

Evaluation of the Global strategy and action plan on ageing and health (2016 – 2020)

Evaluation brief – June 2020

Context of the evaluation

The Global strategy and action plan on ageing and health (2016-2020) were adopted by the Sixty-ninth World Health Assembly in May 2016 (resolution WHA69.3). The Global strategy envisions a world in which everyone can live a long and healthy life, where functional ability is fostered across the life course, and where older people experience equal rights and opportunities and can live lives free from age-based discrimination. The action plan details the expected contributions by Member States, the WHO Secretariat, relevant United Nations (UN) agencies, and national and international partners to achieve the overarching goals of the strategy.

Objectives and scope of the evaluation

The purpose of the evaluation was to draw lessons learned from the implementation of the Global strategy and action plan, with a view to informing the efforts of the WHO Secretariat on the development of the Decade of Healthy Ageing 2020-2030. It mainly considered the relevance, effectiveness and efficiency of the WHO Secretariat's contribution at the three levels of the Organization to the implementation of the Global strategy and action plan. It also considered the effectiveness of its engagement strategy and partnerships to deliver the action plan.

Key findings and conclusions

Question 1: How relevant were the Global strategy and action plan to guide the WHO Secretariat's contribution to achieving the goals of the Global strategy on ageing and health? Key stakeholders consider the Global strategy and the action plan to be highly relevant instruments for addressing the health needs of older persons, with a heightened focus on a health- and people-centred perspective towards maintaining intrinsic capacity and functional ability for all persons in older age, and for preparing individuals and communities for healthy ageing.

Building on the momentum created by the 2015 World Report on Ageing and Health, the Global strategy recognizes that the health of older persons is influenced by healthcare and long-term care systems as well as by the environment in which people live. It adopts a broad cross-sectoral and multidisciplinary approach, which extends its scope beyond WHO's traditional mandate, in alignment with the strategic shifts of multisectoral

action further articulated by the Thirteenth General Programme of Work 2019-2023 (GPW13), the goal of achieving universal health coverage through integrated people-centred health services, and the 2030 Agenda and the Sustainable Development Goals. However, there is no uniform recognition of the precise role and capacities of WHO as these relate to the effective implementation of the Global strategy. The plan of action is generally considered to be a comprehensive and forward-looking document that was well received by key external stakeholders at global, regional and country levels. However, it advocates for a highly ambitious goal – systemic transformation – but within an equally ambitious (i.e. short) time frame. Furthermore, while it is considered highly relevant for guiding regional and national strategies on ageing and health, particularly in lower- and middle-income countries, its broad scope and global focus has weakened its relevance, particularly in local contexts.

Question 2: What were the main results achieved by the WHO Secretariat towards achieving the goals of the Global strategy and the mandate of resolution WHA69.3? At the highest level, the paradigm shift embodied in the Global strategy and action plan represents one of the most significant accomplishments in its own right. The Global strategy has contributed to a growing momentum for addressing issues related to healthy ageing. Beyond this overarching level, the WHO Secretariat has demonstrated significant achievements within each of the five Strategic Objectives (SOs) of the Global strategy and across its various functional roles. However, these achievements have been uneven across SOs, owing to a range of structural and resource-related factors highlighted in the evaluation report.

An explicit goal of the Global strategy is to achieve five years of evidence-based action to maximize functional ability that reaches every person. Toward this end, WHO produced a wide range of research-based articles and reviews conducted across the five SOs of the Global strategy, along with other reports, that aimed to inform policy development, strengthen the dialogue on healthy ageing and create awareness. However, the impact of such evidence in terms of concrete actions at country level could not be ascertained, in part because the primary focus of the research dissemination and utility remained at global and academic levels.

The development of the *Integrated Care for Older People* guidance is a key achievement eliciting wide support among most of the constituents involved. In promoting multisectoral action, WHO expanded and strengthened the WHO Global Network for Age-friendly Cities and Communities, which, though concentrated in a few geographical regions, was widely perceived to be successful in providing an interactive platform to facilitate the exchange of information and experience on how to create environments that foster healthy ageing.

Although much was achieved, important action areas across all SOs could not be fully implemented on time or as envisaged in the Global strategy, this despite efforts to do so. Key gaps occurred in the development of relevant economic models, the design of metrics to describe healthy ageing, and guidance and technical support on long-term care.

Question 3: What were the main influencing factors that either facilitated or hindered the successful delivery of WHO's contribution to the action plan and resolution WHA69.3? WHO delivered the workplan through its core functions across the five SOs of the Global strategy. Most importantly, WHO exercised leadership and used its convening power to spark collective action. The Ageing and Health programme was set a difficult task in implementing a vast plan of action of high complexity, but with an unclear sense of prioritization, coupled with low levels of human and financial resources at all organizational levels. This resource scarcity most likely affected the achievement of objectives and the timeliness of results. At a more fundamental level, the Ageing and Health programme lacked a theory of change depicting the results chain which might otherwise have enabled adequate resourcing and planning, as well as effective and efficient prioritization. This gap made the monitoring of progress and the attribution of achievements to the Global strategy and action plan difficult.

The Ageing and Health programme cuts across many areas within the health domain and with non-health sectors. Despite its considerable success in fostering partnerships outside the Organization, collaboration within WHO has been comparatively weak.

Question 4: How did WHO work with others to advance the implementation of the Global strategy and resolution WHA69.3? The development and implementation of the Global strategy and action plan would not have been possible without extensive collaboration between WHO and a wide range of partners, including Member States, the UN system, the WHO Clinical Consortium on Healthy Ageing, the Global Network for Age-friendly Cities and Communities, the

Titchfield City Group on Ageing, the WHO Consortium on Metrics and Evidence, the Cochrane and Campbell Collaborations, as well as civil society organizations and other non-State actors.

The Global strategy is also linked with global commitments of the UN system, further to the Madrid International Plan of Action on Ageing. Healthy ageing is a process that spans the entire life course; enabling all people to live a long and healthy life requires a multisectoral approach with strong engagement from diverse sectors and different levels of UN agencies and other nongovernmental actors including service providers, product developers, academics and older people themselves. Within this context, many UN agencies have responsibilities in addressing ageing across the life course. However, while WHO did collaborate with UN institutions to advance the Global strategy, such collaborations appear to have been at the project level rather than at a higher strategic level.

Recommendations

Recommendation 1: To take forward the Decade of Healthy Ageing within the context of the Thirteenth General Programme of Work and the 2030 Agenda, the WHO Secretariat should undertake necessary organizational changes, external and internal advocacy, and coordination measures to ensure that this crucial focus area is elevated to the highest levels of the Organization and thus help maximize the likelihood that the goals of this important initiative will be achieved on time and on target.

Recommendation 2: The WHO Secretariat should develop an inclusive engagement strategy to deliver the Decade of Healthy Ageing, incorporating the required cross-sectorality and multidisciplinary.

Recommendation 3: In alignment with the Thirteenth General Programme of Work and the 2030 Agenda, the Decade of Healthy Ageing should adopt a clear country focus. WHO Secretariat's contribution to the Decade of Healthy Ageing should be designed accordingly and based on a robust accountability framework.

Recommendation 4: The WHO Secretariat should ensure that adequate programme stewardship, organizational structures, resources and monitoring mechanisms are in place in alignment with the Decade of Healthy Ageing and its theory of change.

Contacts

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The evaluation report is available here:

[https://www.who.int/publications/m/item/evaluation-of-the-global-strategy-and-action-plan-on-ageing-and-health-\(2016-2020\)-volume-1-evaluation-report](https://www.who.int/publications/m/item/evaluation-of-the-global-strategy-and-action-plan-on-ageing-and-health-(2016-2020)-volume-1-evaluation-report)