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**MULTISECTORAL ACTION FOR A LIFE COURSE APPROACH TO HEALTHY
AGEING: GLOBAL STRATEGY AND PLAN OF ACTION ON AGEING AND HEALTH:
IMPLEMENTATION FRAMEWORK FOR THE AFRICAN REGION**

Report of the Secretariat

EXECUTIVE SUMMARY

1. Ageing is a normal process and longer life expectancy is a positive outcome of a country's socioeconomic development. In Africa, it is estimated that the number of people aged 60 years or over (called older people or the elderly) will increase from 46 million in 2015 to 147 million by 2050. One consequence of these demographic trends is that a growing number of elderly people are now facing an increased risk of chronic diseases and disability. By 2020, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes will be among the main causes of morbidity and mortality in Africa. This is putting an additional strain on the already overstretched health systems.
2. The 2002 Madrid International Plan of Action on Ageing and the 2002 African Union Policy Framework and Plan of Action on Ageing provide a guide to Member States to develop national policies and programmes. Further, the World Health Assembly, in 2005 and 2012, urged countries to undertake actions to improve health care services for elderly persons within existing national primary health care systems. The relevant recommendations identified three priorities for action: "older people and development, advancing health and well-being into old age, and ensuring that older people benefit from enabling and supportive environments".
3. Despite the increasing number of older persons, a recent review covering more than 130 countries on the progress made globally since the adoption of the 2002 international policy documents on ageing, noted that the issue of ageing populations is still accorded low priority within health policy. In the African Region, no meaningful progress has been made and the majority of Member States have not yet adopted national policies on ageing.
4. In order to accelerate progress, Resolution AFR/RC63/R1 on Healthy Ageing was adopted in 2013. It urged WHO to facilitate and support the sharing of information and experiences on healthy ageing in the Region and to organize a consultative meeting for the development of a regional implementation framework on active and healthy ageing. Since then, a regional assessment and a desk review have been undertaken and their findings have contributed to the Global strategy and were used to prioritize actions for the Region.
5. Furthermore, in May 2016, the Sixty-ninth World Health Assembly adopted a comprehensive global strategy and plan of action on ageing and health. The global strategy is built upon five key 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; and improving measurement, monitoring, evaluation and research on healthy ageing. The strategy is aligned to Goal 3 of the Sustainable Development Goals: "ensure healthy lives and promote well-being for all at all ages".
6. The proposed regional implementation framework is intended to provide programmatic and policy orientations to Member States to implement the global strategy and action plan on ageing and health for the period 2016–2020.

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INTRODUCTION

1. Life expectancy at birth is increasing in the African Region due to reduction in maternal and child mortality as well as decreasing fertility rates. In Africa, it is estimated that the number of people aged 60 years or over (called older people or the elderly) will increase from 46 million in 2015 to 147 million by 2050.¹ Member States are yet to prioritize healthy ageing in their national health and development agenda and address it through a comprehensive multisectoral approach because programming for healthy ageing still remains a major challenge for the Region.

2. According to the World report on ageing and health, healthy ageing is defined as “the process of developing and maintaining the functional ability that enables well-being in older age.” This functional ability is determined by the intrinsic capacity of the individual (that is, the combination of all the individual’s physical and mental – including psychosocial – capacities), the environments he or she inhabits (understood in the broadest sense and including physical, social and policy environments), and the interaction between these. It is a process that spans the entire life course and that can be relevant to everyone.

3. In 2013, Resolution AFR/RC63/R1 on *Healthy Ageing* was adopted.² It urged WHO, among others, to facilitate the development of a regional implementation framework on active and healthy ageing. Furthermore, in May 2014, the Sixty-seventh World Health Assembly³ requested WHO to develop, in consultation with Member States and other stakeholders and in coordination with the regional offices, a comprehensive global strategy and plan of action on ageing and health. The strategy was adopted by the Sixty-ninth World Health Assembly supported by resolution WHA 69.3.⁴ The strategy is aligned to Goal 3 of the Sustainable Development Goals: “ensure healthy lives and promote well-being for all at all ages”.⁵

4. The proposed Regional implementation framework is intended to provide programmatic and policy orientations to Member States. It endorses the concepts and strategic orientations outlined by the global strategy and plan of action, and summarizes the vision, objectives and priority actions for 2016-2020 in the Region.

CURRENT SITUATION

5. In 2014, WHO undertook a desk review and a study on ageing and health in eight countries in the African Region, which revealed that older people live more in rural than in urban areas. In addition, policies on ageing are not available in most countries. Moreover, the study highlighted the inadequate social insurance coverage, poor household food security, and lack of disaggregated data

¹ WHO, *Multisectoral action for a life course approach to healthy ageing: Global strategy and plan of action on ageing and health*, Geneva, World Health Organization, 2016 (WHA, A69/17).

² Resolution AFR/RC63/4, *Healthy ageing in the African Region: Situation analysis and Way forward*. In: Sixty-third WHO Regional Committee for Africa. Brazzaville, Congo, 2-6 September 2013. Final report. Brazzaville, World Health Organization, Regional Office for Africa, 2013 (AFR/RC63/4).

³ WHO, *Multisectoral action for a life course approach to healthy ageing*. Geneva, World Health Organization, 2014 (WHA, A67/23).

⁴ WHO, *Multisectoral actions for a life course approach to healthy ageing: Global strategy and plan of action on ageing and health*, Geneva, World Health Organization, 2016 (WHA, A69/17)

⁵ WHO, *Multisectoral action for a life course approach to healthy ageing: Global strategy and plan of action on ageing and health*, Geneva, World Health Organization, 2016 (WHA, A69/17).

on health and ageing as well as inadequate preparedness of the health system to handle issues of the elderly.⁶

6. The population of people aged 60 years and over is 5% and increasing in the African Region, with women accounting for an estimated 54% of the elderly.⁶ Older people over 80 years of age are particularly at risk of impairment and dependency.

7. With accelerated urbanization and international migration, fewer young people remain in rural areas to support the elderly who face multiple social, economic and health problems.⁶ This is exacerbated by the additional responsibility assumed by older persons in having to care for sick children and grandchildren orphaned as a result of HIV/AIDS and other causes.

8. Noncommunicable diseases (NCDs) are responsible for most of the morbidity and mortality among people aged 60 years and over.⁷ The commonest of these NCDs are cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, visual or hearing impairment, and the decline of mental capacities including post-traumatic disabilities. A consequence of the high prevalence of chronic diseases, comorbidity and natural ageing process is disability. The elderly also suffer from communicable diseases as the general population.

9. Older people in the Region are affected by food insecurity, with a proportion of underweight in older people ranging from 5 to 15%. At the same time, figures for obesity show prevalence of up to 30%.⁸ Malnutrition is one of the main factors contributing to disease and disability, and it is further compounded by unhealthy diets.

10. Insufficient social support and protection, poverty and interpersonal violence adversely affect the status of older people in the Region. There is also evidence that older people are victims of various forms of abuse, including violence, neglect, abandonment and disrespect. These determinants of health further hinder older people's access to services.

11. In most African countries, old age is not regarded as a burden. Older people contribute to the social upbringing of the young, as educators and advisers, giving moral support and promoting positive social values. In addition, older people are seen as key to family ties and symbols of identity, and as counsellors and guardians. Hence, there is need to include ageing into national frameworks for social and economic development and human rights.

12. The above situation highlights the need to link ageing to other national frameworks for social and economic development and enjoyment of human rights. The following section identifies issues and specific challenges of ageing in the African Region to be addressed in the next five years (2016–2020) as part of the implementation framework.

⁶ WHO, Situation analysis on ageing and health in the African Region, Brazzaville, World Health Organization, Regional Office for Africa, 2014.

⁷ WHO, *Preventing chronic diseases: a vital investment*, Geneva, World Health Organization, 2006.

⁸ WHO, *Preventing chronic diseases: a vital investment*, Geneva, World Health Organization, 2006.

ISSUES AND CHALLENGES

13. The doubling of the proportion of older people from 10% to 20% will take a much shorter time in Africa than in developed countries.⁹ With such a high rate of increase in the number of older people in the Region, Member States will have a shorter timeline to adjust and establish the infrastructure and policies necessary to meet the needs of their rapid demographic change.

14. In spite of international policy calls, only few countries have included issues of healthy ageing in their health and development agenda. In 2005¹⁰ and 2012,¹¹ the World Health Assembly urged Member States to undertake actions to improve health care services for elderly persons. Furthermore, in 2013, Resolution AFR/RC63/R1 on Healthy Ageing urged Member States to give greater priority in their development frameworks to issues related to population ageing through a holistic and intersectoral approach. To date, little progress has been made in the African Region towards the implementation of these resolutions and the majority of Member States have not yet adopted national policies on ageing. Greater political commitment is required to facilitate programmes on prevention, awareness and advocacy as well as provision of adequate services for the elderly.

15. As NCDs become more prevalent among older persons, there is an urgent need to prevent noncommunicable disease-related disabilities and to plan for long-term care. Ageing is among the major contributory factors to the rising incidence and prevalence of noncommunicable diseases, which are leading causes of preventable morbidity and disability. Appropriate preventive care in younger ages and age-friendly primary health care minimize the magnitude and the consequences of noncommunicable diseases.

16. In most countries of the Region, health systems remain unprepared to respond to the needs of older people. Health care facilities focusing on older people are lacking, infrastructure is not designed to their needs and health professionals are poorly trained in providing care to the elderly. In addition, health systems and public health services are overstretched. Furthermore, the report on ageing in the African Region showed that more than 80% of older people in the Region do not have health insurance.⁸

17. Very few Member States have public pension programmes or formal systems for caring for older persons. A decline of informal systems of social protection in the form of support from both extended family and community sources in the region poses further challenges. In addition, the management of long-term chronic conditions and related disabilities requires a considerable amount of resources from governments, communities, and families. This is exacerbated during emergency situations such as natural disasters and armed conflicts.

18. In the African region, 54% of older people are women because men face an increased risk of dying from late complications of tobacco, alcohol use as well as from abuse of other harmful substances.¹² For older women, age and gender discrimination can foster disempowerment and result in poor health outcomes, victimization, and even death. In some countries, older people, especially

⁹ WHO, World report on ageing and health, World Health Organization, 2015, pp 43.

¹⁰ Resolution WHA 58.16, *Strengthening active and healthy ageing*. In: Fifty-eighth World Health Assembly, Geneva, World Health Organization, 25 May 2005 (WHA58/2005/REC/1).

¹¹ Resolution WHA65.3, *Strengthening non communicable disease policies to promote active ageing*. In: Sixty-Fifth World Health Assembly, Geneva, World Health Organization, 25 May 2012 (WHA65/2012/REC/1).

¹² UN DESA 2007.

women, are victims of allegations of witchcraft, leading to stigmatization and collective acts of violence. In addition, young women have less access to education, formal employment and other economic opportunities. This has a bearing on what happens to them in old age, exacerbating their poverty and vulnerability while resulting in disempowerment.

19. Most research activities on the health of older people are conducted in developed countries. However there are contextual determinants of well-being in Africa that need to be understood by conducting relevant research activities. In addition, most of the countries have health information systems that collect data in cohorts without disaggregation of age for older people. This limits effective planning and action to address the needs of older people.

REGIONAL IMPLEMENTATION FRAMEWORK

Vision, goals, objectives, targets and milestones

20. The following vision and goals are in line with the global strategy and plan of action on healthy ageing.

Vision

21. The vision of the framework is a Region in which everyone can live a long, healthy and productive life.

Goals

22. The goals are as follows:

- By 2020, increase awareness and accelerate actions for healthy ageing in the African Region
- By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030

Objectives

23. The general objective is to create a favourable environment and appropriate means to implement the global strategy and plan of action on ageing and health 2016-2020.

The following are the specific objectives of the framework:

1. Commitment to action on Healthy Ageing in every country.
2. Developing age-friendly environments.
3. Aligning health systems to the needs of older populations.
4. Developing sustainable and equitable systems for providing long-term care (home, communities and institutions).
5. Improving measurement, monitoring and research on Healthy Ageing.

Targets

24. The targets are as follows:

- By 2020, at least 30 Member States have:
 - (a) developed a comprehensive national policy and costed plan to improve healthy ageing;
 - (b) designed and integrated interventions that address the health needs of older people into the primary health care system;
 - (c) established/strengthened programmes to ensure care for older people including a social and physical environment that fosters healthy ageing;
 - (d) developed indicators and measurements including a research agenda to support the needs of the healthy ageing programme.

Milestones

25. In order to ensure that the targets for 2020 are achieved, the following milestones are proposed to track progress:

- (a) By 2018, at least 25 countries have assessed the health needs of the elderly population.
- (b) By 2018, at least 20 countries have developed a comprehensive national policy and costed plan to improve healthy ageing using the PHC approach.
- (c) By 2019, at least 20 countries have established/strengthened programmes to ensure care for older people.
- (d) By 2019, at least 20 countries have developed indicators and measurements including a research agenda to support the needs of the healthy ageing programme.

GUIDING PRINCIPLES

26. The principles that underpin the framework include:

- (a) **National ownership:** mainstreaming ageing into national development policies is essential.
- (b) **Primary health care approach:** promoting the delivery of interventions for healthy ageing within a continuum of care.
- (c) **Human rights,** including the right of older people to the best possible health and its accountable, progressive realization.
- (d) **Gender equality and non-discrimination,** particularly on the basis of age.
- (e) **Equity** and universal health coverage (equal opportunity to the determinants of healthy ageing that does not reflect social, demographic or economic status, place of birth or residence or other social determinants).
- (f) **Intergenerational solidarity** (enabling social cohesion between generations).
- (g) **Intersectoral collaboration and community participation.**

PRIORITY INTERVENTIONS AND ACTIONS

27. Addressing issues related to the growing population of older people requires innovative policies, collective efforts and multisectoral collaboration. The following are the priority interventions proposed to Member States for implementing the global strategy on health and ageing for the period 2016-2020. They are aligned to Goal 3 of the post-2015 Sustainable Development Goals: “ensure healthy lives and promote well-being for all at all ages”.

Commitment to action on Healthy Ageing in every country

28. **Increase political will and commitment.** Issues related to older people should be mainstreamed into national development frameworks and poverty reduction strategies. This includes evidence-based formulation of national policies and strategies; development and implementation of active ageing awareness programmes that promote healthy ageing and the psychosocial well-being of older people.

29. **Combat ageism and transform understanding of ageing and health.** The invaluable contribution of older people to families, societies and economies should be acknowledged to promote positive attitudes among the youth towards elderly people. Intergenerational solidarity and the social fabric should be strengthened in both urban and rural areas. Countries should adopt evidence-based legislation against age-based discrimination and put in place related enforcement mechanisms.

Developing age-friendly environments

30. **Create age-friendly environments.** To reduce inequity and ensure the right to healthy ageing and functional ability within and across countries, an enabling environment needs to be created through the availability of policies, strategies, plans, laws, national bodies or comprehensive programmes on ageing/older people, with their involvement. This should include awareness-raising and communication with communities, families and other stakeholders and partners. Older people need to be engaged to increase their participation in development activities.

31. **Improve family and community support for older people.** Older people make numerous social and economic contributions to their families, communities and society. They assist friends and neighbours, mentor peers and younger people, care for family members and the wider community. Thus investing in older people through community groups, organizations of older people and self-help groups, for example, can facilitate older people’s engagement. In addition, it is important to identify and foster traditional community support systems as a means to enhance the abilities of families to care for older persons as well as build intergenerational solidarity. Families and communities can also play an important role in service delivery for older people, especially in emergency situations. They can identify older people at risk of isolation and loneliness, provide information, peer support and long-term care. Countries should therefore put in place supportive policies for family members who give care to older people.

32. **Promote physical and recreational activities.** Physical activity protects against some of the most common health conditions among older people. These include improved physical and mental capacity, preventing diseases and reducing risk and improving social outcomes. For example, physical inactivity may account for up to 20% of the population’s attributable risk of dementia and it has been estimated that 10 million new cases globally may be avoided each year if older adults met

recommendations of physical activity. Culturally appropriate community activities and supportive environmental conditions should be created to stimulate well-being, reduce the severity of disabilities, promote social contact and physical exercise throughout life and prevent loneliness, social isolation and exclusion.

Aligning health systems to the needs of older people

33. **Align health systems to the needs of the elderly.** Comprehensive and efficient long-term care systems should be designed and progressively implemented. Within existing health systems, there is need to implement age-friendly primary health care services comprising of health promotion campaigns for adoption of healthy lifestyles, screening and early detection of chronic diseases and cancers as well as curative, referral, rehabilitative and palliative services. These services should be affordable, user-friendly and supportive. Human resources and infrastructure should be improved to raise the quality of health care. Interventions should focus on maintaining independence and improving the quality of life for older people who live with some degree of illness and disability.

34. **Invest in appropriate human resources to meet the health needs of older persons.** In the African Region, health professionals are often unprepared to deal with the health care needs of older people. Member States should invest in appropriate health professionals both in numbers and skills to handle the health needs of older people. This should include defining basic competencies required of health workers in the area of health and ageing, and promoting the inclusion of ageing and health issues in pre- and in-service training.

Developing sustainable and equitable systems for providing long-term care

35. **Improve nutrition and social support for older people.** For older people living in poverty, malnutrition is one of the main factors contributing to disease and disability. In addition, they are subject to poor oral health and dental problems leading to difficult chewing and inflammation of the gums. All these factors, combined with poor diet quality, increase the risk of malnutrition. Yet, there are no specific nutrition programmes for elderly persons. Country-specific strategies to improve nutrition for older people should be implemented. Priority interventions may notably include: development of income-generating projects, introduction of universal old age pension and social support for older people.

36. **Implement gender-sensitive interventions.** Special social protection measures are required to address the feminization of poverty, in particular among older women. For effective interventions, developing age and gender-relevant poverty indicators will be a means of identifying the needs of poor older women. To be effective, interventions must recognize the specific impacts of ageing on women and men, and address the ways in which gender affects the individual's capacity and behaviour. It is therefore essential to ensure the integration of a gender perspective into all policies, programmes and legislation.

37. **Promote partnerships for a holistic and cross-sectoral approach.** Promotion and improvement of the health of the elderly population will need a multisectoral approach involving sectors such as social welfare, finance, health, law, education, urban planning and development, police and security, civil society, the media, the private sector including the older people themselves. This requires the establishment of a high-level national structure or body for coordinating the plan of action, monitoring the implementation of activities and indicating progress.

Measurement, monitoring and research for Healthy Ageing

38. ***Institute mechanisms for availability of information on older people.*** This should be integrated into national information systems and should be disaggregated by age and sex throughout the life course, and by important social and economic characteristics. This will allow governments to understand the needs of older people and facilitate prioritization in planning and monitoring progress. In addition, the information could further identify research needs on older people.

39. The Regional Committee is invited to review and adopt this implementation framework and the actions proposed.

ANNEX 1: REGIONAL INDICATORS AND TARGETS

Objectives	Indicators	Targets	Source of data
Commitment to action on Healthy Ageing in every country	- Number of countries that have formulated evidence-based policies and strategies on healthy ageing	30	Ministries of Health strategic plans on healthy ageing
	- Number of countries that have established units/departments for promoting healthy ageing programmes in the Ministry of Health and/or other relevant ministries	30	Organograms of Ministries of Health / or other relevant ministries
Developing age-friendly environments	- Number of countries with universal social protection	30	Government surveys and reports
	- Number of countries with new or updated national legislation and enforcement strategies against age-based discrimination.	30	National Laws
Aligning health systems to the needs of older people	- Number of countries that provide comprehensive assessments of the needs of older populations	30	Assessment reports
Developing sustainable and equitable systems for providing long-term care	- Number of countries with ageing-related competencies integrated in all health workforce curricula, such as geriatrics and gerontology skills and approaches	30	Curricula of health workers' training institutions
Measurement, monitoring and research for Healthy Ageing	- Number of countries that have established national databases for older people, including information on population, economic status, income, health profile, housing and others as appropriate.	30	National information system from Ministry of Health and other sectors

ANNEX 2: PRIORITY ACTIONS AND RESPONSIBILITIES

<i>Objectives</i>	<i>Priority interventions</i>	<i>Actions</i>	
Commitment to action on Healthy Ageing in every country	Increase political will and commitment	Identify/appoint government focal points for healthy ageing	
		Systematically involve older people in the development, implementation, monitoring and evaluation of all laws, policies and plans on ageing and health.	
		Develop, in collaboration with all relevant stakeholders national policies and plans to foster healthy ageing	
		Revise/mainstream ageing-specific laws and policies to foster healthy ageing	
		Allocate adequate resources to implement action plans whilst ensuring public resources are effectively managed to promote healthy ageing.	
	Combat ageism and transform understanding of ageing and health	Adopt evidence-based legislation against age-based discrimination and put in place related enforcement mechanisms.	
		Undertake communication campaigns, based on research on attitudes, beliefs and implications of ageism, to increase public knowledge and understanding of healthy ageing	
		Developing age-friendly environments	Encourage and support municipalities to take actions to become more age-friendly
			Ensure formal participation of older people in decision-making on policies, programmes, services that concern them.
			Tailor advocacy messages to particular sectors about how they can contribute to healthy ageing.
Improve family and community support for older people	Take action at all levels and in all sectors to foster key abilities including meeting basic needs such as measures to protect older people from poverty, ensuring that older women who are most commonly affected are supported		
	Support the development of older people's organizations		
	Promote physical and recreational activities	Encourage and support availability of older people mobility devices (walker, wheel chairs, etc) and safety footpaths	
Encourage and support municipalities to take action to become more age-friendly			
Aligning health systems to the needs of older people	Align health systems to the needs of the elderly	Assess national health systems' responses to ageing populations and develop plans for realignment	
		Sustainably finance the programmes, services and systems realignment necessary to foster healthy ageing	
		Ensure availability of medical products, vaccines and technologies that are necessary to optimize older people's intrinsic capacities and functional	

		abilities Ensure collaboration between sectors, most importantly between health and social services, to address the needs of older people
		Establish age-friendly infrastructure, service designs and processes
		Implement Universal Health Coverage strategies to reduce out-of-pocket payments, wherever possible, by extending population coverage, and widening the package of services that older people often need
		Adopt and implement WHO guidelines on integrated care for older people
	Invest in appropriate human resources to meet the health needs of older persons	Ensure geriatric and gerontological competencies are included in the curricula of all health professionals
		Ensure competencies on ageing (including those required for comprehensive healthy ageing assessments and integrated management of complex health care needs) of existing health professionals through pre- and in-service training
Developing sustainable and equitable systems for providing long-term care	Improve nutrition and social support for older people	Develop and implement national plans and strategies aiming at promoting healthy ageing and social well-being
		Ensure the development and implementation of national care standards, guidelines, protocols and accreditation mechanisms for person-centred integrated long-term care provision
	Implement gender-sensitive interventions	Develop age and gender relevant poverty indicators as a means of identifying poor older women
		Integrate a gender perspective into all policies programmes and legislation
Promote partnerships for a holistic and cross-sectoral approach	Establish a high level body for coordination of the plan of action and monitoring the implementation of activities related to healthy ageing	
Measurement, monitoring and research for Healthy Ageing	Institute a mechanism for availability of information on older people	Ensure national vital registration and statistics are disaggregated by age and sex throughout the life-course, and by important social and economic characteristics
		Encourage data sharing and linkages across sectors (such as health, social welfare, labour, education, environment, transportation)
		Conduct periodic, population based monitoring of older people including those in long-term care institutions
		Ensure older adults are meaningfully and statistically represented in population-based studies
		Strengthen research capacities and collaboration to address healthy ageing