



Decade
of healthy
ageing

CONNECTION SERIES: 2

The 2030 Agenda for Sustainable Development and the UN Decade of Healthy Ageing 2021-2030

September 1, 2021 [version 1]

In periodic, themed advocacy papers, this Decade Connection Series is intended to strengthen understanding of the links between the Decade of Healthy Ageing and cross-cutting global issues.

On 16 December 2020, the Member States of the United Nations [UN] system proclaimed 2021–2030 as the UN Decade of Healthy Ageing [General Assembly Resolution 75/131], following endorsement of a proposal by the Seventy-third World Health Assembly on 3 August 2020. The UN Decade of Healthy Ageing is aligned with the 2030 Agenda for Sustainable Development and its call to leave no one behind. It builds on and complements the Madrid International Plan of Action on Ageing [MIPAA] of 2002.

A plan for the Decade of Healthy Ageing includes **a voluntary work programme** for use by governments and other stakeholders, as appropriate, and is intended to be a living document.

The **vision** of the Decade of Healthy Ageing is a world in which all people live longer, healthier lives. It is intended to be a global collaboration, bringing together diverse sectors and stakeholders in governments, civil society, international organizations, professionals, academia, media and the private sector.

The Decade's **four interconnected action areas** are:

- changing how we think, feel and act towards age and ageing;
- developing communities in ways that foster the abilities of older people;
- delivering person-centred, integrated care and primary health services that are responsive to older people; and
- providing older people access to long-term care if they need it.

The target readership for the advocacy briefs in the Decade Connection Series includes leaders and influencers in Member States, the UN system [particularly UN country teams], international organizations and civil society networks.

In our fast-changing, complex world, the Decade must remain relevant, agile, country-focused and person-centred. We hope that the briefs in the Series will help stakeholders to reflect on current and emerging global cross-cutting issues and their implications for ageing. Readers are encouraged to find out more by exploring the Decade platform and WHO Decade's baseline report [2020].



WHO defines "**healthy ageing**" as "**the process of developing and maintaining the functional ability that enables well-being in older age**".

"**Functional ability**" consists of the capabilities that enable all people to be and do what they have reason to value. It refers to people's ability to: meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute to society. Functional ability is the intrinsic capacity of the individual to interact with relevant environmental characteristics.



Please send any feedback on this advocacy brief to:

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For more information on the *Decade*, please visit:

<https://www.decadeofhealthyageing.org> and

<https://www.who.int/initiatives/decade-of-healthy-ageing>

Agenda 2030 and the UN Decade of Healthy Ageing

The 2030 Agenda for Sustainable Development [A/RES/70/1] [1], adopted by all Member States at the United Nations [UN] General Assembly in 2015, is a shared blueprint for our future as humans and the future of our home, planet Earth. It sets out a universal plan of action for achieving sustainable development in a balanced manner. The central concept is leaving no one behind, ensuring that people of all ages in all segments of society can reach their potential and lead a life of dignity in fulfilment of their human rights. The concept focuses on the most vulnerable [2].

Agenda 2030 is best known for the Sustainable Development Goals (SDGs), an ambitious set of 17 goals and 169 targets defined during an unprecedented dialogue among UN Member States, local authorities, civil society, the private sector and other stakeholders. They recognize that ending poverty and other types of deprivation must go hand-in-hand with strategies to improve health and education, reduce inequalities and spur economic growth, while tackling climate change, preserving oceans and forests and restoring biodiverse ecosystems for all life on our planet to thrive and not just survive. They consist of an "indivisible intertwined tapestry of thinking and action, relevant for every human being everywhere" [David Nabarro, Under-Secretary-General, Special Advisor on 2030 Agenda] [3].

Underpinning the SDGs are the "5 Ps", basic values laid out in the preamble to Agenda 2030. The five values are: **people** – a thriving society; **prosperity** – a prosperous economy; **the planet** - healthy ecosystems and environments; **peace** – ethics and justice; and **partnership** – collaboration and collective action [Fig. 1]. As the core of humanity's journey towards genuine sustainability [4], these values must be applied to all global and national commitments, including for *Healthy Ageing* and the UN Decade of Healthy Ageing [5]. The preamble also highlights "a spirit of strengthened global solidarity, focused in particular on the needs of the poorest and most vulnerable and with the participation of all" [6, 7].

Based on the 5 P values, this advocacy brief highlights connections among the four action areas of the UN Decade of Healthy Ageing and Agenda 2030. This approach is driven by values rather than technical or sectoral considerations. It is particularly relevant in the context of the COVID-19 pandemic, with emerging declarations and ambitions to "build back fairer" [8]. The 5 Ps apply to all the goals, directing attention to transformative intersectoral approaches for local contexts. During the Decade, every sector and stakeholder group can contribute simultaneously from their perspectives [9] while potentially influencing others, as the action areas are interconnected.

Connections to be made between the Decade and the 5 P values of Agenda 2030

- The Decade is centred on **people** in the second half of their lives. It proposes actions that will improve both the lives of older people and the situation for future generations.
- Many systemic inequities limit **prosperity** and intersecting discrimination, including according to age.
- Without a healthy **planet**, healthy ageing will be difficult to achieve for people in the second half of their lives and for the generations that follow. Climate change is already widening existing wealth- and age-related divides [10].
- **Partnerships** that go beyond the usual coalitions and strengthen global solidarity [11] are essential for attaining the SDGs.
- Actions to foster healthy ageing will contribute to building more inclusive, just, **peaceful** societies.

The 2002 Madrid International Plan of Action on Ageing (MIPAA) [12] is the main guiding document for building societies for all ages. The political declaration is a commitment by governments to take a rights-based, development-centred approach to population ageing, focusing on three priorities: [1] older people and development; [2] advancing health and well-being into old age; and [3] ensuring enabling, supportive environments. The MIPAA is reviewed and appraised regularly at national, regional and global levels, as mandated by the UN General Assembly and the UN Economic and Social Council, with clear reference to the SDGs and related indicators. The links between the MIPAA and the UN Decade of Healthy Ageing will be described in a future brief in this Connection series.

This advocacy brief was developed in partnership with the WHO secretariat and 20 members of the Inter-Agency Group on Ageing [13] in the spirit of the 2018 UN reform [14]. The brief complements the [forthcoming] Titchfield City Group Report on making older people visible in the SDG indicators, which illustrates how national statistical offices around the world report and use information. With the SDG Index and Dashboards reports [15], which describe country performance in achieving Agenda 2030 and the SDGs, the brief will provide guidance to UN agencies and country teams in developing, implementing and monitoring common country assessments and UN sustainable development cooperation frameworks.

Spurred by the challenges emerging during the **COVID-19 pandemic**, the UN system [16] will mobilize more worldwide action and solidarity for positive change by strengthening UN country teams, agency country offices, regional mechanisms and the framework of the UN Decade of Action [17] on the SDGs. This must include support for adapting and implementing guidance to address the needs, preferences and rights of the world's diverse older people now and for age-friendly, inclusive systems that will serve older generations in the future.

Figure 1: The 5 Ps of Agenda 2030



Action area 1. Changing how we think, feel and act towards age and ageing

What this means¹ Ageism refers to stereotypes [how we think], prejudice [how we feel] and discrimination [how we act] towards others or ourselves according to age. Ageism affects people of all ages but has particularly deleterious effects on older people [18].

PEOPLE
Thriving society



Relevance: A thriving society and the promise of the UN Decade of Healthy Ageing can be fully realized only if ageism is recognized as a social determinant of health and addressed accordingly [19]. As many older people actively contribute to their societies and economies through paid work, unpaid care work and volunteering, improving their access to education and lifelong learning, good health and nutrition, food security and gender equality are all crucial. Ageism can impede progress. For example, some older people can fall into poverty because of ageism; ageism can negatively affect equal access to drugs and services and clinical research on prospective therapies; and, in the area of statistics, use of a single age group of 60 or ≥ 65 years disguises the wide diversity of older people, and the concept of "dependence"² in old age can mislead and stigmatize.

Examples of what can be done: Ageism should be combatted in all policies, institutions, data and programmes in multiple sectors. The Global Report on Ageism [18] recommends implementation of three strategies to address ageism: [1] policies and laws with relevant enforcement measures, such as anti-age discrimination in labour markets and programmes to encourage the employment of older people, as stipulated in the MIPAA; ensuring that ageism is not reinforced in the ways that services are delivered, such as basing access to services on chronological age; [2] educational activities to foster empathy and dispel misconceptions about age and ageing at all levels and in all types of education; and [3] interventions that bring older and younger people together. The intersections between age and other social categories and the drivers of stereotypes, prejudice and discrimination, particularly gender, should also be considered [17]. For example, older women may be vulnerable to food insecurity, malnutrition and lack of care in humanitarian emergencies if younger people are prioritized.

PROSPERITY
Prosperous economy



Relevance: Population ageing presents many opportunities for social and economic development if the full potential of older people is harnessed. Ageism can negatively affect people's access to and options for employment, career advancement and appraisal. Older peoples' access to decent work [20], social protection and assistance, including old age pensions, are all relevant to economic growth, prosperity and equality.

1 The introductory sections "What this means" for all four action areas are based on the *Decade of Healthy Ageing* [5].

2 The old-age dependence ratio is the number of older people (aged ≥ 60 or ≥ 65) in relation to the number of working-age adults (aged ≥ 15 or 25).

Examples of what can be done:

The prosperity of older people and their families can be supported by: robust systems to create employment opportunities for older people; elimination of age-related barriers to decent employment and financial instruments (including flexible work contracts and retirement policies,³ credit and loan schemes, insurance, e-commerce and e-banking [21]); and addressing individual and institutional ageism by creating age-inclusive work environments by workforce mix and training and raising the awareness of employers about ageism. Age-friendly technologies, including accessible digital and information and communication technology [ICT] [22], contribute to age-inclusive work environments and reduce the intergenerational digital divide. Reduction of inequality should focus on the intersection between ageism and sexism and other types of discrimination. Although many older women contribute substantially to national economies, their limited participation in the paid workforce has cumulative negative consequences, including greater risks of poverty due to limited access to or low pensions [23].

PLANET

Healthy ecosystems and environments



Relevance:

All people everywhere, without discrimination, including that based on age, need access to clean water and sanitation and to live in a sustainable biosphere (life on land, below water and in the oceans) characterized by responsible consumption and production. All older people continue to consume goods and services, and many are involved in production well into later life. Many are also visible in climate action.

Examples of what can be done:

Older people must be heard, seen and included in developing, implementing and monitoring policies, programmes and research for the planet-related SDGs. Any exclusion of people from involvement in such work due to age should be challenged and countered [24].

PEACE

Ethics and justice



Relevance:

Progress in achieving all SDGs will require ending all forms of discrimination, including that based on age, as discrimination is incompatible with equity and human rights. Pervasive stereotypes of older people as uniformly frail, burdensome and dependent limit society's ability to appreciate and release their potential human and social resources. This undermines intergenerational solidarity and dialogue and threatens inclusive, just societies, to the detriment of all

Examples of what can be done:

In all settings, social exclusion and isolation of older people must be acknowledged and reduced to eliminate negative stereotypes, prejudice and discrimination due to age and reduce neglect, abuse and violence against older people, including during war, conflict and humanitarian emergencies.

PARTNERSHIP

Collaboration and collective action



Relevance:

Ageism is widespread, including in institutions and governance mechanisms and in systems for service and benefit provision in all sectors, including the workplace.

Examples of what can be done:

Partnerships among intersectoral stakeholders (government and nongovernment) at all levels should be strengthened or initiated to build anti-ageist societies through concerted, collaborative policies, programmes and practices. Partnerships with the media and the entertainment industry are also important to ensure a balanced view of ageing. The Global Campaign to Combat Ageism [25] is an opportunity to leverage partnerships to combat ageism, as are the MIPAA periodic reviews. New partnerships should be fostered to make institutions and systems inclusive, to combat ageism and to empower older people to achievements that previous generations could not have imagined.

³ Combined with legal entitlements to adequate old-age pensions, provided social insurance and tax-funded minimum social pensions are effective in securing income security for older people and their households, reducing the risk of poverty for older people and their families [SDG target 1.3.1]

Action area 2. Developing communities in ways that foster the abilities of older people

What this means Age-friendly cities and communities are physical, social and economic urban and rural environments that enable older people with different capacities to: age safely in a suitable place, be included and participate, have access to affordable, accessible services, develop personally and professionally and contribute to their communities while retaining their autonomy, dignity, health and well-being.

PEOPLE

Thriving society

Relevance: Age-friendly settlements and living conditions are key to enabling people to live long, healthy lives by maximizing their intrinsic capacity and functional ability throughout the life-course and influencing personal choices that affect their health and well-being. Poverty, characterized by income insecurity, educational deficits, malnutrition and gender inequality, is a major threat to older people's health and well-being. It affects their independence, opportunities to participate in social and economic life and the cost and burden of health and social care to the family and limits the possibility of ageing at home.

Examples of what can be done: Age-friendly policies, systems, services, information, products and technologies remove barriers for older people to continue to do what they value as they age and improve the fit between their needs and lived environments. A national social protection scheme that guarantees that every older person has a secured income, from social insurance or a tax-funded minimum social pension, will prevent them from falling into poverty, alleviate their financial dependence on family members [and thus the risk of wider poverty] and ensure their financial autonomy and dignity [24]. Life-long learning opportunities and affordable, accessible in "smart" digital cities and rural and remote communities will help to ensure that the needs and abilities of older people and those with disabilities [26] are included and addressed. Healthy behaviour [not smoking or drinking alcohol to excess, eating a healthy diet, being physically active] should be promoted in order to postpone dependence and decreased intrinsic capacity.

PROSPERITY

Prosperous economy

Relevance: Clean energy, decent work in a safe environment, adequate transport and infrastructure, less inequality and sustainable cities and communities promote economic growth and healthy ageing everywhere. These attributes shape older people's mobility, their opportunities to contribute to local social life and economic activities and their access to services, adequate housing, support, ICT and safety. Older people in poor health work less, earn less and retire earlier than those in good health.

Examples of what can be done: Flexible retirement policies and access to vocational training and re-training, including in digital skills [27], will be necessary for older people to remain in the workforce if they wish. An enabling legal framework should ensure a smooth transition between employment and retirement with an adequate pension at the pace desired by each older person, without material or structural barriers to their participation. Barriers to healthy behaviour and choices [such as high crime rates or dangerous traffic] should also be addressed. Affordable housing, accessible workplaces and safe, accessible transport, roads and pavements will all be necessary, as will appropriate, accessible assistive ICT [28] and digital innovations for healthy, independent ageing and management of health conditions [29]. The intersection of older people's lived experiences with disability, gender and ethnicity should be acknowledged and addressed.

PLANET

Healthy ecosystems and environments



Relevance:

Health is strongly associated with access to clean water and sanitation, healthy oceans and biodiverse habitats for livelihoods [30] and recreation, and sustainable production and consumption. Because of decreased mobility, changes in physiology and limited adaptive capacities, many older people are disproportionately affected by extreme weather events [heat [31], cold, floods]. Many are at greater risk of adverse health effects from exposure to air pollution [causing or exacerbating respiratory conditions] [32]. Climate-related migration and displacements are likely to leave many older people behind [24].

Examples of what can be done:

Protecting and preserving the source of human health – nature [33] – will be key to healthy ageing everywhere. Intersectoral and interdisciplinary approaches should focus on the convergence of the health of humans, animals and ecosystems. Many older people, particularly in indigenous communities, actively contribute to protecting and preserving biodiverse ecosystems and have essential traditional knowledge [34]. Investment in clean water and sanitation services, green energy and more accessible, safe green spaces are necessary to ensure more liveable cities with less air pollution and fewer road traffic injuries. Advocates of healthy ageing of all ages can make more explicit links with climate change, pollution, ecosystem degradation and environmental change [35].

PEACE

Ethics and justice



Relevance:

Age-friendly environments help to shape and sustain inclusive societies by providing the contexts necessary for healthy ageing and well-being.

Examples of what can be done:

Institutions in cities and communities should increase understanding of healthy ageing among stakeholders. Legislation and policies for meaningful engagement of older people in all aspects of city and community life should be encouraged. In all settings, barriers to participation should be reduced, intergenerational solidarity strengthened, ageism combatted and neglect, abuse and violence against older people eliminated.

PARTNERSHIP

Collaboration and collective action



Relevance:

Government sectors, businesses and civil society that address food, health, care, transport, housing, labour, energy, social protection and ICT all contribute to the collaboration in cities and communities that is necessary for healthy ageing.

Examples of what can be done:

Collective action by many stakeholders is necessary. These include older people and their organizations, mayors and other elected municipal leaders, indigenous leaders, young people's and women's associations and community development groups and networks. Such collaboration can result in appropriate infrastructure, identification of barriers and solutions for healthy ageing, including during crises. Existing partnerships include the WHO Global Network for Age-friendly Cities and Communities [36], the Global Health Observatory's dementia-friendly initiative [37], the Healthy Ageing Centres of the UN Population Fund in eastern Europe and Central Asia [38] and the Global Partnership for Universal Social Protection [39].

Action area 3: Delivering person-centred, integrated care and primary health services responsive to older people

What this means Primary health care⁴ is the most effective, efficient approach for improving the physical and mental capacity and well-being of individuals of all ages [40]. Person-centred primary health care, with community partners, should be integrated in all settings at all levels, including for clinical management, and linked to long-term and specialized care.

PEOPLE
Thriving society

Relevance: Despite strong commitments by Member States to universal health coverage (UHC), access to adequate, affordable health and social care is not yet a reality for half of the world's population. This particularly affects people with greater needs and vulnerability, including older people in poor health. Opportunities for healthy ageing and access to the necessary services, support and ICT [27] in homes and communities are strongly influenced by poverty, hunger and food insecurity, co-morbidity, lack of access to social protection [41],⁵ little formal education or lifelong learning, gender inequality and other intersectional drivers of inequality such as ethnicity.

Examples of what can be done: Health and social systems and service delivery must be transformed for healthy ageing, maintaining independence, avoiding hospitalization and improving the quality of life, without creating a financial burden that can push older people and their households into poverty. Transformation is necessary from a focus on diseases to provision of integrated, affordable, person-centred care, with community support for complex and chronic health needs [including dementia [36, 42], stroke, chronic obstructive pulmonary disease, visual impairment and reduced mobility and hearing]. Primary health care for older people should integrate prevention, health promotion and disease management with effective coordination of both multidisciplinary health and care [horizontal] and of primary, secondary and tertiary health and care [vertical]. This will require investment in health and social systems, essential medicines, vaccines, diagnostics, digital assistive technologies and ICT [27] [e-health and telemedicine]. A competent health and care workforce with appropriate skills to deliver essential services to older people in both urban and rural settings should be supported by relevant training and decent working conditions. To identify and address inequalities and promote health equity, data on intrinsic capacity and functional ability should be collected, analysed and reported, disaggregated by age, sex and other intersectional variables.

PROSPERITY
Prosperous economy

Relevance: Adequate pay and decent working conditions are important for older people who need or want jobs [including in health and social care] and contribute to broader economic growth. With social protection, jobs will influence the share of household expenditure or income spent on health and social care and/or family care-giving, especially by women, without imposing a financial burden, which is the cornerstone of both UHC and universal social protection [39].

4 Primary health care is non-discriminatory access to good-quality essential health services that include prevention, promotion, curative, rehabilitative and palliative care, end-of-life care and safe, affordable, effective, good-quality essential medicines, vaccines and health technologies, without imposing undue financial hardship. It is the cornerstone of universal health coverage.

5 ILO's Recommendation No. 202 on national floors of social protection [2012] provides a practical, effective framework within which most countries may review and strengthen, specifically, their pension systems, but within the broader objective of adequate social protection throughout the life-cycle.

Examples of what can be done:

For healthy ageing, policies and evidence-based actions are necessary to reduce the inequity faced by older people in all sectors. Data should be collected and disaggregated, and existing data analysed by age, sex and other social characteristics [such as income, ethnicity, indigenous status, disability] to identify patterns of social differences and to monitor inequality and social gradients for older people. ICT can play an important role in data collection, monitoring and evaluation [43]. Attention should be paid to those at greatest risk of being left behind, with effective financial protection for older people in lower socio-economic quintiles. Policies will be required to increase investment in and innovations and incentives for clean energy in health and care settings and in other occupational settings

PLANET

Healthy ecosystems and environments



Relevance:

As outlined in action area 2, many older people are at greatest risk of the effects of climate change. This will increase the demand for responses in all health and social care systems.

Examples of what can be done:

All stakeholders involved in healthy ageing should highlight the importance of climate change, its impacts on older people and the implications for their access to health and social care. Evidence-based actions for responsible consumption and production, climate change and One Health should be emphasized. Health and care workers should have access to capacity-building to understand the susceptibility of older people to climate change and to prevent and manage the effects. Health-care institutions should ensure adequate clean water and sanitation on their premises.

PEACE

Ethics and justice



Relevance:

Ensuring the dignity and non-discrimination of people of all ages in inclusive health settings is consistent with a human rights-based approach to health and will contribute to the strong, just institutions necessary to foster peace.

Examples of what can be done:

Organizational arrangements and practices should involve all age and population groups and the civil society organizations that advocate for them. Age-friendly societies and systems should be created, with fair, inclusive, participatory, intergenerational decision-making.

PARTNERSHIP

Collaboration and collective action



Relevance:

Partnerships to deliver person-centred, integrated primary health care that is responsive to older people as a component of UHC can build a healthier world [44].

Examples of what can be done:

Countries could use existing and new partnerships to advance healthy ageing. One example is the "Global Action Plan for Healthy Lives and Well-being for All" [45], a partnership of 13 multilateral health, development and humanitarian agencies that supports countries in achieving the health-related SDGs. Partnerships of diverse groups of older people, their communities and non-health sectors will be key for stronger person-centred, integrated care and primary health services responsive to older people.

Action area 4: Providing older people with access to long-term care when they need it

What this means Some people reach a time in their lives when they need care and support to live independently. When people experience significantly decreased physical and mental capacity, access to good-quality long-term care, including palliative care, is essential to maintain their functional ability, consistent with their basic human rights, freedom and human dignity. Long-term care must be part of health and social care systems and respond accordingly.

PEOPLE
Thriving society



Relevance: Healthy ageing is fundamental to progressive achievement of UHC and includes long-term care. Many older people are at increased risk of severe illness and death from underlying conditions. Even before COVID-19, social and health services poorly integrated long-term care systems, which were fragmented, under-resourced and neglected. Many older people have unequal access to services and support in their homes and communities, often because of their gender, ethnicity, level of education or disability or economic status. In many countries, even when such services are available, they are not financially accessible to many older people and their families.

Examples of what can be done: Health and social care services must be better integrated to ensure a continuum of long-term care. A broad range of services [including assistive care, day care and respite care] should be provided within the continuum of promotion, prevention, treatment, rehabilitation and palliation. Long-term care should include affordable access to the Internet, assistive digital technologies and inclusive environments to improve the functional ability and well-being of those who require care. Long-term care systems and solutions should support caregivers, carers and care workers, ensuring gender equality and equity. Models of home and community care should be promoted, as long-term care does not have to be institutionalized. Securing legal entitlement and effective access to adequate long-term care without hardship is crucial and should be coordinated with work to secure adequate pensions [46].

PROSPERITY
Prosperous economy



Relevance: Current approaches to long-term care rely heavily on the provision of informal care, predominantly by families and notably by women [47], although their contributions to society and the economy are not recognized in the same way as paid work. Informal carers often lack the necessary financial support and social protection, making them vulnerable to poverty, stress and long working hours without respite, which jeopardize their own access to an adequate pension in old age, affect their physical and mental health and adversely affect the quality of the long-term care they give to older people. This inequitable care model is unsustainable, given the rapidly ageing demography worldwide.

Examples of what can be done:

A comprehensive approach to long-term care systems should take into consideration the different conditions and vulnerability of older people and integrate approaches for addressing complex multi-morbidity. Financing for long-term care will be crucial and might include adding long-term care to social insurance. Decent working conditions should be ensured in all services, with the necessary resources and recognizing and adequately paying for the contributions of informal care workers and unpaid caregivers. The long-term care workforce should be healthy, feel valued, receive the necessary training and support [including for addressing ageism and elder abuse in care provision], opportunities for respite, information and flexible working arrangements. Cities and communities should be designed to include digital accessibility and standards to ensure that their long-term care services and facilities know about and adhere to health-promoting standards and governance of accommodation [48]. Data on long-term care facilities and on those who receive long-term care at home should be better disaggregated, with information on their legal entitlements. Older women, indigenous older people, older people with disabilities and older refugees and migrants should be included in work to reduce inequalities in long-term care provision. As we live increasingly in digital environments, requirements for access to ICT are important to ensure the inclusion of communities.

PLANET

Healthy ecosystems and environments



Relevance:

Older people in long-term care may have limited mobility and changed physiology, cognition and psychology, making them vulnerable and less adaptable to climate extremes and other environmental stresses, such as air pollution.

Examples of what can be done:

Age- and environment-friendly environments for long-term care and services will be necessary, including digital access and adequate clean water and sanitation. Resources will be necessary for various systems.

PEACE

Ethics and justice



Relevance:

Access to good-quality long-term care is not only essential to maintain functional ability but also enables older people to enjoy their basic human rights and live with dignity, which are prerequisites for just, peaceful societies, including communities and institutions.

Examples of what can be done:

Organizational arrangements and practices should ensure inclusive processes, with participatory, intergenerational, interdisciplinary decision-making.

PARTNERSHIP

Collaboration and collective action



Relevance:

Delivering long-term care that is responsive to older people requires partnerships among health and social sectors and others. As long-term care is a fundamental service for the health and well-being of older people, it should be provided as a part of UHC by multiple stakeholders [44].

Examples of what can be done:

Through opportunities such as the SDG3 Global Action Plan [see action area 3], countries can ensure advocacy, investment, capacity-building and actions for long-term care with more human and financial resources. Collaboration and collective action among leaders and policy-makers for older people, their caregivers and families, nongovernmental organizations, volunteers, community networks and the private sector should be encouraged and supported in the design, evaluation and monitoring of long-term care policies, programmes and research.

These four action areas of the Decade will be implemented through **four "enablers"**.

1

Listen to diverse voices and ensure meaningful engagement of older people and their family members, caregivers and communities:

The voices, engagement and empowerment of older people in all 5 P values of Agenda 2030 should be supported. This "bottom-up" approach is also emphasized in regular national and regional reviews of the MIPAA.

2

Nurture leadership and build capacity at all levels to take appropriate, integrated action among sectors:

The Decade's platform [49] will contribute to addressing the gaps through, for example, raising awareness, providing guidelines to policy-makers and other stakeholders, developing capacity-building resources and promoting learning to encourage peer support networks and strengthen partnership among all sectors to address all 5 P values.

3

Connect diverse stakeholders around the world so that they can share and learn from each other's experience:

Strengthened collaboration, including in "knowledge development" workshops and events for sharing challenges, experiences and good practices between stakeholders in different sectors, settings and levels will support all 5 P values of Agenda 2030. Close collaboration with other UN entities, especially those involved in follow-up and review of the 2030 Agenda and the MIPAA at national, regional and global levels, will avoid duplication of work and ensure synergy.

4

Strengthen data, research and innovation to accelerate implementation:

Older people should be made more visible by disaggregation of all relevant data according to age and other intersectional categories in all 5 P values of Agenda 2030.

The global, multisectoral and multi-stakeholder framework of this advocacy brief is based on the **5 P values** of Agenda 2030, through which the UN Decade of Healthy Ageing can advance the **advocacy, actions, investment and capacity necessary to foster healthy ageing**.

The UN Decade of Healthy Ageing gives the world a timely opportunity to develop interlinked trajectories to ensure gains in the 5 Ps for transformative, inclusive, sustainable development.

The world is facing increasingly complex, intertwined challenges, exacerbated by the COVID-19 pandemic.

More collective, connected action and leadership are required from all quarters — citizens and governments at every level, the public and private sectors, nongovernmental organizations, academia and philanthropy. Through its prioritized action areas and enablers, the UN Decade of Healthy Ageing, in the context of the 2030 Agenda and the MIPAA, can contribute to the sustainable development of current and future generations in the countdown to 2030.

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Acknowledgements

This brief was produced by the Demographic Change and Healthy Ageing Unit and the Ageing and Health Unit at the World Health Organization [WHO] headquarters, and focal points for ageing in the Pan American Health Organization and the WHO Regional Office for Europe. Contributions were also received from members of the United Nations Inter-Agency Group on Ageing [IAGA], specifically the International Labour Organization [ILO], the International Telecommunication Union [ITU], the United Nations Department of Economic and Social Affairs [UNDESA], the United Nations Economic and Social Commission for Asia and the Pacific [ESCAP], and the United Nations Population Fund [UNFPA].

