Terms of reference (ToR) for Technical Advisory Group for Measurement, Monitoring and Evaluation of the UN Decade of Healthy Ageing

Background and rationale

With the adoption of the United Nation’s (UN) Decade of Healthy Ageing (2021–2030) by the 75th General Assembly on 14 December 2020, and 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 people (defined as age 60 years and over), their families and the communities in which they reside. The goal of this new action plan, the Decade, is to optimize the functional ability of older people and contribute to the vision of 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, c) deliver person-centered 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.

The UN resolution calls upon World Health Organization (WHO) to lead the implementation of the Decade, in collaboration with United Nations, using existing mechanisms such as the Inter-Agency Group on Ageing (IAGA). The resolution invites the Secretary-General to inform the General Assembly about the progress of the UN Decade of Healthy Ageing, on the basis of triennial reports to be compiled by WHO, in collaboration with several UN agencies, in 2023, 2026 and 2029. The Decade action plan notes a final report will be aligned to the UN’s 2030 Agenda and refers to the Sustainable Development Goals (SDGs) and indicators as important to healthy ageing.

In addition to the SDGs, Member States endorsed two types of indicators (e.g. ten progress indicators related to national policies and two impact indicators addressing healthy ageing and healthy life expectancy) to monitor the progress at the national level and impact on people’s lives. WHO issued a baseline report on 17 December 2020 that documents current status focusing on global comparable data. However, there is greater need to review existing indicators and identify the measurement gaps to strengthen monitoring and evaluation activities.

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2 UNDESA, UNFPA, other UN offices, departments and specialized agencies, and relevant stakeholders including international and regional organizations, such as the World Bank, within their respective mandates
of the UN Decade of Healthy Ageing. Moreover, the concept of healthy ageing needs to be operationalised from a programmatic perspective for the actions areas, and guidance on measures, data collection, analysis and reporting are urgently needed to support global, regional and national monitoring of the actions, programmes and policies.

The Decade plan recognises the importance of strengthening data for measurement, monitoring and evaluation of the action plan as part of four Decade enablers:

1. listening to diverse voices and enabling meaningful engagement of older people, family members, caregivers, young people and communities;
2. nurturing leadership and building capacity for integrated action across sectors;
3. connecting various stakeholders around the world to share and learn from the experience of others; and
4. strengthen data, research and innovation to accelerate implementation.

To this end, WHO establishes a Technical Advisory Group (TAG) to provide advice on the measurement, monitoring and evaluation of the UN Decade of Healthy Ageing (2021–2030) and programmes related to the action areas.

Collaboration across the UN is a key to successful implementation of the Decade. WHO will be the secretariat for this expert group and a steering committee consisting of UN agencies from the IAGA will be in place. The TAG deliberates on specific technical issues set out by the Secretariat in discussion with the Steering Group.

I. Functions

The TAG has no executive or regulatory function. Its role is solely to provide advice and recommendations, including on urgent matters as needed.

In its capacity as an advisory body to the WHO, the Technical Advisory Group (TAG) shall provide technical advice in the following areas:

1. development of existing and new indicators for monitoring and evaluating the progress and impact of the UN Decade of Healthy Ageing at all levels (global, regional, national and local), aligning and leveraging on other ageing related data efforts such as MIPAA (Madrid International Plan of Action on Ageing), voluntary review of SDGs;

2. proposed methods for producing global, regional and national, and subnational estimates linked to the UN Decade of Healthy Ageing;

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5 Two WHO staff members from the department of Maternal, Newborn, Child, Adolescent Health and the department of Social Determinants of Health
6 Staff members from UN agencies
3. measurement and operationalisation of new and existing indicators (e.g. intrinsic capacity, functional ability and environments) linked to the Decade actions areas and related programmes or initiatives (such as, integrated care for older people, long-term care for older people, combatting ageism, age-friendly environments and communities, among others);

4. standardization of measures, mode of data collection, data harmonization for comparability, data analysis across all indicators for the Decade of Healthy Ageing and guidance for decision-making and capacity building in these areas at the country level;

The secretariat reserves the possibility to add functions during the Decade that are fit for purpose in relation to measurement, monitoring and evaluation.

II. Composition and membership

1. The TAG will have up to 20 members, who shall serve in their individual capacities to represent the broad range of sectors and disciplines relevant to the function of the group. The membership of TAG shall seek to reflect eminent experts in the major areas of relevance such as epidemiology, geriatrics, gerontology, demography, community development, and statistics in relation to the Decade’s priority action areas (listed above) and other relevant expertise in relation to ageing (e.g. monitoring and evaluation of programmes, information systems related to diverse sectors relevant to the Decade and population surveys or census and digital health). In the selection of the TAG members, consideration will be given to attaining an adequate distribution of technical expertise, geographical representation and gender balance.

2. Members of the TAG shall be selected by the Secretariat in conjunction with the steering committee and appointed by the Director of the Department of Maternal, Newborn, Child, Adolescent Health and Ageing, and the Director of the Department of Social Determinants of Health, following a public call for applications.

3. Members of the TAG shall be appointed to serve for a period of three years and shall be eligible for reappointment. Where a member’s appointment is terminated, WHO may decide to appoint a replacement member.

4. The Chairpersons for the TAG shall be selected by the Secretariat in consultation with the steering group. The functions of the Chairpersons include the following: a) to chair the meeting of the TAG and b) to liaise with the WHO Secretariat between meetings. Chairpersons are eligible for reappointment as a member of the TAG, but is only permitted to serve as Chairpersons for one term. Their appointment and/or designation as Chairpersons may be terminated at any time by WHO if WHO’s interest so requires or, as otherwise specified in these terms of reference or letters of appointment.
5. TAG members must respect the impartiality and independence required of WHO. In performing their work, members may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of any real, potential or apparent conflicts of interest. To this end, proposed members shall be required to complete a declaration of interests form and their appointment, or continuation of their appointment, shall be subject to the evaluation of completed forms by the WHO Secretariat, determining that their participation would not give rise to a real, potential or apparent conflict of interest.

6. Following a determination that a proposed member’s participation in the TAG would not give rise to a real, potential or apparent conflict of interest, the proposed member will be sent a letter inviting them to be a member of the TAG. Their appointment to the TAG is subject to WHO receiving the countersigned invitation letter and letter of agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, TAG members have an ongoing obligation to inform the WHO of any interests real or perceived that may give raise to a real, potential or apparent conflict of interest.

7. As contemplated in paragraph II.5 above, WHO may, from time to time, request TAG members to complete a new declaration of interest form. This may be before a TAG meeting or any other TAG-related activity or engagement, as decided by WHO. Where WHO has made such a request, the TAG member’s participation in the TAG activity or engagement is subject to a determination that their participation would not give rise to a real, potential or apparent conflict of interest.

III. Meetings and operational procedures

1. TAG will normally meet at least twice a year. The frequency may, however, be adjusted by WHO as necessary. The meetings may either be held in person (at WHO headquarters in Geneva or another location as determined by WHO) or through video- or teleconferences.

TAG meetings may be held in open and/or closed session, as decided by the Chairpersons in consultation with WHO.

(a) Open sessions: Open sessions shall be convened for the sole purpose of the exchange of non-confidential information and views, and may be attended by Observers (as defined in paragraph III.3 below).

(b) Closed sessions: The sessions dealing with the formulation of recommendations and/or advice to WHO shall be restricted to the members of the TAG and essential WHO Secretariat staff.
2. The quorum for TAG meetings shall be two thirds of the members.

3. WHO may, at its sole discretion, invite internal (WHO or UN staff members) or external individuals from time to time to attend the open sessions of the technical advisory group, or parts thereof, as “observers”. Observers may be invited either in their personal capacity, or as representatives from a governmental institution / intergovernmental organization, or from a non-state actor. WHO will request external observers invited in their personal capacity to complete a confidentiality undertaking and a declaration of interests form prior to attending a session of the advisory group. Invitations to observers attending as representatives from non-state actors will be subject to internal due diligence and conflict of interest considerations in accordance with FENSA. Observers invited as representatives may also be requested to complete a confidentiality undertaking. At the invitation of the Chairpersons, observers may be asked to present their personal views and/or the policies of their organization. Observers will not participate in the process of adopting decisions and recommendations of the TAG.

4. TAG members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her appointment as a member of the TAG. Any change in affiliation resulting in conflict of interest may end his/her appointment as a member of the TAG. Where a TAG member is invited by WHO to travel to an in-person meeting, at the invitation of WHO, their travel cost and per diem shall be covered by WHO in accordance with the applicable WHO rules and policies. TAG members do not receive any remuneration from the Organization for any work related to the TAG.

5. The TAG shall normally make recommendations by consensus. The term consensus means “general agreement”. The TAG shall make consensus decision-making whereby the consent of all members is pursued. When consensus has been reached, it generally means that every member finds the proposed recommendation acceptable – or at least lends it support, even if less than wholeheartedly.

6. If, in exceptional circumstances, a consensus on a particular issue cannot be reached, minority opinions will be reflected in the meeting report. TAG will, as a rule, develop its recommendation by consensus. If a consensus cannot be reached, minority views and opinions shall be reflected in the report. Following each meeting of the Technical Advisory Group, the WHO Secretariat in discussion with the Chairpersons, shall prepare a report of the discussions, including the advice and recommendations proposed by the TAG. This report will be submitted to the Director of the Department of Maternal, Newborn, Child, Adolescent and Ageing, and the Director of Social Determinants of Health, through the WHO Secretariat.
6. Active participation is expected from all TAG members, including in working groups, teleconferences, and interaction over email. TAG members may, in advance of TAG meetings, be requested to review meeting documentation and to provide their views for consideration by the TAG.

7. WHO shall determine the modes of communication by the TAG, including between WHO and the TAG members, and the TAG members among themselves.

8. TAG members shall not speak on behalf of, or represent, the TAG or WHO to any third party. TAG members if approached by non-WHO sources for their views, comments and statements on particular matters related to the Decade shall refer such enquiries to WHO.

IV. Secretariat

The Secretariat of the Technical Advisory Group consists of staff members\(^7\) of the WHO’s Departments of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA) and Department for Social Determinants (SDH) with support from the steering group. The Secretariat’s role will be to:
- Develop products according to TAG’s workplan;
- Organize meetings of the TAG Group twice per year;
- Draft and share meeting reports;
- Arrange monthly conference calls with the TAG Chairpersons, and share conference call notes with the TAG;
- Inform the TAG about WHO and UN policies, actions and recommendations relevant to the terms of reference

V. Information and documentation

1. Information and documentation to which members may gain access in performing TAG related activities shall be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. In addition, by counter signing the letter of appointment and the accompanying terms and conditions referred to in section II(6) above, TAG members undertake to abide by the confidentiality obligations contained therein and also confirm that any and all rights in the work performed by them in connection with, or as a result of their TAG-related activities shall be exclusively vested in WHO.

\(^7\) Two WHO staff members from the Department of Maternal, Newborn, Child, Adolescent Health and the Department of Social Determinants of Health
2. TAG members and Observers shall not quote from, circulate or use TAG documents for any purpose other than in a manner consistent with their responsibilities under these Terms of Reference.

3. WHO retains full control over the publication of the reports of the TAG, including deciding whether or not to publish them.

Annex 1: Process for establishing the measurement advisory group

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<td><strong>a) Planning and finalizing the ToR</strong></td>
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| 1 | • Finalize the ToR within MCA (Maternal, Newborn, Child, Adolescent Health and Ageing/ AAH Unit/ EME Unit) department  
• Share a zero draft (clean version) with the Social Determinants of Health/DHA unit for review and feedback, along with accompanying document that highlights the measurement issues | 31 March 2021 |
| 2 | • Schedule a meeting with the DHA unit to discuss the ToR and document the common measurement challenges from their side  
• Incorporate the comments from the DHA unit and finalize the ToR | 11 April to 16 April 2021 |
| **b) Formulation of a steering group** | | |
| 4 | • In discussion with the DHA unit, shortlist a list of UN agencies to create a steering group  
• Send a formal letter from Director’s office (Anshu/Etienne) to UN agencies for the nomination of staff members for the steering group. | May 2021 |
| 5 | • Set-up a meeting with steering group members to discuss:  
a) Role and responsibilities of the steering group  
b) TAG – ToR (functions, roles, responsibilities and decision making process)  
c) Composition of the TAG and process for selection of members  
Note: In this discuss, we will also take stock of measurement challenges faced by the steering group members in their own areas of work | July 2021 |
| 6 | • Revise the ToR based on the suggestions from the steering group and share the revised ToR with the Director(s) for approval  
• Submit the ToR to the QNS department for clearance (track change version)  
Note: Legal clearance is not required for this group. | July 2021 |
| **c) Formulation of a technical advisory group** | | |
|   | • Develop criteria for selection of experts and prepare the rating sheet to evaluate the CVs (submitted by experts in response to the open call)  
• Form a review panel (5 – 7 members) to review the CVs of experts. The panel consists of the representatives from steering group plus staff members in MCA/SDH departments | August 2021 |
|---|---|---|
| 7 | • Prepare an open call for experts (in discussion with the Steering group)  
• Advertise the open call for experts with the approval of the Directors | August 2021 |
| 8 | • Assess the conflict of interest forms submitted by experts (when needed consult legal department on potential conflicts declared by the experts)  
• Shortlist the CVs of eligible experts with no potential conflict of interest  
• Share the curriculum vitae of experts with the review panel for assessment  
  Note: reviewers may be blinded from the personal identity of the experts | October 2021 |
| 10 | • Discuss the shortlisted experts with the Directors (Anshu/Etienne) for approval | October 2021 |
| 11 | • Send a formal letter from the Director (Anshu/Etienne) to experts confirming the TAG membership | October 2021 |
| **d) Launch of the Technical Advisory Group for Measurement, Monitoring and Evaluation** |  |
| 12 | • Organise a pre-launch meeting with the experts to clarify their role and expectations  
• Advertise the TAG members profiles on the WHO website  
• Prepare meeting agenda for the launch event (with the steering group) | Nov 2021 |
| 13 | • Host the first virtual meeting to launch the TAG  
• Disseminate the launch event in the WHO/UN partners website/ UN data forum and other social media websites as widely as possible | TBD |
Annex 2 Expected products that will benefit from TAG recommendations

1. Guideline on comprehensive assessment of older people (Global Goods - Greenlighted)

2. Indicator and framework for monitoring and evaluation for the Decade of Healthy Ageing and related actions

3. A standard set of outcome indicators for monitoring health and well-being of older people (Health information system modules on Ageing to be part of MCA life course module)

4. UN progress report (2023) on UN Decade of Healthy Ageing

5. National toolkit for monitoring healthy ageing


7. SDG indicator report – making older adults visible – collaboration with UN partners and Titchfield City Group on Ageing and Age Disaggregated Data (Global Goods - Greenlighted)