COMMENTARY

The UN Decade of healthy ageing: strengthening measurement for monitoring health and wellbeing of older people

Jotheeswaran Amuthavalli Thiyagarajan1, Christopher Mikton2, Rowan H. Harwood3, Muthoni Gichu4, Victor Gaigbe-Togbe5, Tapiwa Jhamba6, Daniela Pekorna7, Valentina Stoevska8, Rio Hada9, Grace Sanico Steffan9, Ana Liena10, Eileen Rocard10, Theresa Diaz11

1Ageing and Health Unit, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO HQ, Geneva, Switzerland
2Demographic Change and Healthy Aging Unit, Social Determinants of Health, World Health Organization, Geneva, Switzerland
3Faculty of Medicine and Health Sciences, Nottingham University Hospitals NHS Trust, Nottingham, UK
4Division of Geriatric Medicine at the Ministry of Health, Nairobi, Kenya
5Demographic Analysis Section, Population Division, Department of Economic and Social Affairs United Nations, New York, NY, USA
6Population and Development Branch, Technical Division United Nations Population Fund, New York, USA
7International Telecommunication Union (ITU), ICT Data and Analytics Division, Geneva, Switzerland
8Department of Statistics, The International Labour Organization, Geneva, Switzerland
9Economic, Social and Cultural Rights Section, Office of the United Nations High Commissioner for Human Rights (OHCHR), Geneva, Switzerland
10Directorate for Employment, Labour and Social Affairs, Organization for Economic Co-operation and Development, Paris, France
11Epidemiology, Monitoring and Evaluation Unit, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO HQ, Geneva, Switzerland

Address correspondence to: Jotheeswaran Amuthavalli Thiyagarajan. Email: amuthavallithiya@who.int

Abstract

Over the past 100 years, life expectancy has increased dramatically in nearly all nations. Yet, these extra years of life gained have not all been healthy, particularly for older people aged 60 years and over. In 2020, the World Health Organisation (WHO) and United Nations (UN) member states embraced a sweeping 10-year global plan of action to ensure all older people can live long and healthy lives, formally known as the UN Decade of Healthy Ageing (2021–2030). With the adoption of the UN Decade of Healthy Ageing resolution, countries are committed to implementing collaborative actions to improve the lives of older people, their families and the communities in which they reside. The Decade addresses four interconnected areas of action. Adopting the UN’s resolution on the Decade of Healthy Ageing has caused excitement, but a question that has weighed on everyone's mind is how governments will be held accountable? Besides, there have been no goals or targets set for the UN Decade of Healthy Ageing from a programmatic perspective for the action areas, and guidance on measures, data collection, analysis and reporting are urgently needed to support global, regional and national monitoring of the national strategies, programmes and policies. To this end, WHO in collaboration with UN agencies and international agencies established a Technical Advisory Group for Measurement of Healthy Ageing (TAG4MHA) to provide advice on the measurement, monitoring and evaluation of the UN Decade of Healthy Ageing at the global, regional and national levels.

Keywords: older people, ageing, healthy ageing, monitoring and evaluation, UN Decade of healthy ageing
Key Points

- Over the past 100 years, life expectancy has increased dramatically. Yet, these extra years of life gained have not all been healthy, particularly for older people aged 60 years and over.
- In 2020, the World Health Organisation (WHO) and United Nations (UN) member states embraced a sweeping 10-year global plan of action to ensure all older people can live long and healthy lives.
- Adopting the UN’s resolution on the Decade of Healthy Ageing has caused excitement, but a question that has weighed on everyone’s mind is how governments will be held accountable?
- Evidence-based guidance on measures, data collection, analysis and reporting are urgently needed to support global, regional and national monitoring of the strategies, programmes and policies that promote healthy ageing.
- To this end, WHO in collaboration with UN and international agencies established a Technical Advisory Group for Measurement of Healthy Ageing (TAG4MHA).

Commentary

Over the past 100 years, life expectancy has increased dramatically in nearly all nations. Life expectancy at birth improved globally from 28.5 years in 1800 to 73.3 years in 2019 [1, 2]. This 3-fold increase in life span reflects the advancement of public health, medicine, and economic and social developments. Additional life years and demographic shifts have profound implications for societies as well as offer unprecedented opportunities for sustainable development [3].

Yet, these extra years of life gained have not all been healthy, particularly for older people aged 60 years and over [4]. Life expectancy at age 60 has increased (from 18.8 years in 2000 to 21.1 years in 2019). Still, the average healthy life expectancy for older people has remained unchanged in many countries, and more than half have not gained more than 1 year of healthy life expectancy in the past 2 decades [5]. While chronic diseases related to ageing continue to hinder health span improvement, there are numerous ways to influence the relationship between chronological age and health [6, 7].

In 2020, the World Health Organisation (WHO) and United Nations (UN) member states embraced a sweeping 10-year global plan of action to ensure all older people can live long and healthy lives, formally known as the UN Decade of Healthy Ageing (2021–2030) [8, 9]. With the adoption of the UN Decade of Healthy Ageing resolution, countries are committed to implementing collaborative actions to improve the lives of older people, their families and the communities in which they reside. The Decade addresses four interconnected areas of action: (i) to change how we think, feel and act toward age and ageing; (ii) ensure that communities foster the abilities of older people; (iii) deliver person-centred integrated care and primary health services that are responsive to older people and (iv) provide access to long-term care for older people who need it [10].

The UN resolution called upon the WHO to lead the Decade’s implementation and monitor and evaluate progress against goals.

The UN Sustainable Development Goals (SDGs) [11], the WHO Global strategy on ageing and health [12], the UN Madrid International Plan of Action on Ageing [13], Report of the Independent Experts on Human rights of Older People [14], European Care Strategy [15] and The Lancet Series on Ageing [16] all recognise the importance of strengthening measurement and data on older persons for monitoring and evaluation of public health programme, policies and interventions. The UN Decade of Healthy Ageing recognises strengthening data, research, and innovation to accelerate implementation [8]. Further, the unprecedented COVID-19 pandemic has provided a sharp reminder of the invisibility of older persons in publically available data [17]. To ensure older persons are not left behind, there is a pressing need to strengthen measurement and address the data gaps. [15].

Making accountability tangible

Adopting the UN’s resolution on the Decade of Healthy Ageing has caused excitement, but a question that has weighed on everyone’s mind is how governments will be held accountable? In particular, how will the UN and WHO hold governments accountable for improving the lives of older people? A primary purpose of programmes and policies within the Decade is to change tangible and real-life outcomes. For example, to enhance access to employment choices and opportunities, essential health services and long term care, combat ageism, or reduce adverse events. Whether these changes are achieved is a crucial question to public health but is seldom addressed. Often, stakeholders measure inputs, such as how much is spent or how many people are trained rather examining whether policies and programs have succeeded in improving health and wellbeing. With the UN Millennium Development Goals [18] followed by Sustainable Development Goals [11], there is a global trend toward shifting focus from inputs to outcomes and results to track national and international targets to build a strong foundation for transparency and accountability.

Governments use indicators as catalysts for improving public services. As simple as this may sound, what is being measured must be carefully considered, as there can easily be unintended consequences when measuring one outcome over another. Therefore, to provide a picture of progress made
by countries and the impact of policies and programmes on
the lives of older people, it is essential to develop a balanced
set of core indicators across all action areas of the UN
Decade of Healthy Ageing. To assist governments, WHO
will develop and refine a monitoring and evaluation fram-
work and provide a core set of indicators that stakeholders
can use to verify and enhance public health interventions’
quality, equity, efficiency and effectiveness at various stages
of implementing action areas of the UN Decade of Healthy
Ageing. The framework will be aligned with human rights
approach, norms, standards and principles [19].

Measuring what matters to older persons
Health in older age is complex. Dynamic interactions
between underlying physiological changes, illness and
multimorbidity can lead to physical and mental conditions
not encapsulated by traditional disease classification. In
2015, the WHO released the World report on ageing and
health, which proposed a public health framework for
action on population ageing [3]. Central to the Report
is a new conceptual model for ‘Healthy Ageing’. Rather
than considering healthy ageing from the perspective of
the presence or absence of disease, this functioning-based
approach is oriented around building and maintaining the
ability of older people to be, and to do, the things they have
reason to value. WHO proposed that this ‘functional ability’
determined by the ‘intrinsic capacity’ of the individual, the
environments in which they live and the interaction between
the individual and these environments. Functional ability is
defined as ‘all the health-related attributes that enable older
people to be and to do what they have reason to value’.
Intrinsic capacity (IC) is defined as ‘the composite of all the
physical and mental capacities that an individual can draw
on at any point in time’.

Despite the popularity of these concepts, a standard set
of measures for collecting data on them has not yet been
developed. A series of systematic reviews on the different
domains of functional ability (e.g. ability to meet basic needs
and ability to be mobile) and of intrinsic capacity (e.g.
cognitive capacity and locomotor capacity) currently being
conducted by WHO academic partners will provide the basis
for developing evidence-based measures of healthy ageing.
The findings of these reviews will be appraised and used to
create recommendations on valid and reliable indicators and
instruments for assessing healthy ageing indicators in the
clinical and population settings.

Developing a practical basis for
measurement, monitoring and evaluation
The UN resolution invited the Secretary-General to inform
the General Assembly about the progress of the Decade of
Healthy Ageing based on triennial reports to be compiled
by WHO, in collaboration with UN agencies, in 2023,
2026 and 2029. To this end, the WHO’s Department for
Maternal, Newborn, Child, Adolescent Health and Ageing
and Department of Social Determinants of Health, in col-
aboration with various other UN and international agen-
cies, have established a Technical Advisory Group for the
Measurement of Healthy Ageing (TAG4MHA) to provide
advice on the measurement, monitoring and evaluation of
the Decade and programmes related to the action areas [20].
The TAG4MHA, in association with UN Steering Com-
mittee, was established to align with existing measurement
advisory groups, including those overseeing maternal, child
and adolescent health [21–23]. Together, these Groups aim
to strengthen data and measurement for monitoring health
and associated conditions across the life course to ensure
progress on accountable action.

The TAG4MHA consists of 20 experts (Appendix 1)
selected through an open call and competitive process.
Members were selected based on their technical expertise
in the significant areas of relevance, such as epidemiology,
geriatrics, social gerontology, economics, demography,
community development, health policy, psychometrics and
statistics and relevant expertise concerning international
public health programme evaluation (e.g. monitoring and
evaluation of programmes, information systems related to
diverse sectors pertinent to the Decade and population
surveys or census and digital health). Further considerations
in the selection ensured broad expertise across the four main
action areas of the Decade of Healthy Ageing, geographic
diversity and gender balance. For more information about
the TAG4MHA activities, please visit https://www.who.int/
news/item/25-01-2022-who-establishes-a-technical-advis-
ory-group-on-measurement-monitoring-and-evaluation-o
f-un-decade-of-healthy-ageing.

The TAG will offer advice on input indicators and set
meaningful outcomes and targets to make accountability
concrete. This will promote a strong focus on older persons’
outcomes and generate observable measures that make it
possible for countries to monitor their progress. Getting
accountability right by setting suitable targets for each action
area of the Decade of Healthy Ageing will be a high initial
priority for the TAG4MHA.

Strengthening countries’ statistical and information
systems
A nation’s ability to collect, analyse and disseminate high-
quality data on ageing and inequalities is crucial for all
stages of evidence-based decision-making. These include: (i)
indicators for monitoring the situation, (ii) guiding pro-
gramme design and policy formulation or improvement, (iii)
allocating resources, and (iv) informing stakeholders about
the impact outcome of policies and programmes. To support
countries, with guidance from the TAG4MHA and UN
Steering Committee, WHO will be launching a national
toolkit for monitoring and evaluating of UN Decade of
Healthy Ageing.

More guidance is required on data collection activities
aligned with the human rights principle of ‘doing no harm’.

3
All data collection exercises should include means for active and meaningful participation of relevant stakeholders, particularly the most marginalised groups. Disaggregation can, for example, prove very helpful and essential in identifying situations of structural discrimination—ageism—and gaps related to specific age groups. Target respondents should be self-defining and have the option to disclose or withhold, information about their characteristics. When personal data are released, this should only be done with the permission of the older persons concerned (or their appropriate representatives). The respect and protection of personal identity must be central, and data collected must be strictly confidential and used exclusively for statistical purposes.

Concerning data gaps

Nearly 60% of older persons today live in low- and middle-income countries, but fewer than 10% of these countries have a national survey that routinely collects information about healthy ageing [24]. This data gap demonstrates how older people can be invisible. Demographic and health surveys generally do not include women aged 50 and over and men aged 55 and over. Many surveys, even those devoted to older people, do not include older people in institutions, older prisoners or older homeless people. It can be challenging to enumerate older persons because of incomplete or nonexistent information records, traditional household surveys, and gatekeepers. Language barriers, lack of administrative records, physical or cognitive impairments, and remoteness are also factors that exclude specific populations, such as migrants, people receiving home care, people living with dementia, and people living in rural or remote areas. Using proxies to overcome these limitations may not yield accurate results.

Furthermore, there are no reliable tools or survey protocols to measure healthy ageing. Tools used in different countries, or even within the same country, are often heterogeneous [10]. A lack of data comparability between surveys makes monitoring and evaluation very challenging. Due to adverse life circumstances, certain groups of older people may experience declines in physical and mental capacities earlier than their counterparts. Refugees and older people who have been affected by war, conflict, and natural disasters may fall into this category. The existing survey tools aren’t designed to cover all the different sub-populations of older people. To address the survey issues, with the advice of the TAG4MHA, WHO will develop valid and reliable survey instruments for population, health facility and policy surveys on ageing. This tool will be validated in a multi-country pilot study in the coming years.

The way forward

Defining successful public health strategies, programs and policies for older adults is difficult without reliable and meaningful data. A fundamental change in methodologies, data collection processes, and tools that can accommodate different subpopulations of older persons is urgently required [25]. To ensure older persons are not left behind, measurement gaps outlined above must be systematically addressed [15]. With the advice of TAG4MHA, WHO along with UN partners will strive to provide governments with tools to facilitate measurement and monitoring to determine whether or not the commitment to the UN Decade of Health Ageing is improving the health and wellbeing of older people.

Supplementary Data: Supplementary data mentioned in the text are available to subscribers in Age and Ageing online.

Declaration of Conflicts of Interest: None.

Declaration of Sources of Funding: None.

References

1. Riley JC. Estimates of regional and global life expectancy. 1800–2001. Popul Dev Rev 2005; 31: 537–43.
2. Global Health Estimates. Life Expectancy. Geneva, Switzerland: World Health Organization. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-life-expectancy-and-healthy-life-expectancy.
3. World Health Organization. World Report on Ageing and Health. Geneva, Switzerland: World Health Organization, 2015.
4. World Health Organization. World Health Statistics 2021: Monitoring Health for the SDGs, Sustainable Development Goals. Geneva, Switzerland: World Health Organization, 2021.
5. Global Health Estimates. Life Expectancy and Leading Causes of Death and Disability. https://www.who.int/data/gho/data/topics/mortality-and-global-health-estimates.
6. Scott AJ, Ellison M, Sinclair DA. The economic value of targeting aging. Nat Aging 2021; 1: 616–23.
7. Beard JR, Jotheeswaran AT, Cesari M, Araujo de Carvalho I, Araujo de Carvalho I. The structure and predictive value of intrinsic capacity in a longitudinal study of ageing. BMJ Open 2019; 9: e026119.
8. United Nations. In: Session S-F, ed. A/RES/75/131 United Nations Decade of Healthy Ageing (2021–2030): Resolution/Adopted by the General Assembly on 14 December 2020. New York: United Nations, 2020.
9. World Health Organization. United Nation’s Decade of Healthy Ageing (2021–2030). Geneva: World Health Organization, 2020.
10. World Health Organization. Decade of Healthy Ageing: Baseline Report. Geneva, Switzerland: World Health Organization, 2020.
11. United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. United Nations, New York, USA. https://sds.un.org/2030agenda.
12. World Health Organization. Global Strategy and Action Plan on Ageing and Health. Geneva, Switzerland: World Health Organization, 2017.
13. United Nations. Political Declaration and Madrid International Plan of Action on Ageing. New York, USA: United Nations, 2002.
14. United Nations. Human rights of older persons: the data gap. In: Council HR, ed. Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development. New York: United Nations, 2020.

15. European Care Strategy—The EU as a Driving Force for Better Care for All: Brussels, Belgium: AGE Platform Europe, https://www.age-platform.eu/special-briefing/european-care-strategy-eu-driving-force-better-care-all.

16. Beard JR, Bloom DE. Towards a comprehensive public health response to population ageing. Lancet 2015; 385: 658–61.

17. United Nations. Policy Brief: The Impact of COVID-19 on Older Persons. New York, USA: United Nations, 2020.

18. Lomazzi M, Borisch B, Laaser U. The millennium development goals: experiences, achievements and what’s next. Glob Health Action 2014; 7: 23695–5.

19. Office of the United Nations High Commissioner for Human Rights. A Human Rights-Based Approach To Data. Geneva, Switzerland: Office of the United Nations High Commissioner for Human Rights, 2018.

20. World Health Organization. Technical Advisory Group for Measurement, Monitoring and Evaluation of the UN Decade of Healthy Ageing. Geneva, Switzerland: World Health Organization. https://www.who.int/groups/technical-advisory-group-for-measurement-monitoring-and-evaluation-of-the-un-decade-of-healthy-ageing.

21. Guthold R, Moller AB, Azzopardi P et al. The global action for measurement of adolescent health (GAMA) initiative-rethinking adolescent metrics. J Adolesc Health 2019; 64: 697–9.

22. Strong K, Requejo J, Agweyu A et al. Child health accountability tracking-extending child health measurement. Lancet Child Adolesc Health 2020; 4: 259–61.

23. Moran AC, Moller AB, Chou D et al. ‘What gets measured gets managed’: revisiting the indicators for maternal and newborn health programmes. Reprod Health 2018; 15: 19.

24. World Health Organization. Ageing Data Portal, Maternal, Newborn, Child, Adolescent Health and Ageing. Geneva, Switzerland: World Health Organization. https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/number-of-countries-with-cross-sectional-nationally-representative-publicly-available-and-anonymous-individual-level-data-on-older-persons-and-their-health-status-and-needs-collected-since-2010.

25. Office of the United Nations High Commissioner for Human Rights. Independent Expert on the Enjoyment of All Human Rights by Older Persons. Geneva, Switzerland: Human Rights Officer of the High Commissioner, 2020.

Received 3 May 2022; editorial decision 13 May 2022