Process Evaluation
Survey Module: United Nations Decade of Healthy Ageing
(2021–2030)
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INTRODUCTION

With the adoption of the United Nations (UN) Decade of Healthy Ageing (2021–2030) by the 75th General Assembly on 14 December 2020 and its endorsement by the 73rd World Health Assembly on 3 August 2020, countries have committed to 10 years of concerted and collaborative actions to improve the lives of the older persons (defined as age 60 years and over for the purpose of this initiative), their families and the communities in which they reside. The vision of the Decade is a world where all people can live long and healthy lives. The Decade addresses four interconnected areas of action: a) change how we think, feel and act towards age and ageing, b) ensure that communities foster the abilities of older people, and c) deliver person-centred integrated care and primary health services that are responsive to older people; and d) provide access to long-term care for older people who need it. More information about the Decade can be found here: https://www.who.int/initiatives/decade-of-healthy-ageing.

The UN resolution (75/131) calls upon World Health Organization (WHO) to lead the Decade implementation in collaboration with other United National agencies. The resolution invites the Secretary-General to inform the General Assembly about the progress of the implementation of the UN Decade of Healthy Ageing on the basis of triennial reports to be compiled by WHO in 2023, 2026 and 2029.

To report on the progress of the UN Decade of Healthy Ageing, the global process evaluation survey is undertaken by the WHO Departments of Maternal, Newborn, Child, Adolescent Health and Ageing (WHO MNCAH) and in consultation with several departments across WHO headquarters and regional offices. The questionnaire was peer-reviewed by WHO Regional Advisors for Healthy Ageing and the UN steering committee for Measurement, Monitoring and Evaluation of the UN Decade of Healthy Ageing (2021-2030), which consists of representatives from the UN agencies UNFPA, UNDESA, ILO, ITU, OHCHR and representatives from the OECD.

In 2018 and 2020, surveys were conducted to monitor the Global Strategy and Action Plan on Ageing (2016-2020). The results of these two rounds can be found here: https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/ageing-data.

WHO is now conducting a process evaluation survey of the UN Decade of Healthy Ageing (2021-2030). This survey is conducted using an online data form, and one lead respondent must be responsible for ensuring all survey modules have been completed. The online survey is formatted with automatic skips, which should decrease the time for completion.

WHO country offices are requested to support the completion of the survey with the Ministry of Health, other relevant ministries, administrations, institutions and UN agencies, specifically including staff with appropriate expertise, to be designated as responsible for each module. It is recommended to gather relevant documents (policies, guidelines, laws, etc.) before completing the survey modules.

Before beginning the survey, we ask that the following documents are at hand for reference:

- Policies (multisectoral and health specific), strategies, programmes and action plans for the areas of ageing and health
• Political declarations, anti-discrimination laws, relevant reports of human rights mechanisms, reports of national human rights institutions and discrimination bodies
• Latest guidelines for age-friendly environments and health and long-term care for older persons
• Annual report from the National Health Management Information System
• Details of the population surveys on ageing and health in the country
• Other relevant documents related to ageing and older persons at the national and sub-national levels.

If you have further questions or need assistance, don't hesitate to get in touch with us at data.undecade.healthyageing@who.int Monitoring and Evaluation team, Ageing and Health Unit, Maternal, Newborn, Child, Adolescent Health and Ageing, World Health Organization, Geneva, Switzerland.
DATA SHARING AGREEMENT

Please note that all data collected by WHO, excluding emergencies and clinical trials, from the Member States require the below statement in all data collection forms.

For more information on the data policy, go to: http://intranet.who.int/homes/spi/datasharing/ or outside of WHO: https://www.who.int/about/policies/publishing/data-policy.

Please specify responsible governmental entity or other institution that provide concern for data sharing. Please specify country.

Statement of policy on data sharing

Data are the basis for all sound public actions, and the benefits of data sharing are widely recognized, including scientific and public health benefits. Whenever possible, WHO wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the previously named responsible governmental entity of the stated country:

Confirms that all data to be supplied to WHO hereunder have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;

Agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of the stated country:

- To publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as “the Data”) and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
- To use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO’s work and in accordance with the Organization’s policies and practices.

Except where data sharing and publication is required under legally binding instruments (IHR, WHO Nomenclature Regulations 1967, etc.), the previously named responsible governmental entity of the stated country may in respect of certain data opt-out of (any part of) the above, by notifying WHO thereof in writing at the following address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt-out. If you have further questions regarding data sharing agreement, don’t hesitate to contact:

Dr Jotheeswaran A Thiyagarajan
Technical Officer (Epidemiologist)
Ageing and Health Unit
Department of Maternal, Newborn, Child, Adolescent Health and Ageing
20, AVENUE APPIA, CH-1211 GENEVA 27
amuthavallithiya@who.int
## MODULE 1: BASIC INFORMATION

**BQ_1.** Country name
__________________________________________________________

**BQ_2.** Name of the person responsible for submitting online survey
__________________________________________________________

**BQ_3.** Position title of the person responsible for submitting online survey
__________________________________________________________

**BQ_3.1.** Please, specify the name of the division/department/institution/unit, if applicable:
________________________________________________________________________

**BQ_4.** Contact email
__________________________________________________________

**BQ_5.** Telephone with country code
__________________________________________________________

**BQ_6.** Mailing address
__________________________________________________________

**BQ_7.** Date of completion of the survey
Day___/ Month___/ Year________

**BQ_8.** Did you consult with staff members of other institutions to complete this survey?

- [ ] Yes
- [ ] No

*If NO -> skip to the next module*

**BQ_9.** Please provide the names and affiliations of persons involved in the consultation to complete the survey.

<table>
<thead>
<tr>
<th>S.no</th>
<th>Name</th>
<th>Position title</th>
<th>Institution</th>
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<tbody>
<tr>
<td>1.</td>
<td>___________</td>
<td>_______________</td>
<td>☐ Ministry of Health ☐ GOV not MoH, specify ______</td>
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<td>☐ Other UN Agency, specify ______</td>
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<td>☐ Ministry of Health ☐ GOV not MoH, specify ______</td>
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|   |   | ☐ Other UN Agency, specify__________  
|   |   | ☐ Others not listed above, specify_______  |
| 3. | ____________ | ______________  
|   |   | ☐ Ministry of Health ☐ GOV not MoH, specify ________________  
|   |   | ☐ Other UN Agency, specify__________  
|   |   | ☐ Others not listed above, specify_______  |
|   |   |   |

...
### MODULE 2: LEADERSHIP AND COMMITMENT

**#LC_1.** Does your country have a national focal point on ageing and health in the government?  
*If NO → skip to LC_2*

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<tr>
<th></th>
<th>Yes</th>
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</table>

**#LC_1.1.** In which ministry is the focal point on ageing and health positioned?  
☐ Ministry of Health  
☐ Other, specify _______________

**#LC_2.** Which ministry or government entity is mandated to develop plans, oversee and coordinate activities related to ageing and older persons?* (tick all that apply)

☐ Family  
☐ Social Policy/Social Welfare/Social Development  
☐ Health  
☐ Finance  
☐ Foreign Affairs  
☐ Interior and Administration  
☐ Education  
☐ Economic Development  
☐ Labor/Employment  
☐ Urban Development/Cities/Housing  
☐ Other, specify _______________

☐ None  
* indicate the profile of the ministry even if the name in your country differs from the proposed wordings

**LC_3.** Please rate the availability of resources to implement activities related to the four action areas of the UN Decade of Healthy Ageing

**LC_3.1.** Combating ageism  
<table>
<thead>
<tr>
<th>No resources</th>
<th>Substantial resources</th>
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<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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</table>

**LC_3.2.** Age-friendly environments, incl. age-friendly-cities and communities  
<table>
<thead>
<tr>
<th>No resources</th>
<th>Substantial resources</th>
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<tbody>
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<td>0 1 2 3 4 5 6 7 8 9 10</td>
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</table>
### LC_3.3. Integrated & primary health care for older persons

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<th>No resources</th>
<th>Substantial resources</th>
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### LC_3.4. Long-term care for older persons (community and institutions)

<table>
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<tr>
<th>No resources</th>
<th>Substantial resources</th>
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### #LC_4. Overall, how would you rate the current political support for healthy ageing programs?

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<thead>
<tr>
<th>No support</th>
<th>Strong support</th>
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<tr>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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</table>

### #LC_5. Has your country used the resources produced by the [Global Campaign to Combat Ageism](https://www.globalcampaigntocombatageism.org) led by the WHO, for example, the UN Global report on ageism?

- [ ] Yes
- [ ] No
- [ ] No, I am not aware of the Campaign

### EURO_LC_6. Please provide a brief overview on how responsibility for healthy ageing is devolved to different levels of government (national/regional/sub-regional).

______________________________________________________________________________________

### EURO_LC_7. Please provide a brief overview on how healthy ageing policy initiatives are coordinated between Ministries and Government departments, including any systems that are in place for the regular exchange of information.

______________________________________________________________________________________
### MODULE 3: LAW, POLICY, STRATEGY & PLAN

#### PL_1. What is the age cut-off used in your country to define older persons?
- [ ] no definition
- [ ] 50 and over
- [ ] 55 and over
- [ ] 60 and over
- [ ] 65 and over
- [ ] other, specify ___________________

#### PL_2. Does your country have
- [ ] a national policy on ageing and health?
- [ ] a national strategy on ageing and health?
- [ ] a national ageing and health programme?

#### PL_2.1. For each **YES** in PL_2. (separately):
- The national strategy/policy/programme on ageing and health (tick all that apply)
  - [ ] has an action plan
  - [ ] covers all four action areas*
  - [ ] has a monitoring and evaluation plan
  - [ ] has a dedicated budget
  - [ ] is planned to be updated in ___________(year)

* 1) change how we think, feel and act towards age and ageing; 2) ensure that communities foster the abilities of older people; 3) deliver person-centred integrated care and primary health services responsive to older people; 4) provide access to long-term care for older people who need it

#### PL_2.2. For each **NO** in PL_2. (separately):
- Is there a government plan to develop a [national policy/ strategy/ programme] for ageing and health?  
  - [ ] Yes  [ ] No

#### PL_3. Does your country have a **sub-national** policy/ strategy/ programme on ageing and health?
  - [ ] Yes  [ ] No

#### PL_4. Please indicate whether the following areas related to ageing and health are included in existing national legislation, policies, strategies, frameworks, plans or programs (for each option: [ ] Yes  [ ] No  [ ] Don’t know).
- • Combating ageism
- • Prevention of discrimination on the basis of older age
- • Prevention of abuse of older persons (elder abuse)
• Protection for the rights of older persons
• Ensuring adequate housing
• Support for activities and initiatives to create age-friendly environments (for reference, see WHO Global Network for Age-friendly Cities and Communities)
• Implementation of local disaster risk reduction strategies and measures in emergencies, inclusive of older persons
• Addressing climate crisis, ecosystem degradation and biodiversity loss
• Improving the availability of accessible and affordable transportation
• Promoting access to the internet and information and communication technologies
• Pursuing literacy, including digital literacy, development of skills and lifelong learning among older persons
• Improving self-care and health literacy to empower older people, their relatives and voluntary support networks
• Encouraging social participation and inclusion:
  ▪ physical activity
  ▪ leisure
  ▪ cultural involvement
  ▪ intergenerational contact and exchange
  ▪ media representation
  ▪ volunteering
• Prevention of social isolation and loneliness
• Comprehensive assessment of the health and social care needs of older persons*
• Supporting Models of Care and Universal Health Coverage for older persons
• Provision of assistive devices for older persons from the WHO Priority Assistive Products List
• Access to rehabilitation services
• Provision of long-term care for older persons
• Provision of mental health promotion, protection and services for older persons
• Targeted disease management programmes to adequately cover the oldest old and groups of vulnerable older persons
• Integration of palliative care services into the structure and financing of national healthcare systems at all levels of care

• Encouraging the involvement of older persons in the planning and design of goods, services, and communities
• Ensuring participation of older persons in dialogue and decision-making
• Support for older persons’ participation in income-generating work and providing incentives for more extended working life opportunities
• Ensuring income and social security of older persons
• Addressing the needs of indigenous older people, refugees and displaced older adults

*For example, the CGA toolkit plus or the Comprehensive Geriatric Assessment Toolkit for Primary Care Practitioners or the Integrated care for older people (ICOPE)
Please upload all the documents you have used to complete this module and provide details on each by completing the table below.

<table>
<thead>
<tr>
<th>S.no</th>
<th>(A) Title of document</th>
<th>(B) Date of publication</th>
<th>(C) Type of document</th>
<th>(D) Document language</th>
<th>(E) Upload document</th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>___________ Record year</td>
<td>Policy/Strategy, Law, Programme</td>
<td>Plan, Report, Guideline, Other, specify</td>
<td>Plan, Report, Guideline, Other, specify</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>___________ Record year</td>
<td>Policy/Strategy, Law, Programme</td>
<td>Plan, Report, Guideline, Other, specify</td>
<td>Plan, Report, Guideline, Other, specify</td>
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<tr>
<td>03</td>
<td>___________ Record year</td>
<td>Policy/Strategy, Law, Programme</td>
<td>Plan, Report, Guideline, Other, specify</td>
<td>Plan, Report, Guideline, Other, specify</td>
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</table>
# MODULE 4: VOICE AND ENGAGEMENT

## #VE_1. Does your country have a multi-stakeholder forum or steering committee on older persons, ageing and health?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If NO -> Skip to VE_2

## VE_1.1. On which level is the multi-stakeholder forum or steering committee on older persons, ageing and health organised?

<table>
<thead>
<tr>
<th>National</th>
<th>Sub-national</th>
</tr>
</thead>
</table>

## VE_1.2. Which of the following stakeholders participate in the multi-stakeholder forum or steering committee on older persons, ageing and health? (tick all that apply)

- Older persons
- Families and caregivers of older persons
- Representatives of government agencies
- Ministries
- Civic society
- Representatives of international organisations (WHO, UNDESA, UNFPA, OHCHR, World Bank, others)
- Regional and local authorities
- Professional associations
- Community leaders, parliamentarians and champions
- Donors and philanthropists
- Academia and research groups
- Media
- Private sector
- Organizations representing the interests of older persons
- Organizations for refugees and displaced populations
- Other, specify _____________________

## VE_1.3. How often does the national multi-stakeholder forum or steering committee on older persons, ageing and health meet?

- Annually
- Quarterly
- Other, specify _____________________
- Unknown

Skip to VE_3.

## VE_2. Is there a plan for establishing a forum/committee on older persons, ageing and health?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

Skip to VE_3.
VE_3. Are there other mechanisms to foster consultation with and involvement of older persons and their representatives in designing policies?

If YES -> Please elaborate ____________________________
**MODULE 5: HUMAN RIGHTS**

<table>
<thead>
<tr>
<th>#HR_1. Does your country engage with human rights mechanisms dedicated to the promotion and protection of the rights of older persons, such as the UN Independent Expert on the enjoyment of all human rights by older persons, or the mechanisms of the IACHR, or the Working Group on Rights of Older Persons of the African Commission?</th>
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<tbody>
<tr>
<td>□ Yes</td>
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</table>

<table>
<thead>
<tr>
<th>#HR_2. Does your country contribute to the United Nations Open-ended Working Group on Ageing (OEWG-A) to strengthen the protection of older persons' human rights?</th>
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<tr>
<td>□ Yes</td>
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<thead>
<tr>
<th>#HR_3. Has your country established an independent or impartial human rights entity, procedure or body, possibly within an existing independent national human rights body, with the mandate to examine complaints pertaining to the violation of the human rights of older persons?</th>
</tr>
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<tbody>
<tr>
<td>□ Yes</td>
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<table>
<thead>
<tr>
<th>#HR_3.1. Does the country have a national older person human rights institution (e.g. Ombudsperson for older persons, national older person rights commission/committee)?</th>
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<tbody>
<tr>
<td>□ Yes</td>
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</table>

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<tr>
<th>#HR_4. Does your country have a national human rights action plan that includes older persons as a specific group?</th>
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<tbody>
<tr>
<td>□ Yes</td>
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<table>
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<tr>
<th>#HR_5. Does your country explicitly include age as a prohibited ground of discrimination in existing legislation?</th>
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<tr>
<td>□ Yes</td>
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<tr>
<th>#HR_6. Does your country provide specific legal, administrative, or other effective remedies (anti-discrimination body; national human rights institution) to older persons who have been subject to discrimination?</th>
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<tbody>
<tr>
<td>□ Yes</td>
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</table>
# MODULE 6: GERIATRIC WORKFORCE AND TRAINING

### #GT_1. Does your country have capacity-building plans to strengthen the geriatric and gerontology workforce as part of overall health and social workforce planning for ageing populations?

- [ ] Yes
- [ ] No

### #GT_2. Are there national guidelines on geriatric care and training?

- [ ] Yes
- [ ] No

### #GT_2.1. Is geriatrics included in the curricula of training of health and social care workers?

- [ ] Health workers
- [ ] Social care workers
- [ ] None

### #GT_3. Are there any national competency frameworks for geriatric (older adults) care workers?

**IF NO -> Skip to GT_4**

### #GT_3.1. Do the competencies include the following domains? (tick all that apply)

- Comprehensive health assessment for older persons
- Integrated health and social care services at PHC
- Care coordination
- Quality standards
- Promotive and preventive care for older persons
- Long-term care for older persons
- Palliative care
- Support for family caregivers
- Geriatric syndromes and diseases in older persons
- Functional impairment and rehabilitation
- Communication
- Management of elder abuse
- Home health care, outreach and mobile care, telemedicine
- Age-friendly environment
- Mental health and well-being

### #GT_4. Are the following aspects of geriatric (older adults’) care included in current clinical guidelines?

- Comprehensive assessment and personalisation of care plan
- Nutrition support
- Physical exercise
- Risk of falls
- Delirium
- Pain management and palliation
- Psychosocial support for older persons and caregivers
- Selective enquiry of violence against older persons/elder abuse
- Management of multimorbidity
- Management of polypharmacy
- Frailty
- Providing home-based, outreached, mobile health and social care
- Environment modification
- Others, specify_______________________________
#GT_5. Is a training programme or plan (in-person or online) available for caregivers of older persons in your country?

- □ formal (paid) caregivers
- □ informal (unpaid) caregivers
- □ no programmes available

Please provide the standard curriculum and other relevant documents about the training programme or plan in GT_9.

#GT_6. Does the pre-service training of following health and social care workers include integrated health and long-term care for older persons?

<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
<th>Nurses</th>
<th>Community health workers</th>
<th>Social workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Don’t know</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
</tr>
</tbody>
</table>

#GT_7. Does your country have residential care facilities (short and long-term) for older persons?

If NO -> Skip to next section

#GT_7.1. Please indicate the type of long-term care facilities (LTCF) in your country (tick multiple categories if required)

- □ Independent living apartments
- □ Assisted living facilities/communities
- □ Residential care homes
- □ Nursing home
- □ Psychiatric LTCFs
- □ Other LTCF types, specify_____________________

#GT_7.2. Type of funding for LTCFs in the country

- □ Public (insurance)
- □ Private (user fee)
- □ Mixed (public and private)

EURO_GT_8.

Does your country have a public health institute/centre of excellence for research that is specialized in health and ageing research?

Yes □ No □

If YES

EURO_GT_8.1. Name of institution: ___________________

EURO_GT_8.2. Address of institution: ________________
GT_9. Please upload the relevant documents you have used to complete this module and provide details on each by completing the table below.

<table>
<thead>
<tr>
<th>S.no</th>
<th>(A) Title of document</th>
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<td>□ Policy/ Strategy</td>
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<td></td>
<td>□ Other, specify</td>
<td></td>
</tr>
<tr>
<td>...</td>
<td></td>
<td></td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>
## MODULE 7: FINANCIAL PROTECTION

### FP_1. Are there actions at the national level to support older persons’ participation in income-generating work, as long as older persons want and are able to do so? **If NO -> Skip to FP_2**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
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</tr>
</tbody>
</table>

### FP_1.1. What measures from the following were undertaken (tick all that apply):

- Supporting employers to retain or rehire older persons
- Promoting age-friendly workplaces
- Providing online business information and tools; help for start-ups
- Supporting the development of mentorship programmes; network of business mentors
- Providing policies and training on age inclusion or unconscious bias / preventing ageism in the workplace
- Ensuring life-long learning
- Ensuring the digital inclusion of older persons in all sectors
- Facilitating the reconciliation of employment and care work
- Closing gender pay or pension gaps
- Absence of mandatory retirement age
- Other, specify_________

### FP_2. Are the following health and social services provided free of charge at the point of use in the public sector for older persons?

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Yes, for all older persons</th>
<th>Yes, for selected population groups</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient care visits</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Inpatient care visits</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Assistive devices and technologies</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mental health services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pharmaceutical products and/or other medical supplies, if required for diagnosis and treatment, including assistive devices and nutritional supplements</td>
<td>☐ Yes, for all older persons</td>
<td>☐ Yes, for selected population groups</td>
<td>☐ No</td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td>Cataract surgery</td>
<td>☐ Yes, for all older persons</td>
<td>☐ Yes, for selected population groups</td>
<td>☐ No</td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td>Testing and treatment for chronic diseases</td>
<td>☐ Yes, for all older persons</td>
<td>☐ Yes, for selected population groups</td>
<td>☐ No</td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td>Personal care and help for domestic tasks (short-term)</td>
<td>☐ Yes, for all older persons</td>
<td>☐ Yes, for selected population groups</td>
<td>☐ No</td>
<td>☐ Don’t know</td>
</tr>
<tr>
<td>#FP_3. Do health insurance schemes cover long-term service costs?</td>
<td>☐ Private</td>
<td>☐ Public</td>
<td>☐ None</td>
<td></td>
</tr>
<tr>
<td>FP_4. What other measures to ensure the financial security of the older persons are undertaken on the national level? (tick all that apply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Legislation on removing or raising age caps on financial products</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ Ensuring financial education and literacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Data collection on income security in older age</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Providing reasonable accommodation</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Universal pensions</td>
<td></td>
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<td></td>
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<tr>
<td>☐ Pensions (contributory)</td>
<td></td>
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<tr>
<td>☐ Universal social protection floor</td>
<td></td>
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<td></td>
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<tr>
<td>☐ Ad hoc payments</td>
<td></td>
<td></td>
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<tr>
<td>☐ Other, specify ___________________________</td>
<td></td>
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</tbody>
</table>
### MODULE 8: DATA & INFORMATION SYSTEM

#### DI_1. Does your country have a national health information system (HIS) that collects and reports health related data on older persons?

*If NO -> Skip to DI_4*

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
</table>

#### DI_2. Does your national health information system (HIS) collect the following data?  

**Note:** Please look at your most recent report from the national health system report to ensure your answers below are accurate. Please ensure you provide the latest national report of HIS as one of the documents you upload for the current module in DI_7.

<table>
<thead>
<tr>
<th>Question</th>
<th>□ Yes</th>
<th>□ No</th>
<th>□ Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>DI_2.1. Number of geriatricians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DI_2.2. Number of geriatric nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DI_2.3. Number of social workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DI_2.4. Number of long-term care beds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DI_2.5. Number of formal LTC workers providing care in institutions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DI_2.6. Number of formal LTC workers providing care at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DI_2.7. Number of older persons that are care-dependent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DI_2.8. Number of older persons receiving long-term care at home or residential facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DI_2.9. Number of older persons treated for malnutrition</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DI_2.10. Number of older persons treated for mobility impairment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DI_2.11. Number of older persons treated for hearing impairment</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DI_2.12. Number of older persons treated for cognitive impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DI_2.13. Number of older persons treated for depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>------------</td>
</tr>
<tr>
<td>DI_2.14. Number of older persons treated for urinary incontinence</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>DI_2.15. Number of older persons treated for fractures due to falls</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>DI_2.16. Number of older persons treated for cataract or refractive error</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>#DI_3. Is the national HIS able to present data disaggregated by:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Age</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sex</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Location (rural/urban)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>#DI_4. Is the quality of long-term care monitored and reported?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>#DI_4.1. Are data on older persons in long-term care facilities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Age</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sex</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Location (rural/urban)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>#DI_5. Does your country have data on cities and communities that are</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>recognised as age-friendly?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>#DI_6. Does your country have data on older persons from population-</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>based representative surveys? *</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If NO -&gt; Skip to G_1.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please provide the name and the description of the available population data sources:

DI_6.1. Title of the survey __________________

DI_6.2. Which entity collects the data? __________________

DI_6.3. What topics does the survey cover? (tick all that apply)

- Demographics
- Social networks and social support
- Physical health
- Behavioral risk
- Cognitive function
- Mental health
- Health care
☐ Vaccination
☐ Long-term care
☐ Violence
☐ Social isolation and loneliness
☐ Employment
☐ Activities and social participation
☐ Housing and assets
☐ Transport/travel
☐ Biomarkers
  o gait speed,
  o balance,
  o grip strength,
  o blood sample,
  o peak flow,
  o chair stand
☐ Other, specify ________________

DI_6.4. The survey is representative:
☐ at the national level
☐ at the subnational level
__________________________(please specify)

DI_6.5. Is it a repeated survey?  ☐ Yes  ☐ No  ☐ Don’t know

DI_6.6. How often is it conducted? every ________________

DI_6.7. Is it a longitudinal survey? ☐ Yes  ☐ No  ☐ Don’t know

DI_6.8. What are the age limits (lower and upper) for the inclusion of the respondents in these surveys? ________________

DI_6.9. Is the institutionalised population included in the survey?  ☐ Yes  ☐ No  ☐ Don’t know

DI_6.10. Are some 'hard-to-reach' older persons (older prisoners, older homeless, older indigenous, older migrants and internally displaced, remote
DI_6.11. Were older persons consulted in the design of the surveys?  
☐ Yes  ☐ No  ☐ Don’t know

DI_6.12. Is data publicly available?  
☐ Yes  ☐ No  ☐ Don’t know

DI_6.13. Does the government use the data for policy analyses?  
☐ Yes  ☐ No

** Please note that a representative survey on older persons should be conducted after 2010 and must collect data on either one of the following: A) social-economic status of older persons and their needs, B) health status and health and LTC service utilization, C) issues related to the well-being of older persons or D) age-friendly environment.

DI_7. Please upload all of the documents you have used to complete this section and provide details on each by completing the table below

<table>
<thead>
<tr>
<th>S.no</th>
<th>(A) Title of survey</th>
<th>(B) Last year of data collection</th>
<th>(C) Type of document</th>
<th>(D) Upload document</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>___________ Record year</td>
<td>☐ Protocol/methodology ☐ Survey questionnaire ☐ Report HIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>___________ Record year</td>
<td>☐ Protocol/methodology ☐ Survey questionnaire ☐ Report HIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>___________ Record year</td>
<td>☐ Protocol/methodology ☐ Survey questionnaire ☐ Report HIS</td>
<td></td>
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</tr>
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<td>...</td>
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</tr>
</tbody>
</table>

G_1. Are there particular programs, associations, or other projects that should be highlighted representing extra-ordinary national or sub-national efforts to implement the United Nations Decade of Healthy Ageing? Please provide a short description of these initiatives and a link where relevant.

Thank you for completing this survey!
GLOSSARY

**Age-disaggregated data** – data split into 5 and 10 years groups.

**Age-friendly environment** – an environment that is free from physical and social barriers and supported by policies, systems, services, products and technologies that promote health and build and maintain physical and mental capacity across the life course; and enable people, even when experiencing capacity loss, to continue to do the things they value.

**Ageism** refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.

**Clinical guidelines** - statements that include recommendations intended to optimize patient care.

**Comprehensive health assessment** - the detailed complex examination that includes an investigation of social and behavioural influences, health risks, social and cultural needs, preferences, strengths and limitations of patients and/or families/caregivers.

**Community health workers (CHWs)** are health care providers who live in the community they serve and receive lower levels of formal education and training than professional health care workers such as nurses and doctors.

**Chronic disease** is defined as being of long duration, generally slow in progression and not passed from person to person.

**Geriatric (older adults’) care** – provision of care for older adults that focuses on the quality of life, control of disease and other distressing symptoms, and provides attention to the psychosocial, emotional and spiritual needs of patients and their families.

**Global Campaign to Combat Ageism** – an initiative that aims to tackle ageism by changing how we all think, feel and act towards age and ageing, which was supported by the 194 Member States of the World Health Organization, and integral to the UN Decade of Healthy Ageing (2021-2030).

**Healthy ageing programme** – national programme aimed at ensuring healthy ageing and improving the lives of older persons, their families and communities.

**Health information systems (HIS)** – is a system that manages healthcare data. It collects data from health and other relevant sectors, analyses the data, ensures their overall quality, relevance and timeliness, and converts the data into information for health-related decision-making.

**Inpatient care visits** - medical care provided on the base of a hospital or other type of inpatient facility.

**Integrated health and social care** is a concept that brings together the delivery, management and organization of health and social care well-being services that ensure person-centred and continuum of care to prevent, slow or reverse declines in intrinsic capacity and where these declines are unavoidable, help older persons to compensate in ways that maximize their functional ability.

**Long-term care (LTC)** – services that include traditional health services (e.g., management of chronic geriatric conditions, rehabilitation, palliation, promotion, preventative services) as well as assistive care (caregiving and social support) that enable older persons, who
experience significant declines in capacity, to receive the care and support that allow them to live a life consistent with their basic rights, fundamental freedoms and human dignity. Long-term care can be provided in many settings, including the home, the community, or a nursing home.

**Long-term care beds** - beds accommodating patients requiring long-term care due to chronic impairments and a reduced degree of independence in activities of daily living. They include beds in long-term care departments of general hospitals, beds for long-term care in specialty (other than mental health and substance abuse) hospitals, and beds for palliative care. Beds for rehabilitation are not included (along with the OECD definition).

**Longitudinal survey** - a research method in which data is gathered for the same subjects repeatedly over a period of time.

**Outpatient care** - primary and specialist health care in the community, also called ambulatory care, a contact with a health professional such as physicians (both generalists and specialists), nurse, midwife, dentists, etc, and is not admitted to any health care facility and does not occupy a hospital bed for any length of time.

**Primary health care (PHC)** is a whole-of-society approach to the organization of health systems that includes health promotion, disease prevention, treatment and management, as well as rehabilitation and palliative care. It is care for all at all ages and addresses the majority of a person’s health needs throughout their lifetime. This includes physical, mental and social well-being.

**Preventive care** - routine health care counselling to prevent illnesses, diseases, or other health problems.

**Rehabilitation services** – part of the universal health coverage that addresses the impact of a health condition on a person’s everyday life by optimizing their functioning and reducing their experience of disability in interaction with their environment. Rehabilitation expands the focus of health beyond preventative and curative care to ensure people with a health condition can remain as independent as possible and participate in education, work and meaningful life roles.

**Residential long-term care facilities** comprise establishments primarily engaged in providing nursing, supervisory or other types of health and social care services as required by the residents. Residential LTCF exclude hospital beds dedicated to LTC and beds in residential settings such as adapted housing that can be considered as people’s homes.

**Stakeholders** (health) refers to an individual, group or organization that is interested in the organization and delivery of health care.

**Selective enquiry** refers to direct or indirect investigation on suspicion or concerns that someone is experiencing abuse or meet certain criteria indicating additional vulnerability to abuse.

**Resources** – for the purpose of this survey, resources are defined as financial, human, and administrative sources of supply and support for the implementation of healthy ageing programme.

**Repeated survey** means a survey that is repeated on a regular basis but does not necessarily follow the same individuals.
Universal health coverage (UHC) means that all individuals and communities receive the health services they need when and where they need them without suffering financial hardship.