Evaluation of the Global strategy and action plan on ageing and health (2016-2020)

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Any enquiries about this evaluation should be addressed to:

Evaluation Office, World Health Organization
Email: evaluation@who.int

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Acronyms

AMRO/PAHO	WHO Regional Office for the Americas and Pan-American Health Organization
AFRO	WHO Regional Office for Africa
APEC	Asia-Pacific Economic Cooperation
EQ	Evaluation question
EURO	WHO Regional Office for Europe
EMRO	WHO Regional Office for the Eastern Mediterranean
G7	Group of Seven
G20	Group of Twenty
GPW12	12th General Programme of Work
GPW13	13th General Programme of Work
HDI	Human Development Index
HQ	WHO headquarters
ICF	International Classification of Functioning, Disability and Health
ICOPE	Integrated Care for Older People
IFA	International Federation on Ageing
IHR	International Health Regulations
ILO	International Labor Organization
LTC	Long-term care
MOH	Ministry of Health
NCD	Noncommunicable diseases
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
PB	Programme budget
RO	WHO regional office
SEARO	WHO Regional Office for South East Asia
SDG	Sustainable Development Goal
SO	Strategic objective
TOR	Terms of Reference
UHC	Universal Health Coverage
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNSC	United Nations Statistical Commission

WCO	WHO country office
WHA	World Health Assembly
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific
WRAH	World Report on Ageing and Health

Executive Summary

The evaluation of the Global strategy and action plan on ageing and health (2016-2020) was included in the World Health Organization (WHO) evaluation workplan for 2018-2019, approved by the Executive Board in January 2018.

In response to a rapidly ageing global population and the associated growing challenges to health systems in almost every country, the Sixty-seventh World Health Assembly (WHA) in 2014 requested the Director-General "to develop, in consultation with Member States and other stakeholders and in coordination with the Regional Offices (RO), and within existing resources, a comprehensive global strategy and plan of action on ageing and health" (hereafter referred to as "the Global strategy" and "the action plan"). The Global strategy and the action plan were adopted by the Sixty-ninth World Health Assembly in May 2016 (resolution WHA69.3).

The Global strategy 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 action plan details the expected contributions by Member States, the WHO Secretariat and relevant United Nations (UN) agencies, and by national and international partners, to achieve the overarching goals of the strategy.

This independent evaluation was framed as a formative exercise in alignment with resolution WHA69.3 so as to "leverage the experience and lessons learned from implementation of the strategy to better develop a proposal for a Decade of Healthy Ageing 2020-2030." The evaluation focused first and foremost on the Secretariat's contributions to the action plan at the three levels of the Organization. Covering the period 2016-2019, it built on an analysis of relevant existing documents and data, complemented by the perspectives of key stakeholders, to: demonstrate achievements of the WHO Secretariat's contributions toward the objectives formulated in the plan of action and resolution WHA69.3, while pointing out the challenges and opportunities for improvement; support the Secretariat in defining its role and contributions and the role of partners in the Decade of Healthy Ageing 2020-2030 based on independent evidence of past successes, challenges and lessons learned; and provide the opportunity to learn from the evaluation results at all levels of the WHO Secretariat, as these can then usefully inform the development of future country, regional and global support through a systematic approach to organizational learning.

The main intended use of this formative evaluation is to contribute to the strategic design of the Decade of Healthy Ageing 2020-2030. Lessons from this evaluation might also be useful to the global status report on healthy ageing to be delivered in 2020. The learning drawn from this evaluation is intended to be useful to the WHO Secretariat, including its headquarters, regional and country offices involved in the implementation of the Global strategy and in the preparations for the Decade of Healthy Ageing. It is also intended to provide useful input to Member States and other non-State actors and WHO partners of the Decade of Healthy Ageing 2020-2030.

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 a mixed-method approach to ensure triangulation of information through a variety of means. Member States' input provided to the Secretariat in the context of the consultations to the Decade of Healthy Ageing also informed the evaluation.

Relevance of the strategic choices

The Global strategy and the plan of action are considered by key stakeholders as highly relevant instruments for addressing the health needs of older persons and for preparing individuals and communities for healthy ageing. The narrative of these instruments, which is based on WHO's conceptualization of healthy ageing, complements the traditional emphasis on the importance of preventing and treating diseases with a heightened focus on a health- and people-centred perspective towards maintaining the intrinsic capacity and functional abilities of older persons. The instruments also stress the principles of human rights, equity, equality and non-discrimination (particularly on the basis of age), gender equality, and intergenerational solidarity. They are framed in a way that speaks to all sectors involved, and to Member States, UN agencies, academia and civil society organizations, all of which show broad-based support for the concept of healthy ageing and the positive effects the implementation of these instruments might have on the health of older people.

Building on the momentum created by the 2015 World report on ageing and health (WRAH), the Global strategy recognizes that the health of older persons is influenced by the healthcare and long-term care systems as well as by the environments where people live. The Global strategy therefore adopts a broad cross-sectoral and multidisciplinary focus which extends its scope beyond WHO's traditional mandate, in alignment with the strategic shifts of multisectoral action further articulated also by the 13th General Programme of Work (GPW13). This paradigm is fully aligned with the goal of achieving universal health coverage (UHC) through integrated, people-centred health services, as well as with the 2030 Agenda and the Sustainable Development Goals (SDGs). Aligning the Global strategy with the 2030 timeline is an advantage in that it may help maximize opportunities for building global momentum and synergies. However, there is not uniform recognition of the precise role and capacities of WHO for the effective implementation of the broad perspective of the Global strategy.

In this same vein, the action plan is generally considered to be a comprehensive and forward-looking document that was well received by various key external stakeholders at global, regional and country levels. However, it is also an ambitious document for its short timespan and the systemic transformation processes advocated. Furthermore, while it was considered highly relevant for guiding regional and national strategies on ageing and health, particularly in lower- and middle-income countries, its broad scope and mostly global focus weakened its relevance, particularly in local contexts.

WHO Secretariat's contribution and main achievements

At the highest level, the paradigm shift embodied by the Global strategy and action plan – namely, a heightened focus on fostering and maintaining intrinsic capacity and functional ability for all persons in older age – represents one of these instruments' most significant accomplishments in its own right. The Global strategy has contributed to a growing momentum for addressing issues related to healthy ageing. Beyond this overarching level, the WHO Secretariat has demonstrated significant achievements within each of the five strategic objectives (SO) and across its various functional roles. These achievements have been uneven, however, with some SO and functioning areas achieving significant progress and other areas less progress, owing to a range of structural and resource-related factors.

WHO provided the vision on healthy ageing, raised awareness and advocacy about it and showed convening power to gather key stakeholders around the Global strategy. WHO also contributed to shaping the research agenda and the generation, translation and dissemination of valuable knowledge around the Global strategy. WHO also set new norms and standards and pursued collaborative models and stakeholder participation in contributing to healthy ageing policies. The Global strategy has

informed, and benefitted from, WHO regional strategies and policies, which has led to a cascade of advocacy and advice at national level. An explicit goal of the Global strategy is to achieve five years of evidence-based action to maximize functional ability that reaches every person. A wide range of research-based articles and reviews, as well as other reports, were produced by WHO to inform policy development, strengthen the dialogue on healthy ageing and create awareness. Significant research was conducted across the five SOs of the Global strategy, namely: ageism, including the right to health of older people; age-friendly environments, including elder abuse; health systems and long-term care, including how to integrate healthcare services to meet older people's needs; and metrics, monitoring and research, including understanding of inequalities and determinants and what can be done to improve health equity, as well as on indicators for the Decade on Healthy Ageing 2020-2030. Findings were made available through the WHO website and other channels. However, the impact of such evidence in terms of concrete actions at country level could not be ascertained, in part because the primary focus of the research dissemination and utility remained at global and academic levels. In general, the action plan lacked an explicit country focus, and stakeholders consistently underlined that WHO regional and country offices could have benefited from dedicated support to translate the Global strategy to their settings. The development of the guidance *Integrated Care for Older People (ICOPE)* is a key achievement eliciting wide support among most of the constituents involved. While widely praised for its comprehensiveness, there is also need for concrete guidance to enable Member States in translating the global tool to make it concrete and relevant within the context of individual national health systems.

In promoting multisectoral action, WHO also expanded and strengthened the WHO Global Network for Age-friendly Cities and Communities, which was widely perceived to be successful in providing an interactive platform to facilitate learning and exchange of information and experience on creating age-friendly environments that foster healthy ageing. The opportunities for Member State engagement and learning through the age-friendly cities and communities network were highly appreciated. However, the network remains mainly concentrated in a few geographical regions.

Although much was achieved, important action areas across all strategic objectives could not be fully developed on time or as envisaged in the Global strategy despite efforts. Gaps could be seen in various areas, such as in terms of economic models development, design of metrics to describe healthy ageing, and guidance and technical support on long-term care, among others.

Ways of working and programme management challenges

WHO delivered the workplan through its core functions across the five SOs of the Global strategy. Most importantly, WHO exercised leadership and its convening power to spark collective action. There has been, and there remains, significant enthusiasm and momentum across the WHO Secretariat and amongst the partners to continue to support the Global strategy and forthcoming Decade of Healthy Ageing. However, the departure of the WHO programme's head and the subsequent split of the Ageing and Health programme into units within two separate departments across two separate Divisions challenged these efforts, thus presenting a risk to WHO's credibility as well as the overall effectiveness and sustainability of the programme.

Moreover, the Ageing and Health programme was set with a difficult task to implement a vast plan of action of high complexity, but with an unclear sense of prioritization, coupled with low levels of human and financial resources at all organizational levels. The scarce resources at WHO headquarters and in regional offices most likely affected the achievement of objectives and the timeliness of results. Focal points in WHO regional offices and country offices played an important role in taking forward the

Global strategy, although staffing levels and levels of knowledge and experience on Healthy Ageing matters varied among them.

At a more fundamental level, the Ageing and Health programme lacked a theory of change depicting the results chain conducive to achieving the expected programme outputs and outcomes and enabling adequate resourcing and planning as well as effective and efficient prioritization. In the absence of a theory of change, baseline data, clear targets and milestones, and an accountability framework, it is difficult to estimate progress and attribute achievements to the Global strategy and action plan. The 10 progress indicators developed by WHO to inform the mid-term review are the only concrete evidence of systematic monitoring of the implementation of the Global strategy, although the Decade of Healthy Ageing 2020-2030 intends to build an accountability framework to be able to take stock of progress and measure contributions towards agreed upon impacts and areas for collective action. It will also include age-disaggregated SDG indicators.

The Ageing and Health programme cuts across many areas within the health domain in addition to its intersectorality with non-health sectors. However, despite its considerable success in fostering partnerships outside the Organization, collaboration within WHO has been comparatively weaker. Opportunities to integrate ageing and health across the life course have not yet been capitalized on, nor has the intersection of ageing with other WHO programmes (e.g., mental health, noncommunicable diseases, health systems, assistive technologies, innovation) been actively exploited, often owing to time pressures and the lack of capacity to take on new work (this stemming from a lack of financial and human resources). Other WHO programmes have produced norms and guidance relevant to ageing and health in parallel to that of the Ageing and Health programme.

Modalities of engagement and challenges

The development and implementation of the Global strategy and action plan would not have been possible without the extensive collaboration between WHO and a wide range of partners, including (but not limited to) Member States, the UN system, the WHO Clinical Consortium on Healthy Ageing, the Global Network for Age-friendly Cities and Communities, the Titchfield City Group on Ageing, the WHO consortium on Metrics and Evidence, the Cochrane and Campbell Collaborations, civil society organizations and other non-State actors. WHO pursued collaborative models and increased stakeholder participation in contributing to healthy ageing policies. It did so by enabling, supporting, facilitating and leading, as appropriate, in relation to its partners. WHO's leadership and convening power in bringing partners together to foster collective action was well recognized.

The Global strategy is also linked with global UN commitments related to the Madrid International Plan of Action on Ageing. Healthy Ageing is a process that spans the entire life course, and enabling all people to live a long and healthy life requires a multisectoral approach with strong engagement from diverse sectors and different levels of UN agencies and other nongovernmental actors including service providers, product developers, academics and older people themselves. Within this context, many UN agencies have responsibilities in addressing Ageing across the life course. However, while WHO did collaborate with UN institutions to advance the Global strategy, such collaborations appear to have been at the project level rather than at a higher strategic level. This is particularly relevant for the configuration of the leadership and partnerships required to secure the effective rollout of the Decade of Healthy Ageing. At present, there still does not appear to be sufficient clarity on the respective lead and support roles to move forward the Decade of Healthy Ageing.

That said, WHO has forged multistakeholder engagement and partnership to support a Decade of Healthy Ageing and has prepared a draft proposal for it, which was endorsed by the 146th session of the WHO Executive Board in January 2020.

Despite the broad engagement achieved, many constituencies of central relevance to the implementation of the Global strategy remain under-represented or not represented in the first instance. This is the case of older people themselves, and of critical professional disciplines that have the potential to facilitate the practical implementation of the action plan at global and local levels and to build synergies across disciplines (i.e., clinicians associations from various specialties, health systems specialists, social welfare specialists, and across other sectors, etc.) and sectors (including the private sector). There is full acknowledgement by most stakeholders that multidisciplinary and multisectoral action, including at country level, is required to further the implementation of the Global strategy and of the Decade of Healthy Ageing. There are plans to enhance stakeholders exchange and connection through specific platforms. However, there is a lack of clarity on the role and ability of WHO in leading such relationships as well as on guidance of how the multi-dimensional aspects around healthy ageing at a programmatic level should be managed and by whom.

Recommendations

1. To take forward the Decade of Healthy Ageing within the context of the 13th General Programme of Work and the 2030 Agenda, the WHO Secretariat should **undertake necessary organizational changes; external and internal advocacy; and coordination measures** to ensure that this crucial focus area is elevated to the highest levels of the Organization and thus help maximize the likelihood that the goals of this important initiative will be achieved on time and on target. Toward this end, it is recommended that WHO Senior Management:

- integrate the Decade of Healthy Ageing as a high-level goal of its internal and external advocacy efforts and embed it in its strategic processes (e.g. the SDG3 GAP);
- assign dedicated leadership and responsibility for this area to a senior-level expert on Ageing; and
- ensure the Organization's visibility and technical credibility, as well as the clarity of its position and role in designing and implementing the Decade of Healthy Ageing – and in building and steering the necessary coalitions (including high-level relationships with Member States, UN agencies, donors and other stakeholders) in pursuit of the effective roll-out of the Decade of Healthy Ageing.

2. The WHO Secretariat should **develop an inclusive engagement strategy** to deliver the Decade of Healthy Ageing, incorporating the required cross-sectorality and multidisciplinarity. It is recommended that such a strategy:

- identify and embrace the multidimensional and multisectoral aspects necessary to effectively advance the Decade of Healthy Ageing at a strategic level, with the necessary mechanisms in place to harness and capitalize on these linkages;
- focus on strengthening broader relationships with governmental bodies, including and beyond ministries of health – such as, but not limited to, ministries of social welfare, development, finance, environment and others – as well as UN agencies, and non-traditional donors with which WHO has less experience in collaboration (in adherence to the principles established under the Framework on engagement with non-State actors [FENSA]);
- expand and support multi-stakeholder partnerships with non-State actors within and beyond the health sector, and systematically integrate the work of clinical associations, health system

specialists, long-term care systems, economic institutions and associations of older persons; and

- provide guidance at the regional and local levels to facilitate multisectoral collaboration among governments and non-State actors for the local rollout of the Decade of Healthy Ageing.

3. In alignment with the 13th General Programme of Work and the 2030 Agenda, the Decade of Healthy Ageing should **adopt a clear country focus**. WHO Secretariat's contribution to the Decade of Healthy Ageing should be designed accordingly and based on a robust accountability framework. It is recommended that such an instrument:

- devise and incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process for both the expected outcome and output levels, and clarify the expected contributions from all levels of the Organization so that tangible change can be measured;
- be flexible and open for adaptation as the Decade of Healthy Ageing is rolled out;
- in coherence with Delivering as One and the on-going reform of the UN development system, orient WHO's contribution toward facilitating implementation at country level, providing the necessary guidance and tools to facilitate the local translation and adaptation of global norms, standards and guidelines to various contexts and settings.

4. The WHO Secretariat should **ensure that adequate programme stewardship, organizational structures, resources and monitoring mechanisms are in place** in alignment with the Decade of Healthy Ageing and its theory of change as recommended earlier. In this respect, it is recommended that the WHO Secretariat:

- secure adequate human and financial resources at the three levels of the Organization to meet the needs for the delivery of WHO's contribution to the rollout of the Decade of Healthy Ageing at global, regional and national levels;
- strengthen synergies across the Secretariat to maximize collaboration, securing internal coherence, effectiveness and efficiency in the delivery of the Ageing and Health programme in WHO, by ensuring an organizational design that facilitates coordination and communication flows, leadership and visibility, aligns across relevant WHO strategies and initiatives, and ensures mutual benefit from the breadth of programme areas that are of relevance to the Decade of Healthy Ageing as a horizontal cross-cutting area, and establish the coordination, management and monitoring mechanisms required to help realize these mutual benefits;
- design effective capacity-building mechanisms and share lessons learned across relevant operational units at all levels of the Organization to optimize opportunities for WHO contributions to the agenda of the Decade of Healthy Ageing and in accordance with the needs and priorities of Member States; and
- structure its workplans to deliver its contribution to the Decade of Healthy Ageing at all levels of the Organization, based on a logical framework in accordance to the theory of change of the Decade of Healthy Ageing, defining goals and targets with indicators and metrics as needed to manage its support more effectively, with programme monitoring aligned to this logical framework and the 13th General Programme of Work.

1. Introduction

1. In response to a rapidly ageing global population and the associated challenges to health systems, in 2014 the Sixty-seventh World Health Assembly (WHA) requested the Director-General of the World Health Organization (WHO) "to develop, in consultation with Member States and other stakeholders and in coordination with the regional offices (RO), and within existing resources, a comprehensive global strategy and plan of action on ageing and health"[1] (hereafter referred to as "the Global strategy" and "the action plan," respectively). The Global strategy and the action plan were adopted by the Sixty-ninth WHA in May 2016 (resolution WHA69.3).[2]

2. The Global strategy[3] 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 identifies 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 SOs comprises three subobjectives.

3. The Global strategy is complemented by an action plan (2016-2020) that details the actions that are expected to be delivered by Member States, the WHO Secretariat and relevant United Nations (UN) agencies, as well as by national and international partners, under each of the SOs and subobjectives identified in the Global strategy. The action plan seeks to achieve 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.

4. Resolution WHA69.3 requested the WHO's 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, implement evidence-based interventions, and strengthen information systems for healthy ageing;

(2) implement the proposed actions for the Secretariat in the Global strategy and action plan in collaboration with other bodies of the UN system;

(3) leverage the experience and lessons learned from the implementation of the Global strategy and action plan 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 Seventy-third WHA, reflecting agreed standards and metrics and new evidence on what can be done in each strategic theme to inform and provide 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 and action plan;

(6) develop a global campaign to combat ageism;

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

[2] Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life. Sixty-Ninth World Health Assembly [WHA69.3, 28 May 2016]

[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]

(7) strengthen the WHO Global Network of Age-friendly Cities and Communities;

(8) support research and innovation to foster healthy ageing including through the 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 Seventy-first WHA.

5. This independent evaluation of the Global strategy and action plan on ageing and health was a formative exercise in alignment with resolution WHA69.3. The evaluation is included in the WHO Organization-wide evaluation workplan for 2018-2019, approved by the 142nd session of the Executive Board in January 2018.

1.1 Evaluation features

6. **Purpose.** The purpose of the evaluation was to draw lessons learned from the implementation of the Global strategy and action plan to inform the efforts of the WHO Secretariat on the development of the Decade of Healthy Ageing 2020-2030. The evaluation (a) documents key achievements, best practices, challenges and gaps in the implementation of the action plan since its adoption in 2016, and (b) makes recommendations to inform the preparations of the Decade of Healthy Ageing 2020-2030.

7. The evaluation focused first and foremost on the Secretariat's contributions to the plan of action at the three levels of the Organization. To the extent possible, the evaluation also documented the contributions of other key actors, such as global partners and others. Additionally, the evaluation considered the input of Member States to the consultations leading to drafting the proposal for a Decade of Healthy Ageing.

8. As with all evaluations, this exercise meets accountability and learning objectives. It will be publicly available and reported on through the annual Evaluation Report.

9. **Objectives**. These are to:

a. demonstrate achievements against the objectives formulated in the Global strategy and action plan and resolution WHA69.3, while also identifying the challenges and opportunities for improvement;

b. support the Secretariat in defining its role and contributions as well as the role of partners in the Decade of Healthy Ageing 2020-2030 based on independent evidence of past successes, challenges and lessons learned; and

c. generate learning opportunities at all levels of WHO, as evaluation findings could be used to inform the development of future country, regional and global support through a systematic approach to organizational learning.

10. **Expected use**. The learning generated by this evaluation will be used by the WHO Secretariat, including headquarters (HQ), ROs and country offices (WCO) involved in the implementation of the Global strategy, to inform the preparations of the Decade of Healthy Ageing. It will also provide useful input to Member States, other non-State actors and WHO partners involved in the implementation of the Global strategy and the Decade of Healthy Ageing. Lessons from this evaluation may also provide insights for the development of the global status report on healthy ageing to be delivered in 2020.

11. **Scope.** The evaluation mainly considered the relevance, effectiveness and efficiency of the WHO Secretariat's contribution at the three levels of the Organization to the implementation of the Global strategy and action plan. It also considered the effectiveness of its engagement strategy and partnerships to deliver the action plan.

12. The evaluation did not assess impact, as attribution of impact level changes cannot be attributed to WHO alone and require a longer timespan. However, the evaluation did assess the relevance and effectiveness of WHO's contribution to addressing the needs of vulnerable populations, including poor and marginalized older people and elderly women.

13. **Evaluation questions**. The overarching evaluation questions (EQ) were as follows:

EQ1: How relevant were the Global strategy and action plan to guide the WHO Secretariat's contribution to achieving the goals of the Global strategy on ageing and health?

EQ2: What were the main results achieved by the WHO Secretariat towards achieving the goals of the Global strategy and the mandate of resolution WHA69.3?

EQ3: What were the main influencing factors that either facilitated or hindered the successful delivery of WHO's contribution to the action plan and resolution WHA69.3? and,

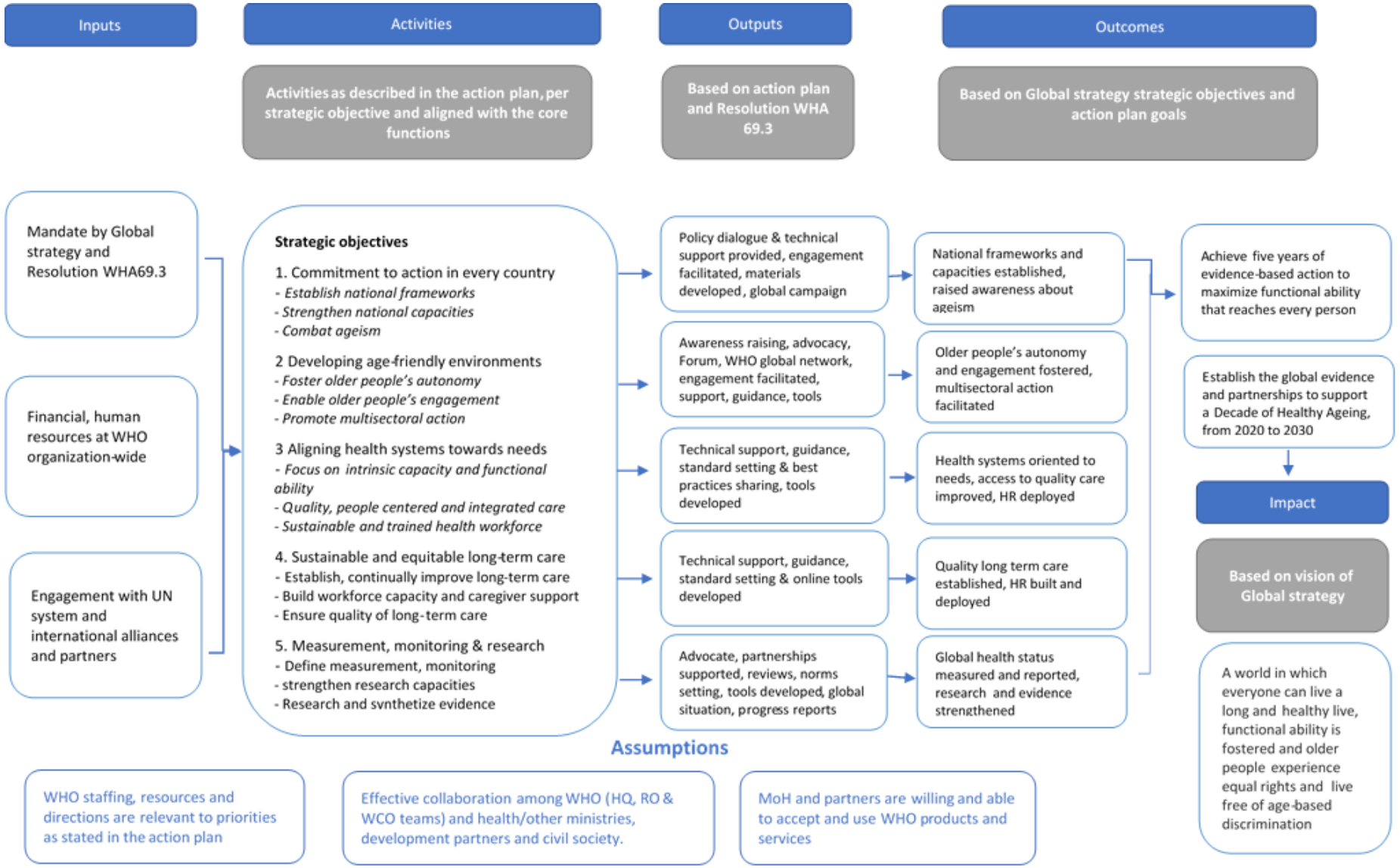
EQ4: How did WHO work with others to advance the implementation of the Global strategy and resolution WHA69.3?

1.2 Methodology

14. The evaluation was conducted between October 2019 and February 2020 by a core team from the Evaluation Office, supported by external consultants. 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 (further elaborated in Annex 2) ensured impartiality and mitigated the risk of bias by using a mixed-methods approach to gather both qualitative and quantitative data and by relying on multiple data sources to ensure triangulation of information through a variety of means.

15. The Global strategy, the action plan and resolution WHA69.3 formed the basis for the evaluation. In the absence of an explicit logic model or theory of change to frame the contribution 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 SOs of the Global strategy, the activities envisaged in the action plan and resolution WHA69.3, and the outputs and outcomes that are expected to lead to the goals and vision of the Global strategy. Using the theory of change, the team developed an evaluation matrix that unpacks each EQ into subquestions and details the indicators, data collection methods, and data sources used to answer the EQs (see Annex 2 for further detail). The evaluation mainly used existing data collected by WHO and partners, complemented by direct feedback from key stakeholders, including WHO staff, UN agencies, academia, civil society organizations and other development partners. All the data were then analyzed to produce the present report.

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



2. Findings

16. The findings of the evaluation are presented following the four main EQ and sub-questions identified in the evaluation matrix.

2.1 Relevance of the Global strategy and action plan to guide the WHO Secretariat's contribution to achieving the goals of the Global strategy on ageing and health

Are the Global strategy and the action plan relevant to achieve the strategic goals as stated in the Global strategy?

17. Overall, there was a consensus within WHO and across UN agencies, academia, and civil society organizations that the Global strategy was very relevant to improve the health of older people. Likewise, stakeholders recognized the relevance of the action plan to achieve its stated goals, namely: 1) to *achieve five years of evidence-based actions to maximize functional ability that reaches every person and 2) to establish the global evidence and partnerships to support a Decade of Healthy Ageing from 2020 to 2030*.

18. The Global strategy built upon the 2015 World report on ageing and health (WRAH),[4] which was perceived by most stakeholders participating in the evaluation as an important entry point to the debate on healthy ageing. It was viewed as providing solid evidence and useful projections of the impact of ageing populations as well as guidance on how best to meet the needs of older people throughout the life course across multiple sectors.

19. Internal and external stakeholders interviewed overwhelmingly agreed that the Global strategy is an important policy document, in that it helped to further shape the conceptual paradigm of ageing and health, in particular on healthy ageing, and provided crucial guidance to address key related issues. Most external stakeholders appreciated the fact that it had multisectoral relevance beyond the health sector. While stakeholders expressed divergent views about WHO's mandate and capacity to address multisectoral issues, there was general agreement among all stakeholder groups that WHO has successfully positioned itself as a main driver in the field of ageing and health.

20. Overall, stakeholders acknowledged that the action plan is a comprehensive and forward-looking document that has been well received by numerous actors at global, regional and country levels as a guide to develop and align their frameworks on ageing and health across the life course. At the same time, many stakeholders found the action plan rather ambitious for its short timespan, especially considering the high number of action areas proposed and the length of time required to achieve systemic transformation sought by it. They further noted that the action plan was too generic to guide the formulation of local policy as it proposed high-level action items using broad language. An independent review of the action plan performed by the evaluation team confirms this.

21. Most stakeholders acknowledged that the Global strategy and action plan are complex and require an important strategic shift. Improving healthy ageing requires comprehensive reforms that consider both multi-disciplinary and horizontal integration within the health sector as well as cross-sectoral approaches. However, the current health system approach towards treating single diseases with a focus on specific age groups rather than an approach that addresses health holistically throughout people's lives constitutes a systemic barrier to achieving this change. This can be explained by the lack of sustained political will and difficulties in building a funding base to adopt the systemic

[4] World report on ageing and health. Geneva: World Health Organization 2015. (https://www.who.int/ageing/publications/world-report-2015/en/, accessed December 2019).

change required for the successful implementation of the Global strategy and for strengthening cross-sectoral coordination.

22. The timeframe of the Global strategy is 15 years (2016-2030), while that of its accompanying action plan is only five years (2016-2020). The reasons why these differ was not explicitly explained and created confusion among some stakeholders. Likewise, many found the linkages between the Decade of Healthy Ageing 2020-2030 and the Global strategy – and its action plan – unclear.

Are the Global strategy and the action plan based on a comprehensive theory of change or logical framework?

23. The WRAH provided the conceptual framework and scientific evidence for the Global strategy and the rationale for four out of its five SOs. The WRAH offers a holistic perspective on healthy ageing as it explores the concepts of functional ability and intrinsic capacity from birth to older adulthood, including how the social and environmental determinants of health and the realization of human rights impact ageing. Most stakeholders considered that such conceptualization of healthy ageing was groundbreaking and paradigm-changing.

24. The WRAH conceptualization built on the WHO *International Classification of Functioning, Disability and Health (ICF),*[5] although such link was not explicit in the Global strategy, potentially missing additional synergies among ICF stakeholders.

Are the Global strategy and action plan based on a comprehensive diagnostic and/or consultation process?

25. The Global strategy built on the extensive work conducted for the WRAH. In addition, two international policy instruments predating the Global strategy helped shape its development, namely: 1) The Political declaration and the Madrid international plan of action in ageing;[6] and 2) the 2002 WHO policy framework on Active Ageing.[7] Pre-existing WHO regional strategies on healthy ageing also influenced the development of the Global strategy.

26. The Global Strategy and the action plan were developed in consultation with Member States, UN agencies and non-State actors across all three levels of the Organization. The consultation process included online feedback, regional workshops, and a global face to-face meeting with 180 participants from more than 70 Member States.[8]

[5] International Classification of Functioning, Disability and Health (ICF). Geneva: World Health Organization 2001. (https://www.who.int/classifications/icf/en/, accessed December 2019).

[6] The Political declaration and Madrid international plan of action in ageing. Second World Assembly on Ageing, Madrid, Spain 8-12 April 2002. New York: United Nations 2002. (https://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf, accessed December 2019).

[7] Active ageing: a policy framework. Geneva: World Health Organization 2002 (https://www.who.int/ageing/publications/active_ageing/en/, accessed December 2019).

[8] WHO Global Strategy and Action Plan on Ageing and Health: Briefing note on consultation process and web-based survey, August – November 2015. Geneva: World Health Organization 2015. (https://www.who.int/ageing/ageing-global-strategy-survey-report-en.pdf?ua=1, accessed December 2019).

27. Resolution WHA69.3 referred to relevant UN resolutions and was aligned with the Sustainable Development Goals (SDG).[9] The Global strategy received political endorsement by Member States, at both the WHA[10] and subsequent high-level political events such as the G7 meeting.[11,12]

Are the Global strategy and the action plan based on an analysis of the comparative advantage of WHO in relation to its UN partners and other relevant partnerships?

28. The Global strategy emphasizes the importance of healthy ageing as a public health priority. This pioneering framework confers recognition to WHO based on its comparative advantage as the leading technical global health authority. The action plan, as well, was based on an analysis of WHO's comparative advantage. WHO's designated contributions rely on its core functions, such as leadership, partnership engagement, developing norms and standards, providing technical support, and promoting the research agenda and the production of evidence.

29. WHO's close relationship with ministries of health represents a significant advantage for the implementation of the Global strategy. However, the successful implementation of the strategy also requires cross-sectoral action and strong relationships with multiple government stakeholders and non-State actors beyond the health sector. Although WHO has the potential to use health as an entry point for cross-sectoral action, stakeholders both internal and external to WHO were divided on how far WHO should facilitate cross-sectoral coordination on wider aspects of healthy ageing. Some key informants stressed the lack of WHO's institutional experience on cross-sectoral work and questioned its ability to facilitate these processes in comparison with other UN agencies with broader mandates.

Are the Global strategy and the action plan coherent with WHO's General Programme of Work and aligned with WHO's international commitments?

30. The Twelfth General Programme of Work 2014–2019 (GPW12) recognized the considerable social and economic impact of ageing populations due to the increased burden of non-communicable diseases (NCDs) and disabilities as well as the need for LTC and supportive environments and health system reform. The Global strategy and GPW12 both recognized the challenges of addressing ageing and health across multiple sectors. The Global strategy aligned itself with relevant instruments, such as the SDGs, and with WHO's commitment to achieve universal health coverage (UHC). This alignment has been well received by Member States. In addition, rather than focusing on the absence of disease, the Global strategy considers healthy ageing from the perspective of functional ability, in consonance with principles underlying WHO's Constitution.

31. The Thirteenth General Programme of Work 2019-2023 (GPW13) also recognizes the importance of addressing healthy ageing to fulfil WHO's global commitments to UHC and the SDGs. A significant proportion of stakeholders underlined the need to make the Global strategy even more visible given the growing demographic change globally and its far-reaching societal implications for years to come.

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[9] Transforming our world: The 2030 Agenda for Sustainable Development. New York: United Nations [A/RES/70/1 Resolution 70/1, 21 October 2015] (https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E, accessed December 2019).

[10] Sixty-Ninth World Health Assembly. Committee A. Provisional summary record of the Ninth meeting. [A69/A/PSR/9, 24 June 2016]. (http://apps.who.int/gb/ebwha/pdf_files/WHA69-A-B-PSR/A69_APSR9-en.pdf?ua=1, accessed December 2019).

[11] G7 Japan. Kobe Communiqué G7 Health Ministers' Meeting 11-12 September 2016. Tokyo: Ministry of Health, Labour and Welfare, 2016. (https://www.mhlw.go.jp/seisakunitsuite/bunya/hokabunya/kokusai/g7kobe/KobeCommunique_en.pdf, accessed December 2019).

[12] Shiozaki Y, Philpott J, Touraine M, et al. G7 Health Ministers' Kobe Communiqué. (https://www.thelancet.com/action/showPdf?pii=S0140-6736%2816%2931663-4, accessed December 2019).

Have the Global strategy and action plan evolved in light of changing contexts (needs, priorities, developments)?

32. The Global strategy is a continuation of over 15 years of policy dialogue and action on ageing and health within WHO and across the UN, starting with the adoption in 2002 of the Madrid International Plan of Action on Ageing and the accompanying WHO policy framework on active ageing, and – more recently – the Agenda 2030. Furthermore, the end of the action plan was timed to facilitate the provision of constructive feedback for the development of the Decade of Healthy Ageing.

33. As stated above, the foundational work of the ICF laying out the groundwork for the concepts of functional ability and intrinsic capacity, the evidence and momentum gained by the WRAH, and the experience of existing regional strategies influenced the development of the Global strategy.

Does it support gender equality and the empowerment of older women and of poor older people?

34. The Global strategy stresses the importance of the principles of human rights, equity and non-discrimination (particularly based on age), gender equality, and intergenerational solidarity. It explicitly addresses ageism and promotes action to combat discrimination against and stereotyping of older people, while underlining the significant contributions that they make to the economy.[13] It also points out that there is a significant evidence gap in gender-sensitive and equity-oriented analysis on ageing and health. Stakeholders from civil society organizations stressed that the Global strategy resonates within a human rights-based approach.

35. However, the action plan has not yet succeeded in translating these principles into measurable interventions. WHO Secretariat's commitment as stated in the action plan is limited to "*ensur[ing] WHO policies, guidance and communication are free from age-based and gender-based discrimination*" (Action Point 1.3).

36. Several stakeholders internal and external to WHO also highlighted in the interviews that the voices of older people could have been represented further.

Are the Global strategy and the action plan strategically positioned to make a difference in the field of healthy ageing?

37. There was consensus within WHO, academia and civil society organizations that the Global strategy is positioned to make a difference in the field of healthy ageing. Because of its strong "brand", its leadership, and its convening role, stakeholders also noted that WHO is well placed to take the lead in changing mindsets around healthy ageing at global level. The evidence generated by the WRAH and the visibility that it gave to healthy ageing created momentum to initiate policy dialogue and provided the evidence base to assist in the reorientation of health programmes. The Global strategy built on this momentum and was therefore able to position itself strategically to make a difference in the field of healthy ageing.

38. The alignment of the Global strategy with the SDGs also facilitated the articulation of its cross-sectoral and horizontal framework, moving away from vertical disease-based models to preventive care across the life course and to more holistic and integrated social, economic, environmental and care models for addressing health declines. This alignment was perceived as positive by most stakeholders interviewed. However, many also questioned the specific role of WHO and its capacity to take the lead on the broader aspects of the Global strategy, and to provide effective guidance throughout the implementation of the action plan.

[13] Officer A, Schneiders MI, Wu D, et al. Valuing older people: time for a global campaign to combat ageism. WHO Bull World Health Organ 2016; 94: 710-710A. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5043217/, accessed December 2019).

Summary of key findings

- The Global strategy and action plan are highly relevant within the global context of demographic change. Framing the narrative of healthy ageing towards maintaining older persons' functional abilities is a paradigm shift that is fully aligned with the goal of achieving UHC through integrated, people-centred care and with the Agenda 2030.
- The Global strategy is perceived as relevant to various specific contexts and needs, particularly in middle- and lower-income levels. It has been used to raise awareness and guide global, regional and national evidence-based policy actions on ageing and health and to provide groundwork for the Decade of Healthy Ageing 2020-2030.
- The underlying conceptualization of healthy ageing and its core concepts of functional ability and intrinsic capacity, which are central to the Global strategy, have been widely supported by stakeholders. These concepts were described by many stakeholders as groundbreaking and paradigm-changing.
- The Global strategy and action plan are strategically positioned to make a difference on ageing and health at the global and local levels. WHO's leadership and convening roles give the Organization a comparative advantage in leading the implementation of the Global strategy. However, the Organization may continue to face challenges in spearheading the intersectoral collaboration required to achieve the needed societal changes.
- Improving healthy ageing requires strong political will, sustained funding and systemic reforms in healthcare as well as in other relevant sectors. Yet the ambitious and generic nature of the action plan resulted in a lack of strategic and actionable guidance that can be applied to specific contexts to foster these changes. Additionally, the timeframe of the action plan was too short to achieve systemic change.
- The Global strategy integrates a human rights-based approach. It also underlines the principles of equity and non-discrimination (particularly based on age), gender equality, and intergenerational solidarity. However, the action plan does not fully translate these commitments into measurable actions. Furthermore, the relevance of the action plan could have been strengthened by ensuring a stronger participation of older people.
- The timing of the Global strategy and launch of the Decade for Healthy Ageing coincide with WHO's commitments to achieve UHC and the SDG, thereby offering the international community various platforms for dialogue and advocacy to address healthy ageing globally.

2.2 What are the main results achieved by the WHO Secretariat and how this contribute to the goals of the Global strategy and the mandate of resolution WHA69.3?

What were the main results achieved by the WHO Secretariat?

39. The evaluation team found evidence of significant achievements across each of the five strategic objectives targeted by the action plan. However, because the Global strategy does not have a theory of change or a clear logical framework with indicators of achievements and benchmarks, it is not possible to determine with certitude the extent to which expected results were achieved. Most of the evidence demonstrating the achievement of results is therefore perceptual in nature. This section presents examples of achievements and areas for improvement for each of the SO.

Strategic Objective 1 – Commitment to action on Healthy Ageing in every country (through dialogue, acting on ageism and knowledge transfer activities to enable evidence-based policy development on healthy ageing).

40. Key informants from all stakeholder groups agreed that WHO raised the profile of healthy ageing globally and fueled constructive debate, leading to a positive shift in the narrative on healthy ageing, which emphasizes the importance to maintain intrinsic capacity and functional ability through an enabling environment. Key informants also acknowledged that the Global strategy is people-centred and that, rather than focusing on diseases, it stresses the importance of addressing health throughout the life course and the social determinants of health for maintaining the functional ability of older people.

41. Almost all external stakeholders interviewed believed that the most important result under SO1 is the increased awareness among stakeholders of the positive contributions that older people can make to society if functional ability and intrinsic capacity are maintained. WHO has effectively raised awareness across major stakeholder groups, by leading high-level debate at influential events – including at meetings of the Group of Seven (G7),[14] the Group of Twenty (G20) and the Asia-Pacific Economic Cooperation (APEC) [15] – and within the UN system.[16,17] It actively sought opportunities to heighten awareness at numerous political and other significant events. Most regional focal points explained that the Global strategy has directly informed the development of their own regional strategies and contributed to the renewal of national policies and strategies in several countries.

42. WHO identified and reviewed national and regional frameworks on healthy ageing, some of which were included in the *WHO Country Planning Cycle Database.*[18] It also reviewed and adapted some of its existing products to expand the coverage on older adults. As a result, the 2019-2020 version of the *WHO Global Health Observatory* includes age-disaggregated data on older adults aged 69 and older.

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[14] G7 Japan. Kobe Communiqué G7 Health Ministers' Meeting 11-12 September 2016. Tokyo: Ministry of Health, Labour and Welfare, 2016. (https://www.mhlw.go.jp/seisakunitsuite/bunya/hokabunya/kokusai/g7kobe/KobeCommunique_en.pdf, accessed December 2019).

[15] WHO contribution to G20 2019 Presidency on health-related issues. Version 12. February 2019. (https://www.who.int/ageing/g20-feb-2019.pdf, accessed December 2019).

[16] Concept Note. UN Department of Economic and Social Affairs. Division for Inclusive Social Development. Expert group meeting on older persons in emergency crisis. UN New York, May 15-17, 2019.

[17] MIPPA Meets SDG3 - A Decade of Healthy Ageing - WHO side event.(https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2018/02/2018-02-01-WHO-Side-event-A-decade-of-Healthy-Ageing-at-56-Commission-on-Social-Development-New-York-.pdf, accessed December 2019).

[18] WHO Country Planning Cycle Database. Geneva: World Health Organization. In: Nationalplanningcycles [website]. (http://www.nationalplanningcycles.org//, accessed December 2019).

43. WHO developed an online course for leaders on healthy ageing available on the Open WHO Initiative, as well as targeted training and capacity building workshops at country or regional level. In addition, WHO carried out a literature review and developed a model on inequalities in older adults' health,[19] and also published an advocacy piece on the right to health of older people.[20] Additionally, it conducted systematic reviews and a meta-analysis on elder abuse that are available on the WHO website and on Violence-Info, a dedicated WHO web-based platform that collects evidence of elder abuse and other forms of violence.[21] WHO also convened an expert meeting to discuss the development of an ethical framework for healthy ageing,[22] and identified domains where trade-offs in prioritization and allocation of resources in relation to older adults raise moral considerations.[23] WHO has advocated for a life course approach for healthy ageing[24] and commissioned rapid evidence reviews to that end.[25,26] External key informants expressed appreciation for the way in which WHO has promoted the rights of older adults, resulting in increased awareness among stakeholders of this important issue.

44. One of the key expected outputs of the Global strategy as requested by resolution WHA69.3 is a *Global Campaign to Combat Ageism.* Many key informants from WHO and civil society believed it is crucial to raise awareness and generate a pool of knowledge on the extent of ageism, although many questioned whether WHO is the most appropriate organization to take this specific workstream forward given its limited capacity and experience conducting such activities. While the campaign on ageism has not yet been formally launched, WHO produced advocacy materials[27] an online repository of tools[28], and also collected evidence on the prevalence, determinants, consequences, solutions and metrics to measure ageism[29]. It also analyzed lessons from other communication campaigns and country policies on ageism (see bibliography in Annex 5). This information is expected to be consolidated into the *Global report on ageism,* to be published in 2020.

45. The European Observatory on Health Systems and Policies and the WHO Centre for Health Development in Kobe, Japan, developed a series of research projects on the financial implications of

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[19] Sadana R, Blas E, Budhwani S, et.al. Healthy Ageing: Raising Awareness of Inequalities, Determinants, and What Could Be Done to Improve Health Equity. Gerontologist. 2016, 56 (Suppl. 2): S178–S193 (https://academic.oup.com/gerontologist/article/56/Suppl_2/S178/2605347, accessed December 2019).

[20] Baer B, Bhushan A, Taleb HA, et al. The right to health of older people. Gerontologist. 2016, 56 (Suppl. 2): S206-S217. (https://academic.oup.com/gerontologist/article/56/Suppl_2/S206/2605654, accessed December 2019).

[21] Elder abuse. In: WHO/Violence Info [website] (http://apps.who.int/violence-info/elder-abuse/, accessed December 2019).

[22] Developing an ethical framework for health ageing: report of a WHO meeting, 2017. Geneva: World Health Organization; 2017 (WHO/HIS/IER/REK/GHE/2017.4). Licence: CC BY-NC-SA 3.0 IGO. (https://apps.who.int/iris/bitstream/handle/10665/259932/WHO-HIS-IER-REK-GHE-2017.4-eng.pdf;jsessionid=5CBB4FAF57E3D2FFBCACEDF434DEFD57?sequence=1, accessed December 2019).

[23] Gebremariam K, Sadana R. On the ethics of healthy ageing: setting impermissible trade-offs relating to the health and well-being of older adults on the path to universal health coverage. International Journal for Equity in Health. 2019; 18:140. (https://doi.org/10.1186/s12939-019-0997-z, accessed December 2019).

[24] Kuruvilla S, Sadana R, Villar-Montesinos E, et al. A life-course approach to health: synergy with sustainable development goals. Bull World Health Organ 2018; 96:42–50.

[25] Pratt BA, Frost LJ. The life course approach to health: a rapid review of the literature. White paper. Geneva: World Health Organization; 2017. (http://www.who.int/life-course/publications/life-course-approach-to-health-literature-review/, accessed December 2019).

[26] Jacob C, Baird J, Barker M, Cooper C, Hanson M. The importance of a life course approach to health: chronic disease risk from preconception through adolescence and adulthood. Geneva: World Health organization; 2017. (http://www.who.int/life-course/publications/importance-of-life-course-approach-to-health/, accessed December 2019).

[27] Officer A, Schneiders Ml, Wu D, et al. Valuing older people: time for a global campaign to combat ageism. et al, WHO Bull World Health Organ 2016; 94: 710-710A (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5043217/, accessed December 2019)

[28] Global Campaign to Combat Ageism. In: WHO/ageing/ageism/campaign [website] (https://www.who.int/ageing/ageism/campaign/en/, accessed December 2019).

[29] Officer A, De la Fuente-Núñez V. A global campaign to combat ageism. Bull World Health Organ 2018;96: 299–300. (https://www.who.int/bulletin/volumes/96/4/17-202424/en/, accessed December 2019).

care for ageing population, including economic models related to Healthy Ageing.[30, 31, 32] Many stakeholders maintained that additional evidence is essential on the returns of long-term investment in a life-course approach to overall health and on sustainable development outcomes if WHO's advocacy strategies are to be optimally informed by evidence.

Strategic Objective 2 – Developing age-friendly environments (through fostering older people's autonomy; enabling older people's engagement and promoting multisectoral action)

46. The Global Network for Age-friendly Cities and Communities[33] was highlighted by many key informants as a success story. It was established in 2010 to connect cities, communities and organizations worldwide with the aim of improving the physical and social environments for older persons. The network focuses on action at the local level to foster the participation of older people in community life and promote healthy and active ageing. Since May 2016, the network has tripled in size. It currently includes 1.000 cities and communities in 41 countries, although most members are located in Europe and the Americas, with sparse membership in the Eastern Mediterranean, South-East Asia and the Western Pacific Regions, and none in the African Region. It is coordinated by the WHO Secretariat and supported by the International Federation of Ageing (IFA). Key informant interviews across the board believed that participating cities and communities are very enthusiastic about the platform. There have been joint meetings, such as the first Hispanic conference on age-friendly cities and communities, which gathered participants from 14 Spanish-speaking countries to share experiences and exchange knowledge on how to create enabling environments for older people. A report looking back over the last 10 years of WHO's work on age-friendly cities and communities, and providing forward-looking insights for the next decade, is available[34] and has informed the development of the proposal for the Decade of Healthy Ageing.

47. The WHO *Age-Friendly World* web-based platform[35] was perceived by most key informants as a successful tool. The platform is co-produced by members and affiliates of the Global Network for Age-friendly Cities and Communities to provide a common space to share experiences, ideas and examples of good practice to combat ageism. It includes a library with case studies and publications recognizing the wide range of capacities and resources among older people, as well as indicators to measure the age-friendliness of cities and communities.

48. WHO and the IFA launched the *Age-friendly Environments Mentorship programme* with the aim to bring potential leaders and mentors together to build skills for the next decade of age-friendly cities and communities. This initiative was regarded by key informants as an innovative way to encourage best practice.

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[30] Cylus J, Norman C, Figueras J. The Economics of Healthy and Active Ageing Series – Will Population Ageing spell the end of the Welfare State. European Observatory on Health Systems and Policies and the WHO Centre for Health Development, 2019. (https://fronteirasxxi.pt/wp-content/uploads/2019/03/Population-ageing-spell-the-end-of-welfare-state.pdf, accessed December 2019).

[31] Price setting for the continuing care of older persons. In: WHO/Kobe Centre/Project details [website]. (https://extranet.who.int/kobe_centre/en/project-details/pricesetting2, accessed December 2019).

[32] Cylus J, Roubal T, Ong P, Barber SL. The Economics of Healthy and Active Ageing. Sustainable health financing with an ageing population: implications of different revenue raising mechanisms and policy options. European Observatory on Health Systems and Policies and the WHO Centre for Health Development, 2019. (https://extranet.who.int/kobe_centre/sites/default/files/pdf/Sustainable_health_financing_with_an_ageing_population_0.pdf, accessed December 2019).

[33] Age friendly environments. In: WHO/ageing [website]. (https://www.who.int/ageing/age-friendly-environments/en/, accessed December 2019).

[34] The Global Network for Age-friendly Cities and Communities. Looking back over the last decade, looking forward to the next. Geneva: World Health Organization, 2018. Licence: CC BY-NC-SA 3.0 IGO (https://www.who.int/ageing/gnafcc-report-2018.pdf, accessed December 2019).

[35] Age friendly world. In: extranet/WHO/ [website]. (https://extranet.who.int/agefriendlyworld/about-us/, accessed December 2019).

Strategic Objective 3: Aligning health systems to the needs of older populations (through orienting health systems around intrinsic capacity and functional ability; developing and ensuring affordable access to quality older person-centred and integrated clinical care; and ensuring a sustainable and appropriately trained, deployed and managed health workforce)

49. WHO's conceptualization of health systems emphasizes that the provision of integrated and people-centred care has the greatest impact on functional ability in older age. This approach is also key to achieving UHC.[36,37] WHO developed a detailed guideline offering a new model of care for older people. Most key informants across the board agreed that the *Integrated Care for Older People* (ICOPE) [38] is an important and concrete achievement of the action plan. It was praised by all stakeholders for its technical quality. ICOPE includes a package of evidence-based tools with guidance to understand, design, and implement a person-centred and integrated model of care across every level of care, aiming to maximise older people's intrinsic capacity and functional ability.[39] The ICOPE was developed following an evidence review, an international Delphi study[40] and a global consultation involving more than 200 experts and 80 Member States.[41] There is an ICOPE resource centre,[42] but stakeholders engaged at the national level argued that ICOPE could be more context-specific given the differences in health systems and the need for contextual and translational guidance.

50. WHO and the International Telecommunications Union developed the mobile phone application *mAgeing* to target health promotion messages to older people with declining capacity. These messages are aligned with ICOPE and are related to the maintenance of functional ability and independent and healthy living through specific and actionable healthy behaviour change strategies.[43]

51. The *WHO Clinical Consortium on Healthy Ageing*[44] is a group of global experts from all regions, which has been collaborating with WHO to develop policies to strengthen health systems for integrated and older persons-centred care and to cater for long-term care. The Consortium also provides support for research design and piloting of some of the tools developed by WHO as well as capacity building. Data is being shared to assist in the assessment of clinical practice. A short brochure on health workforce for ageing populations[45] had also been published.

52. Despite the significant work underway, stakeholders underlined the need for clear investment cases to help understand the financial implications of health systems reform to cater for the

[36] Sadana R, Soucat A, Beard J. Universal health coverage must include older people. Bull WHO 2018; 96: 2-2A. (https://www.who.int/bulletin/volumes/96/1/17-204214/en/, accessed December 2019).

[37] Technical Series on Primary Health Care: Integrated Care for Older People – Realigning primary health care to respond to population ageing, World Health Organization 2018.

[38] Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

[39] Integrated care for older people (ICOPE): Guidance for person-centred assessment and pathways in primary care. Geneva: World Health Organization; 2019 (WHO/FWC/ALC/19.1). Licence: CC BY-NC-SA 3.0 IGO

[40] Briggs AM, Araujo de Carvalho I. Actions required to implement integrated care for older people in the community using the World Health Organization's ICOPE approach: A global Delphi consensus study. PLoS ONE. 2018; 13: e0205533. (https://doi.org/10.1371/journal.pone.0205533, accessed December 2019).

[41] Global consultation on integrated care for older people (ICOPE) – the path to universal health coverage: report of consultation meeting 23–25 October 2017 in Berlin, Germany. Geneva: World Health Organization; 2018 (WHO/FWC/ALC/18.3). Licence: CC BY-NC-SA 3.0 IGO.

[42] Integrated Care for Older People. Ageing and the Life Course. In: WHO/Ageing/Health Systems/ ICOPE [website] (https://www.who.int/ageing/health-systems/icope/en/, accessed December 2019).

[43] Mobile health for ageing (mAgeing). In: WHO/ageing/health systems/ [website]. (https://www.who.int/ageing/health-systems/mAgeing/en/,accessed December 2019)

[44] Clinical Consortium on Healthy Ageing. In: WHO/ageing/health systems/clinical consortium [website]. (https://www.who.int/ageing/health-systems/clinical-consortium/en, accessed December 2019).

[45] Health workforce for ageing populations. Geneva: World Health Organization 2016. (https://www.who.int/ageing/publications/health-workforce-ageing-populations.pdf?ua=1, accessed December 2019).

demographic change and related health care needs of older persons to maintain their functional ability and intrinsic capacity. The reshaping of health systems has major financial implications.

Strategic Objective 4: Developing sustainable and equitable systems for long-term care (through establishing and continually improving a sustainable and equitable long-term care system; building workforce capacity and support caregivers; and ensuring the quality of person-centred and integrated long-term care)

53. Building on SO3, WHO has conducted some awareness-raising activities regarding the importance of adopting long-term care systems across countries. A multi-stakeholder conference was organized with the Regional Office for Africa (AFRO) and the support of the African Union Commission.[46]

54. Furthermore, the WHO Kobe Center and the Organization for Economic Co-operation and Development have released a study on price setting and price regulation in health care to support countries to accelerate progress towards UHC.[47] This study includes a chapter on price setting for LTC. Its findings and derivative research are highly relevant to further progress on SO 3 and 4. The WHO Kobe Center has also launched a Community-based Social Innovations for healthy ageing research initiative aimed at identifying gaps in community services and sustainable solutions.[48]

55. As part of its mental health programme, WHO also developed the *iSupport,*[49] an online knowledge and skills training programme for informal caregivers aimed at preventing health problems associated with caregiving for people with dementia.

Strategic Objective 5: Improving measurement, monitoring and research on Healthy Ageing (through agreeing on ways to measure, analyse, describe and monitor Healthy Ageing; strengthening research capacities and incentives for innovation; and facilitating research and synthesis of evidence on Healthy Ageing)

56. WHO provided strong leadership and convening power in bringing the scientific and medical community together. WHO supported the preparation and launch of the New Titchfield City Group on Ageing. City groups are informal, voluntary groups of experts, primarily from national statistical agencies, formally established through the UN Statistics Commission. The New Titchfield City Group on Ageing was endorsed by the UN Statistics Commission[50] in 2018. As part of this engagement, WHO helped organize its first meeting and contributed to the second meeting in 2019, involving in both cases between 40 to 60 national statistics offices from all regions, other UN agencies and non-State actors, such as Help Age International. WHO is a member of the steering group and was asked to co-chair a debate on the conceptual and analytical framework to serve as a basis for consensus on metrics

[46] Towards long-term care systems in sub-Saharan Africa: WHO series on long-term care. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO. (https://www.who.int/ageing/long-term-care/WHO-LTC-series-subsaharan-africa.pdf?ua=1, accessed December 2019).

[47] Barber SL, Lorenzoni L, Ong P. Price setting and price regulation in health care: lessons for advancing Universal Health Coverage. Geneva: World Health Organization, Organization for Economic Co-operation and Development; 2019. Licence: CC BY-NC-SA 3.0 IGO (https://apps.who.int/iris/bitstream/handle/10665/325547/9789241515924-eng.pdf?sequence=1&isAllowed=y, accessed December 2019).

[48] Ghiga I, Cochrane G, Lepetit L, et al. Understanding community-based social innovations for healthy ageing. Kobe: World Health Organization, Centre for Health Development, 2017. https://extranet.who.int/kobe_centre/sites/default/files/pdf/WHO%20CBSI%20Main%20Report_FINAL.pdf. Accessed December 2019)

[49] WHO iSupport : a programme for carers of people with dementia. World Health Organization. In: WHO/health topics/mental health/neurology and mental health/dementia [website] (https://www.who.int/news-room/detail/05-03-2019-who-isupport-a-programme-for-carers-of-people-with-dementia, accessed December 2019).

[50] Statistical Commission. United Nations Economic and Social Report of the United Kingdom of Great Britain and Northern Ireland on ageing-related statistics and age-disaggregated data. E/CN.3/2018/19. https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2018/03/Report-of-the-United-Kingdom-of-Great-Britain-and-Northern-Ireland-on-ageing-related-statistics-and-age-disaggregated-data.pdf, accessed December 2019.

and methods and support national age-disaggregated reporting of SDG indicators so that older adults are visible.[51]

57. WHO also helped launch *Cochrane Global Ageing* in 2016 to advance evidence synthesis and methods that are inclusive of older adults and aligned to the healthy ageing conceptualization.[52] Furthermore, WHO has been instrumental in launching the Cochrane-Campbell collaboration for global ageing. The aim of this hub is to exchange knowledge, evidence and ideas about Global Ageing, combining the expertise and methodologies of both the Cochrane and Campbell collaborations.

58. In 2017, WHO convened the Working Group on Metrics and Research Standards for Healthy Ageing, which led to the creation of the *International Consortium on Metrics and Evidence for Healthy Ageing.* This working group brings experts together from all WHO regions including policy makers, civil society organizations and researchers. A key achievement of the working group was the agreement reached on the approach to identify measures for healthy ageing, as well as the conduct of national case studies in eight countries by ministries of health to examine how evidence is used to inform policy and programme decision-making in support of older adults.[53] Moreover, in collaboration with Member States and other stakeholders, the working group identified 10 progress indicators or the mid-term review of the Global strategy.[54]

59. WHO established 15 WHO Collaborating Centers on Healthy Ageing,[55] some of which participated on multi-country studies on ageing. Additional research protocols, studies and literature reviews have been produced in collaboration with a range of stakeholders. WHO is also involved in numerous longitudinal studies and has advanced efforts to monitor healthy ageing through the WHO *Study on global ageing and adult health (SAGE)*.

60. The WHO Kobe center, with the global mandate to conduct research on the health consequences of the interactions of key societal dimensions adopted a clear focus in fostering innovative solutions to achieve UHC in particular for ageing populations.[56] The center initiated multiple projects aiming to develop service delivery models and sustainable financing in light of population ageing, as well as innovations in assistive technologies and others, including metrics for the monitoring of UHC in the context of population ageing.[57]

What have been the key gaps (unmet contributions) and challenges to the implementation of the Global Strategy?

61. There was general consensus among academia, and civil society representatives and some WHO participants that the Global strategy is ambitious and that the action plan defined a vast and complex agenda for its five-year timeframe. Consequently, not all of its expected outputs could be achieved within the designed period – including, for example, outputs under the technically complex

[51] Report of the 1st Technical Meeting of the Titchfield City Group on Ageing and Age-disaggregated data. Chichester, UK, -26-27 June 2018 https://gss.civilservice.gov.uk/wp-content/uploads/2018/07/Report-of-the-1st-Technical-Meeting-of-the-Titchfield-City-Group-Ageing-26-27-June-18-Final.pdf.

[52] Cochrane Global Ageing. In: Global ageing Cochrane [website]. (https://globalageing.cochrane.org/, accessed December 2019).

[53] Sadana R, Banerjee A, on behalf of the WHO Consortium on Metrics and Evidence for Healthy Ageing. Bulletin of the World Health Organization 2019;97:792-792A. doi: http://dx.doi.org/10.2471/BLT.19.246801.

[54] 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, Final Report https://www.who.int/ageing/commit-action/GSAP-mexico-report.pdf?ua=1.

[55] World Health Organization Collaborating Centres Global database. In: WHO/WHOCC/Ageing [website]. (http://apps.who.int/whocc/List.aspx?cc_subject=Ageing&, accessed December 2019).

[56] Imagining the future. Innovations for sustainable universal health coverage. WKC strategy, 2016-2026. World Health Organization Centre for Health Development, Kobe Japan, 2016 (https://extranet.who.int/kobe_centre/sites/default/files/pdf/WKCstrategicplan.pdf, accessed June 2020).

[57] WHO Center for Health Development. In: WHO/Kobe centre/what we do [website] (https://extranet.who.int/kobe_centre/en/what_we_do/innovations, accessed June 2020).

area of metrics and measures for healthy ageing, which require of many sophisticated steps that are still ongoing. Likewise, transforming health systems and implementing LTC systems is complex and constitutes another area that requires significant time and efforts. Furthermore, for this systemic transformation to materialize, there is a need for sustained political will and action across multiple sectors of the economy, including financial reforms and social welfare. Close ties with higher levels of the government and various ministries outside the health sector are needed to foster long-term change.

62. Many stakeholders believed that WHO's guidance did not provide enough information on how to develop complex relationships beyond the health sector. Furthermore, they believed that the Global strategy is too generic and could be improved by including details that may assist countries in adapting actions to their local context. Similarly, stakeholders noted that ICOPE is a valuable tool but also felt that it could include more practical guidance at the local level. Additionally, the scarcity of investment cases and economic models to help build the case for adopting health systems reform and investing in healthy ageing was an important gap identified. In their absence, it proved difficult for decision-makers to prioritize healthy ageing over other pressing policy issues, such as child mortality, humanitarian emergencies, or treatment for noncommunicable diseases.

63. Furthermore, some other activity areas of the action plan could not be fully achieved within the time frame, such as evidence-based service delivery models, clinical guidelines on specific conditions, strategies on the health workforce, technical support for the development of legislation, policies and plans on long-term care.

64. External informants indicated that the Secretariat could have facilitated more opportunities for exchange of experiences and best practices across countries and partners, and that it could have strengthened internal synergies across relevant areas of work to produce more coordinated products and avoid redundancies. For example, the evaluation found many WHO products of relevance to the implementation of the Global strategy. However, even though there where explicit linkages between the Global strategy and some of those products, stakeholders felt that more strategic coordination and organizational efficiency are needed to enhance their coherence and reach multiple audiences. Examples of relevant products include: the *WHO Priority Assistive Products List,*[58] which includes guidance to Member States on development of national priority assistive products list; the *iSupport,*[59] an online training and support programme for caregivers of people with dementia; *clinical guidelines* for practitioners (such as guidance on cardiovascular diseases,[60] nutrition, cognitive impairment, and

[58] Priority assistive products list. Public health, innovation, intellectual property and trade. In: WHO/Public Health and Innovation/Assistive Technology [website].
(http://www.who.int/phi/implementation/assistive_technology/EMP_PHI_2016.01/en/, accessed December 2019).

[59] WHO iSupport : a programme for carers of people with dementia. Mental health. In: WHO/Mental health/Dementia [website].(https://www.who.int/mental_health/neurology/dementia/isupport/en/, accessed December 2019).

[60] Pocket guidelines for assessment and management of CVD risk. In: WHO/Cardiovascular diseases/guidelines[website]. (https://www.who.int/cardiovascular_diseases/guidelines/Pocket_GL_information/en/, accessed December 2019).

dementia[61,62]); the 2019 *World Report on Vision;* [63] and frameworks on integrated people-centred health services,[64] primary health care[65] as well as the health services workforce.[66]

What has been the added value of regional, country level and headquarters contributions to the implementation of the Global strategy and resolution WHA69.3?

65. Each level of the Organization contributed to the Global strategy in a complementary fashion. For instance, regional strategies on ageing and health influenced the drafting of the WRAH and the Global strategy. Key informants also stated that WHO HQ played an important role as global leader and provided evidence, tools, support and documentation to help ROs develop their own plans.

66. Most WHO ROs adapted or updated their Regional strategies on healthy ageing based on the model and framework provided by the Global strategy; while in turn, the conceptualization of the Global strategy benefitted from existing Regional strategies. ROs were engaged – to a varying extent based on regional priorities and the availability of resources – in the implementation of the Global strategy through advocacy efforts on healthy ageing and their participation in consultations leading to the design of the Decade of Healthy Ageing. ROs have been essential in convening regional consultation processes, collecting evidence and examples of best practices, participating in research networks, as well as raising awareness and building interest in Member States for the implementation of the Global strategy. They have also provided support to WHO country offices and Member States for the development of national strategies. Some ROs have also identified specific local research gaps on healthy ageing. Additionally, ROs have developed products in numerous areas: for example, AFRO[67] developed technical briefing notes on long-term care and the WHO Regional Office for South East Asia (SEARO) is preparing a publication for physicians and nurses on healthy ageing topics. The Regional Office for Europe (EURO) developed in collaboration with the European Commission the *Age-friendly environments in Europe* project,[68] which includes an accountability matrix with indicators, milestones and metrics to measure progress on implementation.[69] Additionally, The WHO Regional Office of the Americas (AMRO/PAHO) has advocated for the human rights of older persons,[70] and the WHO West Pacific Region (WPRO) has advocated for healthy ageing and the systemic transformations required.

67. Progress at country level appears to depend on several factors, including Member State's awareness and interest in addressing healthy ageing, and the capacity of WHO country offices to

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[61] Dementia. In: WHO/Mental health/ Mental health gap/Dementia [website]. (https://www.who.int/mental_health/mhgap/evidence/dementia/en/, accessed December 2019).

[62] WHO Mental Health Gap Action Programme. In: WHO/Mental health/ Mental health gap/Operations manual [website]. (https://www.who.int/mental_health/mhgap/operations_manual/en/, accessed December 2019).

[63] World report on vision. Geneva: World Health Organization 2019. (https://www.who.int/publications-detail/world-report-on-vision, accessed December 2019).

[64] WHO Framework on integrated people-centred health services. In: WHO/Service delivery and safety/people centred care [website]. (https://www.who.int/servicedeliverysafety/areas/people-centred-care/en/, accessed December 2019).

[65] Primary health care. In: WHO/Primary health care [website]. (https://www.who.int/health-topics/primary-health-care#tab=tab_1, accessed December 2019).

[66] Health workforce. In: WHO/health workforce [website].(https://www.who.int/health-topics/health-workforce#tab=tab_1, accessed December 2019).

[67] Towards long-term care systems in sub-Saharan Africa: WHO series on long-term care.

[68]Creating age-friendly environments in Europe: A tool for local policy-makers and planners. WHO Regional Office for Europe. Copenhagen: World Health Organization 2016. (http://www.euro.who.int/__data/assets/pdf_file/0018/333702/AFEE-tool.pdf?ua=1, accessed December 2019).

[69] Age-friendly environments in Europe: Indicators, monitoring and assessments. WHO Regional Office for Europe. Copenhagen: World Health Organization 2018. (http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/publications/2018/age-friendly-environments-in-europe-indicators,-monitoring-and-assessments-2018, accessed December 2019).

[70] Human Rights of Older Persons. In: PAHO/Healthy life course/ healthy ageing [website]. (https://www.paho.org/hq/index.php?option=com_content&view=article&id=13900:human-rights-of-older-persons&Itemid=42450&lang=en, accessed December 2019).

provide support in this area. In many cases, regional and country offices had already been working with Member States on healthy ageing for a long time prior to the development of the Global strategy. In particular, AMRO/PAHO and EURO have been at the forefront of different developments on ageing and health, steered by the needs and interest of their Member States.

To what extent have WHO results contributed to achieving the goals of the Global strategy on ageing and health?

Goal 1 – Five years of evidence-based action to maximize functional ability that reaches every person

68. The work of the Secretariat over these past five years intended to provide evidence for and advance the scientific field of healthy ageing. The evidence and guidance produced, as well as advocacy efforts to raise awareness on healthy ageing, have provided the basis for the development of national guidelines and evidence-based action. Most key informants agreed on the relevance and value of the evidence produced by WHO as part of the implementation of the Global strategy. They also acknowledged that the evidence compiled by the WRAH and the research undertaken by WHO have been pivotal in informing policy on healthy ageing.

69. Over the timeframe of the evaluation, an increasing number of countries have developed national strategies on ageing and health guided by the Global strategy. Although this cannot be attributed solely to the roll out of the Global strategy, it suggests growing awareness on the importance of addressing ageing and health.

Goal 2 – By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030.

70. WHO mobilized Member States and multiple stakeholder groups – such as UN agencies, civil society, research institutions, and technical experts around the world – to participate in consultations to prepare the Decade of Healthy Ageing. A draft proposal was submitted for consideration to the 146th session of the WHO Executive Board.[71]

71. The draft proposal for the Decade of Healthy Ageing shares the vision of the Global strategy, which aspires to "a world in which everyone can live a longer and healthier life". It proposes four areas of work: i) changing how we think, feel and act towards age and ageing; ii) developing communities in ways that foster the abilities of older people; iii) delivering person-centred integrated care and primary health services responsive to older people; and iv) providing older people who need it with access to long-term care.

72. The Decade of Healthy Ageing intends to build a cross and multisectoral movement towards healthy ageing, in which the engagement of Member States, civil society, UN organizations and other multilateral partners is essential. To that end, the WHO Secretariat aims to expand and strengthen existing collaborations and alliances. It also intends to build on and complement other WHO initiatives, such as the WHO Academy and Innovation Hub. It is expected that the Decade of Healthy Ageing will initially be led by WHO with support from key UN entities. Responsibilities among partner agencies may then evolve to ensure country-led actions in partnership with civil society. There are also expectations that the Decade of Healthy Ageing will contribute to strengthening the UN system Delivering as One on ageing.

73. As part of the developments of the Decade of Healthy Ageing, WHO has launched the *Healthy Ageing for Impact in the 21st Century,* which is an online training programme available on the Open WHO initiative that seeks to strengthen the capacities of government officials, ageing focal points and UN officials to develop integrated care for older adults and age-friendly environments.

[71] Report by the Director-General. Decade of Healthy Ageing. Development of a proposal for a Decade of Healthy Ageing 2020–2030. EB146/23. (http://apps.who.int/gb/ebwha/pdf_files/EB146/B146_23-en.pdf, accessed December 2019).

74. Given the wide and multisectoral scope of the Decade of Healthy Ageing, key informants believed that a strong and visible leadership within WHO is needed to take it forward, supported by adequate resources and partners. Informants thought that there is room to further engage UN agencies and create synergies with other UN-led initiatives in relation to healthy ageing. They also remarked that country participation has so far been unequal and that there is a need to clarify the roles and responsibilities of partners to further their engagement.

Is there ownership by Member States and partners of the results achieved and capacities developed through WHO's contributions to the implementation of the Global strategy?

75. There are many concrete examples of Member States requesting support from WHO and utilizing the Global strategy to develop national plans and strategies on healthy ageing. A Member State survey conducted as part of the preparations for the Decade of Healthy Ageing showed that many respondents welcomed the fact that the draft proposal addressed relevant issues, such as discrimination and human rights of older people. They also appreciated the proposal's strong focus on families and on keeping older people in their homes, the concept of age-friendly cities, and linkages with the Madrid International Plan of Action on Ageing and the SDGs. Member States also prioritized strengthening health systems and long-term care to cater for the needs of older people, improving engagement with older people to better understand their needs, and increasing multisectoral action.

76. Most external stakeholders participating in this evaluation expressed their support to the Global strategy, particularly those who have participated in some of the networks involved in its roll-out. However, stakeholders also believed that the limited timeframe of the action plan has hindered the effective implementation of the strategy at country level.

To what extent has WHO ensured that the action plan addressed the needs of older women and men and tackled inequalities in low, middle and high-income settings?

77. The Global strategy addresses the human rights of older people, particularly around ageism.[72] In addition, WHO has produced evidence and raised awareness on health inequities at older ages[73] and the right to health of older people.[74]

78. Despite the regular participation of civil society organizations, most key informants noted that the engagement of older people as a stakeholder group in consultations leading up to the design of the Global strategy and the implementation of the action plan has been limited. Civil society organizations voiced that there is a need for more public engagement and community involvement to better identify and prioritize the needs of older persons.

Summary of key findings

- WHO has been instrumental for a paradigm shift, notably to build a capital of health for all persons across the life course rather than perceiving ageing as a passive phase of life. There is significant interest and a growing momentum for addressing healthy ageing issues from a multisectoral and holistic perspective as part of the paradigm shift.
- WHO has been effective in advocating for and raising awareness on healthy ageing, producing evidence-based guidance, conducting pioneer research, and building collaborative networks and partnerships with academia and other institutions and other

[72] Officer A, de la Fuente V.A global campaign to combat ageism. Bull World Health Org 2018; 96:299-300. doi: http://dx.doi.org/10.2471/BLT.17.202424.

[73] Sadana R, Blas E, Budhwani S, et.al. Healthy ageing: Raising awareness of inequalities, determinants, and what could be done to improve health equity. Gerontologist. 2016, 56 (Suppl. 2): S178–S193.

[74] Baer B, Bhushan A, Taleb HA, et al. The right to health of older people. Gerontologist. 2016, 56 (Suppl. 2): S206-S217.

agencies. These efforts have contributed to producing and disseminating knowledge, and to catalyzing change in healthy ageing policies and practice. A wide range of research-based articles and reviews, as well as advocacy and policy reports, have been produced by WHO to inform policy development, strengthen dialogue on healthy ageing, and to create awareness about ageism.

- The development of ICOPE is a key achievement that has been widely acknowledged. While widely praised for its quality and comprehensiveness, there is need for practical tools to enable Member States to apply global guidance to their local contexts.
- The engagement and learning opportunities offered by the Global Network for Age-friendly Cities and Communities is another key achievement of the Global strategy.
- Ownership by Member States of the achievements of the Global strategy and action plan varies between regions. There was a high level of ownership among a variety of stakeholder groups having participated in the roll out of the strategy, including academia, civil society and other partners. Older people as a stakeholder group have not been involved in the design and implementation of the Global strategy and its action plan.
- Some Member States designed and adapted national strategy based on the Global strategy. However, the extent of practical action in countries is less clear, despite the significant amount of evidence produced. This can be explained in part by the short time frame of the action plan that limited the ability of WHO to effectively raise awareness, influence action and elicit resources, and in part by the lack of specific strategies, guidance and tools for country-level action.
- WHO has been able to forge multistakeholder engagement and partnership to support the preparations of a Decade of Healthy Ageing and has elaborated a draft proposal to that effect. Multistakeholder engagement can be reinforced across the UN system, Member States and other stakeholders.
- There is acknowledgement that multisectoral action is required to further the implementation of the Global strategy into the Decade of Healthy Ageing, but there is lack of guidance on how the multidimensional aspects of healthy ageing at a strategic and programmatic level should be addressed.
- The Global strategy and action plan have been used to inform WHO Regional strategies and policies. The Global strategy has also fostered mutual learning and feedback between HQ and ROs. However, additional guidance is required to apply the Global strategy to national contexts.
- The action plan was too ambitious for its short time span, lacked prioritization, and a theory of change or logic framework that would allow for a proper assessment of its achievements. Some important action areas across all strategic objectives could not be fully implemented despite efforts.

2.3 What were the main influencing factors that facilitated or hindered the successful delivery of WHO's contribution to the action plan and of resolution WHA69.3?

For each strategic objective of the Global strategy, what were the key core functions[75] most used by WHO to achieve its results?

Strategic objective 1: Commitment to action on Healthy Ageing in every country

79. Key informants recognized the important leadership role played by WHO in raising the profile of healthy ageing. They also expressed appreciation for the research conducted by WHO, which contributed to generating a body of knowledge used to fuel dialogue and inform policy work. Furthermore, civil society organizations highlighted that partnerships, including private-public partnerships, were essential to achieve results. Engaging in partnerships where joint action is needed is another core function of WHO.

Strategic objective 2: Developing age-friendly environments

80. Most key informants indicated that WHO created awareness on ageism and produced evidence to catalyze change and inform interventions aimed at preventing and responding to elder abuse. WHO also created a useful database on risk factors, consequences and possible interventions in elder abuse and broader human rights issues. Additionally, WHO supported stakeholder engagement and exchanges through the Global Network for Age-friendly Cities and Communities, and facilitated the setting of norms and standards around it.

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

81. ICOPE was achieved by convening and engaging a large group of experts, producing the evidence base required, and leading the norm-setting process. To a certain extent, WHO programmes on health systems strengthening related to healthy ageing provided guidance for evidence-based policy options.

Strategic objective 4: Developing sustainable and equitable systems for long-term care

82. WHO is engaging the research community in an effort to better understand the needs for long-term care and initiate policy dialogue.

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

83. WHO showed leadership and convening power by bringing together a broad spectrum of researchers and experts from multiple technical fields across the globe to shape the global research agenda on ageing and health.

How did the funding levels and their timeliness affect the results achieved?

84. Funding for the Ageing and Health programme reached approximately US$ 9.6 million for the biennium 2016-2017 and US$ 7.8 million for the biennium 2018-2019. Of this amount, approximately 60% to 62% were allocated to HQ while the rest was distributed across the six ROs. Table 1 below shows the expenditures for HQ and the six regional offices for the two biennia covered by the evaluation.

[75] The six core functions of WHO are: (i) providing leadership on matters critical to health and engaging in partnerships where joint action is needed; (ii) shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; (iii)setting norms and standards and promoting and monitoring their implementation; (iv)articulating ethical and evidence-based policy options; (v)providing technical support, catalysing change, and building sustainable institutional capacity; and (vi) monitoring the health situation and assessing health trends.

Table 1. Expenditures in WHO headquarters and Regional offices (USD)

	2016-2017			2018-2019*			Grand Total
	Activities	Staff	Total	Activities	Staff	Total	
HQ	1.404.576	4.662.171	**6.066.747**	863.455	3.879.672	**4.743.127**	**10.809.874**
AFRO	118.259	559	**118.818**	186.617	68.835	**255.452**	**374.270**
AMRO	251.929	476.507	**728.436**	77.813	655.732	**733.545**	**1.461.981**
EMRO	134.662	58.001	**192.663**	273.152	233.714	**506.866**	**699.529**
EURO	200.576	684.211	**884.787**	161.859	596.974	**758.833**	**1.643.620**
SEARO	207.491	135.450	**342.942**	195.177	94.556	**289.733**	**632.675**
WPRO	505.584	754.750	**1.260.333**	289.301	251.293	**540.594**	**1.800.927**
GRAND TOTAL	**2.823.077**	**6.771.649**	**9.594.726**	**2.047.374**	**5.780.776**	**7.828.150**	**17.422.876**

*Utilization as at 12 September 2019

85. In the biennium 2016-2017, 78% of programme area funding was provided by flexible funding. A large proportion (12%) of specified voluntary contributions came from Japanese institutions; of this percentage, 9% was provided by the Government of Japan and 3%by the Kanagawa Prefecture of Japan. Other voluntary contributions came from the Netherlands (4%) and other donors.

86. As of 12 September 2019, the funding pattern for the biennium 2018-2019 was very similar to that of the previous biennium. Most of the funding for the programme area Ageing and Health was provided by flexible funding (74%). Specified voluntary contributions from the Government of Japan accounted for around 8% of funding, with the Kanagawa Prefecture of Japan awarding an additional 5%, bringing the total funds received from Japanese institutions to 13%. Funding from the Netherlands represented 3% of the funding allocated to this programme area.

87. In 2016-2017, WHO HQ spent approximately 97% of the available funds. As shown in Table 2, until the third quarter of 2019, budget utilization at HQ was close to 73% of the available funding.

Table 2. Budget utilization at HQ for programme area 3.2 on Ageing and Health

	Allocated programme budget (US$ millions)	Funds available (US$ millions)	Utilization (US$ millions)	Utilization as % of allocated programme budget	Utilization as % of funds available
2016-2017	7.4	6.2	6.0	81%	97%
2018-2019*	7.0	6.4	4.7	67%	73%

* at 12 Sept 2019

88. Most key stakeholders agreed that there was a considerable discrepancy between what WHO has set out to achieve under the Global strategy and the resources allocated to the programme area, which were considered inadequate given the ambitious scope of the strategy.

89. Specified voluntary contributions were very limited and many partners raised questions in terms of the effectiveness of the resource mobilization strategies implemented by WHO at global, regional and country levels. Many suggested that WHO could have strengthened its engagement strategies and resource mobilization activities to elicit support and additional resources. Many non-State actors believed that the scarcity of funding very likely slowed down progress, and consequently, the achievement of programme results, which they felt undermined WHO's credibility as a promoter of change for healthy ageing. Most stakeholders agreed that WHO's ability to make concrete progress is contingent upon the adequate allocation of resources.

90. It is worth recognizing that the Ageing and Health programme staff were successful in raising some funding for specific activities and that regional focal points were able to mobilize some resources from regional and local donors.

Was the staffing at HQ, RO and WCO adequate in view of the objectives to be achieved?

91. The number of WHO staff working on the implementation of the Global strategy and action plan in HQ over the past four years ranged between three and seven full time staff. The programme head at HQ retired in 2018 when reaching the statutory age of retirement, at which point the position remained vacant. In conjunction with major organizational reforms, the team was recently merged within the new Life Course programme, while one of its units – composed of three professional staff (responsible for parts of SO 1 and SO 2 and for the preparations of a Decade of Healthy Ageing) – moved to the Division of Healthier Populations.

92. ROs have had mixed capacities and only three (i.e., EURO, PAHO, WPRO) currently have full time staff working on Healthy Ageing. Human resource capacity for healthy ageing in country offices is very weak, with no full-time focal point in the entire network of WHO country offices.

93. There was consensus among most key stakeholders interviewed that staffing levels at both HQ and in regional offices have been inadequate, though most key informants felt that the support provided by HQ and the focal points in ROs was very professional and technically sound. The leadership and vision promoted by the former programme head was also widely recognized.

94. Most stakeholders concurred with the opinion that low staffing levels has heavily impacted WHO's ability to achieve the objectives of the Global strategy and action plan. It is also responsible for heavy staff workload at HQ and in ROs. Stakeholders across all categories mostly agreed that the ageing team should be larger and equipped with stronger technical leadership. The shortage of staff at all three levels of the Organization exacerbated the scarcity of funding and the dependency of the WHO Ageing and Health programme on voluntary contributions and support from the wide network of collaborators.

Were the organizational culture and extent of collaboration and coordination within and across major offices adequate in view of the objectives to be achieved?

95. The organizational changes undergone by the Ageing and Health programme at WHO HQ, including the merge with the larger programme in the UHC/ Life Course Division and the split of the team between that Division and the Division of Healthier Populations, together with the temporary absence of a visible and recognized head figure, have brought a considerable level of uncertainty with regards to the roles and responsibilities of the team members.

96. Most informants internal and external to WHO perceived that the splitting of the team into two divisions was a source of unclarity. Stakeholders expressed that it became more difficult to establish appropriate communications and reach effective collaboration across programme units. Almost all stakeholders interviewed also shared their concern for the discontinuation of a visible programme head, fearing the programme lost authority and technical leadership and that it undermined WHO's credibility on its commitment to healthy ageing and to the Global strategy.

97. Most WHO interviewees felt that the collaboration within the Ageing and Health programme across HQ and ROs was highly effective. However, several external stakeholders noted that less systematic collaboration across other WHO programmes relevant to ageing created missed opportunities.

To what extent has the Global strategy been used to inform WHO HQ, regional and country workplans, budget allocations and staffing?

98. There is clear evidence from most key informant interviewed that the Global strategy has been used by ROs to adapt regional strategies and inform work undertaken at the regional level. It has also led to increased support to country offices for the development of national strategies. The feedback and level of influence has been reciprocal in some cases, as for example, the Global strategy learned

from prior experiences in EURO. However, the influence of the Global strategy on budget allocations and staffing at regional and country level has been minimal (a new staff appointment in WPRO). As previously noted in Table 2, funding levels have slightly diminished in the second biennia of implementation.

What were the monitoring mechanisms to inform of progress towards targets in the implementation of the Global strategy?

99. The Ageing and Health programme workplan and existing organizational reporting mechanisms follow the guidelines and structure set by the WHO GPW12 and its associated Programme Budget, which defines the Ageing and Health programme outcome and outputs. These outputs determine a monitoring approach in the form of programme budget performance assessments and mid-term reviews of budget implementation. However, programme outputs are not directly linked to the areas of work and activities detailed in the action plan. It is therefore difficult to monitor the progress of its implementation. This is due to the lack of a comprehensive accountability system and of a theory of change linking the chain of actions with the expected results of the Global strategy and the action plan. External key informants have voiced their concern about these limitations.

100. The Global strategy includes a set of broad milestones for the five-year period of the action plan[76] and a set of 10 progress indicators,[77] which have been used to update the WHA[78] and other stakeholders through various progress reports.[79]

Summary of key findings

- WHO contributed to achieving results by demonstrating global leadership, raising awareness and convening partners, providing evidence and guidance, disseminating knowledge and catalyzing change by creating various platforms for dialogue across the five SOs of the Global strategy.
- Limited funding and staffing at all levels of the Organization, together with unclarity in the organizational design of the Ageing and Health programme and insufficient synergies across relevant programme areas in WHO, constitute limiting factors that have hindered the achievement of objectives and the timeliness of results. These have also diminished opportunities for WHO to achieve more meaningful results that are coherent across the organization, while avoiding unnecessary duplications.
- The lack of visible leadership of the Ageing and Health programme undermines WHO's credibility as the global leader in healthy ageing and creates uncertainty among stakeholders.
- Without an accountability framework with clear milestones, targets and indicators is difficult to quantify real change.

[76] Summarized: 2016 Adoption of finalized global strategy; Identification of quantifiable progress indicators; 2017 Contribution to 15-year review of Madrid International Plan of Action on Ageing; Agreement on metrics and methods; 2018 mid-term report on implementation of strategy, 2019 Proposal for Decade of Healthy Ageing; 2020 Proposal for Decade of Healthy Ageing; Final report on review of strategy, with baseline for Decade on Healthy Ageing. Source: Global Strategy and Action Plan on healthy ageing P 26.

[77] WHO Working Group Meeting to Review and Recommend Indicators on the Implementation of the Global Strategy and Action Plan on Ageing and Health (GSAP). Final Report Sept. 2017 - Mexico City, 2-3 May 2017. (https://www.who.int/ageing/commit-action/GSAP-mexico-report.pdf?ua=1, accessed December 2019).

[78] WHO Director General. Progress Report. Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life (resolution WHA69.3 (2016)). A71/41;13. World Health Organization, Geneva, 2018.

[79] WHO. 10 Mid-term progress indicators. Global Strategy and Action Plan on Ageing and Health. World Health Organization 2018. (https://www.who.int/ageing/commit-action/measuring-progress/GSAP-midterm-indicators.pdf?ua=1, accessed December 2019).

2.4 How did WHO work with others to advance the implementation of the Global strategy and of resolution WHA69.3?

How did the strategic partnerships contribute to the results achieved?

101. Forming strategic partnerships has been instrumental to the development and implementation of the Global strategy and its action plan. WHO fostered and strengthened collaboration with partners, including Member States, UN agencies, research groups and academia, philanthropic organizations, civil society organizations, health practitioners and private entities. Those strategic partnerships directly contributed to conducting evidence-based research, shaping policy and strategic documents, as well as advocating for and raising awareness on healthy ageing. Overall, key informants commended WHO's leadership in bringing key partners together and provided several examples of positive collaboration between WHO and its partners.

Government and intergovernmental institutions

102. Several Member States strongly supported the development and implementation of the Global strategy by providing funding and technical expertise to WHO's led initiatives. Stakeholders recognized that WHO demonstrated strong leadership by engaging effectively with the intergovernmental economic organizations, such as the G7, the G20, and APEC, as part of the dissemination of the Global strategy and the preparations for the draft proposal of the Decade of Healthy Ageing. At regional level, EURO has engaged with the European Commission.

103. WHO also collaborated with The Titchfield City Group on Ageing, an informal group of experts primarily from national statistical agencies, led by the United Kingdom's Office for National Statistics in collaboration with other UN agencies and non-State actors. The group is endorsed by the UN Statistical Commission (UNSC).

UN agencies

104. Several UN agencies have long-standing interest in the field of healthy ageing and have already been implementing activities in this area for some years. The 2002 Political declaration and Madrid international plan of action in ageing sets the stage for joint UN action on healthy ageing.[80] Since then, several UN agencies have started to concentrate their efforts in this area. For example, the UN Department of Economic and Social Affairs (UNDESA) and the UN Office of the High Commissioner for Human Rights (UNOHCHR) host the UN Open-ended Working Group on Ageing,[81] aimed at strengthening the protection of the human rights of older persons. Other UN organizations and specialized agencies – such as the UN Population Fund (UNFPA), the International Labor Organization (ILO), UN Women, the World Bank, and others – have also implemented programmes on ageing.

105. WHO has contributed to the ageing agenda led by UN agencies, for example, by participating at UNDESA's Expert Group Meeting on Older Persons in Emergency Crises.[82] WHO has also actively engaged some UN agencies, such as UNFPA, in the rollout of the Global strategy. Representatives from about 19 UN agencies and international organizations have participated in the consultations of the draft proposal for the Decade of Healthy Ageing.

[80] The Political declaration and Madrid international plan of action in ageing. Second World Assembly on Ageing, Madrid, Spain 8-12 April 2002. New York: United Nations 2002

[81] Open-ended Working Group on Ageing for strengthening the protection of the human rights of older persons. https://social.un.org/ageing-working-group/

[82] Expert working group meeting on addressing older people in emergencies and crisis. United Nations Department of Economics and Social Affairs. New York UNDESA 2019. (https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2019/10/EGM-Final-Report-1.pdf, accessed December 2019)

Other development partners

106. IFA and Help Age International, non-State actors in official relations with WHO and with which WHO has established strategic partnerships on ageing and health, have worked closely in the design of the Global strategy and implementation of the action plan as well as in the preparations of the draft proposal for the Decade of Healthy Ageing. Numerous other non-State actors, including associations, clinicians, academia and the private sector, have also contributed to the preparatory work for the Decade of Healthy Ageing.

107. WHO has engaged with a plethora of other partners by fostering collaborative networks. For example, *the Global Network for Age-friendly Cities and Communities* involves about 1,000 cities and communities in 41 countries, the *Clinical Consortium on Healthy Ageing*, involves global experts on research and clinical practice, and the *WHO Consortium on Metrics and Evidence for Healthy Ageing* gathers a range of experts, including policy makers, civil society organizers and researchers. WHO engaged with the Cochrane Collaboration, which contributed to the development of the Global strategy and implementation of the action plan. WHO has worked extensively with the Cochrane Collaboration, notably in support of clinical guideline development. WHO's influence was also essential in the strategic set-up of the *Cochrane Global Ageing* group and of the *Cochrane-Campbell collaboration for global ageing*. WHO has also sought the participation of the *Global Coalition of Aging,* a global network of private enterprises from several sectors of the economy, in the development of the draft proposal for the Decade of Healthy Ageing.

What were the key core functions most used by WHO in its relationship with partners?

108. Key informants commended the pioneering and leading role of WHO in the field of healthy ageing, emphasizing that the Organization used its convening power to bring together experts who catalyzed change by raising awareness on healthy ageing, taking forward the research agenda, and providing technical advice. Overall, key informants expressed satisfaction with the process of conceptualizing the Global strategy and developing the draft proposal for the Decade of Healthy Ageing. Most non-State actors from academia and civil society spoke highly of their constructive relationship with WHO.

How was WHO positioned within the partnerships to ensure the achievement of the goals of the Global strategy?

109. Most stakeholders recognized that the unique leadership role played by WHO globally in the field of healthy ageing has been a key driver in combating ageism, promoting multisectoral action, creating age-friendly environments, and encouraging the development of national and regional strategies and action plans on healthy ageing. At the same time, several stakeholders – including WHO staff – were less confident about the Organization's capacity to address the broad construct of healthy ageing, especially on issues that go beyond WHO's traditional scope of work, and to lead the broad multi-stakeholder processes that are required to realize the full benefits of the Decade of Healthy Ageing.

What were the major challenges hindering the implementation of the Global strategy through the key partnerships?

110. As previously noted, stakeholders felt that WHO is less well positioned to facilitate collaborations in areas other than the traditional health sector (i.e., sustaining social protection systems, improving access to adequate housing, fostering older peoples' contributions in the labor force, enabling life-long learning, etc.). Views diverged in terms of its role and expertise in these areas.

111. Key informants from the UN system and civil society felt that strategic partnerships across UN agencies – including UN Women, UNFPA, UNDESA and others – could be strengthened, especially in the context of the Decade of Healthy Ageing, where the specific roles and contributions of partners

may require further clarification. In addition to the scarcity of resources, differences in the regional structures across UN agencies pose challenges to effective collaboration among partners.

112. Stakeholders from civil society noted that older persons have so far not been sufficiently engaged in the implementation of the Global strategy. Likewise, several other constituencies of relevance to health system reform and to the roll out of the Global strategy – such as clinicians' associations representing doctors, nurses and other professionals; health systems specialists; actors beyond the health sector; and stakeholders at country level – could be further involved.

Summary of key findings

- The development and implementation of the Global strategy and action plan would not have been feasible without the extensive collaboration between WHO and a wide range of partners, including: Member States, UN agencies, civil society organizations, academia and other non-State actors. WHO has been instrumental in forging, initiating and strengthening several relevant and effective collaborations along the five SOs of the Global strategy and in preparation to the draft proposal for the Decade of Healthy Ageing. WHO has shown leadership and convening power in setting up and sustaining these collaborations.
- The list of partners could be enhanced by ensuring the representation of older people and critical professional constituencies with the potential to facilitate the implementation of the Global strategy and the action plan at both global and local levels, and by creating synergies across disciplines and sectors, including the private sector.
- WHO has placed less emphasis so far on multisectoral collaboration, including at the government level. Furthermore, there is uncertainty regarding WHO's ability to facilitate such multisectoral collaboration and whole-of-government approach.
- Collaborations within the UN system were driven by diverse objectives and agendas, although the effective rollout of the Decade of Healthy Ageing may benefit from more strategic alliances at global, regional and local levels.

3. Conclusions

113. Based on the findings presented in the previous section, the following conclusions are articulated around the four main EQs, all of which inform the recommendations.

Relevance of the strategic choices

114. The Global strategy and the action plan are considered by key stakeholders as highly relevant instruments for addressing the health needs of older persons and for preparing individuals and communities for healthy ageing. The narrative of these instruments, which is based on WHO's conceptualization of healthy ageing, complements the traditional emphasis on the importance of preventing and treating diseases with a heightened focus on a health- and people-centred perspective towards maintaining the intrinsic capacity and functional abilities of older persons. The instruments also stress the principles of human rights, equity, equality and non-discrimination (particularly on the basis of age), gender equality, and intergenerational solidarity. They are framed in a way that speaks to all sectors involved, and to Member States, UN agencies, academia and civil society organizations. These stakeholders have shown widespread support for the concept of healthy ageing and acknowledged the positive effects that these instruments may have on the health of older people.

115. Building on the momentum created by the 2015 WRAH, the Global strategy recognizes that the health of older persons is influenced by healthcare and long-term care systems as well as by the environment in which people live. The Global strategy therefore adopts a broad cross-sectoral and multidisciplinary focus, which extends its scope beyond WHO's traditional mandate, in alignment with the strategic shifts of multisectoral action further articulated by GPW13. This paradigm is fully aligned with the goal of achieving UHC through integrated people-centred health services, as well as with the 2030 Agenda and the SDGs. Aligning the Global strategy with the 2030 timeline is an advantage in that it may help maximize opportunities for building global momentum and synergies. However, there is not uniform recognition of the precise role and capacities of WHO for the effective implementation of the broad perspective of the Global strategy.

116. In this same vein, the plan of action is generally considered to be a comprehensive and forward-looking document that was well received by various key external stakeholders at global, regional and country levels. However, it is also an ambitious document for its short time span and the systemic transformation processes advocated. Furthermore, while it was considered highly relevant for guiding regional and national strategies on ageing and health, particularly in lower- and middle-income countries, its broad scope and global focus weakened its relevance, particularly in local contexts.

The WHO Secretariat's contribution and main achievements

117. At the highest level, the paradigm shift embodied by the Global strategy and action plan – namely, a heightened focus on fostering and maintaining intrinsic capacity and functional ability for all persons in older age – represents one of these instruments' most significant accomplishments in its own right. The Global strategy has contributed to a growing momentum for addressing issues related to healthy ageing. Beyond this overarching level, the WHO Secretariat has demonstrated significant achievements within each of the five SOs and across its various functional roles. These achievements have been uneven, however, with some SOs and functioning areas achieving significant progress and other areas less progress, owing to a range of structural and resource-related factors.

118. WHO provided the vision on healthy ageing, raised awareness and advocacy about it, and showed convening power to mobilize key stakeholders around the Global strategy. WHO also contributed to shaping the research agenda and the generation, translation and dissemination of valuable knowledge around the Global strategy. WHO also set new norms and standards and pursued collaborative models and stakeholder participation in contributing to healthy ageing policies. The

Global strategy has informed, and benefitted from, WHO regional strategies and policies, which has led to a cascade of advocacy and advice at national level.

119. An explicit goal of the Global strategy is to achieve five years of evidence-based action to maximize functional ability that reaches every person. A wide range of research-based articles and reviews, as well as other reports, were produced by WHO to inform policy development, strengthen the dialogue on healthy ageing and create awareness. Significant research was conducted across the five SOs of the Global strategy, namely: ageism, including the right to health of older people; age-friendly environments, including elder abuse; health systems and long-term care, including how to integrate healthcare services to meet older people's needs; and metrics, monitoring and research, including understanding of inequalities and determinants and what can be done to improve health equity, as well as on indicators for the Decade on Healthy Ageing 2020-2030. Findings were made available through the WHO website and other channels. However, the impact of such evidence in terms of concrete actions at country level could not be ascertained, in part because the primary focus of the research dissemination and utility remained at global and academic levels. In general, the action plan lacked an explicit country focus, and stakeholders consistently underlined that WHO regional and country offices could have benefited from dedicated support to translate the Global strategy to their settings. The development of the guidance *Integrated Care for Older People (ICOPE)* is a key achievement eliciting wide support among most of the constituents involved. While widely praised for its comprehensiveness, there is also need for concrete guidance to enable Member States to translate the global tool so that it is concrete and relevant within the context of individual national health systems.

120. In promoting multisectoral action, WHO also expanded and strengthened the WHO Global Network for Age-friendly Cities and Communities, which was widely perceived to be successful in providing an interactive platform to facilitate learning and exchange of information and experience on creating age-friendly environments that foster healthy ageing. The opportunities for Member State engagement and learning through the age-friendly cities and communities network were highly appreciated. However, the network remains mainly concentrated in a few geographical regions.

121. Although much was achieved, important action areas across all strategic objectives could not be fully implemented on time or as envisaged in the Global strategy despite efforts. Gaps could be seen in various areas, such as in terms of economic models development, design of metrics to describe healthy ageing, and guidance and technical support on long-term care, among others.

Ways of working and programme management challenges

122. WHO delivered the workplan through its core functions across the five SOs of the Global strategy. Most importantly, WHO exercised leadership and used its convening power to spark collective action. There has been, and there remains, significant enthusiasm and momentum across the WHO Secretariat and amongst the partners to continue to support the Global strategy and forthcoming Decade of Healthy Ageing. However, the departure of the WHO programme's head and the subsequent split of the Ageing and Health programme into units within two separate departments across two separate Divisions challenged these efforts, thus presenting a risk to WHO's credibility as well as the overall effectiveness and sustainability of the programme.

123. Moreover, the Ageing and Health programme was set with a difficult task to implement a vast plan of action of high complexity, but with an unclear sense of prioritization, coupled with low levels of human and financial resources at all organizational levels. The scarce resources at WHO headquarters and in regional offices most likely affected the achievement of objectives and the timeliness of results. Focal points in WHO regional offices and country offices played an important role in taking forward the Global strategy, although staffing levels and levels of knowledge and experience on Healthy Ageing matters varied among them.

124. At a more fundamental level, the Ageing and Health programme lacked a theory of change depicting the results chain conducive to achieve the expected programme outputs and outcomes and enable adequate resourcing and planning as well as effective and efficient prioritization. In the absence of a theory of change, baseline data, clear targets and milestones, and an accountability framework, it is difficult to estimate progress and attribute achievements to the Global strategy and action plan. The 10 progress indicators developed by WHO to inform the mid-term review are the only concrete evidence of systematic monitoring of the implementation of the Global strategy, although the Decade of Healthy Ageing 2020-2030 intends to build an accountability framework to be able to take stock of progress and measure contributions towards agreed upon impacts and areas for collective action. It will also include age-disaggregated SDG indicators.

125. The Ageing and Health programme cuts across many areas within the health domain in addition to its intersectorality with non-health sectors. However, despite its considerable success in fostering partnerships outside the Organization, collaboration within WHO has been comparatively weaker. Opportunities to integrate ageing and health across the life course have not yet been capitalized on, nor has the intersection of ageing with other WHO programmes (e.g., mental health, noncommunicable diseases, health systems) been actively exploited, often owing to time pressures and the lack of capacity to take on new work (this stemming from a lack of financial and human resources). Other WHO programmes have produced norms and guidance relevant to ageing and health in parallel to that of the Ageing and Health programme.

WHO's engagement with partners

126. The development and implementation of the Global strategy and action plan would not have been possible without the extensive collaboration between WHO and a wide range of partners, including (but not limited to) Member States, the UN system, the WHO Clinical Consortium on Healthy Ageing, the Global Network for Age-friendly Cities and Communities, the Titchfield City Group on Ageing, the WHO consortium on Metrics and Evidence, the Cochrane and Campbell Collaborations, civil society organizations and other non-State actors. WHO pursued collaborative models and increased stakeholder participation in contributing to healthy ageing policies. It did so by enabling, supporting, facilitating and leading, as appropriate, in relation to its partners. WHO's leadership and convening power in bringing partners together to foster collective action was well recognized.

127. The Global strategy is also linked with global UN commitments related to the Madrid International Plan of Action on Ageing. Healthy Ageing is a process that spans the entire life course and enabling all people to live a long and healthy life requires a multisectoral approach with strong engagement from diverse sectors and different levels of UN agencies and other nongovernmental actors including service providers, product developers, academics and older people themselves. Within this context, many UN agencies have responsibilities in addressing Ageing across the life course. However, while WHO did collaborate with UN institutions to advance the Global strategy, such collaborations appear to have been at the project level rather than at a higher strategic level. This is particularly relevant for the configuration of the leadership and partnerships required to secure the effective rollout of the Decade of Healthy Ageing. At present, there still does not appear to be sufficient clarity on the respective lead and support roles to move forward the Decade of Healthy Ageing. That said, WHO has forged multistakeholder engagement and partnership to support a Decade of Healthy Ageing and has prepared a draft proposal for the decade, which was endorsed by the 146th session of the WHO Executive Board in January 2020.

128. Despite the broad engagement achieved, many constituencies of central relevance to the implementation of the Global strategy remain under-represented or not represented in the first instance. This is the case of older people themselves, and of critical professional disciplines that have the potential to facilitate the practical implementation of the action plan at global and local levels and to build synergies across disciplines (i.e., clinicians associations from various specialties, health systems specialists, social welfare specialists, and across other sectors, etc.) and sectors (including the

private sector). There is full acknowledgement by most stakeholders that multidisciplinary and multisectoral action, including at country level, is required to further the implementation of the Global strategy and of the Decade of Healthy Ageing. There are plans to enhance stakeholders' exchange and connection through specific platforms. However, there is a lack of clarity on the role and ability of WHO in leading such relationships as well as on guidance of how the multi-dimensional aspects around healthy ageing at a programmatic level should be managed and by whom.

4. Recommendations

1. To take forward the Decade of Healthy Ageing within the context of the 13th General Programme of Work and the 2030 Agenda, the WHO Secretariat should **undertake necessary organizational changes; external and internal advocacy; and coordination measures** to ensure that this crucial focus area is elevated to the highest levels of the Organization and thus help maximize the likelihood that the goals of this important initiative will be achieved on time and on target. Toward this end, it is recommended that WHO Senior Management:

- integrate the Decade of Healthy Ageing as a high-level goal of its internal and external advocacy efforts and embed it in its strategic processes (e.g. the SDG3 GAP);
- assign dedicated leadership and responsibility for this area to a senior-level expert on Ageing; and
- ensure the Organization's visibility and technical credibility, as well as the clarity of its position and role in designing and implementing the Decade of Healthy Ageing – and in building and steering the necessary coalitions (including high-level relationships with Member States, UN agencies, donors and other stakeholders) in pursuit of the effective roll-out of the Decade of Healthy Ageing.

2. The WHO Secretariat should **develop an inclusive engagement strategy** to deliver the Decade of Healthy Ageing, incorporating the required cross-sectorality and multidisciplinarity. It is recommended that such a strategy:

- identify and embrace the multidimensional and multisectoral aspects necessary to effectively advance the Decade of Healthy Ageing at a strategic level, with the necessary mechanisms in place to harness and capitalize on these linkages;
- focus on strengthening broader relationships with governmental bodies, including and beyond ministries of health – such as, but not limited to, ministries of social welfare, development, finance, environment and others – as well as UN agencies, and non-traditional donors with which WHO has less experience in collaboration (in adherence to the principles established under the Framework on engagement with non-State actors [FENSA]);
- expand and support multi-stakeholder partnerships with non-State actors within and beyond the health sector, and systematically integrate the work of clinical associations, health system specialists, long-term care systems, economic institutions and associations of older persons; and
- provide guidance at the regional and local levels to facilitate multisectoral collaboration among governments and non-State actors for the local rollout of the Decade of Healthy Ageing.

3. In alignment with the 13th General Programme of Work and the 2030 Agenda, the Decade of Healthy Ageing should **adopt a clear country focus**. WHO Secretariat's contribution to the Decade of Healthy Ageing should be designed accordingly and based on a robust accountability framework. It is recommended that such an instrument:

- devise and incorporate a theory of change to better frame the pathway for change, including a clear priority-setting process for both the expected outcome and output levels, and clarify the expected contributions from all levels of the Organization so that tangible change can be measured;
- be flexible and open for adaptation as the Decade of Healthy Ageing is rolled out;

- in coherence with Delivering as One and the on-going reform of the UN development system, orient WHO's contribution toward facilitating implementation at country level, providing the necessary guidance and tools to facilitate the local translation and adaptation of global norms, standards and guidelines to various contexts and settings.

4. The WHO Secretariat should **ensure that adequate programme stewardship, organizational structures, resources and monitoring mechanisms are in place** in alignment with the Decade of Healthy Ageing and its theory of change as recommended earlier. In this respect, it is recommended that the WHO Secretariat:

- secure adequate human and financial resources at the three levels of the Organization to meet the needs for the delivery of WHO's contribution to the rollout of the Decade of Healthy Ageing at global, regional and national levels;
- strengthen synergies across the Secretariat to maximize collaboration, securing internal coherence, effectiveness and efficiency in the delivery of the Ageing and Health programme in WHO, by ensuring an organizational design that facilitates coordination and communication flows, leadership and visibility, aligns across relevant WHO strategies and initiatives, and ensures mutual benefit from the breadth of programme areas that are of relevance to the Decade of Healthy Ageing as a horizontal cross-cutting area, and establish the coordination, management and monitoring mechanisms required to help realize these mutual benefits;
- design effective capacity-building mechanisms and share lessons learned across relevant operational units at all levels of the Organization to optimize opportunities for WHO contributions to the agenda of the Decade of Healthy Ageing and in accordance with the needs and priorities of Member States; and
- structure its workplans to deliver its contribution to the Decade of Healthy Ageing at all levels of the Organization, based on a logical framework in accordance to the theory of change of the Decade of Healthy Ageing, defining goals and targets with indicators and metrics as needed to manage its support more effectively, with programme monitoring aligned to this logical framework and the 13th General Programme of Work.