WHO Global Strategy and Action Plan on Ageing and Health:
Briefing note on consultation process and web based survey, August – November 2015

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1. Background

In 2014, the World Health Assembly (Decision (WHA67/13): requested that the Director-General develop a comprehensive **Global Strategy and Action Plan on Ageing and Health** for consideration by the Executive Board in January 2016 and by the Sixty-ninth World Health Assembly in May 2016.

This **Global Strategy and Action Plan on Ageing and Health was developed by WHO** in coordination with the Regional Offices, Member States and other stakeholders.

The first **WHO World Report on Ageing and Health**, released in 2015, defines Healthy Ageing as "the process of developing and maintaining the functional ability that enables well-being in older age." The overall objective of healthy ageing is well-being, which is holistic and encompasses all of the elements and components of life and living that people value. This perspective provides a new approach to frame comprehensive health policies and implement actions within and across countries. The report identifies priorities that are already shared by many of governments and stakeholders and considers further areas that are likely to be effective. This is also aligned with the Sustainable Development Goals, in particularly Goal 3.

The purpose of the first comprehensive **WHO Global Strategy and Action Plan on Ageing and Health** (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 health action. It must be relevant to a wide range of stakeholders and actors, as implementation of the strategy cannot only be done by WHO. Thus, important contributions from multiple governmental sectors and levels, and non-state actors, including civil society, older adults themselves, public and private sectors, and other global and regional entities, are necessary, if action on ageing and health is to be successful. This process and the development of a global strategy can be extended within countries, so that Member States can update and further develop national policies and strategies that reflect a whole of government and whole of society response to population ageing and health.

Consultation process. The timeline and milestones of the consultation and strategy development process is found in **Annex 1**. The first steps in creating the Global Strategy and Action plan occurred during the course of 2015. Comments on the proposed process for preparing the strategy and action plan were sought from representatives of key organisations of older persons, civil society organisations working on ageing and development and conditions that concentrate in older adults, technical experts and collaborating centres working with WHO, WHO leadership and key staff in the seven main WHO offices, and other United Nations entities. This included consultations at the World Report on Ageing and Health Review meeting in April 2015, the Sixty-eight session of the World Health Assembly, and the WHO Forum on Ageing and Health made up of staff across WHO.

A "Draft 0" of the ageing and health global strategy and action plan was prepared from June - August 2015. The World Report on Ageing and Health provided evidence-based recommendations for next steps. These were proposed for further refinement on what needs to be done globally, and indicating the types of contributions necessary beyond what WHO can do alone. Draft 0 was

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circulated at the end of August 2015 (In English and French) and a wide range of stakeholders were asked to contribute to the consultation between August and October, as noted in **Table 1**. The objective of such an extensive consultation was to understand what stakeholders thought of Draft 0 and improve it, based on their views, edits, statements, and comments on strategy objectives and key areas for action, and suggestions on what has worked in their experience.

Table 1 Overview of stakeholder consultation process on Draft 0 toward Draft 1

Consultation	Date
Face-to-face/telephone consultations with all six Regional Offices (AFRO, SEARO, EMRO, EURO, PAHO, WPRO), with key staff at WHO headquarters (including consultations through the Ageing and Health Forum), and WHO centres	August-September
Regional consultation with Member States led by AFRO in Brazzaville, the Republic of Congo, including discussion on global strategy and action plan (AFRO is only region without a framework on ageing and health)	23-24 September
Informal briefing of UN Permanent Missions based in Geneva	28 September
Face-to-face/telephone/email in-depth discussions with delegations from interested Member States and representatives of Non-governmental organisations; including regional economic integration organisations and organisations in the United Nations system; includes on-going discussions with key departments and staff at WHO headquarters (including consultations through the Ageing and Health Forum)	September-October
Written statements, edits, and comments on Draft 0 and Draft 1 from many interested parties (including Member States, other International organizations, NGOs, academics, older persons)	20 August-31 October
Web-based consultation on each proposed strategic objective, key areas for action, and ways to contribute to implementation (survey)	30 August-31 October

Based on the consultation feedback received by early October 2015, "Draft 1" of the Global Strategy and Action Plan was finalised on 10 October 2015, and distributed in all 6 UN languages (Arabic, Chinese, English, French, Spanish, Russian), for discussion at a global face to face meeting on 29-30 October. Overall, the draft was reviewed between mid-October to mid-November 2015, including at 4 Regional-office led consultations with Member states and other stakeholders on 28 October as shown in **Table 2**. More than 70 Member State delegations participated in the Global Consultation on 29-30 October at WHO in Geneva, as noted in **Table 3**.

An updated Draft has been prepared, which has been turned over for consideration by the Executive Board.

This paper summarises methods and comments received through the survey on Draft 0 available on WHO's website. From the survey, over 520 comments from Member States and other stakeholders in 55 countries were received. The following sections present an overview of the methods, and examine the most important themes and messages put forward by a variety of respondents.

Table 2 Overview of stakeholder consultation process on Draft 1 toward Final Draft for submission to the WHO Executive Board

Consultation	Date
Regional-office lead consultations with Member States and other stakeholders in Geneva: Regional Offices for Eastern Mediterranean (EMRO) Regional Offices for Africa (AFRO) Regional Offices for South-East Asia (SEARO) Regional Office for the Americas (PAHO)	28 October
Global consultation: 180 participants including more than 70 Member State delegations, organisations in the United Nations system, and international and national partners (development agencies, civil society organizations, including organizations of older persons, and professional associations), academic and research centres, and others. Member States from all WHO regions actively participated in the consultation.	29-30 October
Consultation in WHO headquarters through the Ageing and Health Forum	November

Table 3 Member State delegations participating at Global Consultation, 29-30 October, by WHO region

PAHO	EURO	EMRO	SEARO	AFRO	WPRO
Argentina	Austria	Egypt	Bhutan	Algeria	China
Barbados	Belgium	Kuwait	India	Benin	Japan
Brazil	Czech Republic	Lebanon	Nepal	Burkina Faso	Philippines
Canada	Finland	Libya	Sri Lanka	Chad	Republic of Korea
Colombia	France	Morocco	Thailand	Comoros	Vanuatu
Costa Rica	Germany	Pakistan	Myanmar	Ghana	Viet Nam
Dominica	Greece	Saudi Arabia		Guinea	Japan
Dominican Republic	Kazakhstan			Mali	Malaysia
Jamaica	Monaco			Mozambique	Philippines
Mexico	Norway			Namibia	
Nicaragua	Poland			Niger	
Panama	Portugal			Sénégal	
Paraguay	Russian Federation			Seychelles	
Surinam	Slovenia			Uganda	
USA	Sweden			Zimbabwe	
	Switzerland				
	The Netherlands				
	Turkey				
	UK				

2. Methods

2.1 Survey design

The survey includes a brief personal information section containing that person's gender, age group (less than 25, 25 to 59, and 60 years or older), nationality, and who they were representing (Governmental agencies, International organisations, Civil society/non-governmental organisations, University /research/academic institutions, Entities developing products, devices, or technologies, Individuals, and Others). The bulk of the survey focuses on each of the five proposed Strategic Objective split into two types of question sections: a structured response and a free text answer

section. It is important to note that the sample survey found in **Annex 2** follows the theme order of Draft 0, while the results in this paper follows the order of themes in Draft 1.

The structured response section asked the respondent to mark the level of endorsement he/she believes that strategic objective/key action should receive by selecting a level of priority: 'first-level', 'second-level', or 'not a priority'. The text free answer section created an opportunity for each respondent to comment on the key priorities for action, to provide additional comments on the measures for progress of each strategic objective/key actions, examples of how they or their organisation may contribute to the achievement of each strategic objective, and finally, they could share successful actions they have taken or come across that helped support that particular strategic objective.

2.2 Sampling Methods and Distribution

As a web-based survey, the aim was to provide an opportunity for the contribution (through comments, notes, and edits) of interested stakeholders, irrespective of their location. It was not designed to obtain a sample of respondents that is representative of any population, but to give the opportunity to respond.

The link to the survey on WHO's Ageing and Life-Course website [http://who.int/ageing/global-strategy/en/ - activated on 1 November 2015] was distributed through WHO networks - regional offices, UN permanent missions, NGO's, and key national and international partners and associations such as the International Federation on Ageing and HelpAge, among others.

2.3 Data collection

Each respondent was presented with the option to download the whole survey in a Word Document format, fill it out, and email it to healthyageing@who.int. Alternatively, they could complete an on-line survey for each of the five Strategic Objectives, listed below:

Strategic Objective 1: **Commitment To Action On Healthy Ageing In Every Country**
Strategic Objective 2: **Developing Age-Friendly Environments**
Strategic Objective 3: **Aligning Health Systems To The Needs Of Older Populations**
Strategic Objective 4: **Developing Sustainable And Equitable Systems For Long-Term Care**
Strategic Objective 5: **Improving Measurement, Monitoring And Research For Healthy Ageing**

The on-line survey allowed flexibility, so that people could respond to the Strategic Objectives they were most interested in. From the background information provided by each respondent, many individuals responded to all five mini-surveys; some responded only to a sub-set of strategic objectives. Comments on the survey represent detailed and complete responses on any one of the strategy objectives. Thus, when referring to the overall survey results, the word 'comments' is used instead of 'respondents'. Any reference made to 'respondents' is within the results of each strategic objective.

3. Survey Results

3.1. Structured answers overview

3.1.1. Respondents overview

To gauge the degree of participation, the WHO web team noted that approximately 100 – 150 comments are usually received on strategy consultations over the past few years through the WHO website.

In this case, the structured survey yielded about 522 comments, from the full text survey (about 70) and through the on-line version (more than 450 comments). Together, each strategic objective was evaluated and commented on by between 90 and 143 respondents, with 503 of 522 comments noting the respondent's nationality, from around 55 countries (**Table 4**). The type of respondent varied for each Strategic Objective (**Table 5**), yet was similar. Individuals represented the majority in each strategic objective, followed by representatives of organisations making comments based on views collected within their organisation. The second most frequent comments for each Strategic Objective came from representatives of civil societies organizations or NGOs, and were followed by representatives of governmental agencies and representatives of universities/research/academic institutions. Other international organizations, and entities developing products, devices or technologies, also were represented.

Not based on the survey, more than 150 additional detailed edits were received on Draft 0, other suggestions, or delegation statements, etc., that were incorporated into Draft 1 or the updated draft submitted to the Executive Board for consideration. This paper focuses on the results from the structured survey. In some sections, the implications of the findings in relation to the preparation of Draft 1 are noted as examples only of changes made.

Table 4 Total number of comments by reported nationality

Reported Nationality	Total	Reported Nationality	Total	Reported Nationality	Total
Canada	3	Czech Republic	16	Philippines	1
Central African Republic	1	Egypt	22	Poland	7
China	35	EU	1	Portugal	5
Colombia	10	Finland	2	Russia	3
Costa Rica	2	France	12	Serbia	9
Croatia	21	Germany	4	Singapore	5
Czech Republic	1	India	5	Slovakia	4
Egypt	9	Ireland	1	Slovenia	6
EU	2	Israel	1	South Africa	5
Finland	36	Italy	2	Spain	1
France	1	Jamaica	1	Sri Lanka	3
Germany	6	Japan	11	Sweden	42
India	1	Kenya	1	Tunisia	1
Ireland	3	Korea	3	Turkey	81
Canada	5	Luxemburg	5	Uganda	1
Central African Republic	10	Morocco	1	UK	6
China	12	Netherlands	5	Uruguay	3
Colombia	5	New Zealand	1	USA	31
Costa Rica	6	Nigeria	3	Viet Nam	14
Croatia	8	Norway	1		
TOTAL			**503**		

Table 5 Type of Survey Respondent - percentages by Strategic Objective

Who do you represent?	Percentages of total respondents for each Strategic Objective (SO)				
	SO1 N=143	**SO2 N=96**	**SO3 N=95**	**SO4 N=90**	**SO5 N=98**
A governmental agency, such as a Ministry of Health or Ministry of social welfare	15%	14%	16%	12%	12%
An international organization	6%	7%	6%	9%	9%
A civil society organization/non-governmental organization	17%	19%	21%	21%	20%
A university/research institution/academic institution	13%	18%	13%	16%	10%
An entity developing products, devices, technologies	5%	6%	4%	4%	7%
Yourself (individuals)	36%	26%	32%	31%	33%
Other	6%	10%	8%	7%	8%

3.1.2. Strategic Objectives overview

As shown in **Table 6**, the overall endorsement level of each Strategic Objective (SO) was very high: over 70% of respondents thought each SO to be a 'first-level priority'. The highest endorsed SO, at 83%, was Strategic Objective 1 – Fostering Healthy Ageing, while Strategic Objective 5 – Improving measuring, monitoring, and understanding was the lowest endorsed SO at 72%.

In addition to a very high level of endorsement of all SO's as a ''first-level priority'', there were only a few respondents who perceived any of the SO's as 'not a priority.' In fact, for SO 3 and SO 5, no respondents choose 'not a priority.'

SO 1 received the highest number of respondents compared with the other SO's. The possible explanation is that everyone wanted to comment on the first Strategic Objective, and then picked and chose the objectives that interested them the most. SO 1 was deemed the most pertinent SO and was commented on by most, but not all, respondents.

Table 6 Overall endorsement levels of Strategic Objectives, percent of total respondents (%)

Strategic Objective	A first-level priority (%)	A second-level priority (%)	Not a priority (%)
1. Fostering Healthy Ageing	83	11	6
2. Creating age-friendly environments	81	14	4
3. Aligning health systems to the needs of the older populations they now serve	78	22	0
4. Developing systems for long term care	77	20	3
5. Improving measuring, monitoring, and understanding	72	28	0

3.2 Free text comments: general analysis

There was overall agreement with the structure and content of the draft strategy. Many respondents appreciated the significant efforts that went into developing the GSAP and provided further suggestions to enhance the document or where they could best contribute to implementation. There was an overwhelming request that the GSAP should continue to focus on wellness and prevention, not on illness and disease. The concept of maximising intrinsic capacity and functional ability was supported by many. However, those who were not familiar with these concepts requested further clarifications and further details. Some respondents, primarily from academic institutions, requested clarification on WHO's shift in naming the policy from "active

ageing" to "ageing and health" or "healthy ageing." Others noted that the GSAP is a good opportunity to clarify more concretely what the health sector can do to promote ageing across the life course, than what was noted in "active ageing" that is often equated with working longer.

Direct quotes include:

- Do not make 'Healthy ageing' a narrow view of what it means to be a person, and what it means to age
- Health is not seen as broad-based as persons without health problems do not think health focussed activities are for them. This is particularly true for younger persons. Programmes promoting active ageing gain more traction.
- Agree with the social determinants approach with a focus on health ageing.
- Do not medicalize ageing
- Emphasise the psychosocial aspect of well-being and health ageing, including appropriate care for older adults during crisis and emergencies
- The strategy should advocate a mix of actions at different levels of governance, so that it reflects the interconnected nature of healthy ageing determinants, rather than just focusing on top-down governmental approach.

All five strategy objectives are considered inter-related and inseparable. Some respondents suggested that creating healthy environments should be placed in position 2, to indicate that overall, a multi-sector response is necessary to address ageing and health. Others suggested keeping the order of Draft 0, as WHO should focus on health systems and long term care. Specifically, many respondents observed linkages and interconnectedness between SO 1: fostering healthy ageing in every country, and SO 2: age-friendly environments, given that both require governmental regulation, action, and commitment.

Implications. After careful reflection, the order of SO's were changed to reflect the endorsement levels of each strategic objective and their key actions, and the free text comments received. Thus, the order of SOs from Draft 0 to Draft 1 reflects the following change: 'Creating age friendly environments' from SO 3 to SO 2. Given that, Draft 0 SO 2: Aligning health systems to the needs of older populations and SO 3: Developing long-term care systems are interconnected as well, they were simply shifted down in numbering from SO 2 and SO 3 to SO 3 and SO 4 as they now stand (please see **Annex 2** for comparison). The ordering of Draft 1 was retained in the updated document submitted to the WHO Executive Board.

3.3. Free text comments: common themes

The comments represent a diverse range of views and interests. Some respondents made strategic comments on SOs that interested them, while others made edits on sections of interest. Yet others made general observations or provided thoughts, insights, and expectations on all sections of the Draft 0. Nevertheless, six common themes emerged discussed further in the following sections: integration and linkages, life-course approach as the foundation of the strategy, empowerment and gender sensitivities, focus on older person/person-centred approach, advocacy, and economic implications.

3.3.1. Integration and linkages

Many respondents urged WHO to develop a strategy that is integrated across health and social systems and that ageing and health should not be viewed as another vertical programme focussing only on older adults. They stressed that clear linkages be made with the new Sustainable Development Goals, worldwide action to support expanding Universal Health Coverage, and negotiating across boundaries and sectors to increase commitment and contributions from

partners/associations/civic groups who can support implementation of the new strategy and action plan in countries. Direct quotes include:

- Make explicit linkages with the WHO Global Age Friendly Cities and Communities initiatives, Universal Health Coverage, Social Determinants of Health and clarify how the focus on these sectors can ensure a holistic approach to the actions that improve healthy ageing and require multi-level and multi-domain frameworks
- Integrate chronic conditions, noncommunicable diseases (NCDs), disability and mental health conditions, psychosocial care, essential drugs and commodities, palliative care and pain relief, eye and ear health, sexual and reproductive health, violence/abuse against older people
- Address the health issues in a way that works across the health system i.e. not in a vertical way (e.g. ensuring musculoskeletal health is embedded with programs addressing other NCDs)
- Strengthen the linkage of nursing (diseases prevention and treatment, rehabilitation) and care/social service
- Develop partnership across key organizations to address the sustainability of the initiative
- Emphasize the need to engage with health psychologists, civic group, scientists from gerontology and social policies to address healthy ageing issues
- Link with WHO report Keep Fit for Life**,** sexual and reproductive health, violence/abuse against older people, nutritional needs of older persons
- Madrid Plan of Action is important.

3.3.2. Life course approach

Life course approach was highlighted as the foundation of the strategy to ensure the highest level of health in older age, recognising that the strategy focuses on the second half of life. Nevertheless, most respondents recommended some actions on every stage of life, taking a life course and social determinants approach, especially as healthy practises, including prevention and promotion activities, starting earlier in life can put people on a better healthy ageing trajectory. Direct quotes include:

- Need sharper focus on prevention and health promotion across the life course. Many of the 'healthy ageing' conditions commence early in life, so it is critical that there be a seamless integration with programs focusing on health in earlier ages
- Focus more on the importance of maintaining health across every stage of life-course especially during the two decades before age 60, that is during the forties and fifties
- Include “health-prevention, health-promotion and health care over the life course”
- The broader determinants of health interact with every stage of life
- Prepare for ' healthy ageing ' throughout the course of life by providing, in a financially accessible way from a young age (through the education system, sports clubs, leisure and culture, toy libraries ...) healthy eating behaviours, physical exercise, recreation maintaining the intellectual capacity (depending on the country traditional games like: chess, backgammon, crosswords...), according beliefs: meditation sessions
- Include “Promoting and supporting healthy lifestyles and well-being at work and ensuring safe and healthy working conditions through the entire working career”.

3.3.3. Empowerment and gender sensitiveness

Many emphasized the need to include actions that would empower individuals, their families and care givers to enable them to take better care of each other. There was a call for the GSAP to be more gender sensitive, not only due to the fact that care givers are usually women, but to take into

account the particular context of older men and older women, and the different social norms, financial protection, and types of functional decline they may experience or have access to. Direct quotes include:

- Emphasize the need to create an environment that “enables empowerment", to empower the individual, family and care givers and what actions can make this happen
- Include empowering “the older people to develop and maintain their functional ability"
- Further expand on how you achieve "enabling empowerment"
- Older people do not play enough of an active and positive role in developing and maintaining their functional ability. I wish that you might, in your strategic objectives, add a new line, "empowering “the older people to develop and maintain their functional ability"
- A national social system accessible to the greatest number should be in place to fight against isolation, insecurity, violence
- There needs to be awareness of the gender differences in health and in patterns of accessing care, and need to ensure programmes include gender analysis and relevant approaches.
- Clarify the two types of gender norms: 1) the role of women as a carer (can be women in all ages) and 2) the situation of broader understanding of older women and older men
- The issue of older women and violence, neglect and abuse should be included and addressed.

3.3.4. Focus on older person/person centred approach

Many respondents, including older adults themselves, emphasized that older people have a responsibility towards healthy ageing by engaging in healthy practices such as physical activities, healthy nutrition, reducing alcohol and tobacco use, participating in social networks etc. This highlights that they are co-producers and key partners of healthy ageing, and that the environment should ensure that older adults have the opportunity to make healthy choices. Direct quotes include:

- Put older people at the core of the agenda! And please do not consider him/her as a “patient” but as a CITIZEN!!
- Retired people are a resource
- Strategies that support older people to actively participate in their healthcare (preventive and established disease management) are important. Not all the responsibility can be placed on healthcare workers
- Older people do play active and positive roles in developing and maintaining their functional ability
- The needs of older populations need to be properly addressed via development and access to new interventions or services.

3.3.5. Advocacy

Raising awareness of the need for and value of older adults, and intergenerational contacts and experience was raised by many as an important issue. The need to increase awareness of the steps an individual can/must take to ensure that they age in a healthy manner or an organization can take to support this, was raised multiple times. Direct quotes include:

- Emphasize advocacy on the needs of older adults
- Include personal case studies of real life people
- Publish a quarterly or semi-annual magazine "Healthy Ageing" to promote and share proven ideas on the subject
- Create interdisciplinary and inter-generational groups working for social inclusion of the elderly through educational activities

- Need to emphasise government involvement in advocacy to promote healthy ageing, and that the capacities to do so exist
- Don't forget the role of media to show positive images of older adults
- The public knowledge about long-term care should be increased
- Improve awareness of value of experience and knowledge from living and working with different generations in different countries, ages and social status. More balance in life journey and the life experience

3.3.6. Economic implications

Some respondents raised that further documentation is needed on resource mobilization for implementation of the strategy and costs associated with promoting healthy ageing. It was pointed out that the strategy must clarify that addressing ageing is an investment and not just a cost. Direct quotes include:

- Strengthen health insurance with senior care insurance, see how Japan has added long term care coverage for most of its population
- Document older people's contributions - usually grandparents loan money to their children and often take care of grandchildren
- Resource mobilisation especially in low income countries could be a priority – to allocate resources more fairly across different age groups and life stages
- Document financial investments and the health care costs at home, in communities or in institutions

3.4. Structured and free text comments on specific Strategic Objectives

Most respondents reported that all 5 objectives are important for the successful implementation of the GSAP and cover different aspects. The comments provide a constructive way to improve the content of actions, and better organize the flow of actions across the various inter-linked strategic objectives.

3.4.1. Strategic Objective 1: Committing to foster healthy ageing in every country

As summarized in **Table 6**, Strategic Objective 1 was the highest endorsed of all the strategic objectives as a 'first-level priority'. There was also a very high level of endorsement of the key areas for action as seen in **Table 7**. In free text comments, respondents called for governments to take the responsibility including engagement with community and private sector, including media, to promote healthy ageing. Combatting ageism was highlighted as a starting point for national policies on ageing and on ageing and health. Direct quotes include:

- Need to create a specific Healthy Ageing focal point/department as part of country's infrastructure to coordinate and monitor resource allocation
- Integrate healthy ageing in national plans and strategies, into all health and social sector policies (education, culture, sports, environment, labour market, finance, housing, communication, transport, etc.)
- Provide practical guidance on integration of medical, social care and community services for older adults and how to eliminate age based discrimination
- Influence policy work at global, regional, national and local levels based on research and evidence
- Government to address accessible housing and affordable transportation for individuals with physical and cognitive impairment to provide sustainable and equitable funding and end discrimination
- Government should promote advertising campaigns that promote healthy aging

- For individuals of 40 years and over, a campaign to prepare to address the signs of unhealthy ageing would be useful.

Table 7 Endorsement levels of Key Areas for Action in Strategic Objective 1, percent of total (%)

Strategic Objective 1: Fostering Healthy Ageing	A first-level priority (%)	A second-level priority (%)	Not a priority (%)
Establishing and sustaining commitment to strengthening capacities and abilities of older persons	82	15	3
Informing and engaging opinion leaders on the value of healthy ageing	74	21	5
Strengthening national capacity to formulate evidence-based policies (connecting policy questions to research evidence)	82	16	2

3.4.2. Strategic Objective 2: Creating age-friendly environments

The results show that 81% of respondents reported that creating age friendly environments is a 'first-level priority' (**Table 6**), and 81% endorsed supporting healthy ageing in all policies, at all levels of government as 'first-level priority' (**Table 8**). However, many suggested that health in all policies addressing healthy ageing, and combatting ageism, are part of the commitments in Strategic Objective 1, and this area focuses on implementation. Key priorities for action received a similarly high level of endorsement as 'first-level priorities'.

Table 8 Endorsement levels of Key Areas for Action in Strategic Objective 2, percent of total (%)

Strategic Objective 2: Creating age-friendly environments	A first-level priority (%)	A second-level priority (%)	Not a priority (%)
Combatting ageism	76	17	4
Enabling autonomy	75	19	3
Supporting *Healthy Ageing* in all policies, at all levels of government	81	12	4

Most respondents requested to make linkages with WHO Global Age-Friendly Cities Initiative. In addition, many mentioned the need for the evaluation of the existing work on this initiative, the sharing of success stories, and building age-friendly environment on its basis. Many stated that government, private sectors, non-governmental organizations and foundations, should collaborate on this initiative. Introducing older adults to new technology was highlighted many times, but the importance of social interaction and inclusion was not to be minimised. Appropriate housing, transport, and safe environment were raised as priority issues. Direct quotes include:

- Supporting Healthy Ageing should be reformulated to say Supporting Age-friendly environments – supporting healthy ageing in all policies should be reflected in Strategic Objective 1
- More research into design of environments and social innovations that support age friendly environments. Work with policy makers on this aspect.
- More emphasis on housing regulations aimed at comfort and prevention of injuries among older people
- Include the following within the already identified priorities:
    - Combating Ageism include Intergenerational Community Connection
    - Enabling autonomy - Promoting collaboration, age-diversity and inclusion in working environments
    - Create Age-friendly environments and explore the interface between ageing and disability

- Support platforms for sharing voices of older people
- Enhance education for the older population especially on new technology
- Make linkages to the WHO Global Age Friendly Cities and Communities initiative
- In addition to establishing age friendly communities, it is important to support persons in their existing homes and communities
- An age-friendly-in-all-policies approach should focus on specific key areas so the integration of age-friendly environments can be highlighted, such as transport & mobility, housing, environment, urban planning & design, employment, education, social innovation, and tourism. The issue of ageing and the workforce, such as those adapting the working environments, as well as measures addressing and promoting health of the workforce, should be emphasised in this section
- Combatting ageism could be redefined to promote the concept of positive ageing, the rights of older people and the participatory approach that should be the foundation of a whole of society commitment to healthy ageing; it is important to perhaps re-label this priority action as 'Build Inclusive Societies' which has more positive connotations.
- Emphasis should be placed in terms of enabling autonomy and access to public services. Key to this is linking age-friendly housing renovations to community-based health and care services that enable independent living, ageing at home, and growth through innovative service business creation, a point which could be emphasised under age-friendly environments in all policies
- More supportive and age-friendly surroundings enhance older citizens' independence in urban and rural living environments, thus the rural element of age-friendly environments needs also be reflected in this section, so that isolation is also considered.

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

This objective was considered as first priority by 75% of respondents (**Table 6**). However, key action 'orienting systems around intrinsic capacity' did not get the same level of endorsement (63% as 'first-level priority') compared with the other two key actions, as seen in **Table 9**. The comments suggested that health systems are not only to address intrinsic capacity, but also functional ability (*Implications*: Draft 1 reflects this larger scope). In addition, very few people deemed any of the key actions as 'not a priority' reflecting the level of importance which people place on the orientation and integration of health services towards older populations.

Table 9 Endorsement levels of Key Areas for Action in Strategic Objective 3, percent of total (%)

Strategic Objective 3: Aligning health systems to the needs of the older populations they now serve	A first-level priority (%)	A second-level priority (%)	Not a priority (%)
Ensuring access to older-person-centred and integrated care	84	14	1
Orienting systems around intrinsic capacity	63	32	4
Ensuring a sustainable and appropriately trained health workforce	83	15	1

As noted, there was overall support for both intrinsic capacity and functional ability. Most respondents emphasised the need to ensure health services are available, accessible and acceptable to older people through strengthened primary health care. As highlighted in the section on linkages, clarity on what services are covered under universal health coverage schemes was also pointed out. Emphasis was also placed on the need that services are of good quality, and that health systems are aligned to enable healthier ageing across life course. All health systems functions should be considered, including regulation, work force, financing, service delivery, improving institutions that are age-friendly, and then the continuum of care for home or community based services. Some

respondents, mostly academic/researchers, wanted to expand functional ability to include other aspects of well-being. Direct quotes include:

- Increase linkages between health and care services, providers, including volunteers and other unpaid carers. Strengthening community care may be crucial in the future
- Strengthen the linkage of nursing (diseases prevention and treatment, rehabilitation) and care/social service (everyday life)
- Need to integrate chronic conditions, noncommunicable diseases (NCDs), disability and mental health conditions, psychosocial care, essential drugs and commodities, palliative care and pain relief, sexual and reproductive health, violence/abuse against older people, care concerning vision, skin, muscle mass and bone which deteriorates as one ages
- Ensure intra-professional education is integrated in all health curricula
- Include cultural competence as a priority to workforce and strategic actions
- The focus on functional ability and the individual reflects a subset of the broader concept of health in WHO's definition of health since 1946. There is no mention of emotional health, spiritual health, and no concept of culture
- Encourage creation of geriatric practice as a specialty and separate field of medical care and practice
- More education for all, better health literacy especially around healthy habits, strengthen mandate of public health departments (individual older adult)
- The explicit mention of the impact of chronicity and disability (morbidity) associated with NCDs seems to be under-developed in the arguments. Years of life lost due to disability are now far more important in most areas of the world than years of healthy life lost as the global burden of disease profiles shift from one of CDs to NCDs in all countries.

3.4.4. Strategic Objective 4: developing long-term care systems (LTC)

As seen in **Table 10**, there was a high level of endorsement of all key areas for action within this Strategic Objective. In free text comments, many respondents emphasised the need to advocate and raise public knowledge about long-term care; to emphasize that the long term care system is not limited to institutions, but also the home and community with multiple sectors responsible for implementation and evaluation. Respondents pointed out that there should be clear linkages between home and institution-based care, and that focus should be increased on the quality of care. Providing support to long-term care workers was emphasized. Higher pay, career planning, and opportunities to advance in their positions would lead to an increase in young people seeking care career paths, especially males. Direct quotes include:

- The Ministry of Health should design and make essential system changes
- Ensure ageing in place by promoting services and support to the individual and his/her family, to enable older persons to continue living for as long as possible in their own environment and community
- Give special attention to preventive measures, early diagnosis, treatment care, especially long term care, and social protection of persons with Alzheimer's disease, and other dementias, while ensuring their dignity and non–discrimination in society
- Ensure a continuum of affordable, high quality care ranging from arrangements for primary and community based care, to various forms of institutional care and pain relief
- Develop innovative methods and technologies for reliable, affordable and safe support and care of older persons at home
- Recognize and improve the situation of informal and formal carers, including migrant carers, through training and dignified working conditions, including adequate remuneration

- Recognize and support family carers (who are mostly women), in accomplishing their demanding tasks, including provisions for reconciliation of work and family duties, as well as social protection methods
- Emphasize home-based interventions for older people
- Recognize long-term care as a social risk and a right in its own. It should be ensured that the provision of LTC services is a universal right anchored in national legislation that takes into account a number of key principles - social solidarity, entitlements to benefits prescribed by national law, adequacy of benefits, non-discrimination and social inclusion. Persons in need should not face financial hardship and an increased risk of poverty due to the financial consequences of accessing care. The scope of benefits should therefore ensure that services in institutions, day care facilities or at home are affordable.
- Frailty is a multidimensional geriatric concept, with the most distressing outcome of frailty being the older person's inability to function and eventually to live independently. Understanding the risk factors for frailty is an important prerequisite for implementing programmes for early detection, prevention and management to reduce future demand for long-term care
- There is no universal model for integrating health and social care but the aim should be to ensure that the recipients of long-term care and their families are empowered and supported to take an active role in the management of the care. This Strategic Objective is closely linked with Strategic Objective on health systems, and in fact, they come together under the concept of integrated care (encompassing health, social and long-term care).

Table 10 Endorsement levels of Key Areas for Action in Strategic Objective 4, percent of total (%)

Strategic Objective 4: Developing systems for long-term care	A first-level priority (%)	A second-level priority (%)	Not a priority (%)
Establishing the foundations for a system of long term care	81	12	3
Ensuring a sustainable and appropriately trained long-term care workforce	80	12	4
Ensuring the quality of long-term care	78	17	1

3.4.5. Strategic Objective 5: improving measuring, monitoring and understanding

This Strategic Objective was regarded as first priority by 72% of the respondents, and a first or second level priority by 100% of the respondents, as noted in **Table 6**. Two key actions received a 77% and above level of endorsements as a 'first-level priority'. However, 55% of people believed that 'agreeing on metrics, measures and analytical approaches for Healthy Ageing' is a 'first-level priority' and free text suggested that this should include monitoring and surveillance (**Table 11**).

Table 11 Endorsement levels of Key Areas for Action in Strategic Objective 5, percent of total (%)

Strategic Objective 5: Improving measuring, monitoring, and understanding	A first-level priority (%)	A second-level priority (%)	Not a priority (%)
Agreeing on metrics, measures and analytical approaches for *Healthy Ageing*	55	37	2
Improving understanding of the health status and needs of older populations	79	15	1
Increasing understanding of *Healthy Ageing* trajectories and what can be done to improve them	77	18	0

Implications. Along with other written feedback, this lead to a reconstruction of the priorities for action in the Final Draft version of the strategy sent to the Executive board. The foundation for this area is to better understand the needs and expectations of older adults.

Most respondents highlighted a need to enhance the understanding of the health status and needs of older populations, and requested WHO to support and if necessary, coordinate or conduct operational evaluations and other forms of health services research. They emphasized the need for better terms and methods, spanning and combining biologic and social issues, such a formal, measurable definition of the ageing process. They stressed that data should be disaggregated by age and sex well into older age, and that assessment and tests of functional ability beyond 70 years should be developed in order to have a better understanding of the impact of ageing and declines in capacity. This needs to be integrated with ongoing monitoring and data conversations. Many noted that unless this is measured, action will not occur, and that appropriate indicators for healthy ageing should be within the monitoring framework of the Social Development Goals.

Most academic and research institutes agreed to contribute by undertaking research oriented towards assessing health needs of older persons and how to best address those needs, including better methods to identify outcomes of interest across the life course and relevant to different socio-economic groups; approaches to evaluate what partner agencies and NGOs do, to implement promotive, treatment and care; and approaches to synthesize and communicate evidence. Direct quotes include:

- Develop monitoring & evaluation tools for use at global and national levels and determine how this information can inform surveillance and decision making
- Align SO-5 with SDG indicators/targets
- WHO should report on healthy ageing that includes length of life, intrinsic capacity and functional ability
- Call it research not understanding, as that is what needs to be done with more knowledge producers
- Ensure monitoring and research applicable to physical and cognitive functioning of people 70 years and older are disaggregated and available
- Measure the similarities and difference between low, middle and high income countries and areas, and build exchange strategies on how to reinforce empowerment of older people in all parts of the world
- There should be a measure that looks at how data is translated into action and increased service access for older people
- Make explicit reference to the needs and value of qualitative research and information
- Measure coverage and access to LTC services in countries using a similar set of indicators for measurement as in the area of health promotion.
- The adoption of technology in the form of software applications or web-based tools to help facilitate and improve data collection, record keeping, data sharing and distribution. These resources can help local officials, agencies, and organizations better evaluate their communities and share findings with key stakeholders
- The European Commission has been developing a Monitoring Framework and a practical tool (web-based) to capture the impact of innovative solutions in Active and Healthy Ageing towards quality of life and sustainability of care systems. A set of indicators has been defined, that are generally applicable to the wide range of innovative interventions in the domain by November 2015
- Longitudinal studies should be better linked across countries, and can help identify what interventions support older adults in many countries.

4. Conclusion

The level of interest to contribute and participate by a variety of stakeholders exceeded all expectations. The evidence is the huge number of comments received through the survey (and through other avenues not detailed in this paper), about three times more than is often obtained in

WHO strategy consultation processes. Together, these directly contributed to the restructuring and refinement of content, of Strategic Objectives and key actions for Draft 1 in mid-October 2015, and subsequently, for the updated Draft submitted in mid-November 2015, for discussions at the WHO Executive Board in January 2016. Overall, comments provided insight and better understanding of the preferences, views, expectations, and areas of contribution to support implementation, from a fairly wide variety of stakeholders from people in all WHO regions, including older adults themselves.

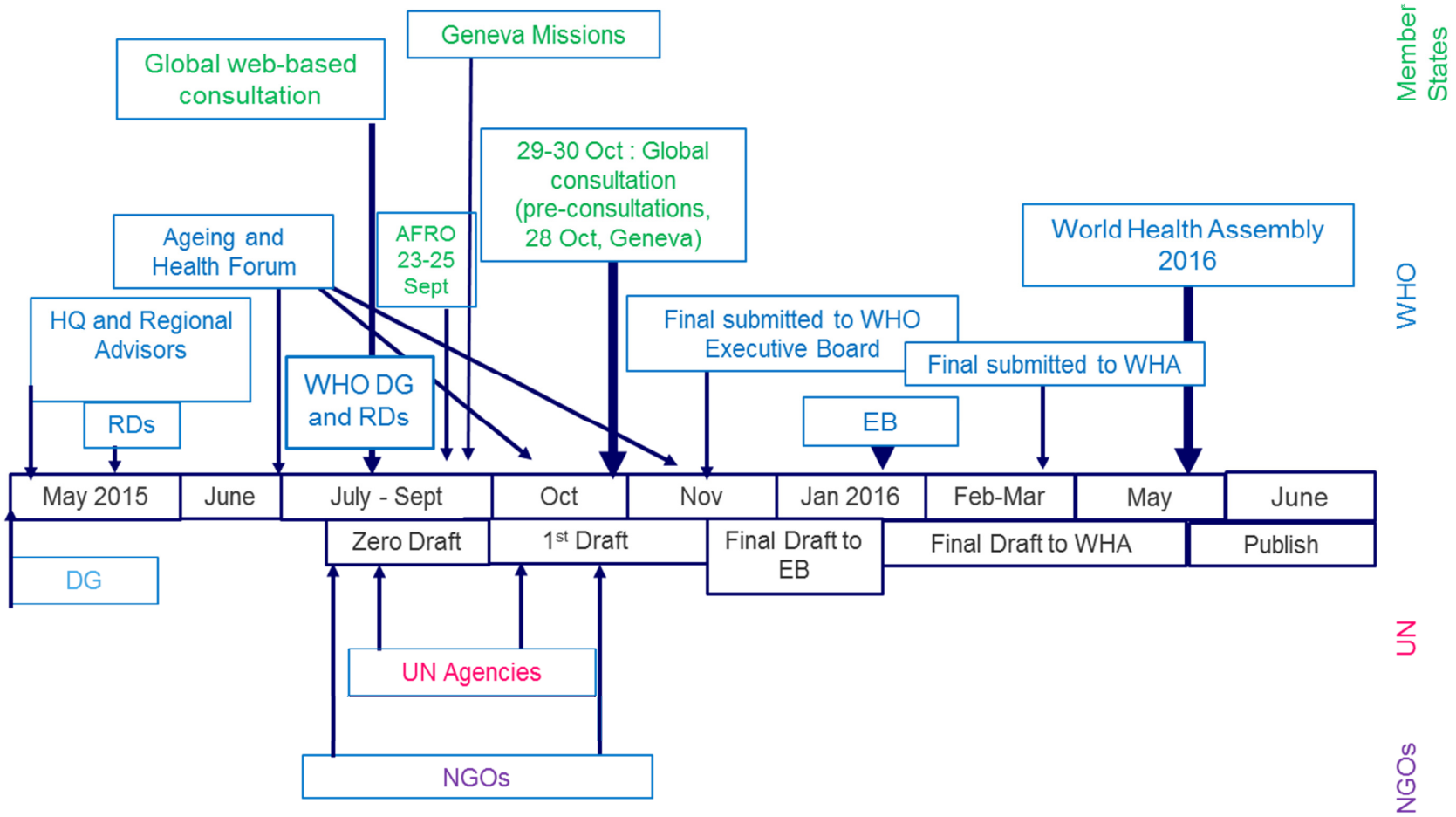
It is important to note that the secretariat did provide responses to some respondents (who requested specific clarifications and provided their contact information). This often included a link to the World Report on Ageing and Health, which provides more detailed description of concepts and the evidence base for Draft 0.

The Department of Ageing and Life Course, WHO, extends thanks to all individuals and interested parties who have taken the time to contribute to the consultation process, including through the survey, edits on drafts, and discussions on the Global Strategy and Action Plan on Ageing and Health. Your views and assistance are a necessary part of the process.

Once the WHO Governing Bodies provides guidance and potential adoption of the strategy and action plan, we look forward to collaborating on implementation.

Comments and suggestions can be sent to healthyageing@who.int

Annex 1: Global Strategy and Action Plan for Healthy Aging: Consultation Timeline



Annex 2

Public consultation survey for Draft Zero: Global Strategy and Action Plan on Ageing and Health

Please send back to HealthyAgeing@who.int

Please tell us about yourself. You are:

□ Female □ Male

□ Less than 25 years □ Between 25 and 59 years □ 60 years and over

Nationality:

Who do you represent?

□ A governmental agency, such as a Ministry of Health or Ministry of social welfare

□ An international organization

□ A civil society organization/non-governmental organization

□ A university/research institution/academic institution

□ An entity developing products, devices, technologies

□ Yourself

□ Other. Please specify:

Strategic objective:

The draft *Global Strategy for Healthy Ageing* includes five strategic objectives.

How would you prioritize the strategic objective 1: Committing to foster healthy ageing?

□ Not a priority □ A second-level priority □ A 'first-level priority'

How would you prioritize the strategic objective 2: Aligning health systems to the needs of the older populations they now serve?

□ Not a priority □ A second-level priority □ A 'first-level priority'

How would you prioritize the strategic objective 3: Developing long-term care systems?

□ Not a priority □ A second-level priority □ A 'first-level priority'

How would you prioritize the strategic objective 4: Creating age-friendly environments?

□ Not a priority □ A second-level priority □ A 'first-level priority'

How would you prioritize the strategic objective 5: Improving measuring, monitoring and understanding?

□ Not a priority □ A second-level priority □ A 'first-level priority'

Please share any other comments, ideas or suggestions (optional).

Strategic objective 1:

Three priority actions have been identified for the strategic objective 1- **Committing to foster healthy ageing**

- Establish and sustain commitment to strengthening capacities and abilities of older persons;
- Inform and engage opinion leaders on the value of healthy ageing;
- Strengthen national capacity to formulate evidence-based policies (connecting policy questions to research evidence).

In terms of prioritization for committing to foster healthy ageing:

Do you think that **establishing and sustaining commitment to strengthening capacities and abilities of older persons** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **informing and engaging opinion leaders on the value of healthy ageing** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **strengthening national capacity to formulate evidence-based policies (connecting policy questions to research evidence)** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

For Strategic objective 1, do you think another 'first-level priority' action should be added to this list?

□ No □ Yes. Please specify:

How should we measure progress in committing to foster healthy ageing (please check the measures you would find useful)?

□ A new or updated comprehensive national healthy ageing plan that is part of an overall national health plan or ageing plan (national);

□ Country-set country-specific targets within the context of enhancing functional ability, that serves to unify disease or condition specific targets and those across multiple sectors (national);

□ A global mechanism supported by the country, that draws on countries and regions, for aggregating, sharing and using information to monitor progress against the GSAP (national, regional and global).

Do you think another measure of progress could be useful?

□ No □ Yes. Please specify:

How could you or your institution contribute to foster healthy ageing?

Please share any concrete example of successful action you have taken or come across in committing to foster healthy ageing (optional).

Please share any other comments, ideas or suggestions (optional).

Strategic objective 2:

Three priority actions have been identified for the strategic objective 2- **Aligning health systems to the needs of the older populations they now serve**

- Ensure access to older-person-centred and integrated care;
- Orient systems around intrinsic capacity;
- Ensure a sustainable and appropriately trained health workforce.

In terms of aligning health systems to the needs of the older populations they now serve:

Do you think that **ensuring access to older-person-centred and integrated care** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **orienting systems around intrinsic capacity** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **ensuring a sustainable and appropriately trained health workforce** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

For Strategic objective 2, do you think another 'first-level priority' action should be added to this list?

□ No □ Yes. Please specify:

How should we measure progress in aligning health systems to the needs of the older populations they now serve (please check the measures you would find useful)?

□ A proportion of older people are given a comprehensive assessment that looks to optimize their functional ability, irrespective of their point of entry to health system or social service (individual);

□ Core geriatric and gerontologic competencies integrated in all health curriculums (national);

□ All older people who need palliative care, obtain it (individual).

□ Home based interventions are available for older populations (individual).

Do you think another measure of progress could be useful?

□ No □ Yes. Please specify:

How could you or your institution contribute to aligning health systems to the needs of the older populations they now serve?

Please share any concrete example of successful action you have taken or come across in aligning health systems to the needs of the older populations they now serve (optional).

Please share any other comments, ideas or suggestions (optional).

Strategic objective 3:

Three priority actions have been identified for the strategic objective 3- **Developing systems for providing long-term care**

- Establish the foundations for a system of long term care;
- Ensure a sustainable and appropriately trained long-term care workforce;
- Ensure the quality of long-term care.

In terms of prioritization for developing systems for providing long-term care:

Do you think that **establishing the foundations for a system of long term care** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **ensuring a sustainable and appropriately trained long-term care workforce** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **ensuring the quality of long-term care** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

For Strategic objective 3, do you think another 'first-level priority' action should be added to this list?

□ No □ Yes. Please specify:

How should we measure progress in developing systems for providing long-term care (please check the measures you would find useful)?

□ A clear, assigned responsibility for the development of a system of long-term care and planning how this will be achieved (national);

□ An equitable and sustainable mechanism for financing long term care (national, individual);

□ Support mechanisms for all caregivers, such as offering respite care and accessible training or information resources (individual);

□ Quality of care standards in place and clarity on how this will be achieved (national).

Do you think another measure of progress could be useful?

□ No □ Yes. Please specify:

How could you or your institution contribute to developing systems for providing long-term care?

Please share any concrete example of successful action you have taken or come across in developing systems for providing long-term care (optional).

Please share any other comments, ideas or suggestions (optional).

Strategic objective 4:

Three priority actions have been identified for the strategic objective 4- **Creating age-friendly environments**

- Combat ageism;
- Enable autonomy;
- Support *Healthy Ageing* in all policies, at all levels of government.

In terms of prioritization for creating age-friendly environments:

Do you think that **combatting ageism** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **enabling autonomy** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **supporting *Healthy Ageing* in all policies, at all levels of government** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

For Strategic Objective 4, do you think another 'first-level priority' action should be added to this list?

□ No □ Yes. Please specify:

How should we measure progress in creating age-friendly environments?

□ New or updated national legislation and enforcement strategies against age-based discrimination (national);

□ Number of age-friendly cities or communities has been established in each Member State and percentage of population 60 years and over they cover (regional and national);

□ All older persons have affordable access to services or aids that facilitate functioning, such as assistive technologies (individual);

□ National regulations or programs exist that ensure all older people are protected from poverty, for example through social protection schemes (national).

Do you think another measure of progress could be useful?

□ No □ Yes. Please specify:

How could you or your institution contribute to creating age-friendly environments?

Please share any concrete example of successful action you have taken or come across in creating age-friendly environments (optional).

Please share any other comments, ideas or suggestions (optional).

Strategic objective 5:

Three priority actions have been identified for the strategic objective 5- **Improving measuring, monitoring and understanding**

- Agree on metrics, measures and analytical approaches for *Healthy Ageing*;
- Improve understanding of the health status and needs of older populations;
- Increasing understanding of *Healthy Ageing* trajectories and what can be done to improve them.

In terms of prioritization for improving measuring, monitoring and understanding:

Do you think that **agreeing on metrics, measures and analytical approaches for *Healthy Ageing*** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **improving understanding of the health status and needs of older populations** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

Do you think that **increasing understanding of *Healthy Ageing* trajectories and what can be done to improve them** is:

□ Not a priority □ A second-level priority □ A 'first-level priority'

For Strategic Objective 5, do you think another 'first-level priority' action should be added to this list?

□ No □ Yes. Please specify:

How should we measure progress in improving measuring, monitoring and understanding?

□ Consensus occurs on metrics, measurement strategies, instruments, tests and biomarkers for key concepts related to healthy ageing (global);

□ Adoption and use by National Statistics and or Health Statistics Offices (national);

□Regular, nationally representative population surveys of older people that assess functional ability; intrinsic capacity; need for health; long-term care; need for broader environmental changes within each country (national);

□ More evidence on what can be done to support people with relatively high and stable capacity, those with declining capacity and those with significant losses of capacity (global).

Do you think another measure of progress could be useful?

□ No □ Yes. Please specify:

How could you or your institution contribute to improving measuring, monitoring and understanding?

Please share any concrete example of successful action you have taken or come across in improving measuring, monitoring and understanding (optional).

Please share any other comments or suggestions on how to ensure that the Global Strategy and Action Plan considers what can be done to support ageing and health worldwide (optional).

Please share any other comments, ideas or suggestions (optional).

Thank you for your participation!

Your comments will help draft the Global Strategy and Action Plan on *Healthy Ageing* which will be discussed in Geneva on 29-30 October 2015.

Please send survey to healthyageing@who.int or provide any other suggestions.