

**REGIONAL COMMITTEE FOR AFRICA**

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Agenda item 15

**FRAMEWORK FOR IMPLEMENTING THE PRIORITY ACTIONS OF THE GLOBAL  
PLAN OF ACTION OF THE DECADE OF HEALTHY AGEING 2021–2030 IN THE  
AFRICAN REGION**

**Report of the Secretariat**

**EXECUTIVE SUMMARY**

1. Healthy Ageing is the process of developing and maintaining the functional ability that enables well-being in older age. It is assessed through three components, namely functional ability, intrinsic capacity, and environments. WHO's comprehensive response to population ageing and health is to promote healthy ageing over the life course. Based on the 2020 Global baseline report<sup>1</sup> on ageing, the Seventy-third World Health Assembly resolution called for a Decade of Healthy Ageing 2021–2030.
2. The Decade of Healthy Ageing was adopted by the Seventy-fifth United Nations General Assembly as a UN Decade<sup>2</sup>. It is framed around four action areas: (i) change how we think, feel and act towards age and ageing; (ii) ensure that communities foster the abilities of older people; (iii) deliver integrated care and primary health services responsive to older people; (iv) provide access to long-term care for older people who need it.
3. In 2016, the Sixty-sixth Regional Committee for Africa endorsed the implementation framework (AFR/RC66/19) for the Global strategy (WHA69.3). Member States have made progress in implementing priority interventions of the framework, but their health and social systems are at different stages. On average, 85% of the countries have received orientation in integrated care for older persons; 57% have put in place a mechanism or developed a national strategy on healthy ageing; 40% have national focal points dedicated to healthy ageing; 40% have established or designated multidisciplinary coordination committees; 23% have established or are putting in place long-term care policies; while 11% have started on the processes to create age-friendly environments.
4. However, national health and social systems that should foster healthy ageing in the African Region are beset by various issues and challenges, including ageism and other forms of discrimination towards older persons; shortage of resources; poor organization and management; weak governance; limited capacity for data and information; inadequate medicines, health commodities and supplies; and limited health and social service packages. Furthermore, the doubling of the proportion of older people from 10% to 20% will take a much shorter time in most African countries than in developed countries. Member States will therefore have a shorter timeline to adjust

<sup>1</sup> [https://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_17-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_17-en.pdf) (page 9 accessed 13 April 2021)

<sup>2</sup> United Nations Decade of Healthy Ageing (2021–2030). In: United Nations General Assembly Seventy-Fifth session. Agenda item 131: Global health and foreign policy. New York(NY): The United Nations; 2020 (<https://undocs.org/en/A/75/L.47>). (accessed 13 April 2021)

and establish the infrastructure and policies necessary to meet the needs attendant on their rapid demographic change.

5. Consequently, a framework for implementing the priority actions of the Decade of Healthy Ageing in the context of the SDGs in the African Region has been developed. The framework aims to: (i) provide guidance to and support Member States in developing policies and building collaborative multisectoral partnerships to combat ageism and promote age-friendly environments; and (ii) articulate priority actions to deliver and monitor person-centred and integrated clinical and long-term care that responds to the needs of older people, their families, and communities. It sets targets and milestones and defines priority interventions to guide Member States on ways of ensuring the delivery of quality health and social services to older persons.

6. The Regional Committee examined and adopted the priority interventions and actions proposed in the framework.

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## **ABBREVIATIONS**

GPW 13	WHO Thirteenth General Programme of Work, 2019–2023
NCDS	noncommunicable diseases
ICOPE	Integrated Care for Older People
UN	United Nations
UHC	universal health coverage
WHA	World Health Assembly
WHO	World Health Organization

## INTRODUCTION

1. Healthy ageing is the process of developing and maintaining the functional ability that enables well-being in older age. Functional ability combines the intrinsic capacity of the individual, the environment a person lives in, and how people interact with their environment. Intrinsic capacity comprises all the physical and mental capacities that a person can draw on. Environments are where people live and conduct their lives; they include the home, community, and broader society, and all the factors within them.

2. WHO's comprehensive response to population ageing and health is to promote healthy ageing over the life course, to leave no one behind. The Global strategy and action plan on ageing and health and the accompanying World Health Assembly resolution, among other things called on WHO to develop a proposal for a Decade of Healthy Ageing and to produce a global status report on healthy ageing to inform and provide baseline data for a Decade of Healthy Ageing. The Decade of Healthy Ageing (2021-2030) was endorsed by the World Health Assembly at its Seventy-third session and adopted as a UN Decade by the Seventy-fifth session of the United Nations General Assembly<sup>3</sup>.

3. The Decade is framed around four action areas that are all relevant to universal health coverage (UHC) and to the current COVID-19 context: (i) change how we think, feel and act towards age and ageing; (ii) ensure that communities foster the abilities of older people; (iii) deliver integrated care and primary health services responsive to older people; (iv) provide access to long-term care for older people who need it. It supports the realization of the 2030 Agenda for Sustainable Development and its global pledge to leave no one behind.

4. With birth rates dropping and people living longer, global life expectancy has doubled since 1900 and continues to rise.<sup>4</sup> The number of older people is growing fastest in Africa. However, at least 142 million older persons worldwide currently lack the ability to meet their own basic needs. The COVID-19 pandemic has disproportionately affected older people across the world and has further compromised already overstretched health systems.

5. With its four action areas supported by four cross-cutting enablers, the Decade offers the vision, plan, and potential for a new normal to emerge from the COVID-19 pandemic, one that better values, includes and protects older people and promotes their health, well-being, dignity, and rights.

6. The proposed framework is intended to guide Member States in the WHO African Region to adopt a whole-of-society approach to implementing the priority actions of the Decade of Healthy Ageing in the context of the SDGs and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa<sup>5</sup>.

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<sup>3</sup> United Nations Decade of Healthy Ageing (2021–2030). In: United Nations General Assembly Seventy-Fifth session. Agenda item 131: Global health and foreign policy. New York(NY): The United Nations; 2020 (<https://undocs.org/en/A/75/L.47>). (accessed 13 April 2021)

<sup>4</sup> United Nations Decade of Healthy Ageing (2021–2030). In: United Nations General Assembly Seventy-Fifth session. Agenda item 131: Global health and foreign policy. New York(NY): The United Nations; 2020 (<https://undocs.org/en/A/75/L.47>) (accessed 13 April 2021)

<sup>5</sup> African Union. Protocol to the African Charter on Human and people's rights on the rights of older persons in Africa, Addis Ababa, 2016

## CURRENT SITUATION

7. In 2016, the Sixty-sixth Regional Committee for Africa endorsed the implementation framework (AFR/RC66/19) for the Global strategy on ageing and health (WHA69.3)<sup>6</sup>. A progress report was submitted to the Seventieth Regional Committee (AFR/RC70/INF.DOC/1) showing among key achievements by December 2019 that about 85% of Member States had received orientation in integrated care for older persons (ICOPE); 57% had put in place a mechanism or developed a national strategy on healthy ageing; 40% had national focal points; 40% had established or designated multidisciplinary coordination committees; 23% had established or were putting in place long-term care policies; while 11% had started on the processes to create age-friendly environments.<sup>7</sup> The report also noted that over the previous three years, civil society and community-based organizations had emerged, and initiatives developed targeting and/or focusing on older people in many countries in Africa.

8. In 2020, for the first time in history, people aged 60 years and over outnumbered children aged under 5 years globally.<sup>8</sup> By 2050, one in five people<sup>9</sup> will be 60 years of age or older, there will be more than twice as many people aged 60 years and over as children under 5 years of age, and people aged 60 years and over will outnumber adolescents and young people aged 15–24 years. The number of older people is growing fastest in Africa, followed by Latin America, the Caribbean and Asia. Projections indicate that nearly 80% of the world's older population will live in less developed countries by 2050. There are around 54 million people aged 60 years and over in sub-Saharan Africa, representing 5% of older adults worldwide. This figure is projected to reach 67 million by 2025 and an unprecedented 163 million<sup>10</sup> by 2050.

9. The COVID-19 pandemic has disproportionately affected older people across the world and compromised the delivery of essential health services. By October 2020 in the WHO African Region, more than 17 000 people aged over 55 years had lost their lives to COVID-19, accounting for over 50% of COVID-19-related deaths in the Region<sup>11</sup>. Furthermore, the COVID-19 case fatality rate is over 5.8% in older people compared to 0.7% in people aged under 60 years. Unfortunately, the response provided by countries has not been specific to older people in the African Region.

10. The Baseline report on the Decade<sup>12</sup> of Healthy Ageing 2021–2030 launched by WHO in October 2020, aimed to identify existing data mapped to different aspects of healthy ageing – functional ability, intrinsic capacity, environments – and determine comparability across the widest number of countries. The report indicated that as of July 2020, three quarters of the world's countries had limited or no comparable data on healthy ageing or on older age groups, and this situation contributes to the non-visibility and exclusion of older people.

11. Furthermore, only 42 countries globally have data on either functional ability or intrinsic capacity, while environments, the third component of healthy ageing, were not assessed because of the limited number of nationally representative studies with comparative data. The report

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<sup>6</sup> WHO, Global strategy and action plan on ageing and healthy, Geneva, 2017.

<sup>7</sup> Document AFR/RC70/INF.DOC/1, Progress Report on the implementation of the global strategy and plan of action on ageing and health. In Seventieth Session of the WHO Regional Committee for Africa, 25 August and 24 November 2020, Final Report. Brazzaville, World Health Organization, Regional Office for Africa, 2020 (AFR/RC70/20)

<sup>8</sup> WHO, The Decade Baseline Report, Geneva, 2020 (accessed 13 April 2021)

<sup>9</sup> WHO, The Decade Baseline Report, Geneva, 2020 (accessed 13 April 2021)

<sup>10</sup> WHO, The Decade Baseline Report, Geneva, 2020 (accessed 13 April 2021)

<sup>11</sup> WHO/AFRO, Message of the Regional Director on the occasion of the International Day of Older Persons

<sup>12</sup> WHO, The Decade Baseline Report, Geneva, 2020 (accessed 13 April 2021)

estimated that 14% of older people were unable to meet some of their basic needs, including in sub-Saharan African countries such as Ghana and South Africa that provided data.

## ISSUES AND CHALLENGES

12. **Ageism and other forms of discrimination:** How we think, feel or act towards people based on their age – ageism – affects people of all ages, but has particularly deleterious effects on the health and well-being of older persons. Some existing laws, policies or programmes on health, employment (mandatory retirement) and lifelong learning discriminate directly or indirectly against older people and prevent their participation in, and access to benefits that would address their needs and rights.<sup>13</sup> Furthermore, older people, especially women, are victims of allegations of witchcraft, leading to stigmatization and collective acts of violence, which have been exacerbated during COVID 19 pandemic. The UN Global report on ageism, released in March 2021, found that globally, every second person in the world is believed to hold ageist attitudes, leading to poorer physical and mental health and reduced quality of life for older persons, costing billions of dollars each year<sup>14</sup>.

13. **Gaps in governance, leadership and management:** Governance structures contend with problems of limited oversight, planning and management capacity. For instance, whereas there has been development and progressive expansion of the policy and legal architecture on issues of ageing and older persons, only a few countries<sup>15</sup> have articulated the rights of older persons in their national constitutions or promulgated specific laws thereon. Moreover, there is lack of coordination and a multisectoral approach, with less than 50% of Member States in the Region having established or designated multisectoral and multidisciplinary coordination committees. Further, prioritization of funding to implement various policies, strategies and plans on healthy ageing remains a challenge.

14. **Paucity of age-friendly environments in cities and communities:** Despite overwhelming evidence<sup>16</sup> on the impact of the environment (housing, transport, social amenities, assistive technologies, etc.) on the health of older persons, the Region faces a general paucity of age-friendly environments in cities and communities. As of October 2020, none of the countries in the African Region were part of the WHO Global Network for Age-friendly Cities and Communities, which includes 1150 cities in 42 countries covering 260 million people.

15. **Inadequate alignment of health systems and emergency response:** In most countries of the Region, health systems remain unprepared to respond to the needs of older people, with critical gaps in the humanitarian context, including in COVID-19 response. Health care facilities do not deliver person-centred integrated care and primary health services responsive to older people. Older persons also face challenges and limitations with health care accessibility, affordability, equity, safety, and availability at community level. There is limited or no infrastructure adapted to older people's needs, and health professionals are poorly trained and insufficiently skilled to provide care to older persons.

16. **Inadequate long-term care systems:** Very few Member States<sup>17</sup> have public programmes or formal systems for caring for older persons. In addition, a decline of informal systems of social

<sup>13</sup> WHO, Global strategy and action plan on ageing and health, 2017 (accessed 13 April 2021)

<sup>14</sup> <https://www.who.int/news/item/18-03-2021-ageism-is-a-global-challenge-un>

<sup>15</sup> Burkina Faso, Gambia, Kenya, Namibia, Rwanda, Senegal, Seychelles, South Africa, Togo, Uganda, United Republic of Tanzania, Zimbabwe.

<sup>16</sup> Brasher K., Winterton R. Understanding the Community: An Age-Friendly Checklist, 2020

<sup>17</sup> Benin, Congo, Eritrea, Ghana, Namibia, Rwanda, Senegal, Seychelles, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zimbabwe.

protection in the form of support from both extended family and community due to rapid urbanization and migration of young people in the Region poses further challenges. In addition, the management of long-term chronic conditions and related disabilities requires considerable amounts of resources from governments, communities and families. This is exacerbated during emergencies and outbreaks, including the COVID-19 pandemic.

**17. The lack of data on healthy ageing or older age groups increases the non-visibility of older people's needs:** There is insufficient evidence and data to inform policy formulation, programme design and decision-making on issues of healthy ageing. Existing data from health information systems or from surveys are not disaggregated for persons aged 60 years or over, thereby limiting effective planning and actions to address the needs of older people in the Region.

## **VISION, GOALS, OBJECTIVES, MILESTONES AND TARGETS**

**18. Vision:** Everyone in the Region can live a long, healthy, and productive life.

**19. Goal:**

To foster healthy ageing and improve the lives and well-being of older people, their families, and communities.

**20. Objectives**

Within the context of the Decade of Healthy Ageing:

- (a) To provide guidance and support to Member States to develop policies and build collaborative multisectoral partnerships to combat ageism and promote age-friendly environments.
- (b) To articulate priority actions to deliver and monitor person-centred and integrated services and long-term care that responds to the needs of older people, their families, and communities

**21. Regional targets**

By 2030, at least **85%** of Member States would have:

- (a) Developed comprehensive national policies and costed plans 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 create a social and physical environment that fosters healthy ageing.
- (d) Developed indicators and metrics to monitor progress.
- (e) Developed a research agenda to address the information gap and support the needs of the healthy ageing programme.

**22. Milestones**

- (a) By 2022, at least 30 countries have established/strengthened programmes for a social and physical environment that fosters healthy ageing.
- (b) By 2023, at least 25 countries have contributed to the conclusion of the WHO GPW 13 and the Fourth Global Review of the Madrid International Plan of Action on Ageing and demonstrated the relevance of the triple billion indices to the collective effort to foster healthy ageing and accelerate impact on older people's lives.



- (c) By 2025, at least 40 countries have established/strengthened programmes to ensure care for older people.
- (d) By 2026, at least 30 countries have contributed to the mid-term review of the Decade and have increased visibility of older people in the SDG indicators and targets.
- (e) By 2029, at least 40 countries have contributed to the final review of the Decade.

## GUIDING PRINCIPLES

23. **Ownership:** Governments and their stakeholders will pursue an inclusive and participatory approach in planning and implementation to ensure country ownership.

24. **Equity and human rights:** The universality, inalienability, and indivisibility of the human rights of older adults as enshrined in global and regional statutes and in countries' constitutions will be upheld, including the enjoyment of the highest attainable standards of physical and mental health; an adequate standard of living; education; freedom from all forms of discrimination, exploitation, violence, and abuse, regardless of social, demographic or economic status, place of birth or residence or other equity determinants.

25. **People-centredness:** The design and delivery of services will take into consideration the needs and expectations of older people and their families and communities.

26. **Community empowerment:** All efforts will be made to ensure that communities have adequate information, knowledge, skills and opportunities to fully engage as equal partners in promoting the health and well-being of older adults.

27. **Multisectoral collaboration:** The involvement of other sectors is critical to addressing the social, physical and environmental determinants of healthy ageing, and in ensuring age-friendly cities and communities. Therefore, it will be important to foster alliances among partners to maximize impact on collective goals and improve alignment and coordination of interventions.

28. **Efficiency:** In the spirit of value for money, both the provision and use of services will be rationalized to ensure maximum output for the least amount of resource input.

## PRIORITY INTERVENTIONS AND ACTIONS

29. **Establishing national frameworks for action on healthy ageing:** Member States should identify government focal points for healthy ageing and systematically involve older people in the development, implementation, monitoring and evaluation of laws, policies and plans regarding older people. They should develop, in collaboration with all relevant stakeholders, national policies, strategies and plans to foster healthy ageing, establish mechanisms for coordination, accountability, monitoring and reporting across all relevant sectors. Furthermore, they should allocate adequate resources to implement policies and programmes while ensuring that public resources are effectively managed to facilitate healthy ageing.

30. **Changing how we think, feel and act towards ageing and older adults** Member States should strengthen policies and laws against ageism by adopting new instruments at the local, national or international level and by modifying existing instruments that permit age discrimination. They should raise community awareness on healthy ageing and prioritize educational campaigns to reduce ageism across all levels and types of education, from primary school to university, and in formal and non-formal educational contexts. They should also invest in intergenerational interventions which aim to foster interactions between people of different generations.

31. **Promoting age-friendly environments:** Member States should encourage and support municipalities to take action to become more age-friendly urban and rural environments. This should enable older people to demonstrate the abilities to age safely and contribute towards the development of their communities while retaining their autonomy, dignity, health, and well-being.

32. **Listening to diverse voices and enabling meaningful engagement of older people, family members, caregivers and communities:** Member States should develop mechanisms that enable older people to express their opinions, engage and influence discussions on health and well-being for themselves. Taking into consideration best practices and values of the African context and culture, Member States should draw on the perspectives of younger people, family members and caregivers to strengthen communities and systems that promote intergenerational solidarity. Furthermore, they should encourage and support civil society organizations, including associations for the elderly, to engage in the Decade of Healthy Ageing so as to leave no one behind.

33. **Ensuring quality person-centred integrated primary health care services responsive to older people including in the humanitarian context:** Member States should strengthen/reorganize primary health care to deliver accessible, affordable, equitable, safe and community-based care for older people, including during emergencies, such as the COVID-19 pandemic. Countries should develop service delivery models that promote healthy ageing and respond to the needs of older people by ensuring free access to quality health services. This should include prevention, promotion, curative rehabilitative and educational services. Older people should be prioritized in emergency response and be provided with life-saving COVID-19 treatments and vaccines. Prevention of risk factors of noncommunicable diseases as well as quality early treatment of NCDs should be strengthened in primary health care services.

34. **Providing long-term care:** Member States should build long-term care systems to help people to maintain the best possible level of functional ability consistent with their rights and dignity. This includes a range of services that address the health, personal care, and social needs of individuals. These include free access to quality rehabilitation, affordable assistive technologies, dental, palliative, dementia and other geriatric care within a supportive and inclusive environment.

35. **Enhancing the whole-of-society approach to healthy ageing:** Member States should connect sectors – health, social welfare, labour, employment, education, planning, finance, transport, environment, local government, food and agriculture, water and sanitation, information, communication technologies, human rights, gender, and others – in a coherent way, to ensure inclusion of healthy ageing in all policies. They should also involve nongovernment stakeholders, including civil society, academia and the private sector to effectively implement national policies that promote the rights and well-being of older people. This should include access to regular income while promoting the contribution of older people to a healthier society and development.

36. **Improving capacity for monitoring and evaluation of healthy ageing:** Systems should be put in place for generating good quality data on the action areas of the Decade of Healthy Ageing throughout the life course, which should include monitoring health and health-related inequality, to optimize healthy ageing and achieve health equity. Member States should ensure that national vital registration and statistics are disaggregated by age and sex throughout the life course, and by important social and economic characteristics. Furthermore, capacity should be built for analysis and utilization of data for decision-making to address identified gaps .

37. **Strengthening research capacities and innovation:** Efforts should be made to incorporate older people in all stages of research and innovation, including their needs and preferences. Member States should ensure older people are meaningfully represented in population-based studies and clinical trials. They should mobilize resources and strengthen partnerships to address research gaps in data, knowledge, innovations, etc. on healthy ageing (intrinsic capacity and functional ability). Furthermore, they should build national capacity to conduct research and synthesize findings for use in evidence-based policy formulation.

38. **In addition to supporting the above interventions, WHO** should provide technical support to equip programme managers, health and social workers, including communities with the skills and competencies needed to develop integrated care for older adults and age-friendly environments. This could be done through access to relevant training such as the Healthy Ageing for Impact in the 21<sup>st</sup> century leaders training course

39. **Other partners including the African Union** should jointly support resource mobilization and implementation of national policies and plans on healthy ageing. They should support expanding and developing the regional network of age-friendly cities and communities. Civil society organizations should enhance engagement of older people and communities and build their capacity to increase community demand and accountability. The contribution of the private sector should be enhanced through a public-private partnership approach.

40. The Regional Director shall report to the Regional Committee on progress of implementation of the framework after every three years.

#### **ACTION PROPOSED**

41. The Regional Committee examined and adopted the proposed actions.

**ANNEXES****1. Regional milestones and targets**

#	Milestone	Year of progress/ number of countries			
		2020 (baseline)	2023	2026	2030
1	Countries have assessed the health needs of older persons	5 <sup>18</sup>	20	35	40
2	Countries have developed a comprehensive national policy and costed plan to improve healthy ageing using the PHC approach	23 <sup>19</sup>	30	35	40
3	Countries have established/strengthened programmes to ensure care for older persons, including social and physical environments that foster healthy ageing and functional ability	N/A	20	30	40
4	Countries have established national mechanisms to regularly monitor and report progress on national, regional, and global progress indicators	N/A	20	30	40
5	Countries have developed a research agenda to support the needs of the healthy ageing programme	N/A	10	20	40

<sup>18</sup> Botswana, Burundi, Cameroon, Eritrea, Nigeria

<sup>19</sup> Algeria, Benin, Burkina Faso, Botswana, Cabo Verde, Madagascar, Mauritius, Niger, Nigeria, Mozambique, Rwanda, Congo, Senegal, United Republic of Tanzania, Zambia, Zimbabwe.

**2: Global progress monitoring indicators and 2020 values (African Region)<sup>20\*</sup>**

#	Indicator	# of countries
1	Number of countries with a focal point on ageing and health in the ministry of health	21
2	Number of countries with national policies, strategies and plans aligned with healthy ageing	17
3	Number of countries with a national multistakeholder forum or committee on ageing and health	19
4	Number of countries with national legislation and enforcement strategies against age-based discrimination	12
5	Number of countries with legislation/regulations that support older people to access assistive devices from the WHO priority assistive products list	6
6	Number of countries that have a national programme to support activities in line with the WHO Global Network for Age-friendly Cities and Communities	8
7	Number of countries with national policies in place to support comprehensive assessments of the health and social care needs of older people	6
8	Number of countries that have a long-term care policy/plan/strategy/framework	13
9	Number of countries with cross-sectional, nationally representative, anonymous individual-level data on older persons and their health status and needs in the public domain	5
10	Number of countries with longitudinal, nationally representative surveys (cohort or panel) on older persons and their health status and needs available in the public domain	3

\* Some countries in the Region did not respond to some questions during the 2020 survey due to various reasons including the COVID-19 pandemic that saw the repurposing of many staff in ministries of health and partner organizations.

<sup>20</sup> WHO, The Decade Baseline Report, Geneva, 2020. (accessed 13 April 2021)