reflects older persons' diversity of individual experiences and contexts, and greater emphasis on bio-medical approaches to address acute conditions of younger populations.

Based on the GSAP proposed actions, some process indicators could be identified and refined with the intent to monitor process, and in the long term, understand how key actions, across sectors, contribute to each Strategy Objective, and together, improve Healthy Ageing for each persons, across countries.

For the five Strategic Objectives (SO), these could include:

SO1. Countries foster healthy ageing for each person – potential indicators and milestones:

1. Number of countries with new (or updated) comprehensive national healthy ageing plans resourced and with clear lines of institutional accountability, stand-alone or part of an overall national plan
2. Number of countries that have established country-specific multisectoral plans for Healthy Ageing, inclusive of health and long term care
3. A global mechanism supported by the government that draws on countries and regions, for aggregating, sharing and using information to monitor progress towards the GSAP.

SO2. Creating age-friendly environments – potential indicators:

1. Number of countries with new or updated national legislation and enforcement strategies against age-based discrimination.
2. Number of age-friendly cities or communities that have been established in each Member State, indicating the percentage of population 60 years and over these cover.
3. Number of countries where all older persons have coverage to services or aids that facilitate functioning. This could be for specific assistive technologies, such as hearing aids.
4. Number of countries with universal social protection or health coverage mechanisms to prevent catastrophic health services or long term care expenditures

SO3. Aligning health systems to the needs of the older populations –potential indicators:

1. Number of countries that provide comprehensive assessments of older persons' intrinsic capacity and functional ability (for example through health and or social systems).
2. Number of countries with ageing related competencies integrated in all health workforce curriculums, such as geriatrics and gerontology skills and approaches.
3. Number of countries providing palliative care as part of Universal Health Coverage benefits.
4. Number of countries where integrated care is available for older populations, whether at home or in institutions.

SO4. Developing systems for long-term care – potential indicators:

1. Number of countries with a government regulated, clearly assigned responsibility for the development of a system of long-term care and planning how this will be achieved.
2. Number of countries with an equitable and sustainable mechanism for financing (resourcing and supporting) long term care that covers all people.
3. Number of countries providing support mechanisms for all caregivers, such as offering respite care and accessible training or information resources.
4. Number of countries with national quality of care standards in place and clarity on how this will be achieved.

SO5. Measurement, monitoring and research – potential indicators and milestones:

1. International consensus on metrics, measurement strategies, instruments, tests and biomarkers for key concepts related to healthy ageing.
2. Adoption and use by National Statistics and or Health or Social Statistics Offices.
3. Number of countries with regular, nationally representative population surveys of older people that assess: functional ability; intrinsic capacity; need for health services, long-term care, or other multi-sectoral or intersectoral interventions;
4. Global research priorities set to produce more evidence in key areas: on what can be done to support people with relatively high and stable capacity, those with declining capacity and with significant losses of capacity, and what works best in diverse populations and settings.

6.2 Working together

The GSAP needs to reflect a global commitment of Member States and other stakeholders including international, regional and national development and implementation partners as well as older persons themselves. This also requires a whole of organization response from the WHO secretariat to support Member States' capacities and approach to implementation.

Success will require clear commitments to specific actions by each stakeholder, to support the translation of the GSAP into actions and results in every country, for every older adult. Areas for collaboration and support to Member States include: development of tools for translation of the plan; valuing the contributions of older adults, ensuring to communicate what they value and approaches to meet their rights and needs; development of a complete accountability framework; securing commitments across stakeholders; a whole of organization (across WHO secretariat) response; and communicating progress on the GSAP over the next five years (see next section on Milestones).

The GSAP will lay the groundwork for supporting capacity development, dedicating resources, and preparing an accountability framework. Once adopted, these could be finalized with more detailed roles and responsibilities for Member States, other stakeholders and older adults, along with a set of indicators, the methodology and data sources for each indicator, and baselines established during the five years. Investments are needed to improve data quality and develop more robust in-country monitoring and evaluation systems. Regular audits will be needed to verify data quality, whether from vital statistics, nationally representative surveys or from communities or institutions. However, getting more data should not limit taking actions now. It is proposed that mid-term and final reviews are conducted during the five years, with periodic reporting to WHO Governing Bodies.

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

Country led action – Member States

The GSAP must meet expectations of Member States, as WHO Governing Bodies will discuss and eventually adopt it. Moreover, efforts will be country-led and can be supported by a wide range of stakeholders. Individual countries are best positioned to know which actions are most appropriate.

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

> **Multi-sector and Intersectoral Commitment**
- Encourage and empower older persons to participate in developing and evaluating policies related to healthy ageing at local and national level.
- Develop, strengthen and implement policies and legislation to protect the rights of older people, prevent age discrimination, and strengthen national systems to deliver integrated, people-centred services

- Promote and support multi-sectoral and intersectoral collaboration with diverse stakeholders to design and implement actions to address healthy ageing, including integration of Healthy Ageing in all policies and programmes
- Promote transformation of social, economic, and environment sectors to meet the needs of different age groups including older adults through multi-sectoral and intersectoral actions that require working across sectors, such as adapting policies to the needs of an ageing workforce within the context of increasing industrialization, addressing the needs of older persons in post disaster settings, and addressing implications of urbanization and isolation of older persons, particularly women, in rural areas.

Advocacy and Implementation
- Increase national awareness and competencies on healthy ageing as a priority topic through communication strategies aimed at the general population and those within governmental sectors, such as health, housing, labour, education and social services.
- Enable media to increase knowledge, awareness and understanding of the rights and needs of ageing populations, including all forms of entertainment.
- Develop, strengthen and implement national and sub-regional plans and policies to address the health needs of an ageing population, ensuring that vulnerable groups are addressed and inequities identified and reduced, that are properly resourced and with clear lines of institutional accountability
- Foster the development of age-friendly environments including encouraging municipalities to join the WHO Global Network of Age-friendly Cities and Communities, that highlight local level policy and action entry points

Health and Long term care
- Engage private sector towards national standards and regulations for formal and informal care, to increase coverage, quality and equity in service delivery and evaluation
- Ensure access to essential medicines through implementation of the WHO model list of essential medicines including access to palliative care and pain relief
- Develop national long term care systems (that ensure linkages between long-term care institutions, health services and home care) that are properly resourced and with clear lines of institutional accountability
- Connect to other relevant national strategies, such as Dementia, Mental Health or NCDs, Reproductive Health, among others, that are inclusive of all ages and that promote age-friendly early detection and diagnosis, strategies for prevention, management and treatment as well as more effective care for older populations
- In line with services identified, ensure health and long term care workforce is trained, deployed and managed, with an appropriate skill mix, qualifications and diversity, to be able to provide integrated older people centred services.
- Ensure ageing related skills, such as gerontological and geriatric competences, are included in all health related curricula.

Research and Innovation
- Encourage and support research, monitoring and evaluation systems related to healthy ageing, including periodic national surveys inclusive of older persons.
- Ensure national vital registration and statistics are disaggregated by age and sex throughout the life-course.
- Reflecting older persons' needs and expectations, allocate resources to support research, knowledge generation and translation, and design of interventions and technologies.
- Create incentives to develop, test, adapt and scale technological and social innovations for home and community-based services for older populations

- Support voluntary and mutually agreed upon technology transfer that includes services, innovations, knowledge and best practices

International and national developmental partners, including governments providing development aid, other multi-lateral entities external to the United Nations, and global philanthropic institutions

The international development community plays a critical role, particularly for resource poor settings, by direct support and providing tools to support action (see box 15).

Box 15: proposed contributions by development partners:

- Participate in the development and implementation of the GSAP
- Encourage development of national plans
- Provide predictable long-term support (financial and programmatic) in line with national plans and encourage new partners to fund and develop systems to support healthy ageing.
- Advocate for an increased prioritisation of addressing population ageing across government sectors, to support wider transformation towards age-friendly societies (that meet the needs of different age groups including older adults through multi sectoral and inter sectoral actions)
- Support efforts to improve awareness and understanding of the health status and needs of older persons, and of interventions that best address these needs in particular settings
- Empower older persons to develop, participate and share best practices
- Support small and large scale innovations
- Support and increase awareness of long term care systems, strengthening national health systems to needs of older population and age-friendly environments

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WHO

WHO is the leading international agency on ageing and health, with a broad role that includes defining of norms and standards for: advocating for the importance of addressing population ageing and health; strengthening capacities of Member States to develop policies and action plans; identifying what health systems and other sectors can do to enhance the functional ability of all older adults; and describing healthy ageing and establishing data requirements and monitoring systems that cover all countries and build up valid global data collation, analysis and reporting.

In collaboration with other stakeholders, the WHO Secretariat will advocate for and provide technical support to Member States, creating synergies between skills needed to address older persons including linkages across condition specific public health programs, geriatric syndromes, and other primary health-care programmes. This includes setting global priorities for research with policy makers, older persons and technical experts, that can strengthen health and social systems, notably to increase person centred integrated service delivery, without financial hardship to older adults or their families, and achieve impact – so that all older persons can achieve optimal levels of functional ability.   This also means contributing and encouraging multi-sector and multi-country research on broader determinants of Healthy Ageing.

Contributions will reflect the organization's core functions and increasing expertise in the area of ageing and health. Although the Department of Ageing and Life Course is expected to organize a whole of organization response, across the three levels of the organization and its work areas, many other departments and programs would advance specific actions identified in this GSAP and provide support to Member States, such as: patient safety and service delivery, human resources for health,

technology and innovation, mental health, environments, social determinants of health, nutrition, violence prevention, non-communicable diseases, essential medicines, health systems financing, reproductive health among others, including specific expertise in country, regional and headquarters.

Proposed contributions by the WHO Secretariat to support Member States

- Advocating globally to strengthen national health and long term care systems for older persons and increase knowledge, awareness and understanding of the needs of ageing population

    - Organise and participate in international forums to raise awareness on health priorities on ageing populations
    - Mainstream Healthy ageing across all WHO activities and initiatives
    - Support systems that track progress and identify funding gaps
    - Identify the needs and preferences of older persons and ageing populations, and encourage inclusive planning and design
    - Advocate for, conduct research and provide support to scale up interventions and strengthen national health systems, including health workers, informal care givers and long term care (home, community and institutional based) towards older adults
    - Advocate to further develop age friendly environments
    - Liaise across UN specialized agencies

- Developing the health research agenda, building national capacity to formulate evidence based policies

    - Convene and work with partners to develop and communicate a global research agenda on healthy ageing
    - Coordinate priority multi-country research efforts involving all regions
    - Advocate for increasing research capacities, innovative methods and extending collaborations to implement research priorities for healthy ageing
    - Support, conduct, synthesize, and coordinate research on moving towards universal health coverage, strengthening health systems, and multisectoral approaches for Healthy Ageing, particularly to reduce inequities
    - Synthesize research and disseminate evidence on healthy ageing that addresses important policy questions and expectations by older persons
    - Synthesize research and evidence, and provide a platform for sharing best practices to foster Healthy Ageing, including evidence on cost-effective and equity oriented interventions that account for benefits to older persons, their families and contributions to social and economic goals
    - Support international cooperation to foster technological innovation including through facilitating transfer of expertise, technologies such as assistive devices and ICT, and scientific data, as well as exchanging good practices.

- Define norms, policies, and guidelines to underpin efforts to improve health of older persons and ageing populations, and encourage their adoption

    - Develop norms and guidelines to orient national health systems around intrinsic capacity and functional ability
    - Develop norms and guidelines on fair processes to identify quality essential health and social services to be included within national benefit packages, such as within universal health coverage schemes, inclusive of older persons

- Develop approaches to put in place person-centered integrated care (in line with strategies on the Global Integrated People-Centred Heath Service Strategy and the Quality Universal Health Coverage Initiative.)
- Develop norms and standards for older people related skills for health workers, informal care givers and long term care (home, community and institutional based)
- Document best practices and innovative home and community-based models of care and support
- Collaborate with Member States and other partners to develop evidence based models for intersectoral action to maximize functional ability, particularly in resource poor settings
- Reflecting global evidence on what works in diverse contexts and basic standards, encourage testing of approaches to further develop systems of long term care (home or community based, or in institutions)

• Supporting countries to develop and align their national policies for healthy ageing

- Provide technical assistance and programmatic support to help countries develop and implement their own national plans for healthy ageing
- Support initiatives to develop age-friendly cities and communities and coordinate the global sharing of experience between them
- Provide technical assistance on improving quality of service delivery in the context of universal health coverage
- Provide technical assistance to help countries develop and analyse approaches to finance health services and long term care, for example within universal health coverage schemes, and the sharing of experiences and policy options to improve financing healthy ageing more generally
- Encourage links between sectors (such as health, social welfare, labour, education, environment, transportation) and integration with other international efforts (such as those on education, decent work and gender equality), including harmonized reporting

• Ensure accountability through reporting on progress towards healthy ageing

- Develop norms and standards on metrics and measurement approaches to monitor and evaluate healthy ageing, including levels and distributions, key determinants and impacts (draw on new and existing approaches)
- Support review and sharing of methods for regional, national and community based monitoring of healthy ageing (outcomes, as well as policy, implementation, institutional development)
- Document health inequities and their causes across the life course, and impact on Healthy Ageing; report how these can be mitigated by health and social interventions, and by multi-sectoral and intersectoral actions
- Provide a global baseline and report by 2020 reflecting metrics, data availability, and distributions within and across countries

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

Other International partners and stakeholders

Realization of the GSAP is contingent upon all stakeholders having clearly defined and coordinated responsibilities. Beyond the responsibilities of Member States, development partners and WHO, other stakeholders also have an important role in achieving the goals and strategic objectives, in several areas. Moreover, older persons' views and preferences in each country must shape strategies and actions that they potentially will benefit from. Expressions of interest and discussion with partners and stakeholders will shape a response and identify potential contributions. Based on preliminary discussions and proposals from different stakeholders, noted below are some examples that will be developed into a coherent and agreed upon set of contributions, during the consultation process (see boxes 16-22 for examples).

Box 16: proposed contributions of Older Persons

- Participate in discussions at all levels involving policy, program design and evaluation, advocacy, accountability, evaluation, and other avenues to improve understanding on the needs of older population and raise their profile
- Contribute to society (education, business) as well as inter-generational activities such as mentoring, volunteering, child care
- Organize and participate in community and large scale self-help and support groups to discuss and encourage healthy ageing
- Play an active and positive role in developing and maintaining their own functional ability at individual, family, and community levels.
- Participate in health forums and exchange within and across countries information and experiences of living a healthy life, for example through interactive technologies.
- Support and participate in the research agenda for older adults
- Pursue personal and group activities that promote well-being, based on what you value
- Advocate and volunteer as voices for older population

Box 17: proposed contributions from UN specialized agencies (submitted by UNFPA)

- Collaborate with WHO and stakeholders in the development of GSAP indicators
- Collaborate with WHO and partners to help shape the global research agenda
- Provide technical assistance in the formulation and implementation of action plans on healthy ageing
- Support the Decade of Healthy Ageing 2020-2030
- Promote the Madrid International Plan of Action on Ageing
- Advocate for the mainstreaming of ageing in national development agendas and poverty reduction strategies
- Advocate for the strengthening of national health systems, fit for ageing societies
- Advocate for the creation and sustainability of age-friendly environments
- Integrate ageing in UN programmes and projects
- Facilitate policy dialogue on meeting priority needs of older persons, especially the poor
- Engage in dialogue with civil society and the private sector
- Support training and capacity development efforts
- Support the establishment of regional training and research institutes on ageing
- Support research and data collection efforts
- Advocate for age and gender-sensitive data collection and analysis
- Support monitoring and evaluation efforts
- Work with partners to improve measuring, monitoring and reporting systems
- Strengthen inter-agency collaboration
- Establish a Global Ageing Group of UN agency focal points on ageing
- Provide a forum for the exchange of experiences, good practices and lessons learned
- Convene an annual Global Forum on Ageing

Box 18: proposed contributions from Non-State Actors

- Advocate, raise awareness and influence policies on healthy ageing at global, regional, national and local level based on research and evidence
- Develop and test innovative approaches to strengthen institutional, community and home based care for implementation of the most appropriate interventions for older adults
- Empower older adults to participate and share best practices to experience healthy ageing
- Educate, engage and mobilize communities with the aim to increase knowledge, awareness and understanding of the rights and needs of ageing population
- Contribute learning gained from associations and organizations addressing risk-factor, disease or condition specific issues, that are inclusive of older persons and their expectations for healthy ageing (including Dementia, Elder Abuse, Self-Help approaches)
- Support actions to challenge discrimination, attitudes and behaviours towards older adults and create age friendly environment
- Ensure medical products are adequately assessed in terms of their impact on older people
- Advocate increased attention to older persons' health and increased investment in healthy ageing
- Support research, and dissemination of evidence on the impact of health care, long term care and environmental interventions on trajectories of healthy ageing.
- Organise events to increase awareness and understanding of socio economic and health needs of the ageing population
- Advocate for access to and availability of essential medicines for older populations including pain relief medicines like opioids

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Box 19: proposed contributions of health workers and their professional associations

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

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Box 20: proposed contributions from private sector and public private sector partnerships

- Encourage participation of older adults in the development, design and evaluation of services or products.
- Engage in collaboration with the state, to ensure that private sector service providers (including health and care services, devices, and drugs) meet the specific needs of all older people
- Support multi-sectoral and intersectoral policies to address age based discrimination, such as in the employment of older persons and other workplace discrimination.
- Work with policy makers to promote architectural alterations and innovative house designs aimed at adapting to the changing needs and functional abilities of persons as they age.
- Promote research into design of social and environment innovations that support age friendly environments, including at the workplace
- Promote innovation to accelerate the development of new and improved assisted technologies and interventions to support ageing population;
- Facilitate access to age appropriate, affordable and high quality goods, pharmaceuticals, devices and services
- Invest additional resources, provide financial support and reduce prices for goods for older population
- Advocate for age-friendly businesses, including flexible employment of older persons
- Create opportunities to share information and best practices through website conference or awareness campaigns about ageism
- Support and increase awareness of long term care and age-friendly environmental interventions

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Box 21: proposed contributions from academia and research institutes

- Incorporate and address global research priorities towards Healthy Ageing
- Support and provide training of health workforce including skills and competencies to address the needs of older populations at institute, community or home based care.
- Encourage and support research, monitoring and evaluation related to healthy ageing.
- Promote and support innovation that meet the needs of different age groups including older adults through multi sectoral and inter sectoral actions
- Strengthen competencies the global network of academics, researchers and trainers
- Ensure older adults are meaningfully and statistically represented in population based studies to analyse data with sufficient power, and included in clinical trials
- Encourage older adults to participation in setting research questions and research study designs.
- Shape and implement national priorities and coordinated multidisciplinary research on Healthy Ageing, that focuses on needs and priorities of older adults.
- Advocate for increased budget allocation for research and innovation
- Build capacity of researchers especially in low and middle-income countries to conduct research on functional ability, intrinsic capacity and need for health, long term care or broad environmental challenges for the aged population
- Collect and disseminate new research findings and best practice on healthy ageing trajectories of intrinsic capacity.
- Support policy development by reporting on trends and emerging issues.
- Promote lifelong learning through traditional institutions and web based or other ICT technologies

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Box 22: potential contributions from media and entertainment industry

- Advocate and engage across all sectors to ensure that the needs of the ageing population are understood as a human right.
- Advocate for the mainstreaming ageing in national development agendas and poverty reduction strategies
- Participate in open dialogues with countries and the public sector and use effective communications techniques to convey balanced messages about population ageing and to address ageism and safety concerns.
- Collaborate with diverse stakeholders to understand the needs and concerns about population ageing and accurately report and promote safe and Healthy ageing.
- Develop entertainment and leisure activities that meet older adults' preferences
- Depict positive and diverse role models on television, films, news and other media

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6.3 Milestones 2016-2020

Working together to implement the GSAP over the five year time frame, requires a timetable that Member States and key stakeholders commit to. This is part of the accountability process and commitment to collaboration across governments, countries and stakeholders.

Although progress indicators may assess implementation in specific areas, **the following milestones are proposed** to consider if overall implementation is on track, collaborations are in place, and whether course correction is required. These can also gauge the extent to which preparations have advanced towards planning and adopting an eventual Decade of Healthy Ageing.

2016:
May: Adoption of Finalized Global Strategy and Action Plan on Ageing and Health (GSAP) by the World Health Assembly
December: Agreement on Partnerships and Strategic Objective-Level Progress Indicators (of the GSAP)

2017:
February: Contribution to Madrid + 15 review
June: Agreement on metrics and methods to assess healthy ageing – whether existing or new

2018:
June: Mid-term report on implementation of GSAP including progress on evidence synthesis on key themes, monitoring, norms and "best buys."   Refine direction of GSAP based on learning to date.

2019:
May - September: Proposal on Decade of Healthy Ageing in open consultation and discussed with Member States, entities representing Older Persons, and across United Nations system and other key partners and stakeholders

2020:
January: Proposal for Decade of Healthy Ageing and a new, associated strategy and action plan discussed at WHO Executive Board
October: Final GSAP review report with baseline for Decade on Healthy Ageing

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6.4 Beyond 2020

2021:
May - September: Decade of Healthy Ageing and new strategy and action plan adopted by the World Health Assembly and other appropriate multi-lateral governing bodies
October: Decade of Healthy Ageing formally launched on the International Day of Older Persons

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

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WHO Secretariat welcomes comments and suggestions
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