



@WHO #HealthyAgeing

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## 56<sup>TH</sup> COMMISSION for SOCIAL DEVELOPMENT

Strategies for eradicating poverty  
to achieve sustainable development for all

2018 United Nations Headquarters, New York



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### CSocD56 Side Event on

## MIPAA meets SDG3 - A Decade of Healthy Ageing 2020-2030

2 February 2018

10:00 – 11:30 am Conference Room D  
United Nations Headquarters, New York

### 1. Introduction

The World Health Organization is organizing a side event to understand delegates and other participants' views on what a **Decade of Healthy Ageing 2020-2030** should achieve. The event will explore synergies between policy instruments – including the Madrid International Plan of Action on Ageing 2002, the WHO Global Strategy and Action Plan on Ageing and Health 2016-2030, and Agenda 2030 – to catalyze meaningful and measurable impact to improve older peoples' lives. Distinguished speakers, panelists and participants will discuss good practices and new evidence that can guide actions from 2020 to 2030 to support Healthy Ageing in countries, at different levels and involving multiple stakeholders.

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## 2. Provisional Program: A Decade of Healthy Ageing 2020-2030

### 10:00 am Welcome by Co-Chairs

Lisa Ainbinder, UN Programme on Ageing, Department of Economic and Social Affairs (DESA)  
Werner Obermeyer, Deputy Executive Director, WHO Office at the United Nations

### 10:10 am Opening Remarks

H.E. Dr Toshiya Hoshino, Ambassador, Deputy Permanent Representative of Japan to the United Nations

### 10:20 am Moderator Comments: WHO Global Strategy and Action Plan

Dr Ritu Sadana, Senior Health Advisor, World Health Organization

### 10:30 Brief Talk: National Ageing and Health Policies & alignment with Healthy Ageing

Minxia Luo, University of Zurich

### 10:40 Panelists

Dr Cynthia Stuen - Representing International Federation of Ageing  
Beth Finkel, State Director, AARP New York – Representing AARP

### 10:50 Moderated Discussion - Guiding Questions

1. What impacts do we expect by 2030? What would success look like globally and nationally in 2030?
2. What good practices and new evidence can guide actions that will increase overall impact and reduce inequities? To support healthy ageing, are there specific global public goods we should ensure?
3. What new partnerships can better guide and accelerate actions? Can we create new forms of accountability?
4. How can we create synergies between the MIPAA, GSAP, and Agenda 2030 to ensure accelerated progress, and that impacts are inclusive of older adults?

### 11:25 Closing Remarks

### 11:30 Close

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### 3. Background

Populations around the world are rapidly ageing, with some of the fastest change occurring in low- and middle-income countries. When combined with marked falls in fertility rates, these increases in life expectancy are leading to the rapid ageing of populations around the world. **A longer life is an incredibly valuable resource. Yet the extent of the opportunities that arise from increasing longevity will depend heavily on one key factor: health.** If people are experiencing these extra years of life in good health, their ability to do the things they value will be little different from that of a younger person. If these added years are dominated by declines in physical and mental capacity, the implications for older people and for society are much more negative.

However, poor health does not need to dominate older age. Most of the health problems that confront older people are associated with chronic conditions, particularly noncommunicable diseases. Many of these can be prevented or delayed by engaging in healthy behaviors. Other health problems can be effectively managed, particularly if they are detected early enough. And even for people with declines in capacity, supportive environments can ensure that they live lives of dignity and continued personal growth. Yet, the world is very far from these ideals.

Population ageing therefore demands a comprehensive public-health response. Promoting healthy ageing, and building systems to meet the needs of older adults, will be sound investments in a future where older people have the freedom to be and do what they value. The *WHO World Report on Ageing and Health*, published in 2015, looks in detail at what we do know about health and ageing, and builds a strategic framework for taking public-health action, with a menu of practical next steps that can be adapted for use in countries at all levels of economic development. It approaches the changes associated with ageing in the context of the entire life course, with a focus on the second half of life.

#### **The evidence suggests fresh perspectives are needed:**

- There is no typical older person
- Diversity in older age is not random – inequalities and inequities are accumulated
- Women are more likely to provide care *and* experience declines in capacities
- Older age does not imply dependence - functioning is more important than chronological age
- Population ageing will increase health-care costs – but not by as much as expected
- Expenditure on older populations is an investment, not a cost

Moreover, many other major social changes are occurring alongside population ageing. Combined, these mean that getting older in the future will be very different from the experience of previous generations. To frame how health and functioning might be considered in older age, the 2015 Report defines and distinguishes between two important concepts. The first is **intrinsic capacity**, which refers to the composite of all the physical and mental capacities that an individual can draw on at any point in time. However, intrinsic capacity is only one of the factors that will determine what an older person can do. The other is the environments they inhabit and their interactions with them. These environments provide a range of resources or barriers that will ultimately decide whether people with a given level of capacity can do the things they feel are important. Thus, while older people may have limited capacity, they may still be able to shop if they have access to anti-inflammatory medication, an assistive device (such as a walking stick, wheelchair or scooter) and live close to affordable and accessible transport. This combination of individuals and their environments, and the interaction between them, is their

**functional ability**, defined as the health-related attributes that enable people to be and to do what they have reason to value.

## **Healthy Ageing**

Building on these two concepts, **Healthy Ageing** is defined as the process of developing and maintaining the functional ability that enables wellbeing in older age. Central to this conceptualization of Healthy Ageing is an understanding that neither intrinsic capacity nor functional ability remains constant. Although both tend to decline with increasing age, life choices or interventions at different points during the life course will determine the path – or trajectory – of each individual. Healthy Ageing is a process that remains relevant to every older person because their experience of Healthy Ageing may always become more positive or less positive.

The conceptualization of **Healthy Ageing** pays particular attention to the significant influence of gender norms, both on older people’s Healthy Ageing trajectories and on the impact their ageing may have on their families and communities. For example, gender is a powerful influence on many health-related behaviors and exposures across the life course. As a consequence, women tend to live longer than men but generally experience poorer health throughout their lives and have higher rates of poverty. Moreover, when an older person experiences significant losses of capacity, the family often plays a key role in providing the care and support that are required. These unpaid and often under-respected caregiving roles are frequently filled by women and can limit their participation in the workforce or in education. This can be at a significant cost to their own well-being in older age, since it can limit the building of pension entitlements and access to health insurance and increase the risk of poverty and other insecurity.

## **Political commitment – WHO Global Strategy and Action Plan on Ageing and Health (GSAP)**

In 2014, the World Health Assembly asked the Director-General of the World Health Organization to develop a comprehensive Global Strategy and Action Plan on Ageing and Health (GSAP). Building on the 2015 Report, and developed through an extensive consultative process, the World Health Assembly unanimously endorsed the “Multisectoral action for a life course approach to healthy ageing: global strategy and plan of action on ageing and health” in 2016.

The GSAP outlines a framework for action that can be taken by all relevant stakeholders across the 15-year period of the Sustainable Development Goals to contribute to achieving the vision that all people can live long and healthy lives. It also outlines concrete actions that can be taken within this framework during the five-year period 2016–2020, in 5 strategic objectives:

- commitment to action on Healthy Ageing in every country;
- developing age-friendly environments;
- aligning health systems to the needs of older populations;
- developing sustainable and equitable systems for providing long-term care (home, communities, institutions); and
- improving measurement, monitoring and research on Healthy Ageing.

It also has two goals. While there are many significant gaps in our understanding of the factors that can foster Healthy Ageing, in many fields there is sufficient evidence to identify action that can be taken now

to help achieve this vision. The first goal, “Five years of evidence-based action to maximize functional ability that reaches every person,” is therefore framed around ensuring that this action is taken as widely as possible and in ways which ensure that particular attention is paid to those with the least access to the resources they need to maintain their functional ability. The second goal, “**By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030,**” seeks to use the five-year period 2016–2020 to fill these gaps and ensure that Member States and other stakeholders are positioned to undertake a decade of evidence-informed, concerted action from 2020 to 2030.

### **Healthy Ageing within Agenda 2030**

The GSAP renews the commitment to focus attention on the needs and rights of older persons and expands on previous policy instruments, including the Madrid International Plan of Action on Ageing, 2002 (MIPAA). Both refer to the right to health and its international legal framework, highlight the skills and experience of older people and their potential contributions, regardless of physical and cognitive limitations, and map a broad range of areas where policy action can enable these contributions and ensure security in older age. Commitment to the GSAP affirms that societal response to population ageing will require a transformation of health systems away from disease-based curative models and towards the provision of older-person-centred and integrated care. It will require the development, sometimes from nothing, of comprehensive systems of long term care.

Developed between 2014-2016, the GSAP also sets this commitment within the new context of the Sustainable Development Goals. The GSAP therefore also outlines a public-health framework for action that is built on the concept of **Healthy Ageing**, that extends beyond the health system. Moreover, ageing is an issue that is relevant to 15 of the 17 Goals, in particular:

- Goal 1. End poverty in all its forms everywhere – for all men and women;
- Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture including for older persons;
- Goal 3. Ensure healthy lives and promote well-being for all at all ages through universal health coverage including financial risk protection;
- Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all;
- Goal 5. Achieve gender equality and empower all women and girls;
- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all;
- Goal 10. Reduce inequality within and among countries, by promoting the social, political and economic inclusion of all, irrespective of age;
- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable by providing universal access to safe, inclusive and accessible green and public spaces, in particular for older persons;
- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

A coordinated response from many other sectors and multiple levels of government is therefore required. This includes combatting ageism and its intersection with gender and poverty, addressing broader social and economic determinants of health across the life course, developing and

disseminating evidence, technologies and services that are available to those who need them the most, and building up inclusive, age-friendly communities.

In 2017, WHO carried out a series of consultations with experts, WHO staff and key stakeholders to identify transformative actions for getting the world to the point where it can take on a decade of concerted action. These concrete actions address each of the GSAP's strategic objectives. These also address overall innovation and change; supporting country planning and action; and making the economic case for investment in Healthy Ageing.

The WHO Global Strategy and Action Plan outlines several milestones, including developing a proposal for a **Decade of Healthy Ageing 2020-2030**, in open consultation with Member States, entities representing older people, bodies of United Nations system and other key partners and stakeholders.



## Global strategy and action plan on ageing and health

A framework for coordinated global action by the World Health Organization, Member States, and Partners across the Sustainable Development Goals