

WEBINAR **SERIES**



**Promoting
health throughout
the life-course
during the
COVID-19
pandemic**

Webinar-2: Promoting Healthy Ageing in the COVID-19 era

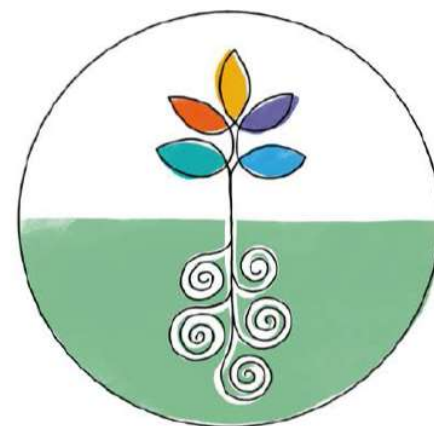
Promoting Healthy Ageing in old age: a preview of the World Health Organization's Baseline Report for the Decade of Healthy Ageing



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High-level messages:

- **42 of 194 Member States with limited, comparable, cross-sectional information on healthy ageing**
- **About 14% of older adults do not have their basic needs met, a key component of functional ability**
- **10 of 10 progress indicators endorsed by Member States see some improvements between 2018 and 2020 including SEA region**
- **Cases and examples underline importance of learning and evaluation to accelerate impact over next 10 years**

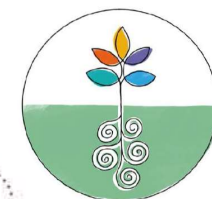


DECADE OF HEALTHY AGEING

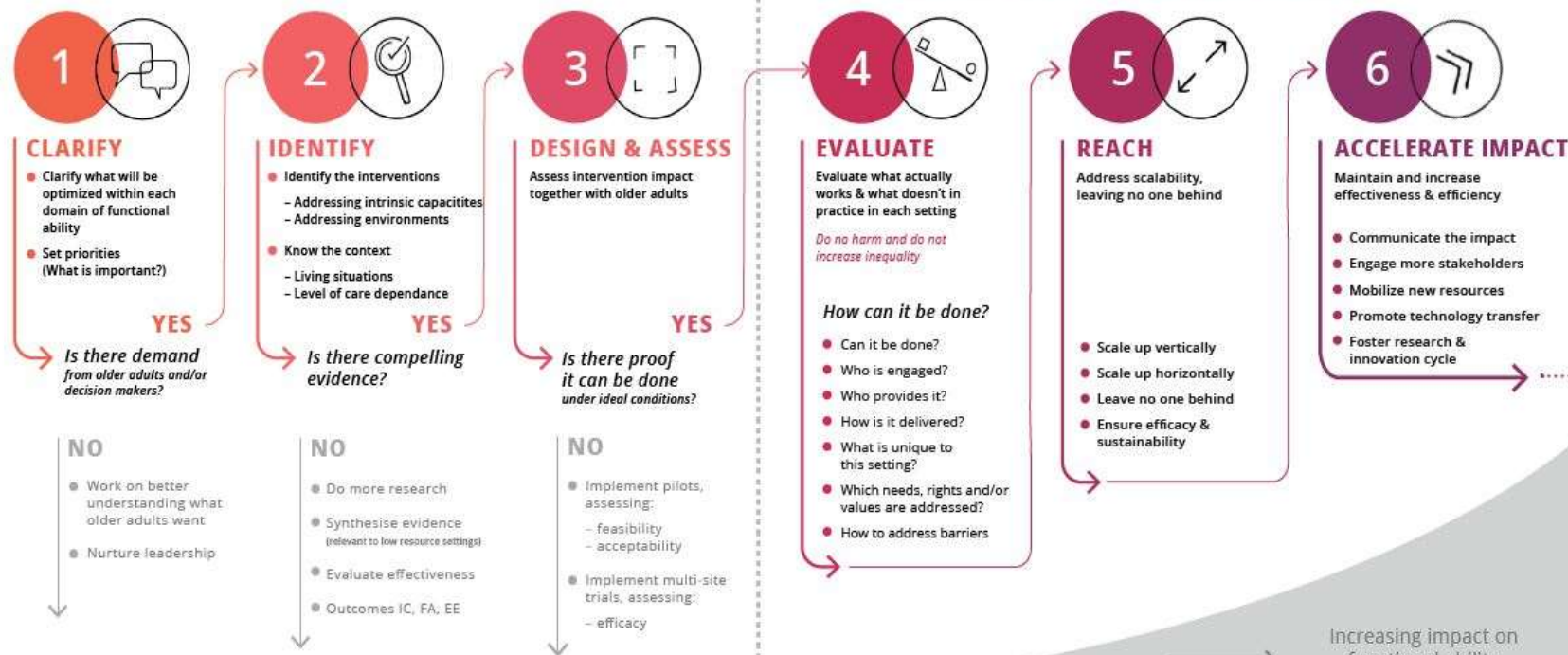
BASELINE REPORT



Pathway to accelerate impact on functional ability



Reflects WHO research, knowledge translation and scale up strategies



Section 1: Getting Ready for the Decade

Section 2: Where are we (2020)?

- Functional ability
- Components of intrinsic capacity

Section 3: What can we work towards (2030)?

- Different scenarios
- Endorsed indicators

Section 4: How will we get there?

- Pathway towards optimal scenario

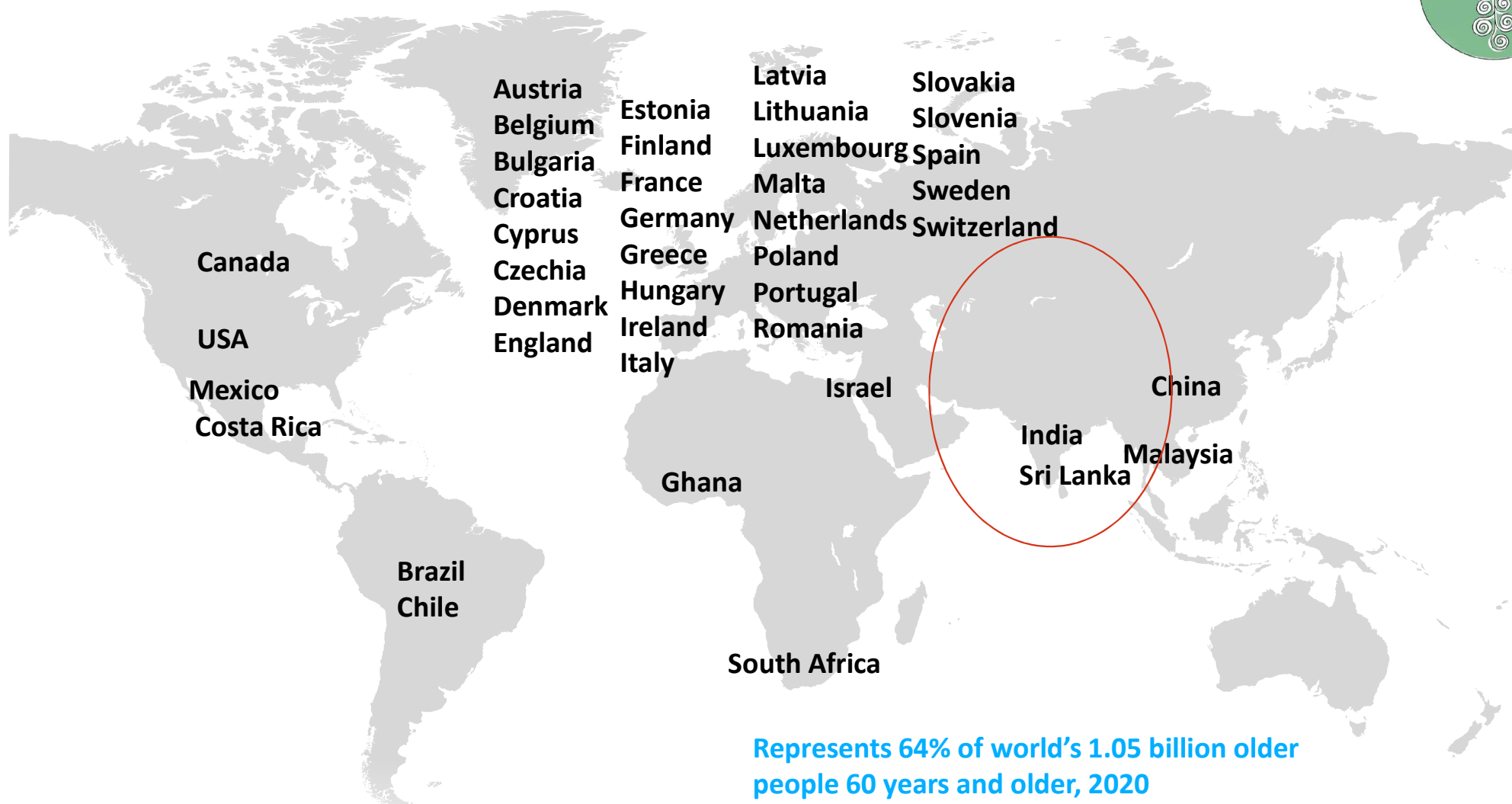
Section 5: A beginning



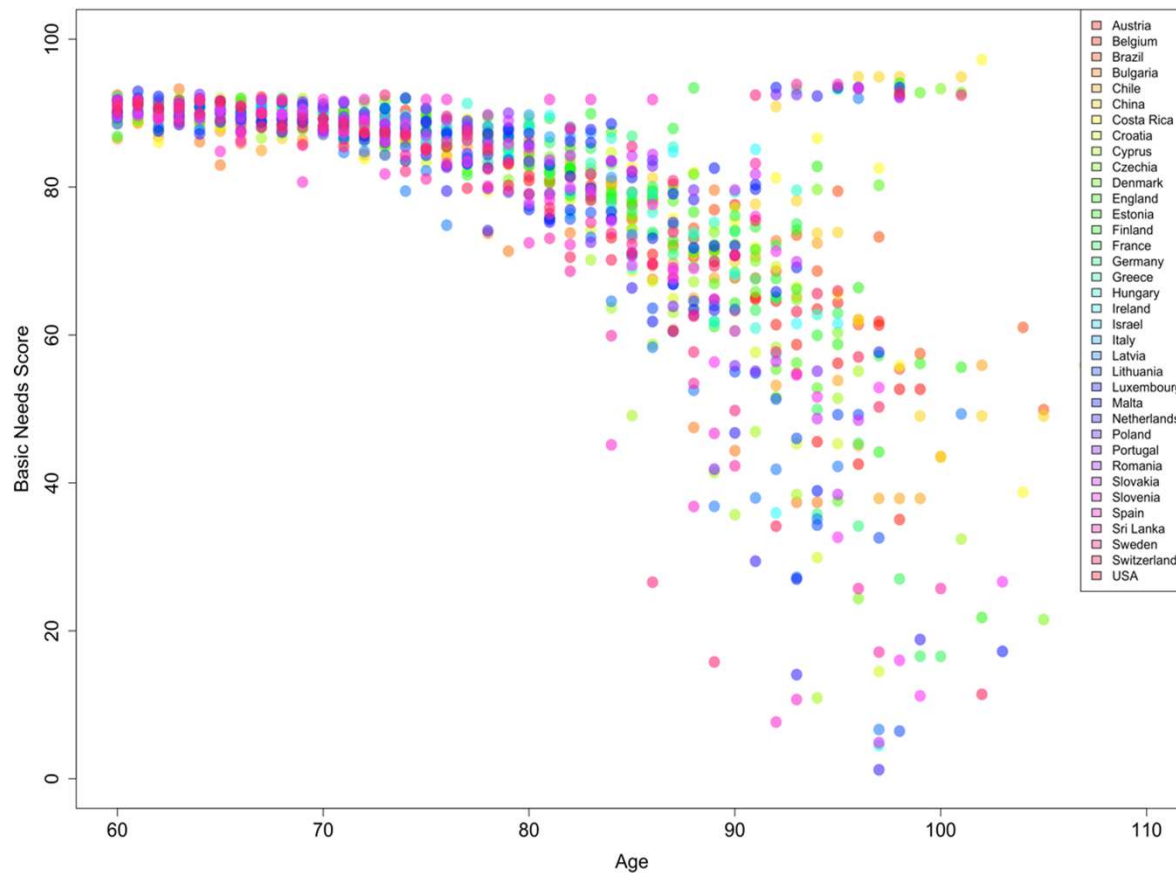
DECADE OF
HEALTHY AGEING
BASELINE REPORT



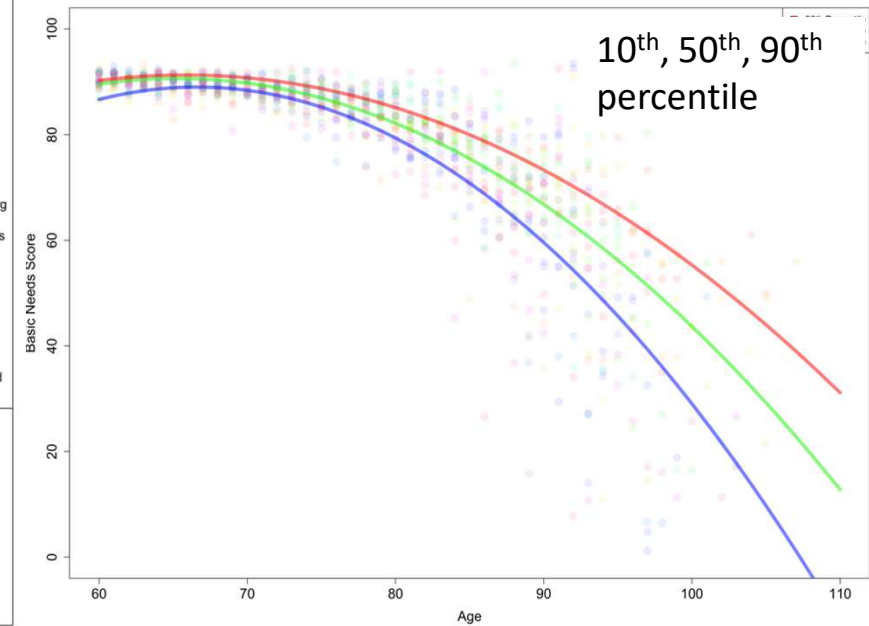
42 countries with comparable data on healthy ageing



Meeting basic needs – countries by single age

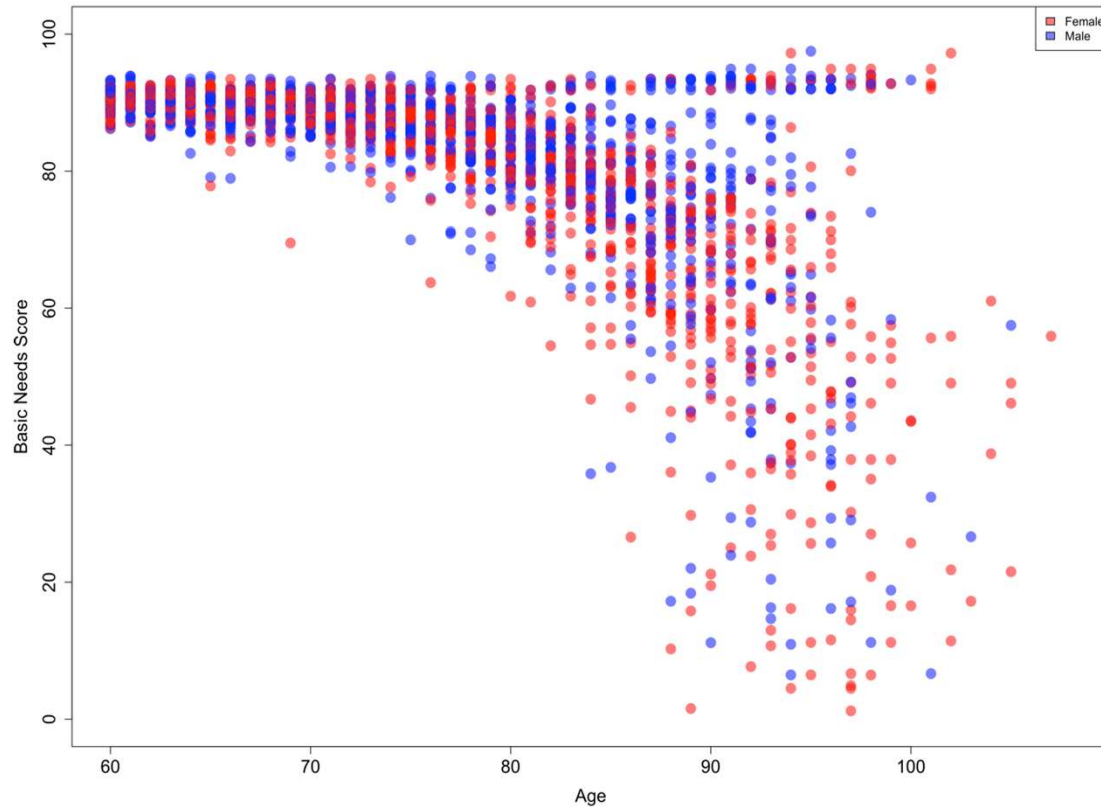


Key message: as age increases fewer older adults have their basic needs met - one domain of functional ability

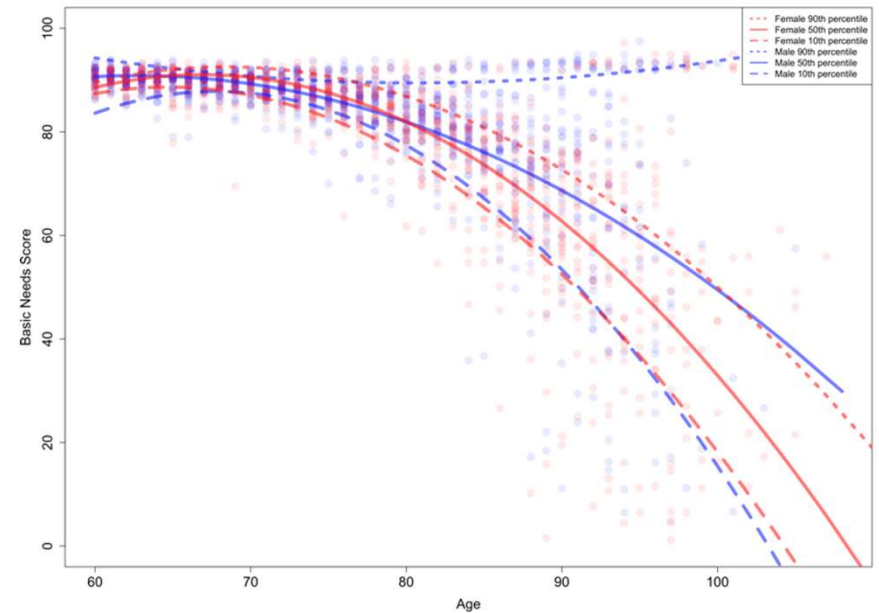


Difficulty in dressing, managing money, getting medication

Meeting basic needs – score by sex and single age

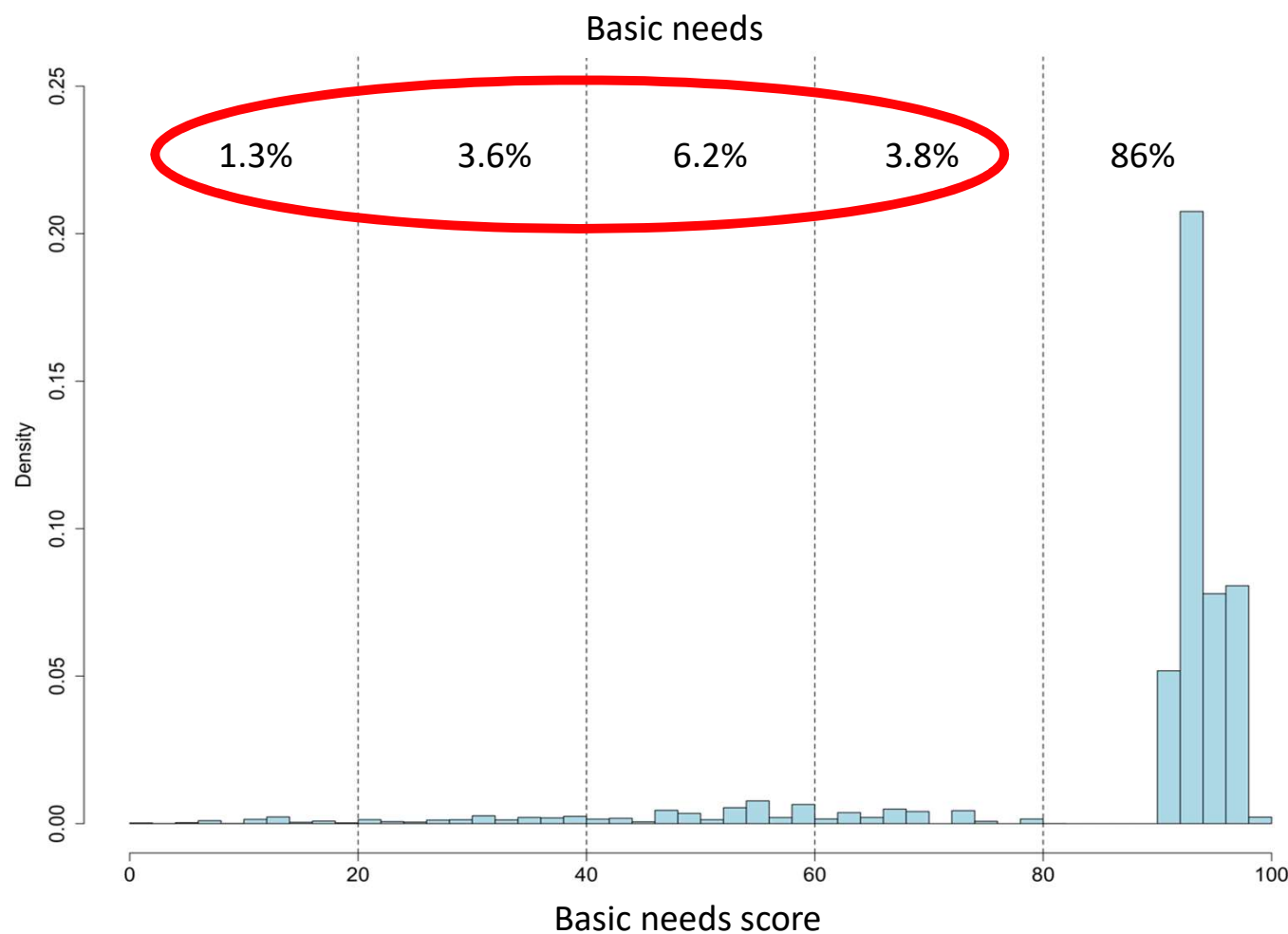
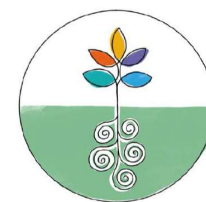


Key message: after age 80, more women have a lower ability to meet their basic needs



10th, 50th, 90th percentile,
men and women

Meeting basic needs – pooled distribution



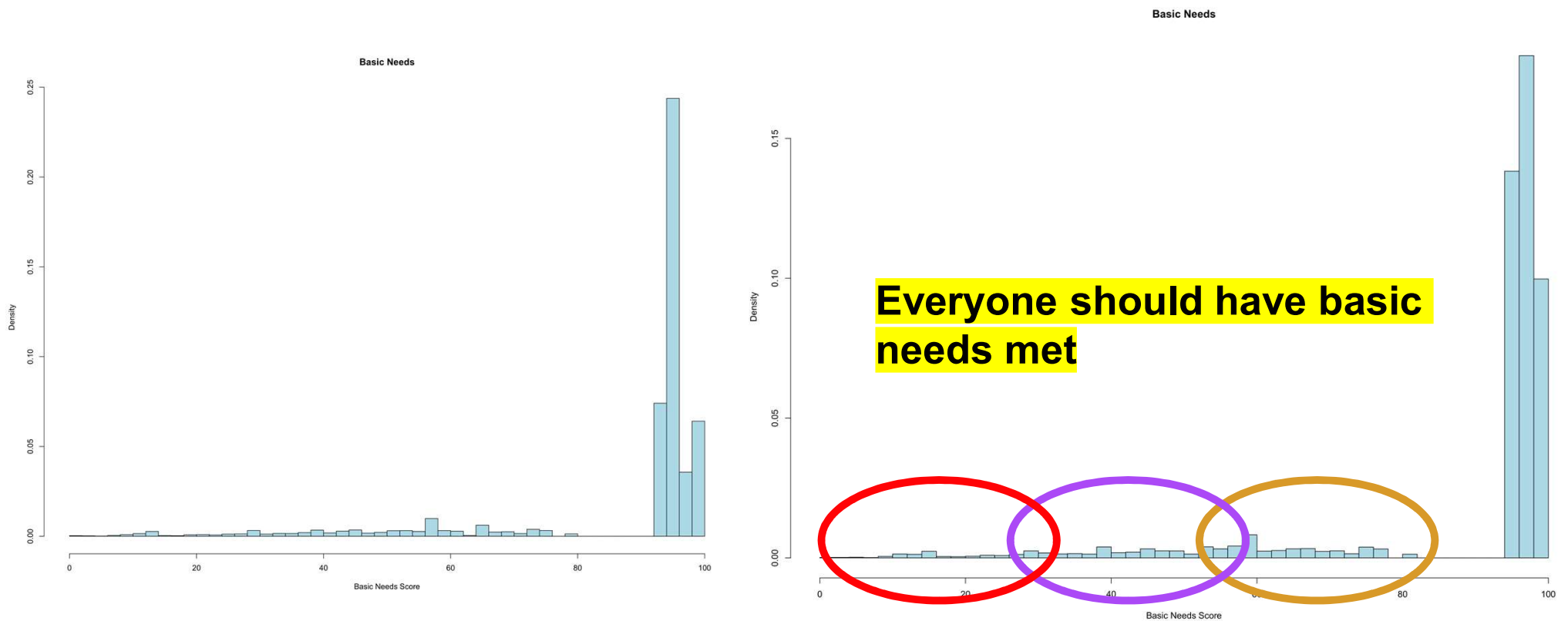
Key message:

14% of older adults have difficulty meeting their basic needs - about 71 million older people in 37 countries.

World wide, this could mean more than 142 million older adults do not have their basic needs met

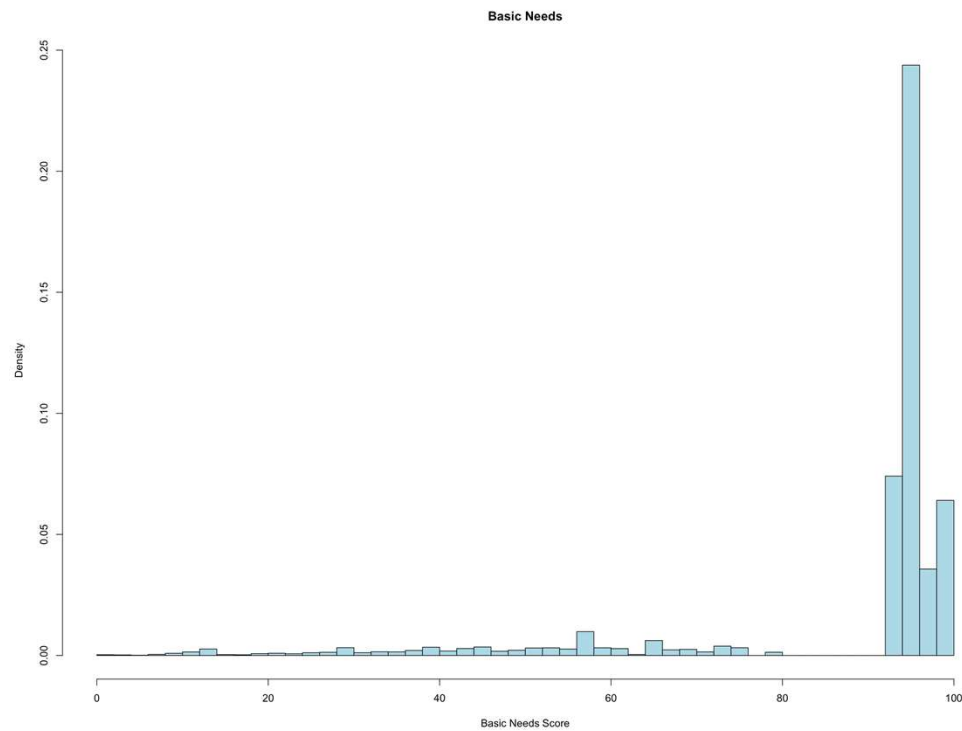
4% of older adults – more than 20 million - have a low ability score

What if scenarios – anchored in baseline

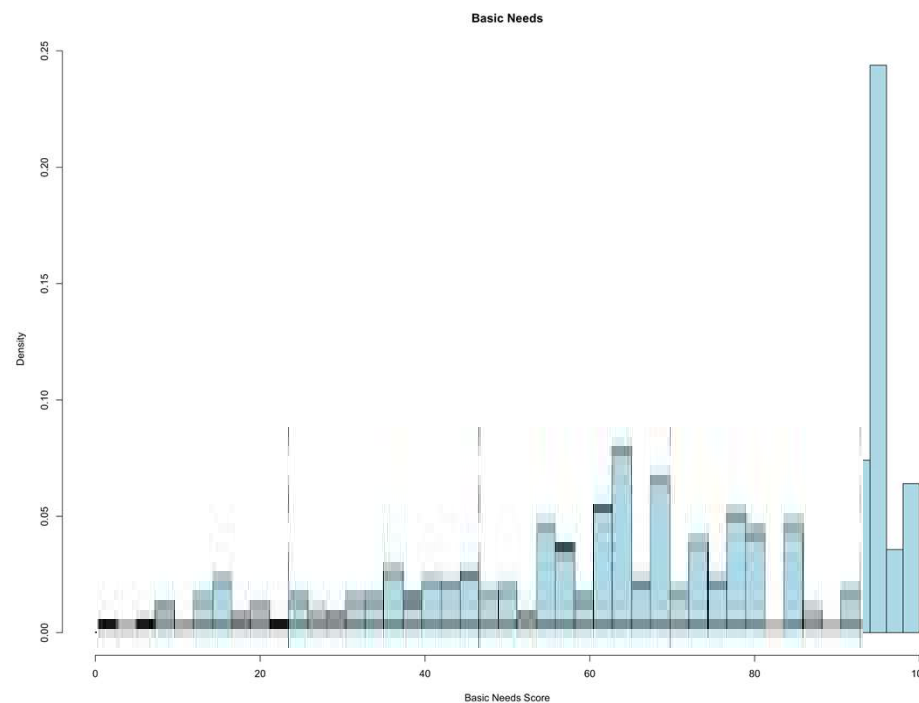
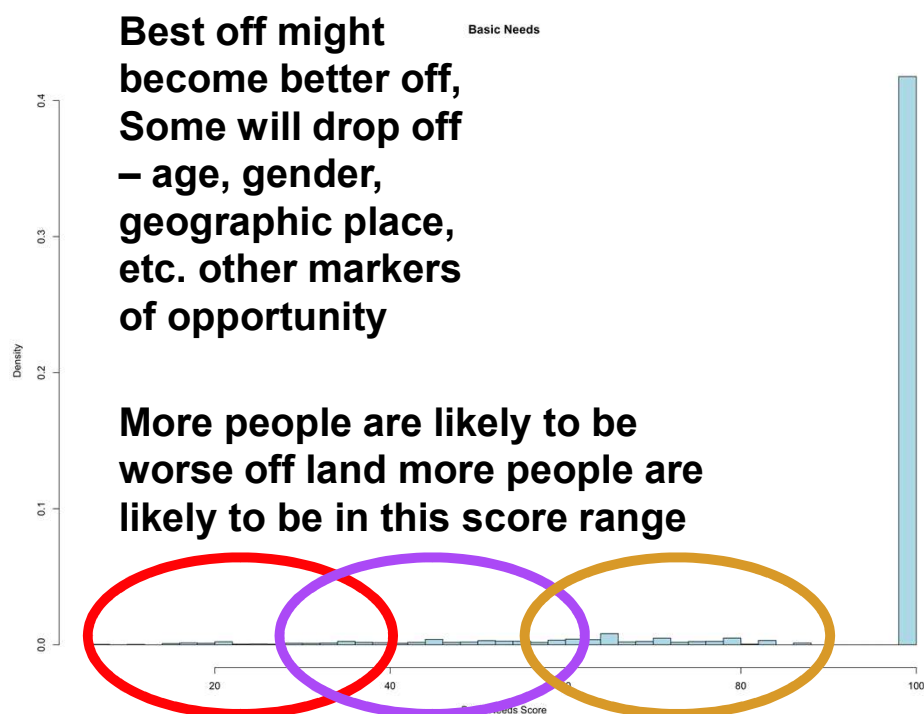


1) stagnation

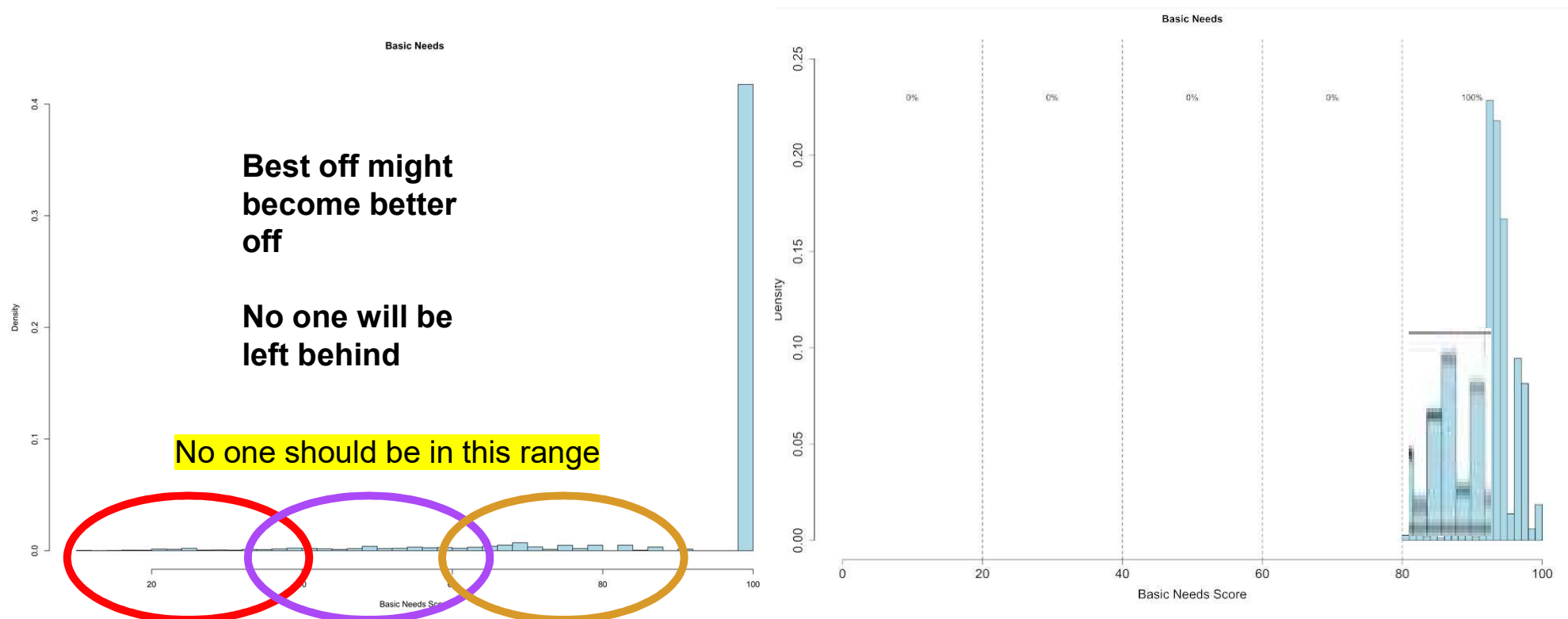
Random 2% improvements



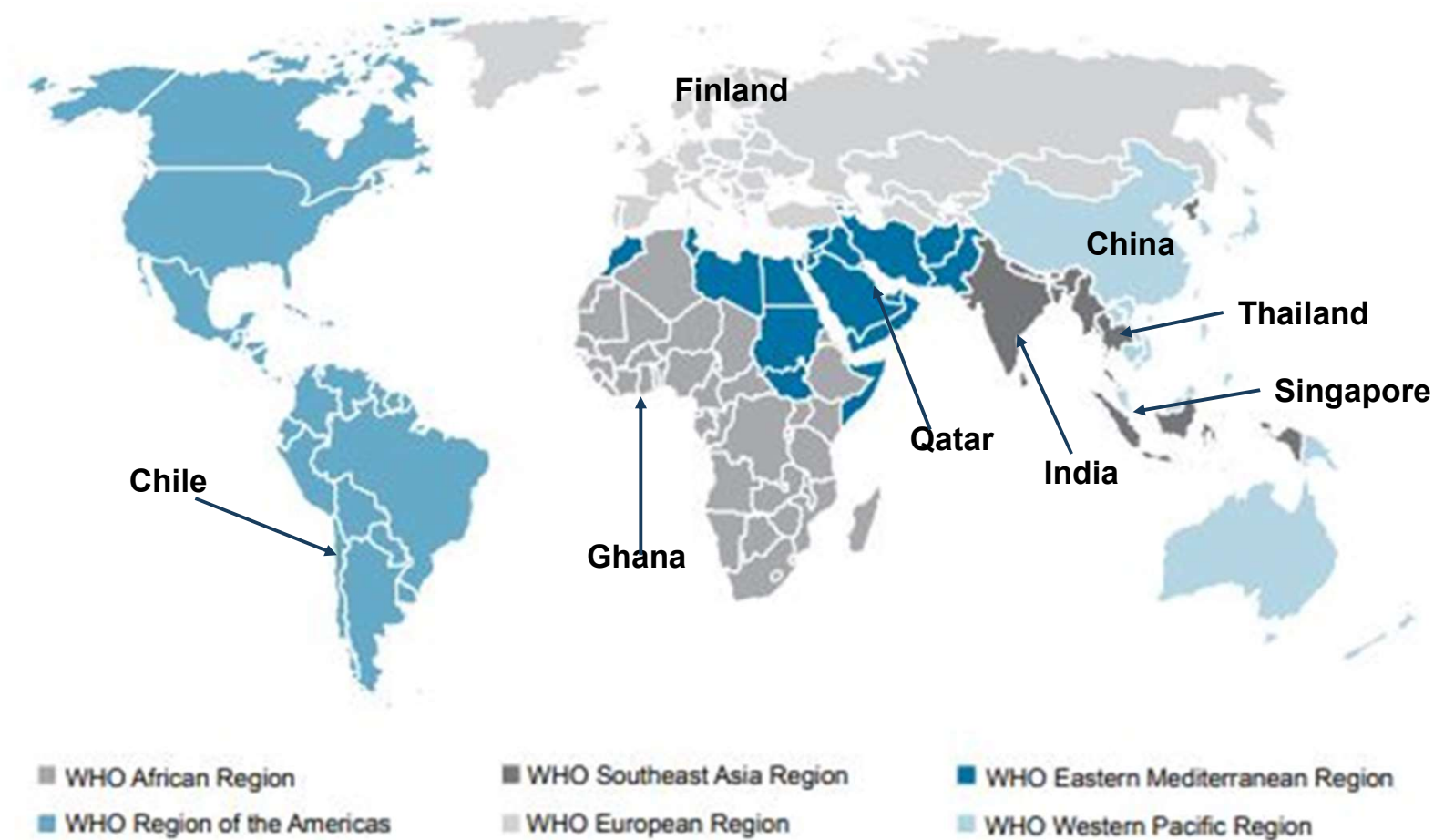
2) increasing inequities, ageism



3) transformation to healthy ageing



National case studies with 3 levels of WHO



- 1**  **Focal point on ageing and health**
- 2**  **Plan on ageing and health**
- 3**  **Multi-stakeholder forum**
- 4**  **Legislation & enforcement against age-based discrimination**
- 5**  **Regulations to support access to assistive devices**
- 6**  **Programme to foster age-friendly environments**
- 7**  **Policy to support comprehensive assessments**
- 8**  **Long-term care policy**
- 9**  **Cross-sectional data on health status and needs**
- 10**  **Longitudinal data on health status and needs**

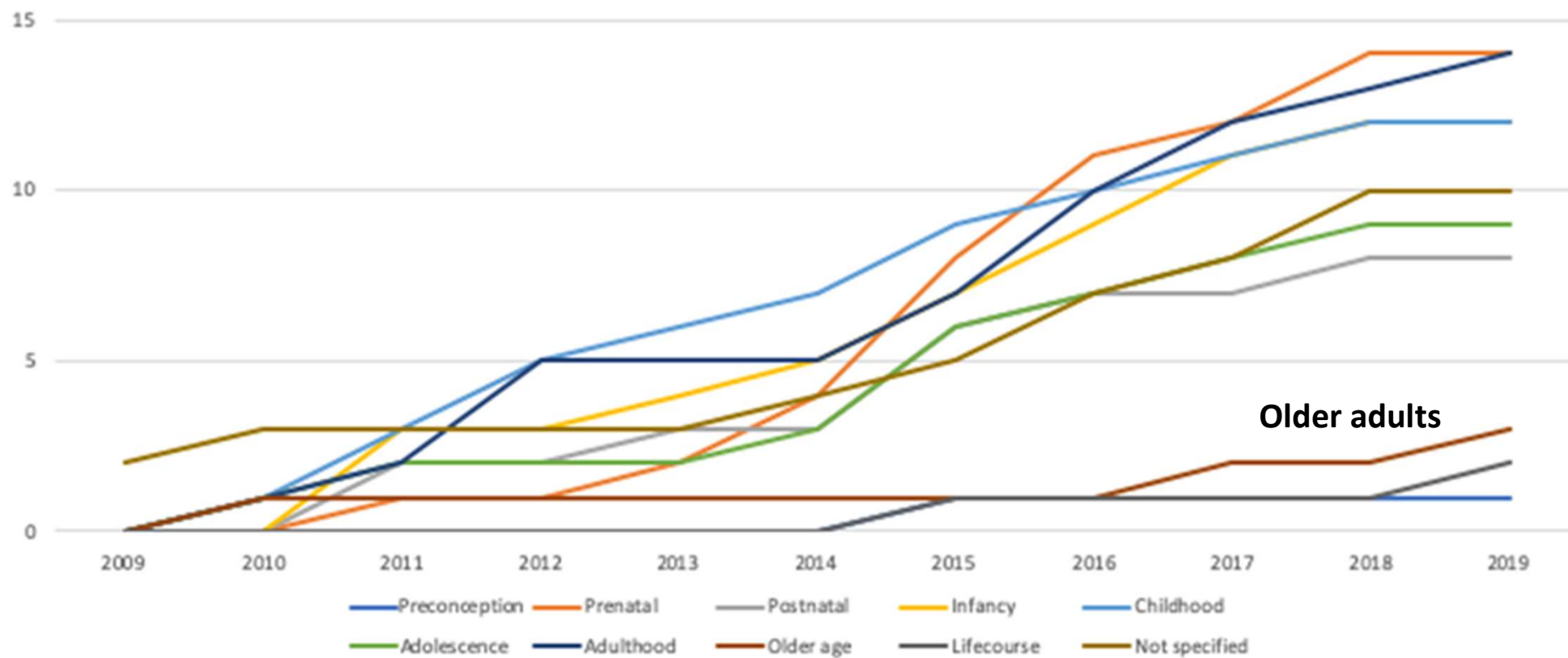
Overview of 11 SEAR countries - 2018 to 2020

Number of countries reporting YES to each indicator in 2020

2020	INDICATOR 1 Focal point on ageing and health	INDICATOR 2 Plan on ageing and health	INDICATOR 3 Multi-stakeholder forum	INDICATOR 4 Legislation enforcement against age-based discrimination	INDICATOR 5 Regulations to support access to assistive devices	INDICATOR 6 Programme to foster age-friendly Cities and Communities	INDICATOR 7 Policy to support comprehensive assessments	INDICATOR 8 Long-term care policy	INDICATOR 9 Cross-sectional data on health status and needs	INDICATOR 10 Longitudinal data on health status and needs
Yes	10	10	6	6	6	7	4	7	5	3
No	1	1	5	5	5	4	7	4	6	8
Unknown	0	0	0	0	0	0	0	0	0	0

YES compared between 2018 and 2020

	INDICATOR 1 Focal point on ageing and health	INDICATOR 2 Plan on ageing and health	INDICATOR 3 Multi-stakeholder forum	INDICATOR 4 Legislation enforcement against age-based discrimination	INDICATOR 5 Regulations to support access to assistive devices	INDICATOR 6 Programme to foster age-friendly Cities and Communities	INDICATOR 7 Policy to support comprehensive assessments	INDICATOR 8 Long-term care policy	INDICATOR 9 Cross-sectional data on health status and needs	INDICATOR 10 Longitudinal data on health status and needs
2018	9	9	6	9	7	5	3	7	4	2
2020	10	10	6	6	6	7	4	7	5	3
+/-	+	+	=	-	-	+	+	+	+	+

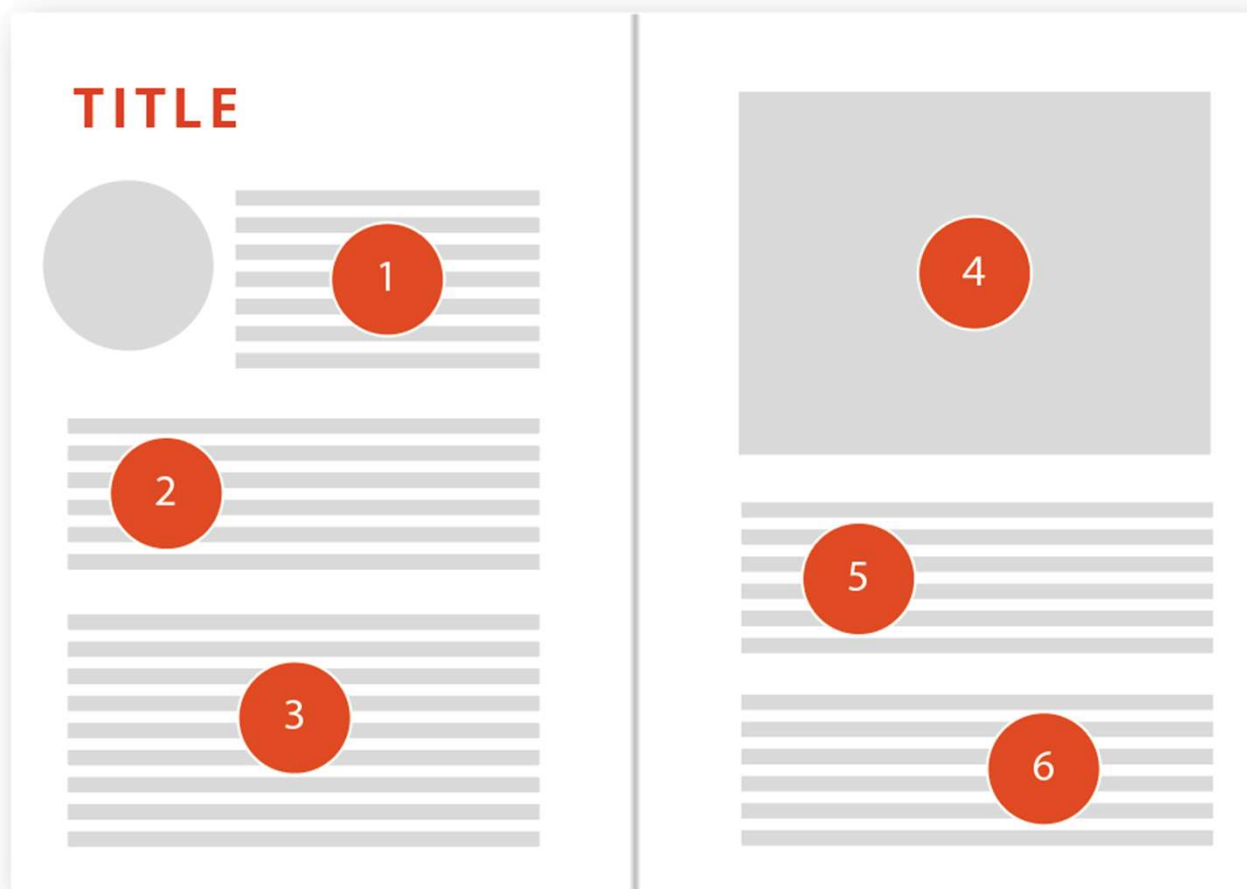



Cumulative # WHO guidelines by age group 2009 - 2019

Layout of presenting case studies and examples collected



- 1 Introduce what is being addressed within the domain
- 2 What is the evidence
And effect size?
- 3 What can be done?
 - Intrinsic capacity
 - Environment
- 4 How this is done?
And engaging whom?
 - older adults
 - decision makers
 - other stakeholders
- 5 Scaling up
(while leaving no one behind)
- 6 Accelerating impact





ABILITY TO MEET BASIC NEEDS

The inability of older people to meet their basic needs can be both a cause and an effect of reduced capacity. But their environments, too, play a crucial part.

1 CLARIFY areas of action

Ability to be mobile: refers to movement in all its forms, whether powered by the body (with or without an assistive device) or a vehicle.

Mobility includes getting up from a chair or moving from a bed to a chair, walking for leisure, exercising, completing daily tasks, driving and using public transport. Changes in physical and mental capacities that are common in older age can limit mobility. However, capacity can be built, and environments have the power to extend what a person can do.

Important areas for action include:

- Strengthen what older people can do: their intrinsic capacity to move
- Provide assistive technologies to aid mobility
- Reduce barriers in the built environment
- Improve the availability and accessibility of sustainable transportation
- Create opportunities for older people to participate.

2 IDENTIFY the interventions and evidence to support

One of the first ways to enable people to get where they need to go is to strengthen their capacity to move. **Falls, injuries from falls and fear of falls can limit older peoples' mobility.**

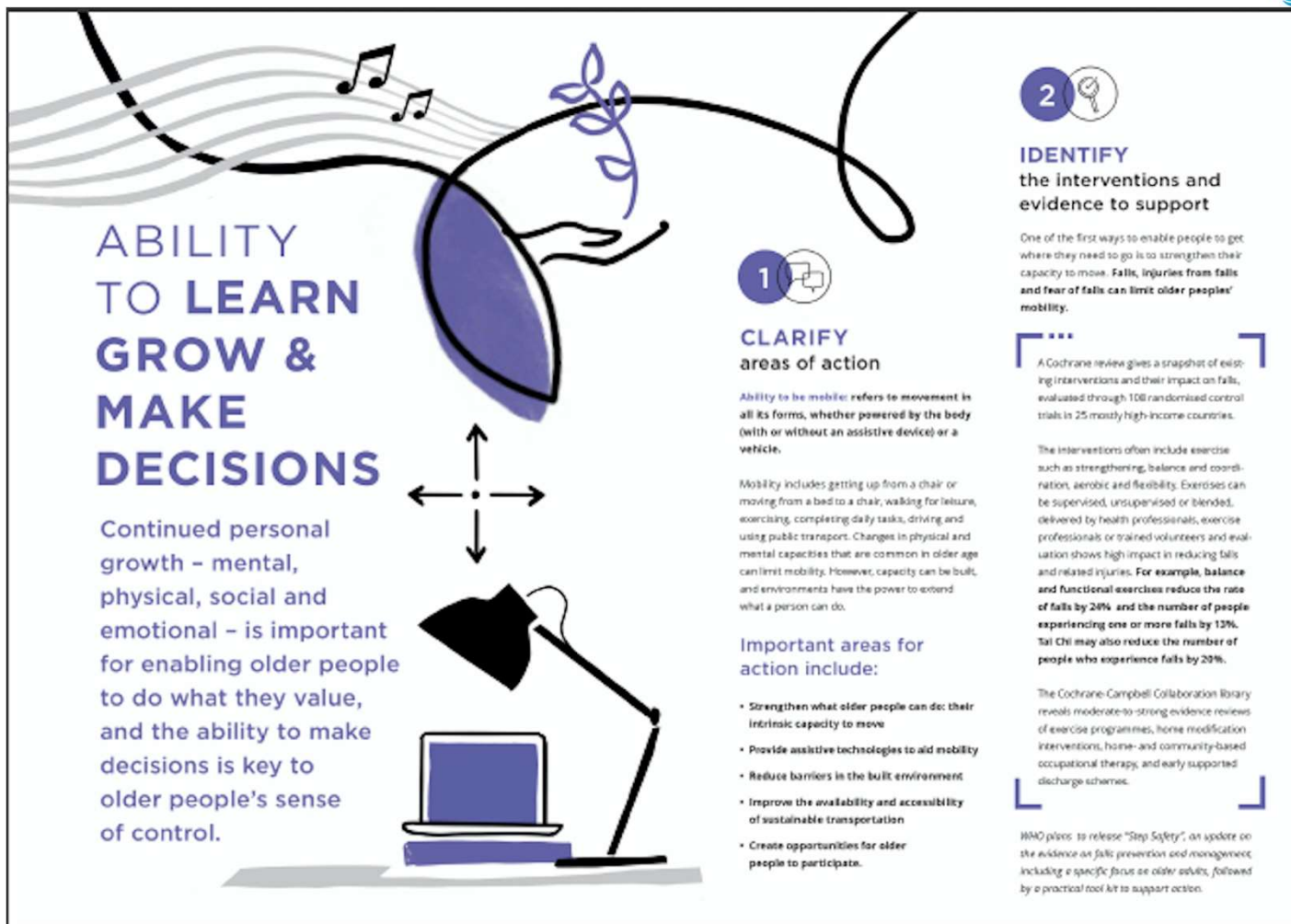
A Cochrane review gives a snapshot of existing interventions and their impact on falls, evaluated through 108 randomised control trials in 25 mostly high-income countries.

These interventions often include exercises such as strengthening, balance and coordination, aerobic and flexibility. Exercises can be supervised, unsupervised or blended, delivered by health professionals, exercise professionals or trained volunteers and evaluation shows high impact in reducing falls and related injuries. **For example, balance and functional exercises reduce the rate of falls by 24% and the number of people experiencing one or more falls by 13%. Tai Chi may also reduce the number of people who experience falls by 20%.**

The Cochrane-Campbell Collaboration Library reveals moderate-to-strong evidence reviews of exercise programmes, home modification interventions, home- and community-based occupational therapy, and early supported discharge or homecare.

WHO plans to release "Step Safety", an update on the evidence on falls prevention and management, including a specific focus on older adults, followed by a practical tool kit to support action.





ABILITY TO LEARN GROW & MAKE DECISIONS

Continued personal growth – mental, physical, social and emotional – is important for enabling older people to do what they value, and the ability to make decisions is key to older people's sense of control.

1 CLARIFY areas of action

Ability to be mobile refers to movement in all its forms, whether powered by the body (with or without an assistive device) or a vehicle.

Mobility includes getting up from a chair or moving from a bed to a chair, walking for leisure, exercising, completing daily tasks, driving and using public transport. Changes in physical and mental capacities that are common in older age can limit mobility. However, capacity can be built, and environments have the power to extend what a person can do.

Important areas for action include:

- Strengthen what older people can do: their intrinsic capacity to move
- Provide assistive technologies to aid mobility
- Reduce barriers in the built environment
- Improve the availability and accessibility of sustainable transportation
- Create opportunities for older people to participate.

2 IDENTIFY the interventions and evidence to support

One of the first ways to enable people to get where they need to go is to strengthen their capacity to move. Falls, injuries from falls and fear of falls can limit older peoples' mobility.

A Cochrane review gives a snapshot of existing interventions and their impact on falls, evaluated through 106 randomized control trials in 25 mostly high-income countries.

The interventions often include exercise such as strengthening, balance and coordination, aerobic and flexibility. Exercises can be supervised, unsupervised or blended, delivered by health professionals, exercise professionals or trained volunteers and evaluation shows high impact in reducing falls and related injuries. For example, balance and functional exercises reduce the rate of falls by 24% and the number of people experiencing one or more falls by 13%. Tai Chi may also reduce the number of people who experience falls by 29%.

The Cochrane-Campbell Collaboration Library reveals moderate-to-strong evidence reviews of exercise programmes, home modification interventions, home- and community-based occupational therapy, and early supported discharge schemes.

WHO plans to release "Stay Safe", an update on the evidence on falls prevention and management, including a specific focus on older adults, followed by a practical tool kit to support action.



Plus

Ability to Build and Maintain relationships

Ability to Contribute to families, communities and society

Living well with chronic diseases – towards a healthy ageing integrated and person centered approach



ABILITY TO BE MOBILE

Changes in physical and mental capacities that are common in older age can limit mobility. However, capacity can be built, and environments have the power to extend what a person can do.

1

CLARIFY areas of action

The ability to be mobile is important for Healthy Aging. It refers to movement in all its forms, whether powered by the body (with or without an assistive device) or a vehicle. Mobility includes getting up from a chair or moving from a bed to a chair, walking for leisure, exercising, completing daily tasks, driving and using public transport. Changes in physical and mental capacities that are common in older age can limit mobility. However, capacity can be built, and environments have the power to extend what a person can do.

Important areas for action include:

- Strengthen what older people can do: their intrinsic capacity to move
- Provide assistive technologies to aid mobility
- Reduce barriers in the built environment
- Improve the availability and accessibility of sustainable transportation
- Create opportunities for older people to participate.

2

IDENTIFY the interventions and evidence to support

One of the first ways to enable people to get where they need to go is to strengthen their capacity to move. Falls, injuries from falls and fear of falls can limit older peoples' mobility. A Cochrane review gives a snapshot of existing interventions and their impact on falls, evaluated through 108 randomised control trials in 25 mostly high-income countries.

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The Cochrane-Campbell Collaboration Library reveals moderate-to-strong evidence reviews of exercise programmes, home-modification interventions, home- and community-based occupational therapy, and early supported discharge schemes (see Box X).

WHO plans to release "Step Safety", an update on the evidence on falls prevention and management, including a specific focus on older adults, followed by a practical tool kit to support action.

Policy Relevance

- **Advocates to engage older adults**
- **Galvanizes support to increase data and information in countries where comparative information is lacking (about 75% of Member States)**
- **Addresses commitments Member States have endorsed, reflecting existing policy and monitoring frameworks – but to make older adults visible**
- **Underlines need for all countries to draw on and contribute to global knowledge – for impact**



World Health
Organization

THANK YOU