

Evaluation: “Global strategy and action plan on ageing and Health (2016-2020)”

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The purpose of publishing evaluation reports produced by the WHO Evaluation Office is to fulfil a corporate commitment to transparency through the publication of all completed evaluations. The reports are designed to stimulate a free exchange of ideas among those interested in the topic and to assure those supporting the work of WHO that it rigorously examines its strategies, results and overall effectiveness.

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Annex 1: Terms of Reference

Rationale

1. In response to the rapid population ageing and to the associated growing challenges to health systems in almost every country, the Sixty-seventh World Health Assembly (2014) requested the Director-General “to develop, in consultation with Member States and other stakeholders and in coordination with the regional offices, and within existing resources, a comprehensive global strategy and action plan on ageing and health”¹ (hereafter “the Global strategy on ageing” and “the action plan”). The Global strategy on ageing 2016-2020 and the action plan were adopted by the Sixty-Ninth World Health Assembly in May 2016 (Resolution WHA69.3).²

2. The Global strategy on ageing³ sets a vision of a world in which everyone can live a long and healthy life, where functional ability is fostered across the life course and where older people experience equal rights and opportunities and can live lives free from age-based discrimination. The strategy identified five strategic objectives (SO) as follows: (SO1) Commitment to action on Healthy Ageing in every country; (SO2) Developing age-friendly environments; (SO3) Aligning health systems to the needs of older populations; (SO4) Developing sustainable and equitable systems for long-term care (home, communities and institutions); and (SO5) Improving measurement, monitoring and research on Healthy Ageing. Each of the five strategic objectives comprises three more specific subobjectives.

3. The Global strategy on ageing is complemented with an action plan 2016-2020 that details the actions that are expected to be delivered by Member States, the WHO Secretariat and relevant UN agencies, and by national and international partners, along each of the SO and subobjectives identified in the global strategy on ageing. The action plan responds to two main goals: (1) five years of evidence-based action to maximize functional ability that reaches every person, and (2) by 2020, establish evidence and partnership necessary to support a Decade of Healthy Ageing from 2020 to 2030. The expected contributions of the Secretariat to the Global strategy on ageing as stated in the action plan are shown in Table 1 in the Annex of this TOR.

4. The Global strategy on ageing also identified yearly milestones to facilitate the accountability of its implementation and the commitment of partners. These are as follows: By December 2016, identification of progress indicators for each strategic objective. By 2017, contribution to the 2015-year review of Madrid International Action plan on Ageing and agreement on metrics and methods to assess healthy ageing. By June 2018, a mid-term report on the implementation of the Global strategy on ageing. The 2019 milestone includes holding from May to September a multi-stakeholder consultation on a proposal for a Decade of Healthy Ageing. In January 2020 the proposal for a Decade of Healthy Ageing will be discussed by the WHO Executive Board. A final report on a review of the strategy with baseline for Decade on Healthy Ageing will be submitted by October 2020.

5. Resolution WHA69.3 requested the Director General to: (1) **provide technical support to Member States** to establish national plans for healthy ageing, develop health and long-term care (LTC) systems, develop evidence based interventions and strengthen information systems for healthy ageing; (2) **implement the proposed actions for the Secretariat in the Global strategy** on ageing and

¹ WHA67(13) Multisectoral action for a life course approach to healthy ageing. (Ninth plenary meeting, 24 May 2014)

² WHA69.3 Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life

³ WHA69 Annex 1. Global Strategy and Action Plan on ageing and health 2016-2020: towards a world in which everyone can live a long and healthy life [A69/17- 22 April 2016]

action plan **in collaboration with other bodies of the United Nation** system; (3) **leverage the experience and lessons learned** from the implementation of the Global strategy and action plan on healthy ageing in order to better develop a proposal for a Decade of Healthy Ageing 2020-2030; (4) **prepare a global status report** on healthy ageing for submission to the 73th WHA (2020) reflecting agreed standards and metrics and new evidence on what can be done in each strategic theme and as baseline data for a Decade of Healthy Ageing 2020-2030; (5) **convene a forum** to raise awareness of healthy ageing and strengthen international cooperation on actions outlined in the Global strategy on ageing and action plan; (6) **develop a global campaign** to combat ageism; (7) **strengthen the WHO Global Network** of Age-friendly Cities and Communities; (8) **support research and innovation** to foster healthy ageing including development of evidence-based tools and cost-effective interventions; and (9) **report on mid-term progress** on implementation of the Global strategy and action plan to the 71st WHA (2018).

6. This independent evaluation is framed as a formative exercise in alignment with WHA69.3 resolution requesting the WHO Director General to *“leverage the experience and lessons learned from implementation of the strategy in order to better develop a proposal for a Decade of Healthy Ageing 2020-2030.”*

7. The evaluation of the “Global strategy and action plan on ageing and Health (2016-2020)” is a corporate priority of the 2018-2019 evaluation workplan, approved by the 142nd session of the Executive Board in January 2018.⁴

Purpose

8. The purpose of the evaluation is to draw lessons learned from implementation of the Global strategy on ageing and the action plan in order to inform the WHO Secretariat on the development of the Decade of Healthy Ageing 2020-2030. The evaluation will (a) document key achievements, best practices, challenges and gaps in the implementation of the Global strategy on ageing since its adoption in 2016, and (b) make recommendations to the preparations of the Decade of Healthy Ageing 2020-2030.

9. The evaluation will focus first and foremost on the Secretariat’s contribution to the strategy and its implementation. To the extent possible, however, the evaluation will also document the contribution of other key actors, such as global partnerships and others.

10. The evaluation will look specifically at the accomplishment of the Secretariat at the three levels of the organization as they were specified in the action plan and in Resolution WHA69.3.

Target audience and expected use

11. Given the character of this evaluation as a formative exercise, its principal objective is to provide learning and useful recommendations to the strategic design of the Decade of Healthy Ageing 2020-2030. Lessons from this evaluation may be useful as well to the global status report on healthy ageing to be delivered in 2020. The learning drawn from this evaluation will be useful to the WHO Secretariat, including its headquarters, Regional Offices and Country Offices, involved in the implementation of the Global strategy on ageing and in the preparations of the Decade of Healthy Ageing.

12. It will also provide useful input to Member States and other non-State Actors and WHO partners involved in the implementation of the Global strategy of ageing and of the Decade of Health Ageing 2020-2030.

⁴ EVL 2018-2019 workplan B142 <http://www.who.int/about/evaluation/workplan/en/>

Scope and Focus

13. The evaluation will mainly consider the relevance, effectiveness and efficiency of the WHO Secretariat contribution, including the contribution of the three levels of the organization, to the implementation of the Global strategy on ageing and the action plan. It will also consider the effectiveness of its engagement strategy and partnerships to deliver the Global strategy on ageing and the action plan.

14. The evaluation will not assess impact as attribution of changes in the expected outcomes of the strategy cannot be attributed to WHO alone and require of a significantly longer timespan. However, the evaluation will assess the relevance and effectiveness of WHO's contribution to address the needs of vulnerable populations, including the older poor and marginalized, and older women.

Evaluation questions

15. High evaluation questions are as follows:

EQ 1. How relevant were the Global strategy and action plan to guide the Secretariat's contribution to achieving five years of evidence-based action to maximize functional ability that reaches every person, and to establish the evidence and partnership necessary to support a Decade of Healthy Ageing from 2020 to 2030?

EQ2 Which were the main results of the WHO Secretariat's contribution towards achieving the goals of the Global strategy on ageing and the mandate of Resolution WHA 69.3?

EQ3: Which were the main influencing factors that either facilitated or hampered the successful delivery of WHO's contribution to the action plan and the mandate of Resolution WHA 69.3? and,

EQ4: How did WHO work with others to advance the implementation of the Global strategy and of Resolution WHA 69.3?

Approach

16. The evaluation will focus first and foremost on the Secretariat's contribution to the strategy and its implementation. To the extent possible, however, the evaluation will also document the contribution of other key actors, such as global partnerships and others.

17. The evaluation will rely on a cross-section of information sources using a mixed methodological approach to ensure triangulation of information. It will rely mostly on document review, including use of relevant secondary data produced by the Secretariat such as data from surveys and consultations, complemented with internal and external stakeholder feedback mostly through interviews.

18. The evaluation design and analytical approach will be grounded on a Theory of Change and supported by an Evaluation Matrix.

19. The evaluation report will present evidence found through the evaluation in response to all evaluation criteria, questions and issues raised. It will be relevant to decision-making needs, and with that purpose it will include evidence-based conclusions and recommendations addressing all relevant questions and issues of the evaluation.

20. The final evaluation report will be posted on the WHO Evaluation website (www.who.int/about/evaluation/en/).

21. The management response to the evaluation recommendations will be prepared by senior management of WHO and posted on the WHO Evaluation Office website alongside the evaluation

report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the Organization as appropriate.

22. It is expected that the evaluation will start in the third quarter of 2019 and be conducted within 16-20 weeks by end of 2019 or early 2020.

Evaluation management

23. The evaluation will be commissioned and managed by the WHO Evaluation Office. The evaluation team will report to the Evaluation Commissioner through an appointed Evaluation Manager within the Evaluation Office.

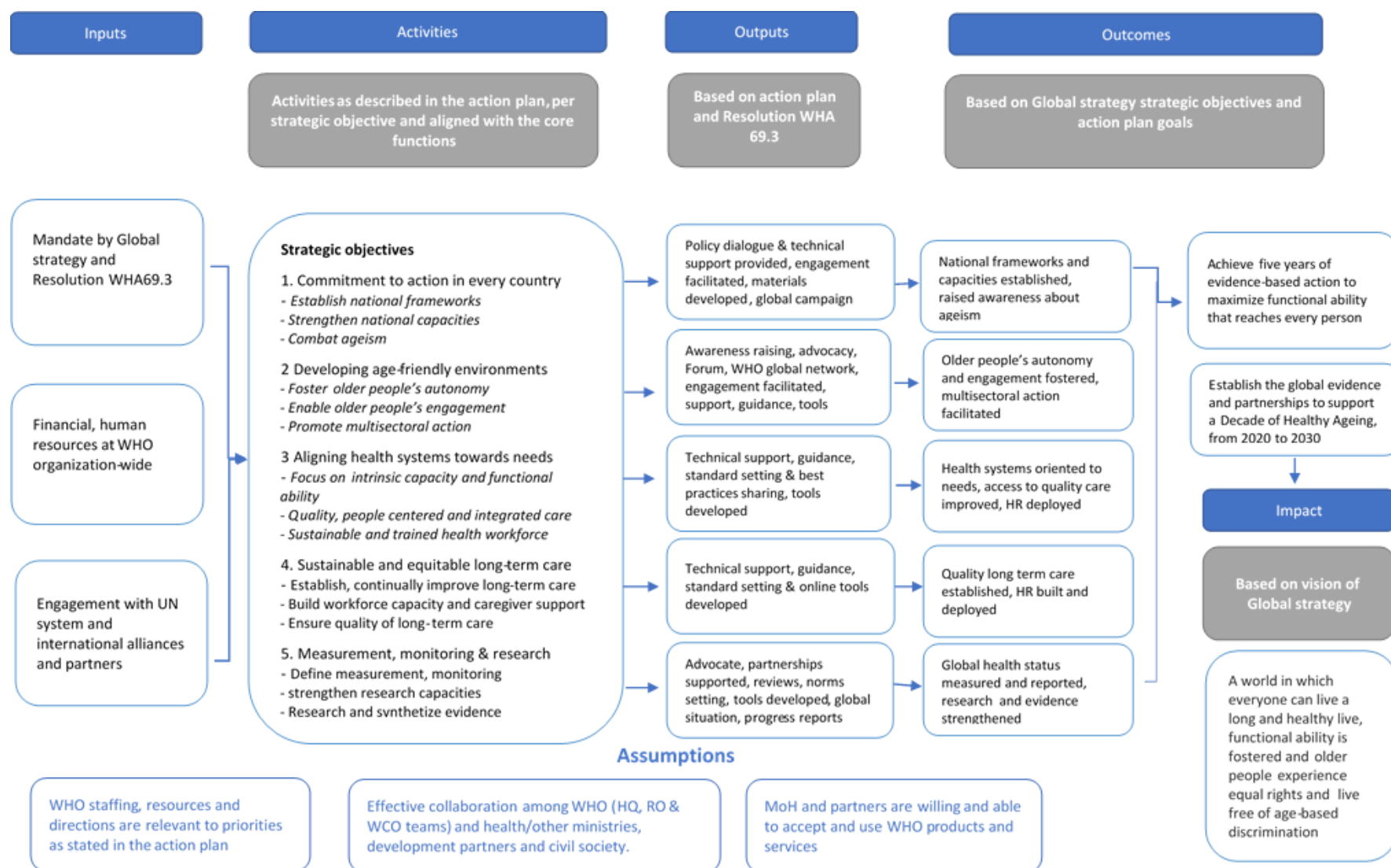
Annex 2: Evaluation methodology and evaluation matrix

1. This Annex summarizes the methodological approach followed in this evaluation.
2. Guided by the WHO evaluation practice handbook, the evaluation was based on a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The methodology ensured impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using mixed methods (e.g. quantitative and qualitative data) to ensure triangulation of information through a variety of means.
3. The evaluation was conducted between October and January 2020 by a core team from the Evaluation Office, supported by external consultants.

Theory of Change

4. The evaluation adopted the Global strategy, the action plan and Resolution WHA69.3 as the primary criteria for the evaluation. In the absence of an explicit logic model or theory of change to frame the contributions of WHO over the evaluation period, the evaluation team proposed a theory of change (see Figure 1) during the inception phase. This theory of change describes the relationship between the strategic objectives of the Global strategy, the expected activities by the WHO Secretariat as envisaged in the action plan and Resolution WHA69.3, and the expected outputs and outcomes leading to the goals and vision of the Global strategy. Using the theory of change, the team developed an evaluation matrix, unpacking for each evaluation question the specific indicators/measures for assessing each sub-question, as well as the data collection method and data sources used.

Figure 1. *Theory of Change – WHO Secretariat contributions to the Global strategy and action plan on ageing and Health (2016-2020)*



Evaluation methodology

5. The evaluation relied on a cross-section of information sources using a mixed methodological approach to ensure triangulation of information. It relied mostly on document review, including use of relevant secondary data produced by the Secretariat such as data from surveys and consultations, complemented with internal and external stakeholder feedback mostly through interviews.
6. The evaluation team used the **evaluation matrix** as the core guide to its work. The matrix is based on the guiding questions and sub-questions elaborated in the Terms of Reference, and on the draft Theory of Change for the period 2016-2020 presented in Figure 1 above.
7. The evaluation team used a pragmatic mixed methods approach in addressing the evaluation questions as described below. Evidence from different sources was triangulated.
8. The relevant documents reviewed for this evaluation are detailed in Annex 4. Key documents include:
 - Resolution WHA69.3
 - Global strategy and action plan on ageing and health
 - Mid Term progress report WHA A71/41
 - Global strategy and action plan on ageing and health: 10 mid-term progress indicators
 - Meeting report of the WHO Working Group Meeting to Review and Recommend Indicators on the Implementation of the Global Strategy and Action Plan on Ageing and Health (GSAP), Mexico City, 2-3 May 2017
 - Decade of Healthy Ageing 2020-2030. Zero Draft June 12, 2019
 - 10 priorities towards a decade of Healthy Ageing
 - The 2018 Report on the Global Network for age-friendly cities and communities and case studies around the world
 - Global Database of Age-friendly practices
 - WHO Guidelines on Integrated Care for Older People
 - WHO Bulletin Special Theme: Healthy Ageing
 - World report on ageing and health 2015
 - Madrid International Action plan on Ageing 2002 (Fourth review and appraisal)
 - 2016-2017 and 2018-2019 Work-plans, GSM reports and financial data from WHO Secretariat healthy ageing.
9. In addition, the following data sources were also considered:
 - The Global Database of Age-friendly practices
 - The Global Network for Age-friendly cities and communities resource library
 - 10 mid-term progress indicators
 - Member State consultation on the Decade of Healthy Ageing
 - Inputs to the online consultations to the Decade of Healthy Ageing
 - UN agency partners and global and regional multilateral organizations consultations
 - Other relevant meeting reports
10. Thirty key-informant semi-structured stakeholder interviews complemented the data sources indicated earlier. The list of stakeholders interviewed is included in Annex 3. The interviews covered the following list of stakeholder categories:
 - Representatives of United Nations Agencies and other intergovernmental agencies
 - Steering committee of the Clinical Consortium on Healthy Ageing
 - Academia and representatives from professional organizations
 - Civil society organizations of global scope involved in Healthy Ageing

- Private coalitions of global scope involved on Ageing
- WHO Regional focal points for ageing
- WHO HQ senior staff involved in the implementation of the Global strategy on Ageing and Health

11. A set of interview questions was drafted based on the evaluation questions and sub-questions described in the evaluation matrix to guide the interviews.

12. Data analysis. The evaluation team triangulated the information collected, after compiling it in an evaluation grid structured by evaluation question and sub-questions. The evaluation findings were drawn only after a thorough cross-checking and triangulation of all information related to each evaluation question. In this way, the answers to each evaluation question were based on solid and cross-checked evidence. Limits of the analysis and data used will also be indicated at this stage.

13. Reporting. On the basis of the cross-checked evaluation findings, the evaluation team formulated answers to the evaluation questions. These answers informed the drafting of the conclusions. Finally the evaluation team provided practical, operational recommendations for future adjustments and actions. Each recommendation was based on the answers to evaluation questions and overall conclusions, which in turn were linked to evaluation findings per evaluation question and ultimately to the data collected.

Limitations of the evaluation

14. The lack of a theory of change to identify and assess the value chain of WHO work and in particular in terms of the implementation of the Global strategy represents an important challenge. This constraint was mitigated by proposing a Theory of Change, including assumptions.

15. Another constraint is the limited collection of primary data from Member States and other WHO primary stakeholders that were involved in the implementation of the Global strategy, due to time constraints for this evaluation in anticipation of the development of the Decade of Healthy Ageing. This limitation was mitigated by extensive use of secondary data analysis, targeted stakeholder interviews, and by triangulation of available evidence, all aiming to assess progress towards the strategic objectives of the Global strategy.

Phases and deliverables

16. The evaluation is structured around 5 phases as summarized in table 1 below.

Table 1: Tentative timeline

Main phases	Timeline	Tasks and deliverables
1. Preparation -Inception	September 2019	TOR Evaluation team constituted Inception note
2. Data collection	October- November 2019	Document review Interviews with stakeholders
3. Analysis	November 2019	Secondary data analysis Data triangulation
4. Reporting	December 2019	Draft and final evaluation reports
5. Management response and dissemination	January-April 2020	Management response Evaluation report online

Evaluation matrix

Evaluation sub-questions	Indicator/measure	Main source of information
EQ1 - How relevant were the Global strategy and action plan to guide the Secretariat's contribution to achieving five years of evidence-based action to maximize functional ability that reaches every person, and to establish the evidence and partnership necessary to support a Decade of Healthy Ageing from 2020 to 2030?		
Sub-questions: More specifically, are the contributions of the Secretariat to the Global strategy and the action plan...		
1.1 ...relevant to achieve the strategic goals as stated in the Global strategy?	Clear linkages established between the contributions of WHO secretariat and the strategic objectives of the Global strategy as perceived by stakeholders.	Key Informant interviews
1.2 ...based on a comprehensive theory of change or logic framework? (explicitly linking them with the strategic objectives of the Global strategy)	Evidence of theory, logic models, constructs or other instruments suggesting an explicit relationship between WHO contributions and the strategic objectives of the Global strategy.	Document review Key Informant interviews
1.3 ...based on a comprehensive diagnostic and/or consultation process? (which clearly identify the needs of Member States to implement the Global strategy)	Evidence of a former analysis of the needs of Member States to enable them implementing the Global strategy and of the links between those needs and WHO action plan.	Document review Key Informant interviews
1.4 ...based on an analysis of the comparative advantage of WHO in relation to the role of its UN partners and of other relevant partnerships? (to achieve the strategic objectives of the Global strategy and aligned with the UNDAF)	Identification of an understanding of the contributions of WHO partners including UN agencies in the implementation of the Global strategy and of the complementarity of WHO contributions to achieve the strategic objectives of the Global strategy. Recognition of the Global strategy in UNDAF.	Document review Key Informant interviews
1.5 ...coherent with the WHO General Programme of Work and WHO's international commitments?	Alignment of the contributions of the Secretariat as listed in the action plan with the GPW 12 & 13, the SDG and with other international commitments.	Document review
1.6 ...based on experience and have evolved in view of changing contexts (needs, priorities, developments)?	Evidence of changes in the orientation of WHO's action plan and rationale for these changes.	Document review Key Informant interviews
1.7.... support gender equality and the empowerment of older women and of poor older people?	Evidence of consideration of gender and vulnerable population's focus in WHO's contribution.	Document review Key Informant interviews
1.8 ...strategically positioned to make a difference in the field of healthy ageing?	Indication of best practices in terms of strategic positioning with regards to facilitating the achievement of the strategic objectives of the Global strategy. Explicit elements of WHO's comparative advantage identified in the action plan.	Document review Key Informant interviews

Evaluation sub-questions	Indicator/measure	Main source of information
EQ2 - Which were the main results of the WHO Secretariat's contribution towards achieving the goals of the Global strategy and the mandate of Resolution WHA 69.3? (effectiveness/progress towards sustainability)		
2.1. What were the main results achieved by WHO Secretariat for each of the strategic objectives of the Global strategy and Resolution WHA69.3?	Level of achievement for each of the strategic objectives of the Global strategy. Level of achievement of mandate of Resolution WHA69.3. Identification of key results and best practices.	Document review Key Informant interviews
2.2. What have been the key gaps (unmet contributions) and the key challenges to the implementation of the Global strategy?	Identification of key priorities of the action plan unaddressed. Perception of stakeholders of unmet needs and unmet directions of travel. Identification of key challenges to the advancement of implementation.	Document review Key Informant interviews
2.3. What has been the added value of regional, country level and headquarters contributions to the implementation of the Global strategy and Resolution WHA69.3?	Identification of added value of WHO contributions at the three levels of the organization. Identification of added value from key results and best practices.	Document review Key Informant interviews
2.4. To what extent WHO results have contributed to achieving the goals of the Global strategy? (five years of evidence based-action to maximize functional ability that reaches every person and to establish evidence and partnerships necessary to support a Decade of Healthy Ageing)	Indication of engagement of WHO results to contributions to each of the longer term goals. Perception of stakeholders on WHO's role to changes in these areas. Identified key results and best practices.	Document review Key Informant interviews
2.5. Is there ownership by Member States and partners of the results and capacities developed through WHO contributions to the implementation of the Global strategy?	Indication of changed practices among partners following WHO support and capacity development activities. Indication of continued activities by partners following end of WHO support. Identified key results and best practices.	Document review Key Informant interviews
2.6. What has been the contribution of WHO to ensure the action plan addressed the needs of older women and men and to tackle inequalities in low, middle and high income settings?	Evidence of WHO's contribution to tackling inequalities for older people across gender issues and across income settings. Perception of stakeholders about WHO's role and contributions in addressing these issues.	Document review Key Informant interviews

Evaluation sub-questions	Indicator/measure	Main source of information
EQ3 – Which were the main influencing factors that either facilitated or hampered the successful delivery of WHO’s contribution to the action plan and of Resolution WHA 69.3? (efficiency)		
3.1. For each strategic objective of the Global strategy, what were the key core functions ⁵ most used by WHO to achieve its key results?	Reference to core functions supporting achievement of results in biennial reports and other WCO, RO and HQ documents. Linkages between activities in programme budgets and core functions. Perception of stakeholders about WHO functions most used. Identified best practices.	Document review Key Informant interviews
3.2. How did the funding levels and their timeliness affect the results achieved?	Level of funding (global and by major office) compared with budget planned for delivering the action plan. Timing of funding over the period. Main funding mechanisms used. Perception of stakeholders on level of funding, timeliness and relationship with WHO performance.	Document review Key Informant interviews
3.3. Was the staffing at HQ, RO’s and WCO adequate in view of the contributions to be achieved?	Level and number of staff available for implementation of the action plan and other activities. Perception of stakeholders on staffing situation and relationship with WHO performance.	Document review Key Informant interviews
3.4. Were the organizational culture and extent of collaboration and coordination within and across major offices adequate in view of the objectives to be achieved?	Perception of stakeholders with regards to organizational factors, including reporting lines, mechanisms for collaboration and coordination across and within relevant units; culture of collaboration and communication.	Key Informant interviews
3.5 To what extent has the Global strategy been used to inform WHO HQ, regional and country work plans, budget allocations and staffing?	Availability of explicit linkages between the action plan and HQ and RO workplans, budget allocations and staffing. Best practices identified. WHO staff perceptions on gaps and challenges in establishing explicit linkages between the action plan and planning systems. Weight of the activities related to implementation of the action plan versus other activities undertaken by WHO	Document review Key Informant interviews
3.6. What were the monitoring mechanisms to inform of progress towards targets in the implementation of the Global strategy?	Availability of monitoring mechanisms. Availability and usefulness of monitoring reports on progress towards targets. Identified best practices.	Document review Key Informant interviews

⁵ **Core functions:** 1) Providing leadership and engaging in partnerships; 2) Shaping the research agenda, and simulating the generation transition & dissemination of knowledge; 3) Setting norms & standards and promoting implementation; 4) Articulating evidence-based policy options; 5) Providing technical support & building capacity; 6) Monitoring health situations & trends

Evaluation sub-questions	Indicator/measure	Main source of information
EQ4 – How did WHO work with others to advance the implementation of the Global strategy and of Resolution WHA 69.3?		
4.1 How did the strategic partnerships in which WHO participated contribute to the results achieved?	Reference to the strategic partnerships identified and explicit linkages with the results achieved. Indication of WHO's contributions to the results achieved by the partnership. Perception of stakeholders about the contribution of the partnerships to the achievements and specifically about the contribution of WHO.	Document review Key Informant interviews
4.2 What were the key core functions most used by WHO in their relationships with partners?	Evidence of the core functions performed by WHO in supporting implementation of the action plan through partnerships.	Document review Key Informant interviews
4.3. How was WHO positioned within the partnerships to ensure the achievement of the goals of the Global strategy?	Evidence of added value of WHO's role in advancing the implementation of the Global strategy through key partnerships. For each key partnership, perceptions of WHO staff and key stakeholders of added value of WHO's role in partnerships.	Document review Key Informant interviews
4.4. What were the major challenges to advance the implementation of the Global strategy through the key partnerships?	Identification of challenges and limitations of the work in partnerships in order to advance the action plan. Perception of WHO staff and key stakeholders of challenges of the work in partnerships.	Document review Key Informant interviews

Annex 3: List of people interviewed

WHO headquarters	
Araujo de Carvalho, Islene	<i>Senior Policy and Strategy Adviser, Ageing and Life Course, World Health Organization</i>
Banerjee, Anshu	<i>Director, Maternal, Newborn, Child, Adolescent, Ageing and Life Course, World Health Organization</i>
Barber, Sarah	<i>Director, WHO Centre for Health Development (Kobe), World Health Organization</i>
Beard, John	<i>(Retired) Director Ageing and Life Course, World Health Organization</i>
Cieza, Alarcos	<i>Coordinator, Blindness and Deafness Prevention, Disability and Rehabilitation, World Health Organization</i>
Manandhar, Mary	<i>Technical Officer, Ageing and Life Course, World Health Organization</i>
Officer, Alana	<i>Senior Health Adviser, Ageing and Life Course, World Health Organization</i>
Rosas, Juan Pablo	<i>Coordinator, Nutrition for Health and Development, World Health Organization</i>
Sadana, Ritu	<i>Lead Specialist, Ageing and Life Course, World Health Organization</i>
WHO Regional Offices	
Oyelade, Taiwo	<i>Medical Officer, Family and Reproductive Health, Regional Office for Africa, World Health Organization</i>
Vega, Enrique	<i>Unit Chief, Healthy Life Course, Regional Office for the Americas, World Health Organization/Pan American Health Organization</i>
Mahini, Ramez	<i>Coordinator, Reproductive & Maternal Health, Regional Office for the Eastern Mediterranean, World Health Organization,</i>
Huber, Manfred	<i>Coordinator, Healthy Ageing, Disability and Long-term Care, Regional Office for Europe, World Health Organization</i>
Raina, Neena	<i>Coordinator, Family Health, Gender and Life Course, Regional Office for South East Asia, World Health Organization</i>
Okayasu, Hiromasa	<i>Coordinator, Division of Health systems, Regional Office for the West Pacific Region, World Health Organization</i>
National partners, professional academics	
Al Hamad, Hanadi	<i>National Lead for Healthy Ageing, Ministry of Health, Qatar</i>
Cesari, Matteo	<i>Associate Professor of Geriatrics, University of Milan, Italy</i>
Cooper, Cyrus	<i>Director, Life-course Epidemiology Unit, Medical Research Council, United Kingdom</i>
Gutiérrez-Robledo, Luis Miguel	<i>Director-General, Instituto Nacional De Geriátría, Mexico</i>
Howe, Tracey	<i>Director, Cochrane Global Ageing, City of Glasgow College, United Kingdom</i>
Martin, Finnbar	<i>Immediate Past President, European Geriatric Medicine Society, Professor Medical Gerontology, King's College, United Kingdom</i>

Reginster, Jean-Yves	<i>Professor of Public Health, Director WHO Collaborating Center, University of Liège, Belgium</i>
Vellas, Bruno	<i>Chair, Gérontopôle and Department of Geriatric Internal Medicine, Toulouse University Hospital, France</i>
Welch, Vivian	<i>Co-Director, Cochrane Global Ageing, Associate Professor, University of Ottawa, Canada</i>

United Nations and Intergovernmental organizations

Glinskaya, Elena	<i>Lead Social Protection Specialist and Program Leader for China Mongolia and Korea, World Bank.</i>
Hada, Rio	<i>Team leader, Economic and Social Rights and Focal point for the Human Rights of Older Persons Office of the High Commissioner for Human Rights (OHCHR)</i>
Mori, Rintaro	<i>Regional Adviser, Population Ageing and Sustainable Development United Nations Population Fund (UNFPA)</i>

Civil society organizations

Barratt, Jane	<i>Secretary General, International Federation on Ageing (IFA)</i>
Derbyshire, Justin	<i>Chief Executive Officer, HelpAge International</i>
Hodin, Michael W	<i>Executive Director, Global Coalition on Aging</i>

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