

DECADE OF HEALTHY AGEING BASELINE REPORT

SUMMARY



World Health
Organization

Decade of healthy ageing: baseline report. Summary

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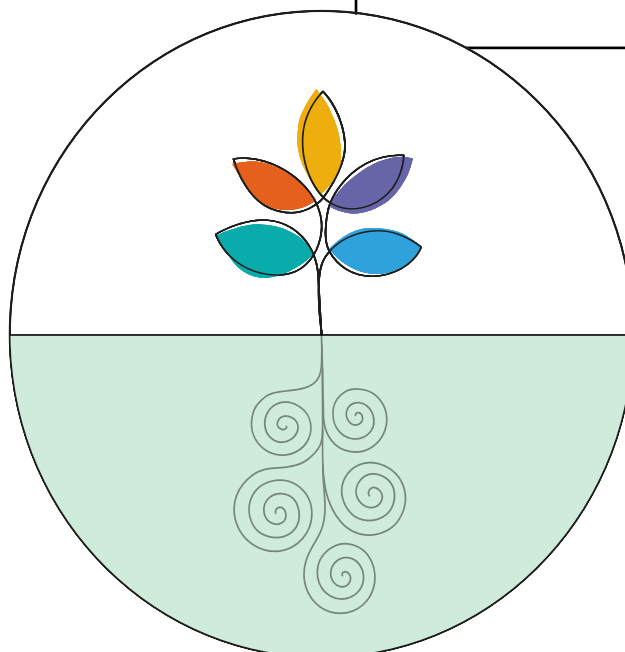
INTRODUCTION

[The Baseline Report for the Decade of Healthy Ageing 2021–2030](#) addresses five issues:

- 1. Healthy Ageing, the Decade's actions and enablers, and a pathway to accelerate impact by 2030.**
- 2. Where are we in 2020?** The report provides a first-time baseline for healthy ageing worldwide.
- 3. What improvements could we expect by 2030?** It documents progress and scenarios for improvement.
- 4. How can we accelerate impact on the lives of older people?** It shows how older people and stakeholders can together optimize functional ability.
- 5. The next steps, including opportunities to boost collaboration and impact by 2023,** the next reporting period.

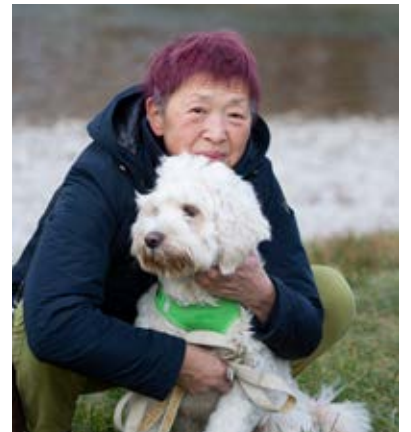
THE REPORT STRESSES THAT

- At least 142 million older persons worldwide are unable to meet their basic needs.
- Optimizing functional ability is a key to healthy ageing.
- Governments and other stakeholders must invest in data to monitor healthy ageing across the life course.
- Actions must be accelerated to make a measurable impact on older persons by 2030; older people must be involved at all stages.
- Global evidence and cases highlight what can be done and what we can learn.





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



1

GETTING READY FOR THE DECADE OF HEALTHY AGEING 2021-2030

Each older person can drive change

The [number of older persons worldwide](#) (2021) is slightly more than 1 billion – about 13.5% of the global population. By 2030, 1 in 6 persons will be 60 years of age or older.

Older people are at the centre of a new action plan on ageing and health. [The United Nations Decade of Healthy Ageing 2021–2030](#) brings together governments, civil society, international agencies, academia, the media and the private sector to collaborate in improving the lives of older people, their families and their communities. The vision is a world in which all people can live long and healthy lives.

[The Decade](#) provides opportunities to work together to improve functional ability by 2030, with meaningful engagement and empowerment of older people from the beginning. It addresses four areas for action at multiple levels and in multiple sectors in order to promote health, prevent disease, maintain intrinsic capacity and enable functional ability. The action areas are:

- change how we think, feel and act towards age and ageing;
- ensure that communities foster older people's abilities;
- deliver person-centred integrated care and primary health services that respond to older people's needs; and
- provide access to long-term care for older people who need it.

HEALTHY AGEING

Healthy ageing is relevant to everybody and is about creating the opportunities that enable people to be and do what they value throughout their lives. The goal of the Decade is to optimize older people's functional ability.

Functional ability refers to people's abilities to: 1) meet their basic needs to ensure an adequate standard of living; 2) learn, grow and make decisions; 3) be mobile; 4) build and maintain relationships; and 5) contribute to society. Functional ability combines the intrinsic capacity of the individual, the environment a person lives in and how people interact with their environment.

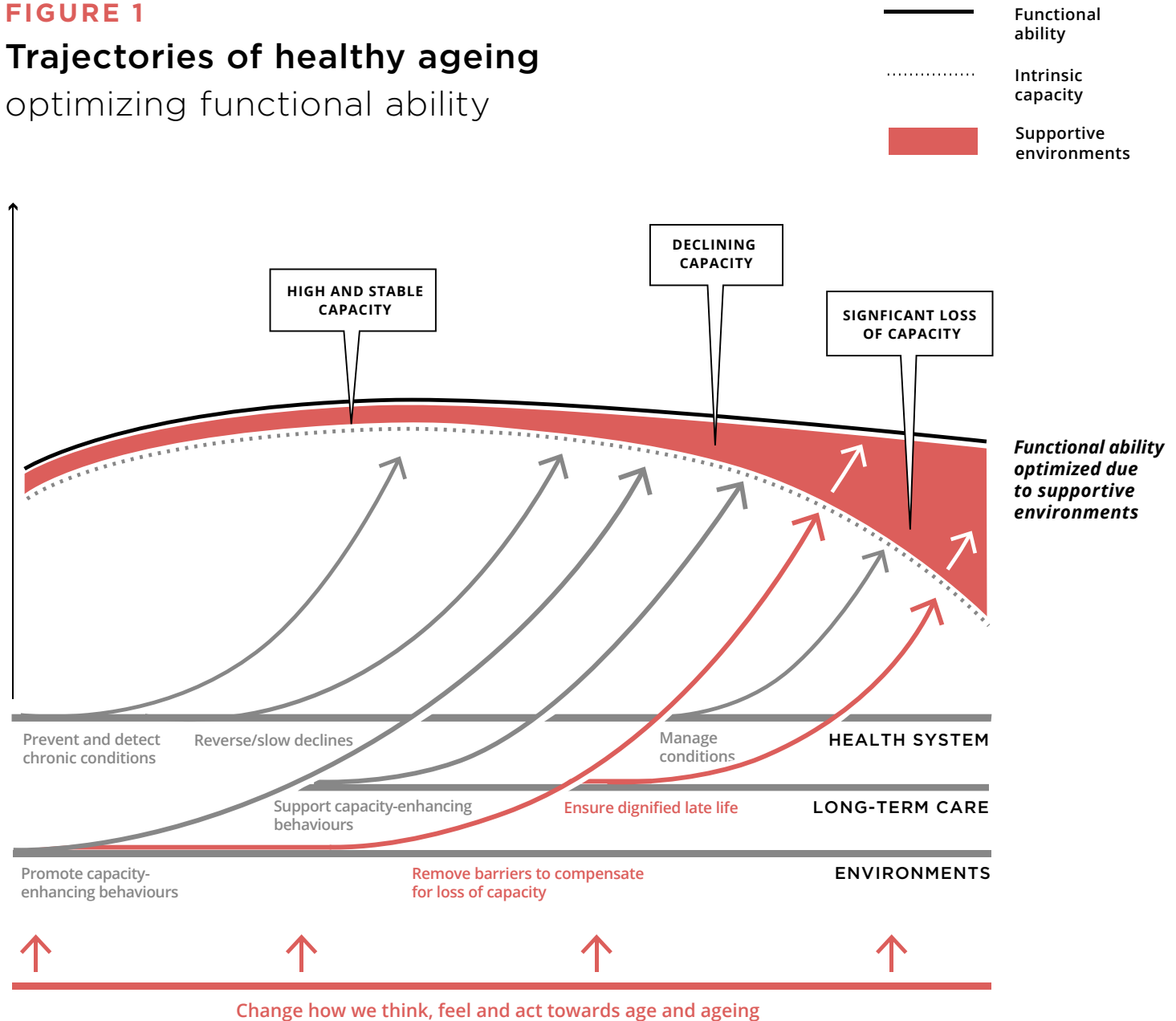
Intrinsic capacity comprises all the physical and mental capacities that a person can draw on, including a person's locomotor capacity (physical movement), sensory capacity (vision and hearing), vitality (energy and balance), cognition and psychological capacity. These capacities are interrelated and contribute to functional ability. For example, hearing helps people to communicate, maintain autonomy, and sustain mental health and cognition. Significant declines are closely related to care dependence in older age.

Environments are where people live and conduct their lives. Environments shape what older people with a given level of intrinsic capacity can be and do. These include the home, community and broader society and relate to products, equipment and technology that facilitate older peoples' capacities and abilities; the natural or built environment; emotional support, assistance and relationships provided by other people and animals; attitudes since these influence behaviour – both negatively and positively; and services, systems and policies that may (or may not) contribute to enhanced functioning at older ages.

Healthy ageing is influenced by multiple factors throughout the life course, including those identified as priority areas of action in the Decade. Over time, these factors result in trajectories of intrinsic capacity and functional ability for each person, or for a group of people (Figure 1). Trajectories are also influenced by local and global events, as demonstrated by the COVID-19 pandemic, and can be shaped by other drivers such as climate change.

Almost all determinants of healthy ageing can be improved by policies aimed at different levels (household, communities, regional, national or global). Actions that dismantle discrimination and level up socioeconomic conditions are likely to uplift the trajectory of healthy ageing for everyone.

FIGURE 1
Trajectories of healthy ageing
 optimizing functional ability



ACCELERATE IMPLEMENTATION AND OPTIMIZE FUNCTIONAL ABILITY

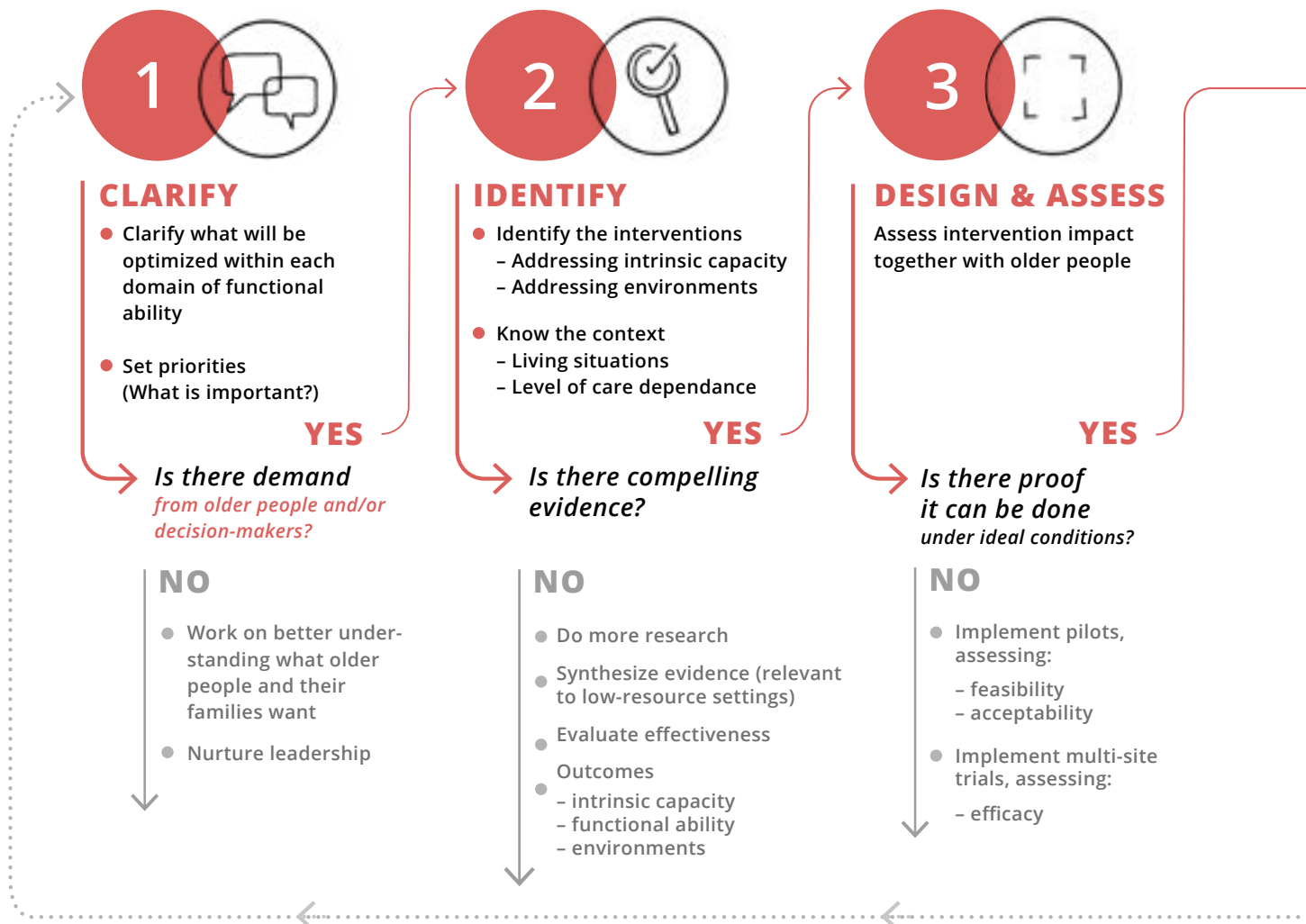
Our challenge is to see meaningful and measurable improvements in the lives of older people, their families and their communities by 2030. Partnerships are needed with older people, decision-makers in governments and those who design and implement community programmes. Action needs to be informed by evidence and aligned with older people's expectations.

Strong collaboration for transformative change will benefit from four “enablers” that are outlined in the Decade, including:

- meaningful engagement with older people, families, caregivers and others;
- building capacity for integrated action across sectors;
- linking stakeholders to share experience and learn from others; and
- strengthening data, research and innovation to accelerate implementation.

FIGURE 2

The pathway to optimize functional ability



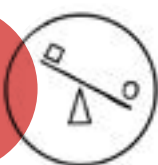
The report illustrates a six-point pathway that brings these enablers together to accelerate implementation, scale up effective programmes and optimize functional ability (Figure 2).

Sustaining commitment to high-priority objectives is the key to a transformative process that delivers impact.

KEY MESSAGES:

- Healthy ageing is a dynamic process.
- Governments and other stakeholders committed themselves by 2030 to achieve meaningful and measurable improvements in the lives of older people.
- Strong collaboration for transformative change requires the building of systems with leaders, scientists and civil society, including people of all ages.
- A transformative pathway illustrates how this can be done.

4



EVALUATE

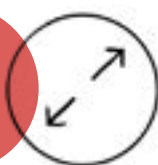
Evaluate what actually works & what doesn't in practice in each setting

Do no harm and do not increase inequality

How can it be done?

- Can it be done?
- Who is engaged?
- Who provides it?
- How is it delivered?
- What is unique to this setting?
- Which needs, rights and/or values are addressed?
- How to address barriers and bottlenecks

5



REACH

Address scalability, leaving no one behind

- Scale up vertically
- Scale up horizontally
- Leave no one behind
- Ensure efficacy & sustainability
- Monitor effectiveness & impact

6



ACCELERATE IMPACT

Maintain and increase effectiveness & efficiency

- Communicate the impact
- Engage more stakeholders
- Mobilize new resources
- Promote technology transfer
- Foster research & innovation cycle
- Build a culture for impact

2

WHERE ARE WE NOW? GLOBAL STATUS OF HEALTHY AGEING

Measuring healthy ageing

WHO has taken a systematic approach to measuring healthy ageing. For this global baseline of 2020, items commonly used in existing national studies between 2013 and 2019 of persons aged 60 years and over were mapped to each of the five domains of intrinsic capacity and functional ability. WHO accessed data from studies in 55 countries, with 52 released for WHO analysis by June 2020. This showed that 42 countries had some comparable data for either functional ability (37 countries) or intrinsic capacity (36 countries), with 31 countries having data for both. [United Nations population estimates](#) for 2020 indicated that these 42 countries had a population of 678.5 million older people, representing 16% of the total population in these countries and 65% of all older people worldwide. Results across the 42 countries included information on 151 718 older persons aged 60 years and over, with 68 456 men (45%) and 83 262 women (55%).

Basic needs should be met for older people at any age, and approaches should mitigate inequalities in opportunities.

FUNCTIONAL ABILITY

Some 14% of older people in the analysis were shown to be unable to meet their basic needs that are necessary for a life of meaning and dignity – i.e. within their environment, they cannot dress themselves, get and take their own medication or manage their own money, bills or finances. This percentage represents some 71 million of the older persons in the 37 countries with data – and at least 142 million of people aged 60 and over worldwide. These figures do not include older people living in long-term care facilities or other institutions.

The ability to meet some basic needs was scaled from 0 (lowest) to 100 (highest). The highest score band (80–100) should be attainable by all older persons through a combination of maintaining intrinsic capacities, providing enabling environments and ensuring targeted support to those who need it. For each age, on average, this is the case for all countries until around 75 years although there is a lot of variation within each country.

Figure 3 shows that on average, based on cross-sectional data, men and women have similar abilities to meet some basic needs between ages 60 and 80 years.

After 80 years of age, the difference between men and women potentially reflects that at older ages more women are likely to live alone and in poverty compared to men. Overall, inequities in gender and education contribute to differences within and between countries.

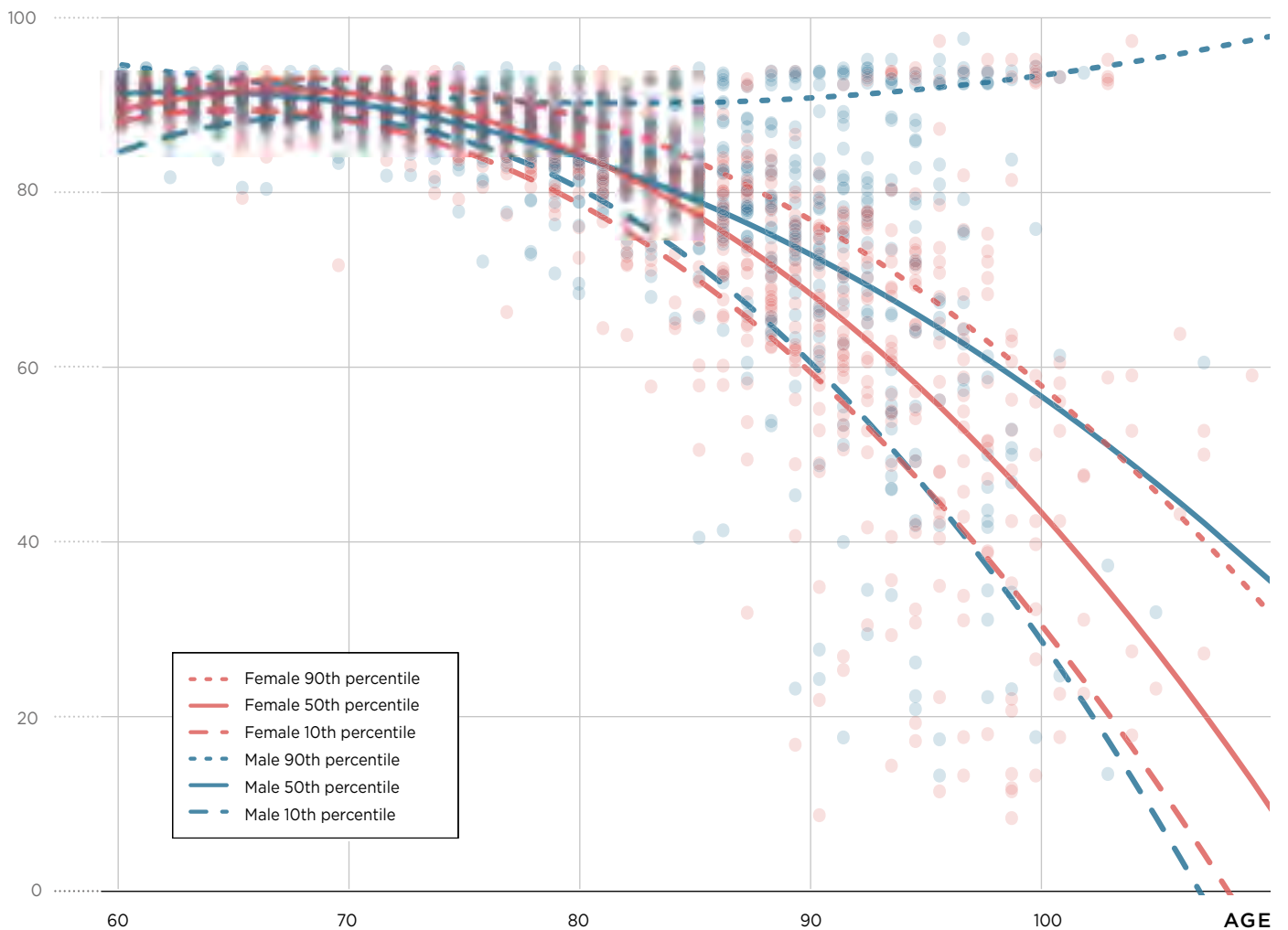
Basic needs should be met for all older people at any age, and approaches should mitigate inequalities in opportunities. Comparable questions on other basic needs, such as adequate housing or diet, and all other abilities, are lacking in existing surveys.

FIGURE 3
Ability to meet some basic needs by age
 men and women, 37 countries*

Each dot represents the average score at each age, for men (blue) and women (red) separately for each country. This represents some 57 000 men and 70 000 women across the 37 countries.

After 80 years of age, more women are less able to meet some of their basic needs than men, with the gap widening with increasing age.

BASIC NEEDS SCORE



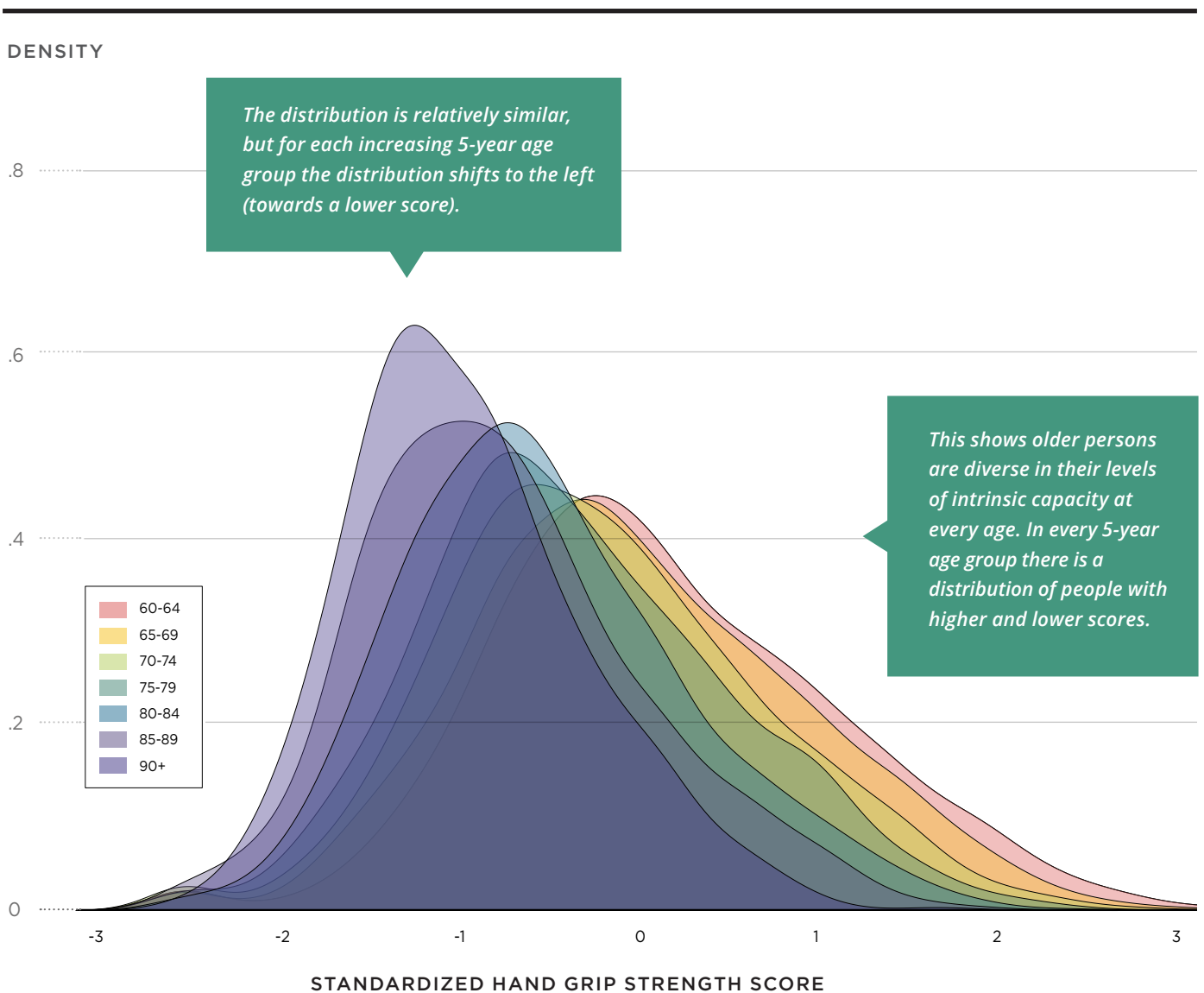
* Austria, Belgium, Brazil, Bulgaria, Canada, Chile, China, Costa Rica, Croatia, Cyprus, Czechia, Denmark, England, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sri Lanka, Sweden, Switzerland, and United States of America.

FIGURE 4

Vitality (hand grip strength), score distribution by 5-year age groups, in 36 countries*

Density plots visualize a distribution of people and their scores.

This represents more than 121 000 older persons in 36 countries, within 7 distributions, one for each 5-year age group (60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90+ years).



* Austria, Belgium, Brazil, Bulgaria, Canada, China, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Ghana, Greece, Hungary, India, Israel, Italy, Latvia, Lithuania, Luxembourg, Malaysia, Malta, Mexico, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, South Africa, Spain, Sweden, and Switzerland.

INTRINSIC CAPACITY

At every age there is a lot of diversity in older people's intrinsic capacity – all the physical and mental capacities that a person can draw on. The report provides a snapshot of two items – delayed word recall and hand grip strength – that reflect different domains of intrinsic capacity (cognition and vitality).

Figure 4 documents that, although declines occur with chronologic age for many older people, declines are not inevitable: some people at the oldest ages (90+ years) have the same capacity as those at younger ages (60–64 years).

This baseline analysis documents that older persons are not a homogenous group. Differences between men and women, and between older people in general, should be carefully reviewed and assessed with regard to whether these differences relate to stature, or are driven by social determinants of healthy ageing. This has implications for global monitoring of functional ability and intrinsic capacity.

Some people at the oldest ages (90+ years) have the same capacity as those at younger ages (60–64 years).

ENVIRONMENTS

For the baseline analysis, environments and the five environment domains were not assessed in a comparable manner across a sufficient number of nationally representative population-based studies due to a lack of comparable data. However, to accelerate improvements of functional ability, the age-friendliness of environments will need to be tracked and enhanced during the Decade.

Combining geographical data and existing studies that include older adults is a promising way to investigate the interaction of environments and intrinsic capacity, and the impact on functional ability. A feasibility study drawing on data available on smartphones illustrates information from a number of cities from all regions of the world, including real-time data on what places or services can be accessed in nine categories (such as parks, clubs or health providers) and how accessible they are to older adults whether by driving, taking public transportation or walking for each.

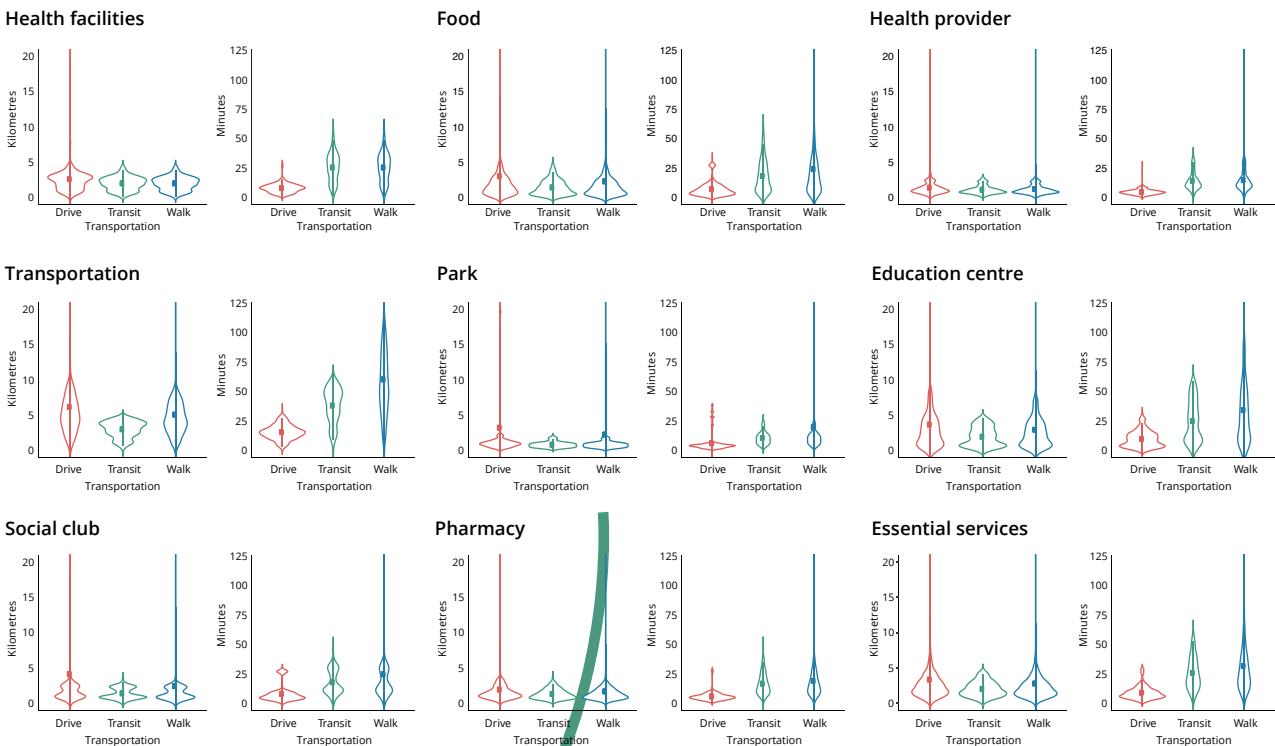
Figure 5 provides an example dashboard with each category as separate “violin plots” from Tokyo, Japan. Cities and communities can foster the full participation of older people and play a crucial role in ensuring that no older person is left behind.

Decreasing the digital divide between younger and older people, particularly those in rural areas, will enable a wider range of older people who can use real-time information to care for themselves or others, make informed decisions, and pursue what they value. Further studies are needed to evaluate the impact of policies on years of working, retirement, lifelong learning and flexibility in employment options for older persons.

FIGURE 5

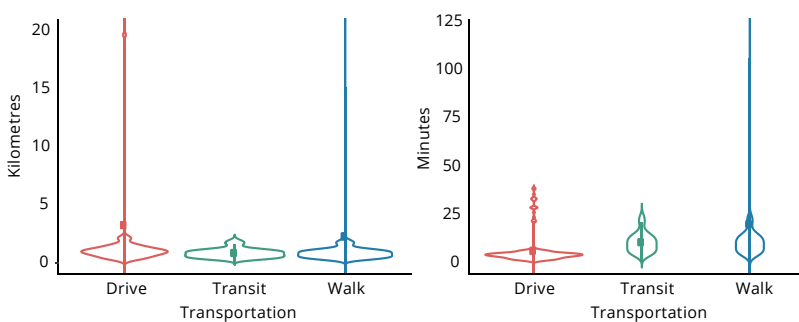
Distance and travel times to places and services within a city

For Tokyo, a dashboard displays information for all nine indicators.



These violin plots are a combination of a box plot and density plot, rotated on its side to show the full distribution and shape of the data. A violin plot that sits on the floor, like a flat box with no line, indicates that most services for most people are very near.

TOKYO, JAPAN Park



For people living in Tokyo, parks are within a few kilometres, whether driving, taking public transportation or walking.

Some older people may take longer to walk the same distance.

USING DATA TO DRIVE IMPACT AT COUNTRY LEVEL

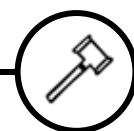
Driving impact for healthy ageing is not only about data collection. It is also about how leaders and decision-makers in multiple sectors are driving the use of these data. Many countries already use national and subnational data to improve policies and programmes for older persons. In 2019–2020, eight ministries of health from countries in all WHO regions led collaborative processes with other ministries, regional and municipal entities, civil society and

academic partners, to compile reports on the types of data sources available to them. Importantly, the countries provided case studies on how data from these sources are used to inform policies or programmes relevant to older adults. The case studies – from Chile, China, Finland, Ghana, India, Qatar, Singapore and Thailand – are highlighted in the baseline report.

KEY MESSAGES:

- At least 142 million older persons worldwide currently lack the ability to meet their own basic needs.
- Cases from around the world highlight commitment to collecting and analysing data, often with new technologies and methods engaging older people.
- National case studies indicate that every country can use existing data to inform policies and programmes for older people and find ways to link across sectors and use a wide range of data sources.
- Three quarters of the world's countries have limited or no comparable data on healthy ageing or on older age groups, and this situation contributes to the invisibility and exclusion of older people.

POLICY IMPLICATIONS



The lack of data on healthy ageing or older age groups increases the invisibility of older people. Highly relevant for progress reporting on the Decade, governments and other stakeholders need to invest in data to monitor healthy ageing across the life course. This will require:

- comprehensive information on all abilities, capturing what older people value to be and to do;
- more standardization of data for measuring healthy ageing across the life course, and monitoring policies and programmes;
- more disaggregation of data by age (five-year groupings by age and sex to at least age 90 and over) and by place of residence, socioeconomic status and other markers of inequality;
- more innovation in collecting, analysing and using information;
- more interoperability of data-sharing;
- more involvement of older adults in policy- and decision-making across sectors.

3

WHAT IMPROVEMENTS COULD WE EXPECT BY 2030?

Understanding and measuring success together

The Decade advocates for measurable impact on older people's lives by 2030. A major goal is to strengthen country reporting. WHO in collaboration with United Nations departments and specialized agencies, will report progress in 2023, 2026, 2029 and a final report aligned to the United Nations 2030 Agenda.

Many sectors will have to be involved. Indicators of progress and impact must:

- 1) aim to make a difference in the lives of older persons;
- 2) be able to be improved by governments and other stakeholders; and
- 3) be measured often to track progress.

The baseline assessment includes two types of indicators endorsed in the Decade's action plan, namely: indicators of progress at national level and indicators of outcome and impact on people's lives, including healthy life expectancy and healthy ageing. New indicators could be considered prior to triennial reporting periods.

PROGRESS AT NATIONAL LEVEL

The Decade's action plan has [10 progress indicators](#).

These focus on the number of countries with:

- 1) a focal point on ageing and health; 2) national plans or strategies aligned with healthy ageing; 3) a national multi-stakeholder forum or committee; 4) legislation and enforcement against age-based discrimination; 5) access to assistive devices; 6) a national programme to support activities; 7) support to comprehensive assessments of health and social care needs; 8) a long-term policy or strategy; 9) cross-sectional, nationally representative data; and 10) longitudinal, nationally representative surveys.
- These indicators were first reported on in 2018 and updated in 2020.

The number of countries that had reported achievement of each progress indicator in 2020 are compiled in [Figure 6](#), disaggregated by each of the six WHO regions. This recognizes that each region has a different number of Member States contributing to the overall number of 194 countries.

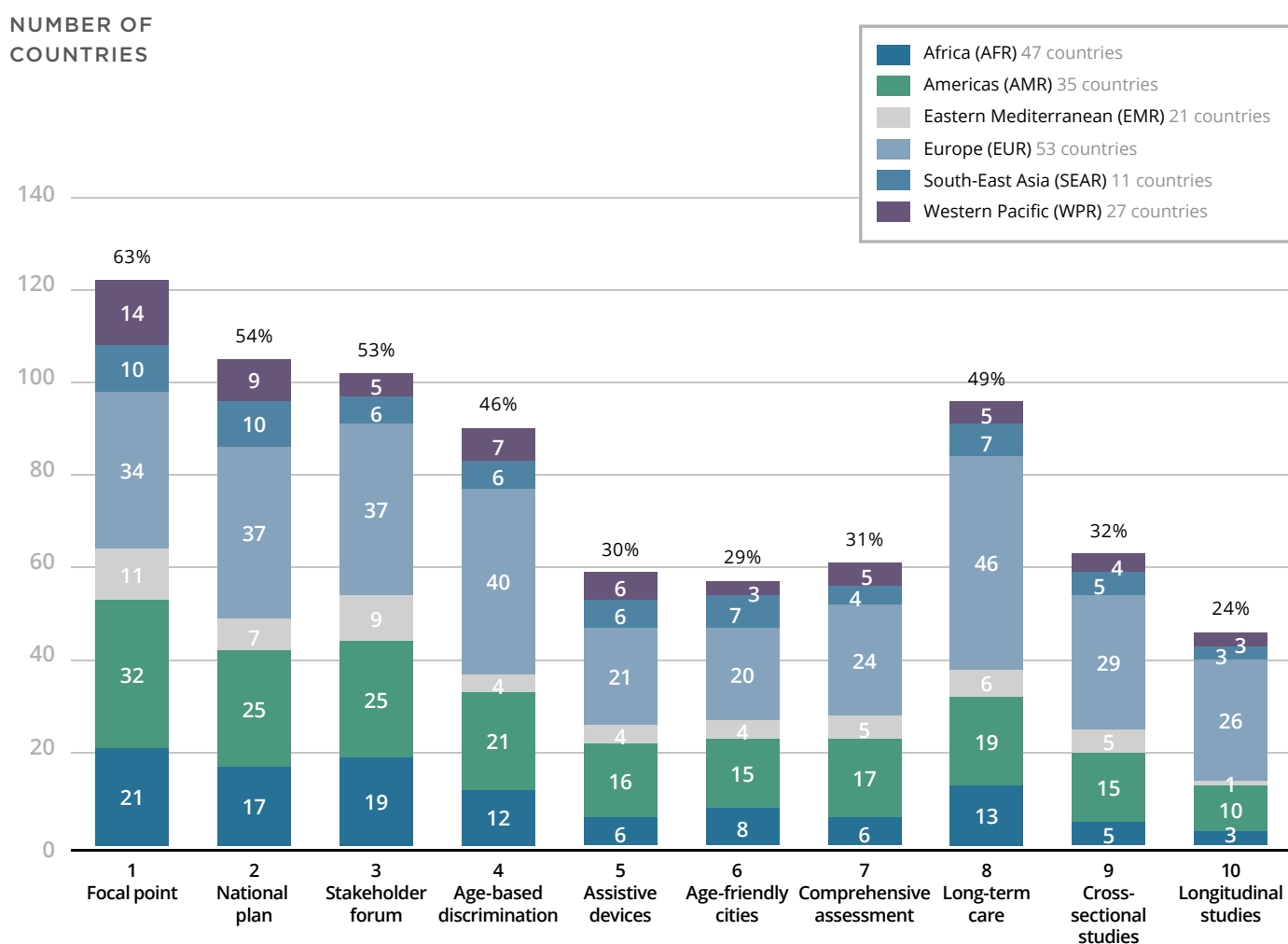
Most underlying determinants of healthy ageing can be shaped by policy and require multisectoral collaboration.

National commitment to Healthy Ageing improved slightly between 2018 and 2020 on all 10 indicators (with the biggest increase in national policies and the smallest in legislation and enforcement against age-based discrimination). For all indicators, 22–36% of countries have not reported on progress.

A projection based on current progress suggests that four indicators would be reached by all countries only after 2030, and only one by 2023. Consequently, action must be accelerated.

FIGURE 6

Number of countries responding “yes” to each indicator* region and percentage of 194 Member States, 2020

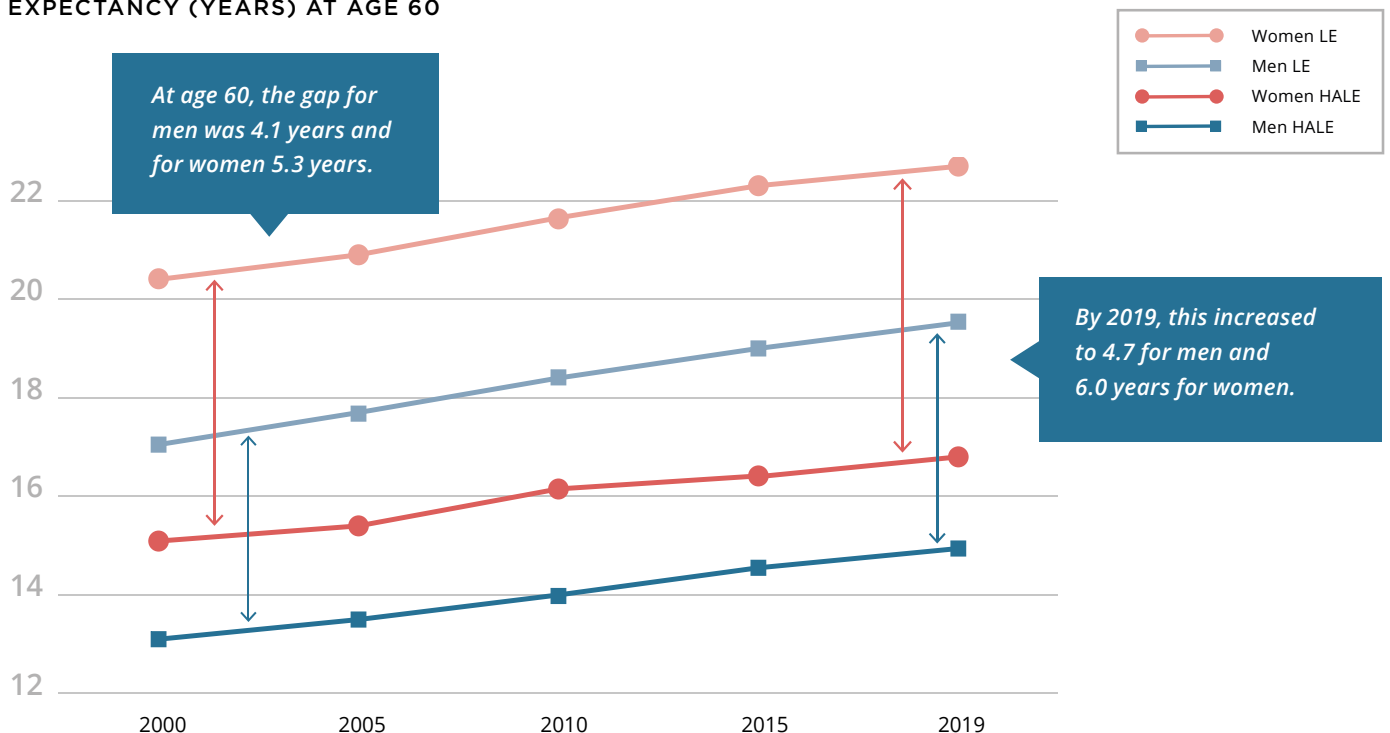


*Further details on percentages by indicator and region available in the full report.

FIGURE 7

Gap increases between life expectancy and healthy life expectancy at age 60, 2000-2019

EXPECTANCY (YEARS) AT AGE 60



OUTCOME AND IMPACT ON PEOPLE'S LIVES

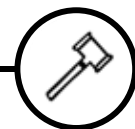
[Healthy life expectancy \(HALE\)](#) is another outcome indicator endorsed in the Decade – and is the overall indicator for measuring the impact of WHO's Triple Billion targets. HALE – especially after 60 years – reflects the extent to which years of life are spent in good health. Efforts to accelerate improvements in HALE complement efforts to support healthy ageing. However, globally between 2000 and 2019, life expectancy (LE) has increased faster than HALE both at birth and at age 60 (shown in [Figure 7](#)). This reflects an increase in the number of years in ill-health.

Whether this gap is increasing or decreasing, the importance of optimizing functional ability remains relevant for all older people. Enabling environments can enhance the abilities of all older adults and can mitigate the declines in intrinsic capacity that many – though not all – older people are likely to experience.

WHAT CHANGES COULD WE EXPECT BY 2030?

Scenarios for the Decade engage stakeholders to define a shared vision and a desired future. Building scenarios can clarify what we are willing to work towards.

Three scenarios – deterioration, stagnation or improvement – are considered from 2021 to 2030, anchored to the key finding that 142 million older people are unable to meet some of their basic needs.



POLICY IMPLICATIONS

Working together in every country and in every community to build and maintain intrinsic capacity, prevent and manage existing diseases, respect older people's preferences and goals, and increase the reach of enabling environments that leave no older person behind, will all contribute to optimizing functional ability.

Of the three scenarios, improvement is the one that stakeholders have committed to in the Decade.

SCENARIO: IMPROVEMENT

Significant improvement reflecting the ability of older people to meet their basic needs relative to the baseline, a rebound after the pandemic, and improved access to services.

- Person-centred integrated care and long-term care for older people developed and provided as part of Universal Health Coverage (UHC)
- Attitudes towards older people change positively
- Faster recovery and inclusive response, mitigating the pandemic's disruptions
- Accelerated improvements in the meaningful and inclusive engagement of older people
- Governments, civil society and the private sector work together to optimize functional ability
- Better distribution of global investments and progress.

- Improvement on 10 out of 10 indicators documents an increasing worldwide commitment to healthy ageing but the level of reporting and pace of progress needs to be accelerated.
- Member States' commitments will be tracked in order to make older people visible.
- New indicators could be considered prior to triennial reporting periods.
- "What if" scenarios provide inputs to Member States' and other stakeholders' deliberations and offer a stimulus to transform how we work together.
- Because benchmarking requires strengthened country data and information systems, WHO with other partners will provide standards and tools to support countries to measure healthy ageing.
- Over the 10-year period, the tracking of indicators through regular accumulation of data in every country will reveal what works and what does not, helping to shape efforts with updates and progress reports in 2023, 2026, 2029 and a final report in 2030.

Current levels of progress and outcome indicators, and the improvements we have committed to by 2030, converge on the importance of accelerating actions and impact.

4

HOW COULD WE IMPROVE BY 2030?

Learning and working together to accelerate impact

Optimizing functional ability of all older people by 2030 requires that all actions taken are underpinned by evidence and developed with older people. Existing “evidence synthesis reviews” indicate what could be drawn on for further appraisal and expert review to provide guidance on what can be done. However, very few of [WHO’s existing guidelines](#) and evidence packages address ways to enhance older people’s intrinsic capacity (as of September 2019).

Figure 8 shows that only three guidelines with a total of 14 recommendations focused on older people, most notably the [WHO Integrated Care for Older People \(ICOPE\)](#) package of guidance that addresses person-centred integrated care for older people and the domains of intrinsic capacity.

Research on healthy ageing should not focus only on health issues. New knowledge is also needed to link the social, biological, economic and environmental determinants of healthy ageing throughout the life course. For that, new studies are needed with research across countries, building on existing networks – for instance, of household surveys – and multiple disciplines engaging older people.

BUILDING UP EVIDENCE TOGETHER

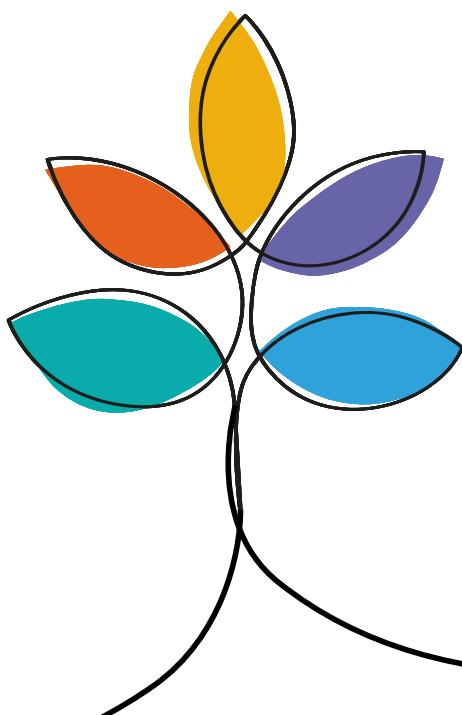
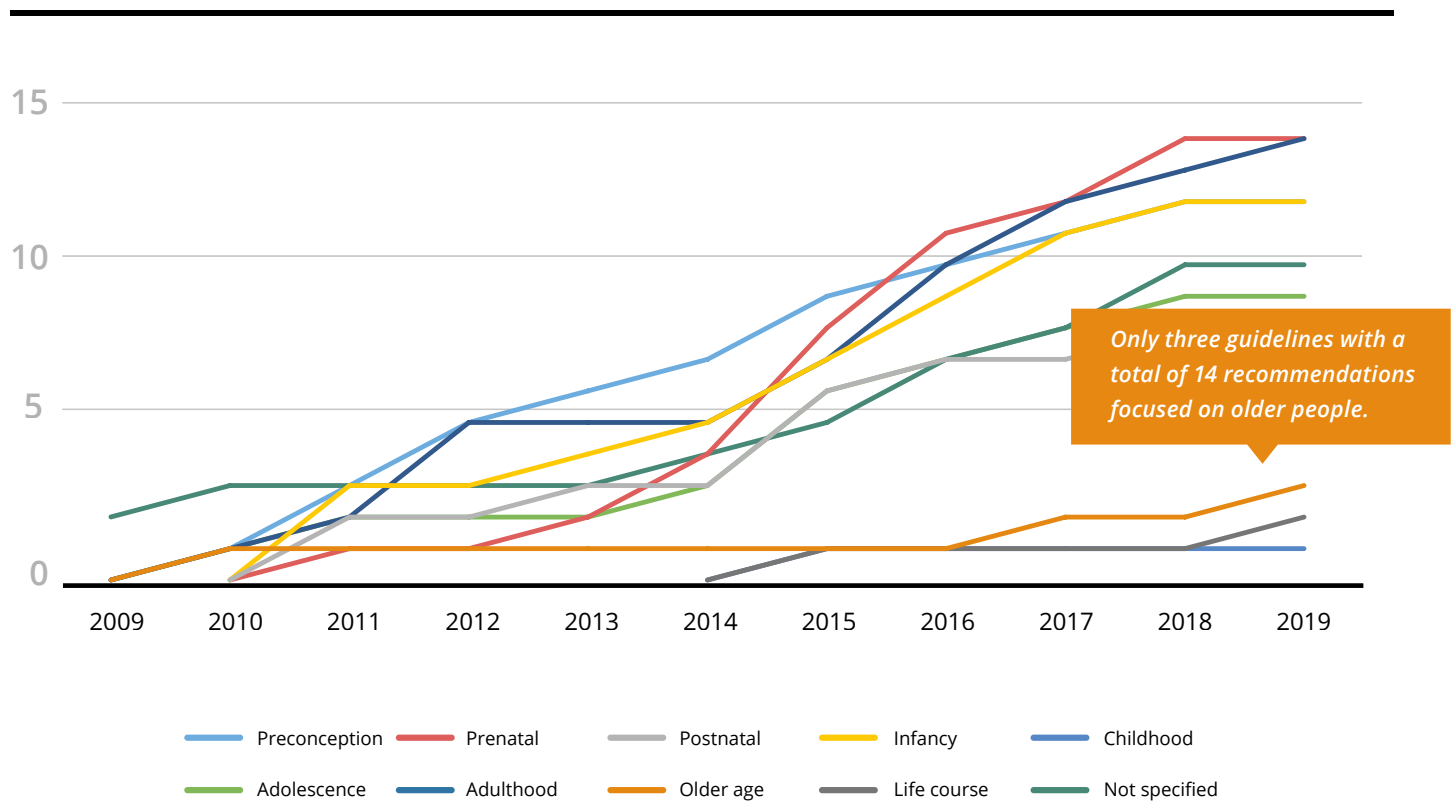
The pathway to optimize functional ability (**Figure 2**) introduced in Section 1 addresses research, knowledge translation and scale-up by focusing on older people’s needs and priorities. This requires leadership and knowledge from a range of stakeholders in government, the private sector and academia, including civil society (such as the International Federation of Ageing and HelpAge International) and older people, who will fill gaps and provide new insights to accelerate action.

The WHO Consortium on Metrics and Evidence for Healthy Ageing and the [Cochrane Campbell Global Ageing Partnership](#) provide examples of new and existing evidence reviews on what can be done, addressing the main causes of disease burden in older adults, the five domains of functional ability and each of the Decade’s four priority action areas. Gaps are also highlighted.

Optimizing functional ability of all older people by 2030 requires that all actions taken are underpinned by evidence and developed with older people.

FIGURE 8

Cumulative number of WHO guidelines addressing any domain of intrinsic capacity by life stage, 2009-2019



LEARNING FROM PRACTICES IN COUNTRIES

The need to speed up actions in countries and communities to engage older people and deliver interventions is central to the Decade’s call to have measurable impact on people’s lives by 2030. As we build the evidence base, we can learn from programmes and activities around the world.

Applying the transformative pathway (Figure 2) to optimize functional ability introduced in Section 1, evidence and programmes drawing on 350 cases are used to illustrate each of the pathway's components, namely: Clarify, Identify, Design & Assess, Evaluate, Reach, and Accelerate Impact.

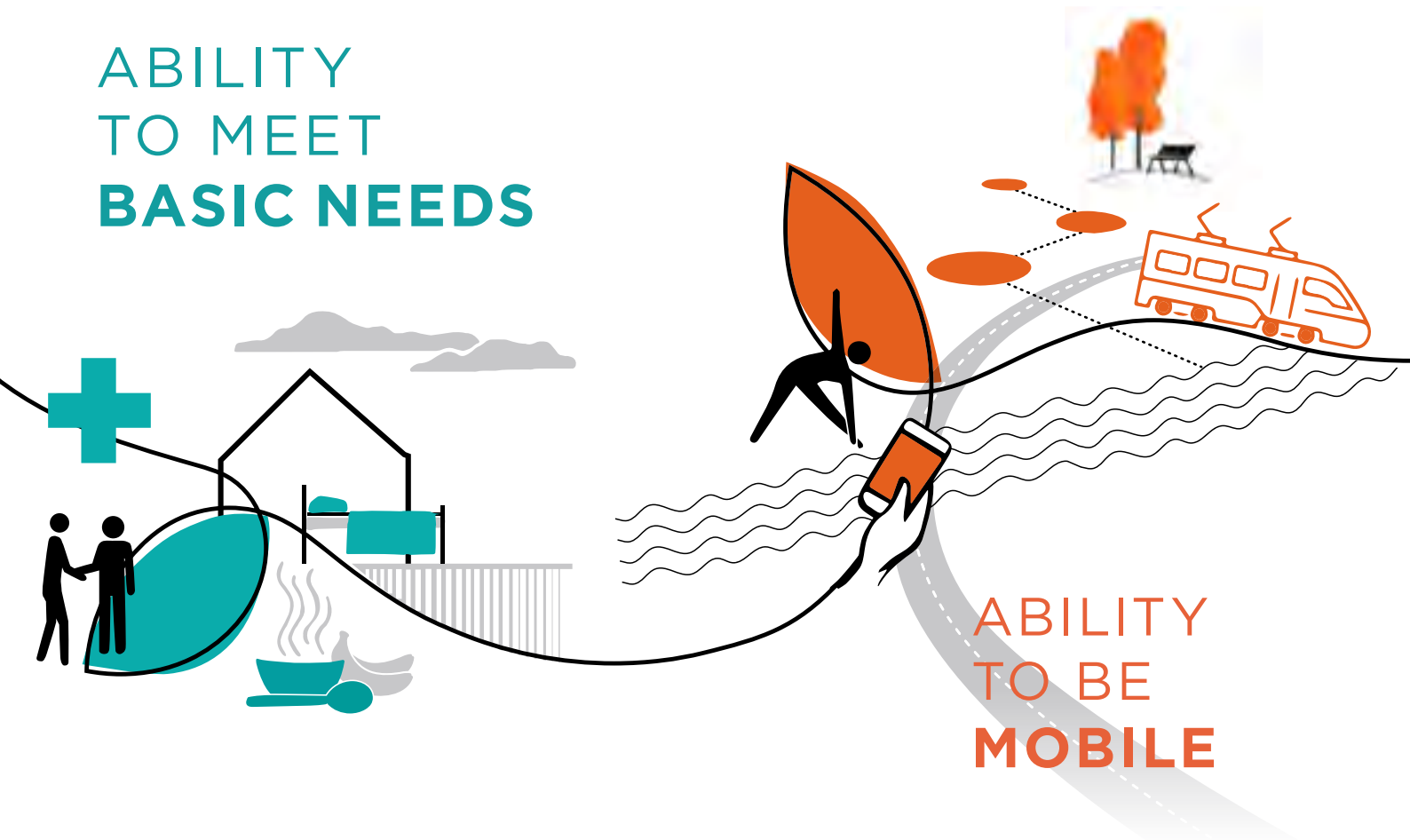
Selected through review, agreed-on criteria and refinement, the evidence and programmes highlight actions across stakeholders and jurisdictions, found in the main report. Many actions are led by governments, by civil society, some by the health or social care sectors, and many by other sectors or by multiple sectors that have shared goals and objectives. These include municipalities – such as those belonging to [WHO Age-friendly Communities and Cities](#).

Five narratives are composed to address each functional ability, acknowledging that the five domains are interrelated.

- Ability to meet basic needs
- Ability to be mobile
- Ability to build and maintain relationships
- Ability to learn, grow and make decisions
- Ability to contribute to society.

Many activities enable older people to use their skills and talents. Some cases are pilots or programmes that remain to be evaluated yet provide insights on practices that are underway worldwide to speed up actions that improve older people's functional ability.

ABILITY TO MEET BASIC NEEDS

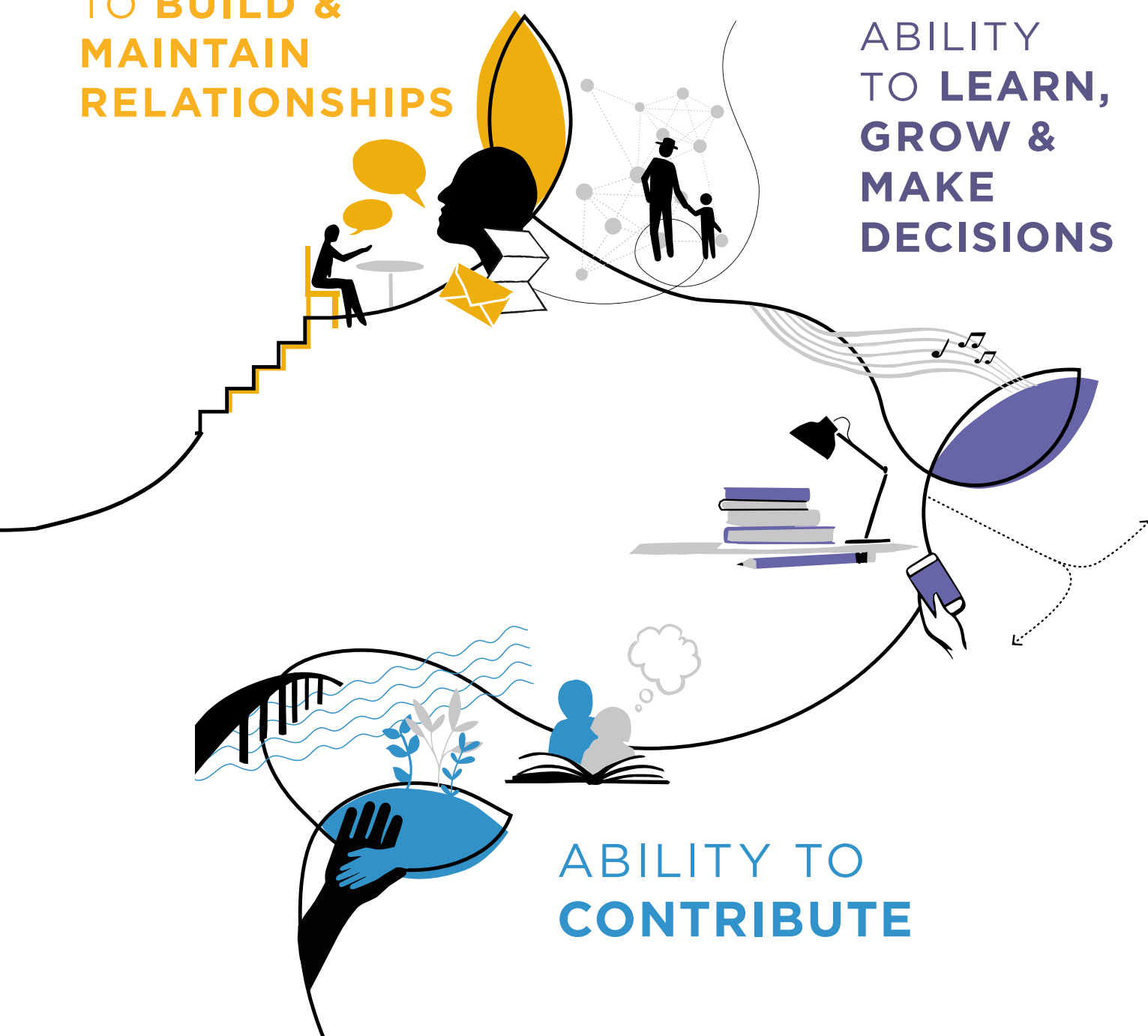


Country-specific information provides insights, for example, that households with older persons are at greater risk of catastrophic health spending compared with those without, calling for universal health coverage that reduces financial hardship at all ages. Innovative approaches to tackling loneliness and social isolation recognize the multiple relationships older

adults have (spanning intimate partners to caring for grandchildren). Apart from challenging ageism (negative attitudes, stereotyping, prejudice and discrimination on the basis of age), several areas of action relate to lifelong learning, retirement, pensions, work and employment. New applications offer promising platforms that can bring together older people and potential employers, enabling older adults to find new opportunities for employment and social engagement.

ABILITY TO BUILD & MAINTAIN RELATIONSHIPS

ABILITY TO LEARN, GROW & MAKE DECISIONS



ABILITY TO CONTRIBUTE

LEARNING FROM DISEASE-BASED PERSPECTIVES

A final narrative proposes learning from disease programmes – particularly approaches addressing noncommunicable diseases (NCDs) among older people given that chronic and NCD conditions make up the 10 major causes of [disability-adjusted life years \(DALYs\)](#) in older people globally. The COVID-19 pandemic at the start of this decade reveals the importance of underlying conditions (mostly NCDs) which increase the risk of severe disease and death which are concentrated or elevated among older people in many countries.

Healthy ageing requires optimizing functional ability among those with disease; it also requires person-centred integrated care that focuses on people's capacities and disease management that reflects personal goals. Governments at all levels are promoting healthy ageing by reducing exposure to risk factors for NCDs, including primary and secondary prevention of environmental, metabolic and behavioural risks, integrating NCD treatment and management into universal health coverage benefit packages, and alleviating individual and societal burdens.

National programmes, such as in India, Mexico and Vanuatu, are reorganizing the provision of basic screening, diagnosis and treatment services through an integrated, multilevel approach that is inclusive of older people. Integrated packages can promote healthy ageing – e.g. the management of cerebrovascular health, opportunity for healthy diet and physical activity, the avoidance of harmful substances, and addressing violence against older persons.

What needs to be done, and in which order, will depend on the person and situation. All activities must nevertheless be conducted in ways that engage older people and overcome inequity and age-based discrimination.

KEY MESSAGES:

- Cases from around the world highlight what can be done and what we can learn from each other.
- Evidence and cases highlight approaches to research, knowledge translation, programme development and scale-up that engage older people, enable them to use their skills and talents and focus on furthering their abilities and well-being.
- Healthy ageing in the presence of disease, including NCDs, reflects a focus on optimizing functional ability, but it also means ensuring coordinated care that manages disease with a focus on individuals' personal goals.
- Research on healthy ageing should focus not only on health issues.
- Understanding what can be done and what we can learn across the life course will contribute to improving healthy ageing trajectories that are inclusive of all ages.



POLICY IMPLICATIONS

- Some promising interventions will require further evaluation and review, while in other areas new knowledge is needed. Building up recommendations that address all components of healthy ageing that are relevant to older people will contribute to policy dialogues during the Decade.
- Multiple activities involving older people are underway in many countries, underlining the need for such engagement to be recognized and evaluated.
- The emerging trend to transform disease-based approaches into person-centred programmes inclusive of older people should be encouraged and evaluated – with multiple sectors and partners, including civil society.
- New knowledge is needed to link the social, biological, economic and environmental determinants of healthy ageing throughout the life course.
- Evidence syntheses that capture what works to enhance all domains of functional ability, intrinsic capacity and environments, are also needed.
- During the course of the Decade, WHO, with partners including older people, expects to have a suite of evaluated interventions and programmes that further demonstrate impact with details on what works and why.
- Cases from around the world show that older people are driving change and their contributions benefit their families, communities and society as well as their own well-being.

5

A NEW DECADE OF ACTION

Healthy Ageing is about creating the opportunities that enable people to be and do what they value throughout their lives. The report is a baseline, setting the stage for the Decade and advocating the need to accelerate actions to reach all older people. Sustained commitment and partnerships for change are needed to realize the improvements we want to see by 2030.

The pathway described in the report brings the Decade's enablers together to accelerate implementation in each area of action and to optimize functional ability. Acceleration of impact requires policy coherence throughout WHO and alignment across the United Nations shaped by the vision of a world in which all people can live long and healthy lives. This includes coordination based on shared values and goals, and collaboration to support governments and stakeholders in countries to implement the UN Decade for Healthy Ageing 2021–2030 with actions that reach all older people.

2023 IS THE NEXT MILESTONE FOR THE DECADE

Optimizing functional ability and accelerating measurable impact on older peoples' lives are the main thrusts of the Decade. These also link to [WHO's Triple Billion goals](#): 1) one billion more people benefitting from universal health coverage; 2) one billion more people better protected from health emergencies; and 3) one billion more people enjoying better health and well-being.

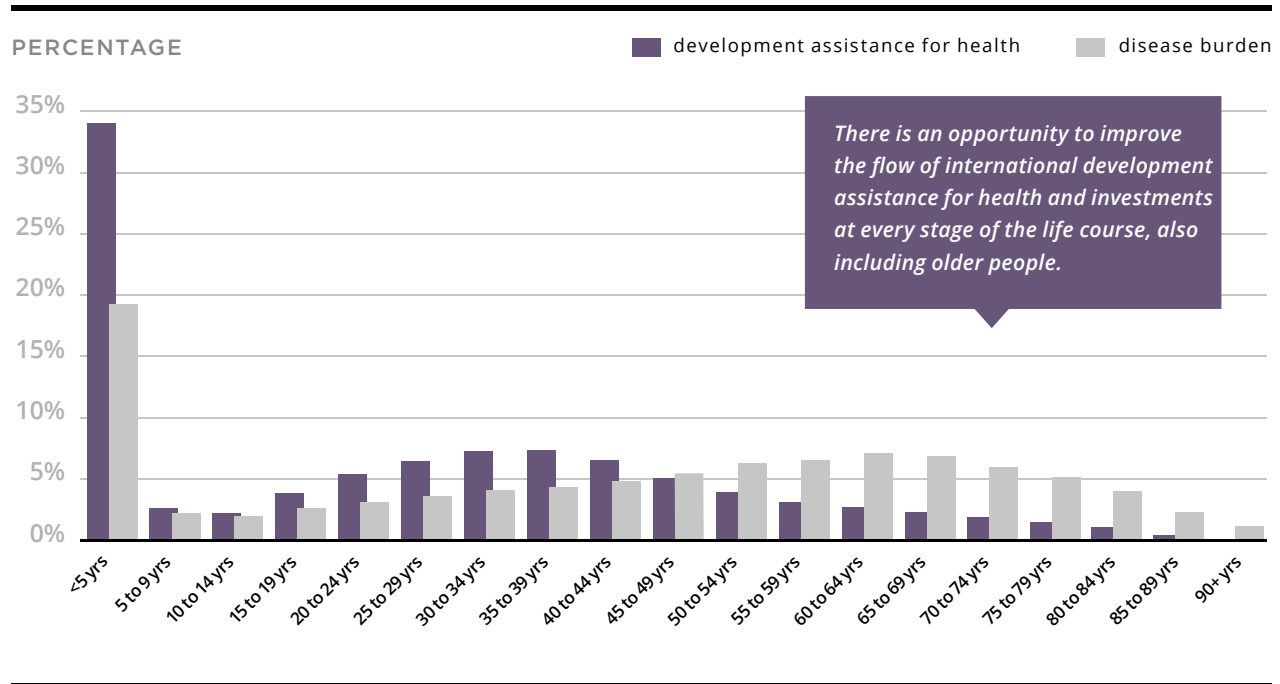
For the first goal, accelerating impact means scaling up interventions that reach all older persons who would benefit from universal health coverage. For the second goal, accelerating impact must address how to respond to natural, manmade and other environmental emergencies. This includes leveraging learning from the COVID-19 pandemic. And for the third goal, evidence from the report shows the importance of coordinating multisectoral action in cities and communities, and addressing them from the perspective of older people.

Before the next progress report in 2023, practical tools are needed to design and track delivery of services that address intrinsic capacity and functional ability.

Sustained commitment and partnerships for change are needed to realize the improvements we want to see by 2030.

FIGURE 9

Development assistance for health and disease burden in 2017, by age groups



One such tool – the [UHC Compendium](#) which lists some 5000 health interventions in a standardized format – was launched in December 2020. The Compendium enables users to map interventions and their associated actions according to the local context and across different delivery platforms.

[The flow of development assistance for health \(DAH\)](#) could be better matched to morbidity and mortality across age groups (**Figure 9**). Increasing funding to health system strengthening or sector-wide support would benefit people at every stage

of the life course. Further insights on investment opportunities at every stage of the life course can identify which actions encourage positive trajectories of development and healthy ageing (e.g. building intrinsic capacity early in life, including reserves, and approaches to delaying declines and slowing the rate of eventual declines). Country-specific information on the disease burden and healthy ageing across age groups will help to identify what can be done – including reducing financial hardship.

The relevance of the Decade's four action areas to COVID-19

The pandemic at the start of this decade sharply underscores the importance of concerted, sustained focus, investment and action to foster healthy ageing. It also highlights the relevance of the Decade's four action areas to guide what can be done:

Changing how we think, feel and act towards age and ageing

The Decade provides an opportunity to engage the media, update information and foster solidarity among generations, drawing attention to negative stereotyping, prejudice and discrimination because of age, and to violence against older people, including during isolation and restricted movement. "No person, young or older, is expendable."

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

Scaling up person-centred, non-discriminatory, accessible and integrated care for older people will require investment in and transformation of health systems. This requires involving older people in clinical trials, developing new technologies and practical application of telehealth/medicine, and working with non-health sectors to create opportunities for people to build and maintain capacities and abilities.

Developing communities in ways that foster the abilities of older people

Existing infrastructure in cities and communities must be leveraged to identify those at risk, disseminate information, meet basic needs, ensure social support and health and social care. Collaboration is needed with local service providers, businesses, civil society and community organizations to press ahead with action to interrupt transmission of COVID-19 and mitigate its secondary impacts.

Providing older people who need it with access to long-term care

To increase the availability of [long-term care](#), the Decade can draw lessons from the pandemic – including how to prioritize the testing and vaccination of older people in such settings – and lead to concrete actions to realize sustainable, equitable long-term care services, including at home and in communities.

Other opportunities to align commitments to those in the Decade should be relentlessly pursued.

NEXT STEPS

This baseline shows that at least 142 million older persons are unable to meet their basic needs. As the number of older people worldwide increases during the Decade, the report urges us to work together to ensure their needs are met and to foster the elements that contribute to their well-being.

Tracking progress throughout the Decade will take stock of the vision and the action areas, and will continue to extend other WHO and UN global policy instruments to include older people and support national policy development. Progress reports on the implementation of the UN Decade of Healthy Ageing 2021-2030 will be compiled by WHO in collaboration with the United Nations Department of Social and Economic Affairs, the United Nations Population Fund, other UN offices, departments and specialized agencies, and relevant stakeholders – including international and regional organizations, civil society, the private sector, academia and the media.

The next steps will increase cooperation across stakeholders and partners in order to facilitate coordination and implementation at the country level. It will also increase the visibility of older people within the indicators and targets of the Sustainable Development Goals and other international policy instruments and support countries to monitor Healthy Ageing. These will contribute to the 2023 progress report for the Decade, that is expected to coincide with the conclusion of [WHO's Thirteenth General Programme of Work](#) and will be aligned to the Fourth Global Review of the Madrid International Plan of Action on Ageing.

We must work together to ensure that all basic needs of older people are met, and to foster all abilities that contribute to older people's well-being. This is what healthy ageing is about and what we are collectively committed to accelerate during the Decade in order to achieve inclusive societies where older people are drivers of change – a world where all people are accepted at every age and all are able to be and do what they value throughout their lives.

We have committed, within the Decade, to work together, with older people leading the way, to transform societies to achieve the same freedom for all people.

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DECADE OF HEALTHY AGEING 2021-2030



BASELINE REPORT SUMMARY

- At least 142 million older persons worldwide are unable to meet their basic needs. Inequities of gender and education contribute to differences within and between countries.
- Governments and other stakeholders need to invest in data to monitor healthy ageing across the life course. Only 25% of Member States have limited, comparable data.
- Actions must be accelerated to make a measurable impact on older persons by 2030. Older people must be engaged at all stages.
- Optimizing functional ability is a key to healthy ageing.
- A wealth of evidence and cases from around the world highlight what can be done, and what we can learn from each other. This includes what we can evaluate better and how we can reach and engage more older people.



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