



Developing global research policy for healthy ageing & collaboration opportunities

**Dr Ritu Sadana, Senior Health Advisor
Innovation & Research for
Ageing and Life Course
World Health Organization**



American University of Cairo

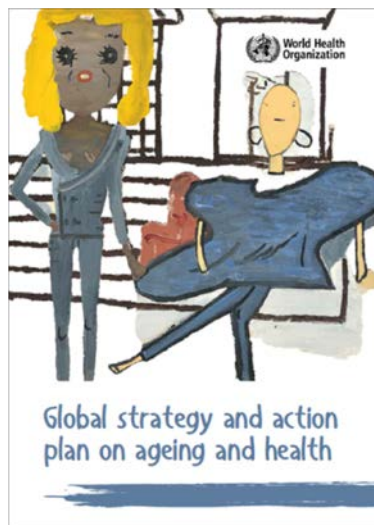
10 April 2019

Shape international instruments and collaborations to engage and be inclusive of older adults



Madrid International Plan of Action on Ageing (MIPAA) 2002

Goal 2 promotes participation, non-discrimination and social inclusion of older adults



Equity a key principle

Set up a Decade for Healthy Ageing aligned to the SDGs



Within Agenda 2030, SDG3 aims to ensure healthy lives and promote wellbeing for all, at all ages.

Leave no one behind requires countries to pay attention to health inequalities and act on health inequities

Outline

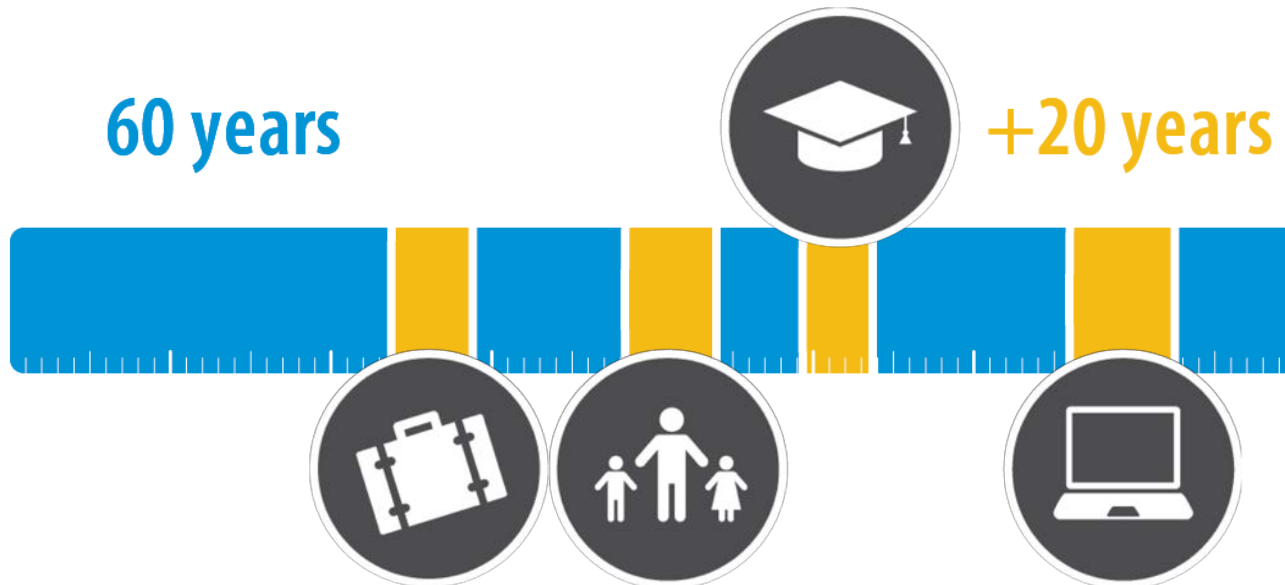
1. Transformation Requires Strategy and Accountability
2. Disease Burden and Care Needs & Age Friendly Environments
3. Systems' Perspective for Research
4. Monitoring Impact
5. Opportunities to Work Together

Requires a transformation

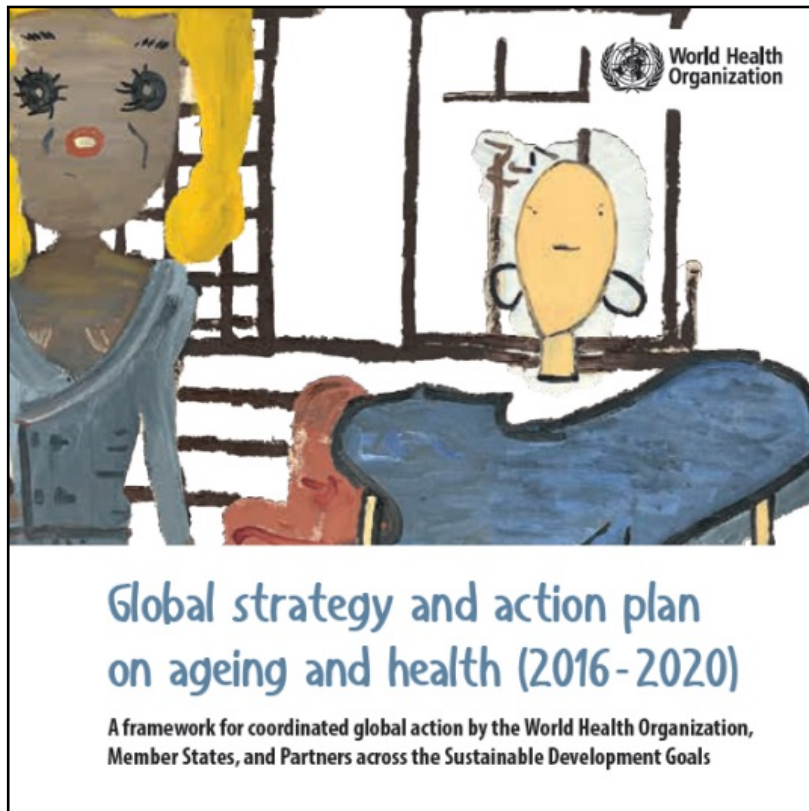
+20 years



+20 years

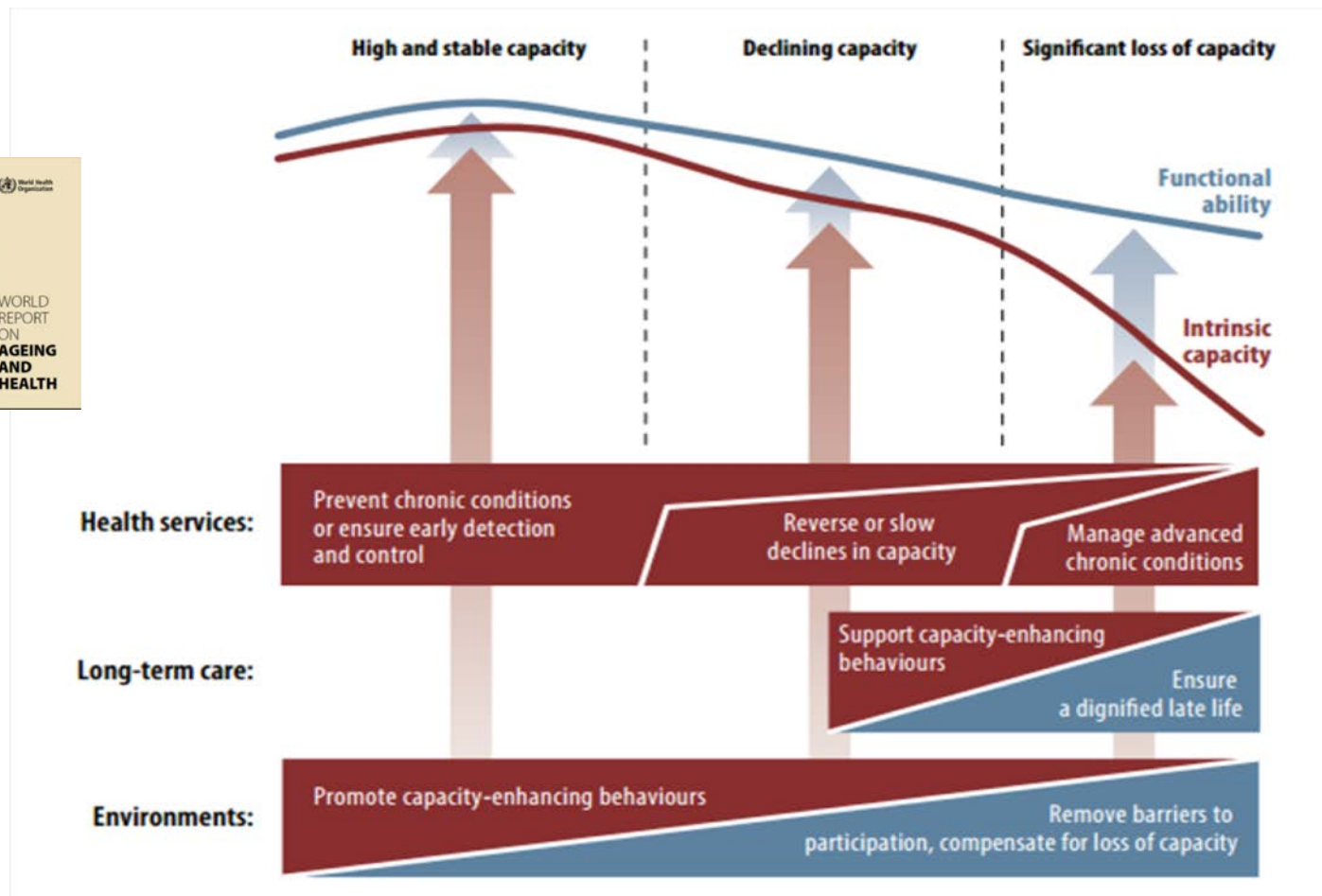
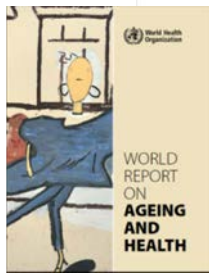


WHO Global strategy and action plan on Ageing and Health 2016-2020



- **National Commitment**
- **Age friendly communities and environments**
- **Health Systems aligned to older adults needs**
- **Long term care systems**
- **Monitoring, research and evidence**

Ensure evidence drives comprehensive actions



Healthy ageing – unpack it

Intrinsic Capacity

- Cognitive
- Psychological
- Sensory
- Neuromusculoskeletal
- Voice and speech
- Cardiovascular
- Haematological
- Respiratory
- Immunological
- Digestive
- Metabolic
- Endocrine
- Genitourinary
- Reproductive
- Skin, hair and nails

15 potential sub domains

Functional Ability

- Learning and applying knowledge
- Communication
- Mobility
- Self-care
- Domestic life
- Interpersonal interactions and relationships
- Major life areas
- Community, social and civic life

8 Potential sub domains

Environment

- Products and technology
- Natural and built environment
- Support and relationships
- Attitudes
- Services, systems and policies

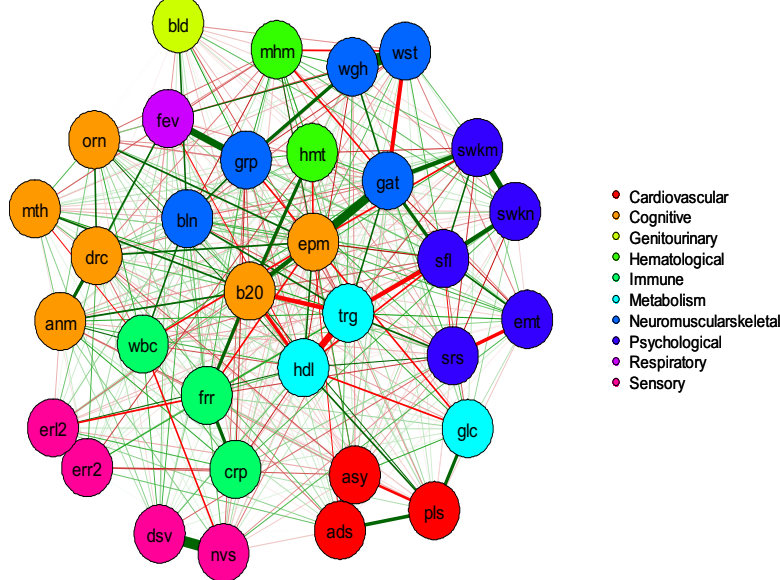
5 potential sub domains



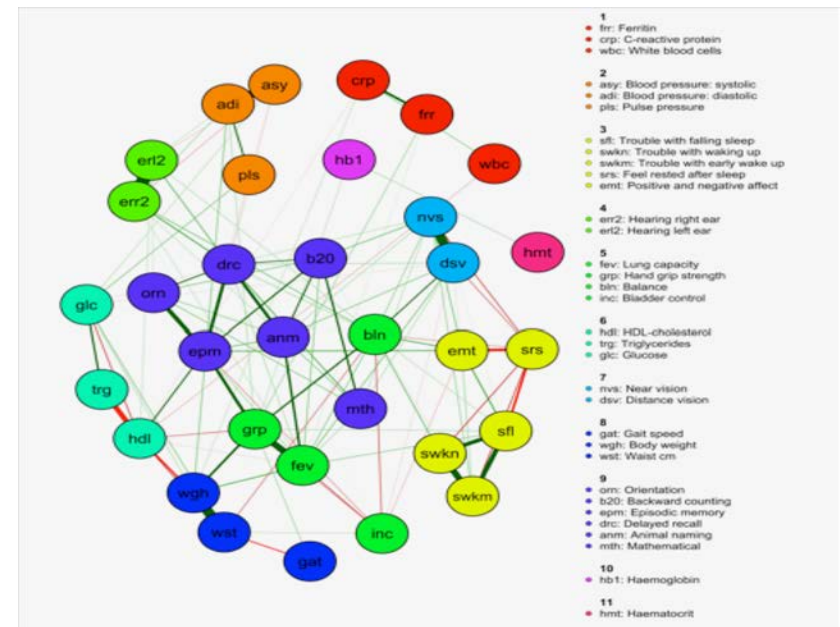
Intrinsic capacity: sub-domains and relationships

forthcoming (USA, Health & Retirement Study 2016)

Normative/Concept driven – 10 domains

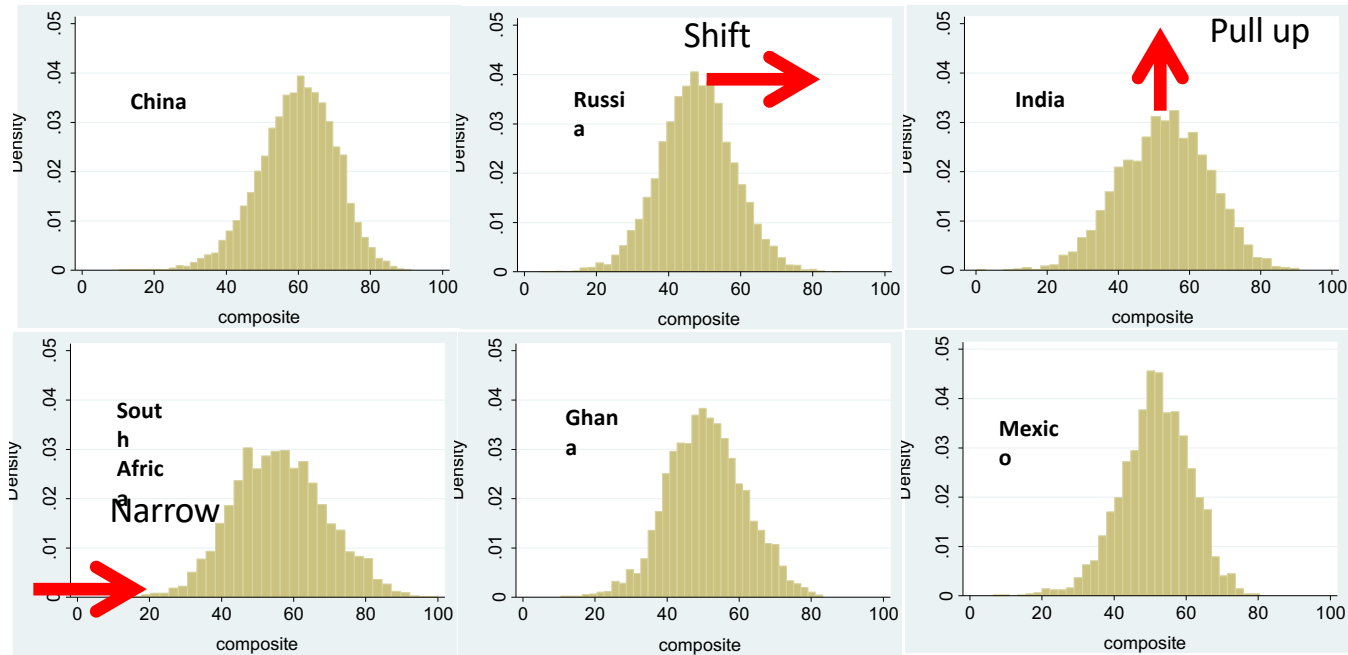


Empirical/Data-driven – 11 domains



Distribution of intrinsic capacity score

(WHO world population standard, 50+, both sexes)



Source database: SAGE, WHO, wave 1, cross sectional data

2. Disease Burden and Care Needs

- Increased importance of Non Communicable Diseases (NCDs) for older adults globally
- The response must manage and provide integrated chronic care – not only primary and secondary prevention – and social care for those who are care dependent



Improve musculoskeletal function, mobility and vitality



Maintain sensory capacity



Prevent severe cognitive impairment and promote psychological well-being



Manage age-associated conditions such as urinary incontinence

Integrated care for older people

Guidelines on community-level interventions to manage declines in intrinsic capacity



Prevent falls



Support caregivers

ICOPE Approach

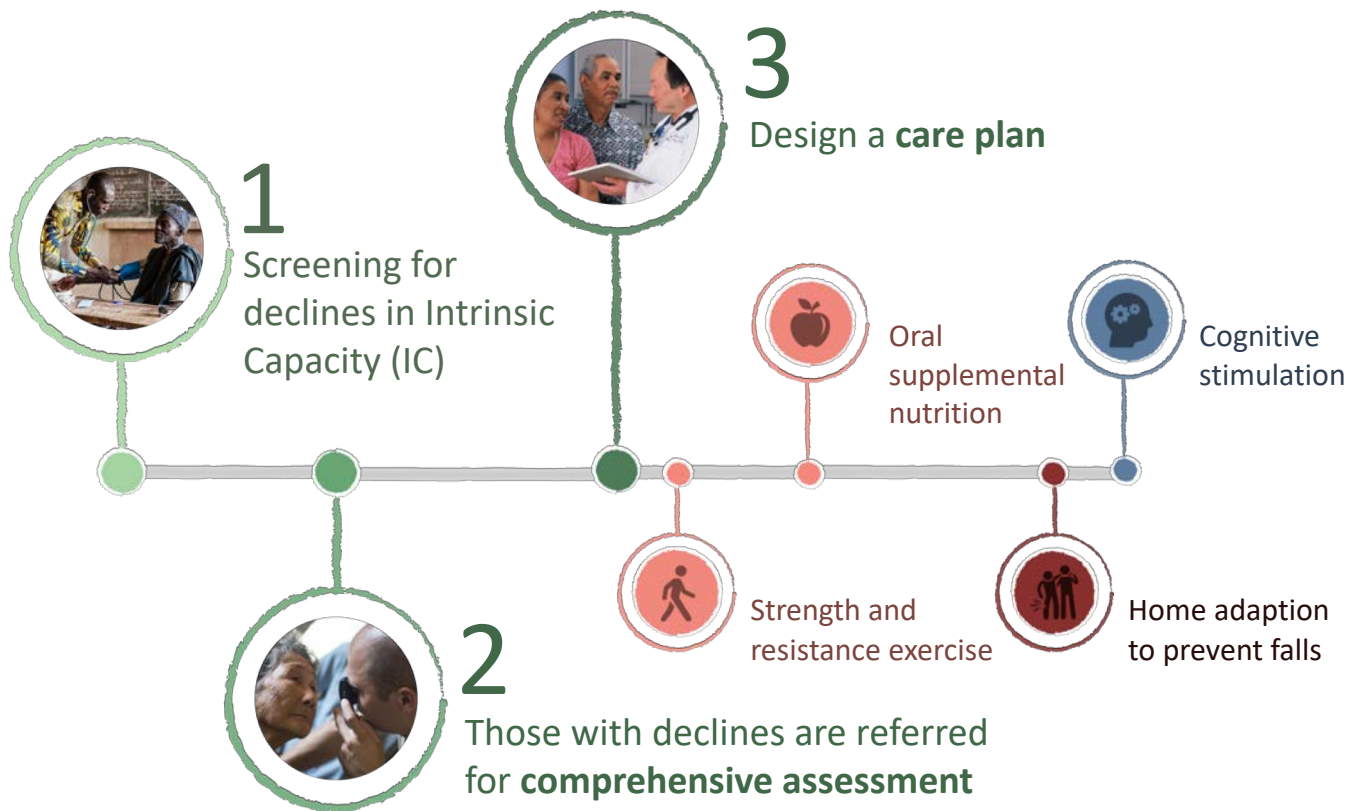


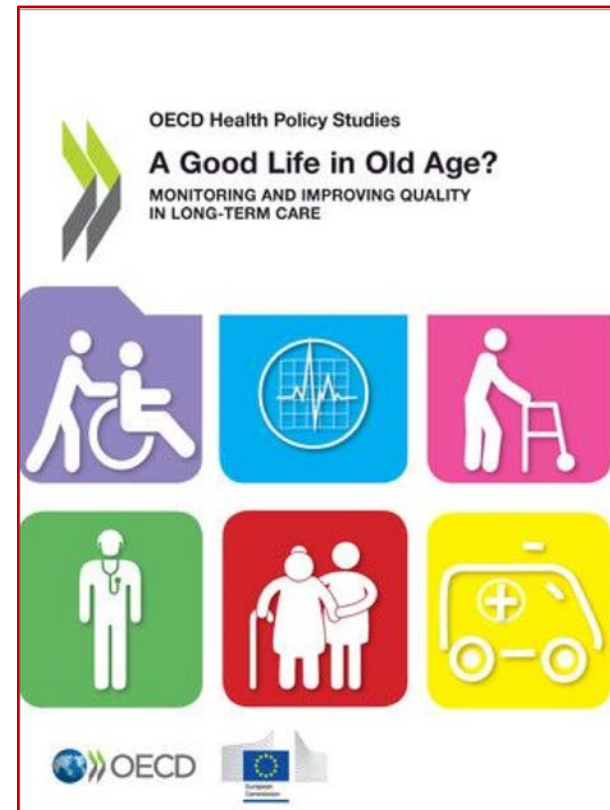
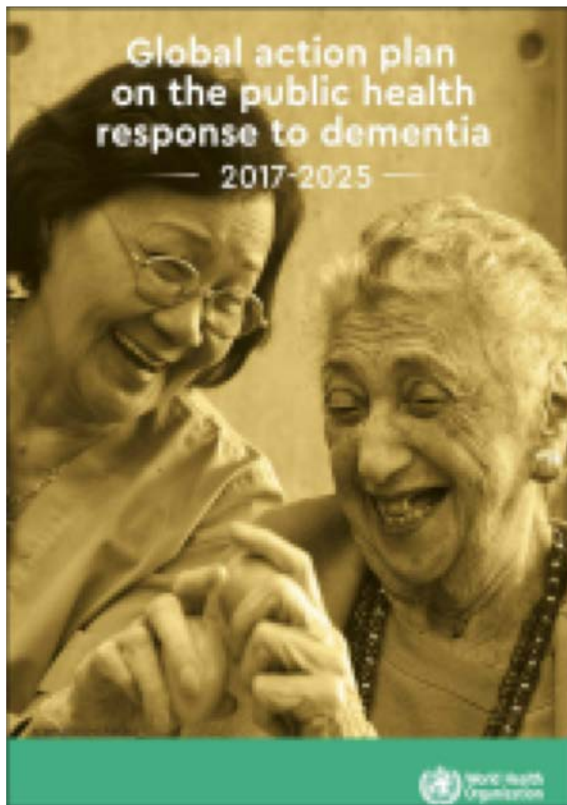
Photo credit:

1. National Cancer Institute/ Rhoda Baer

2. U.S. Air Force photo/Senior Airman Omari Bernard

3. Own work/ Ewien van Bergeijk - Kwant

WHO
2017



OECD
2013

Age Friendly Environments

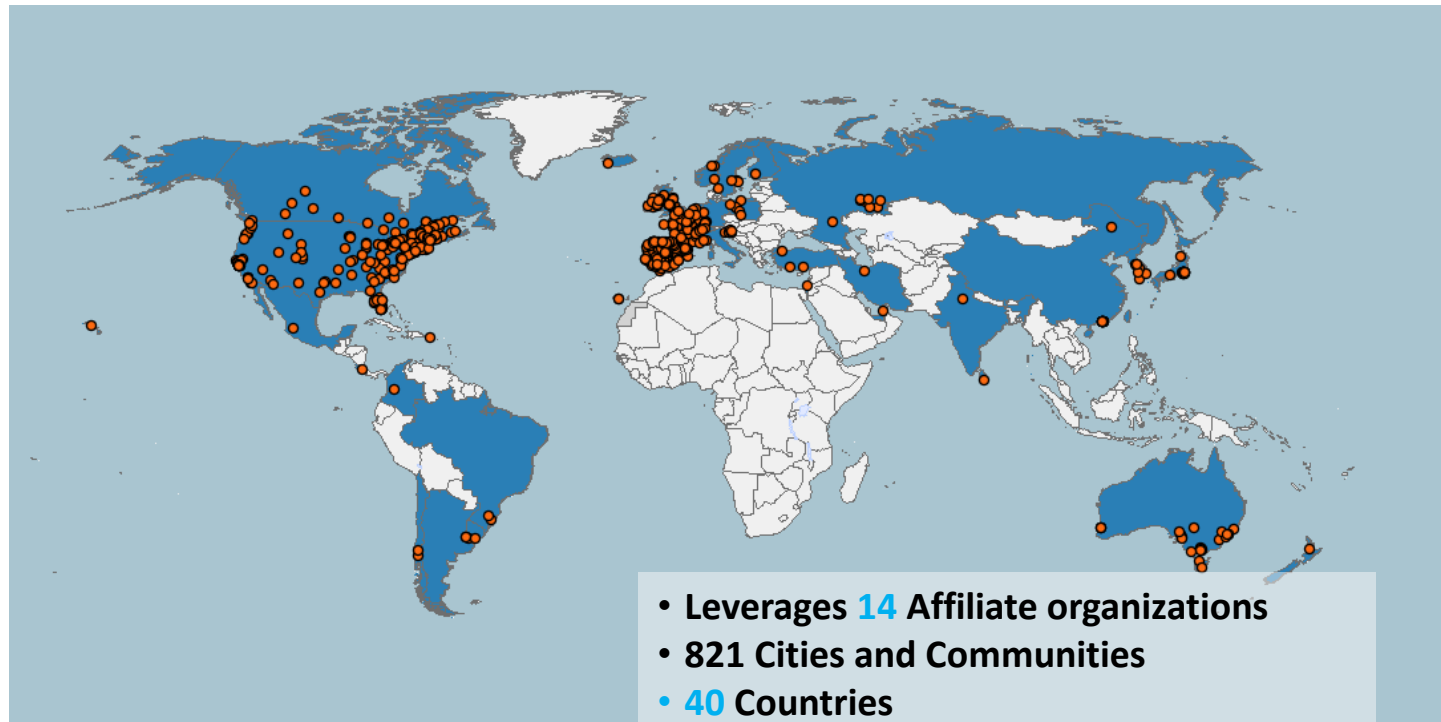
- Increased recognition that individual capacity at all levels, can be boosted with age friendly environments (social, natural and built)
- The response must increase commitment to services and built environment – a mix of universal (for all ages) and targeted (for different levels of capacity)

Mobility, a sub domain of Functional Ability

Mobility, a sub-domain of Functional Ability



WHO AGE Friendly Cities and Communities Network

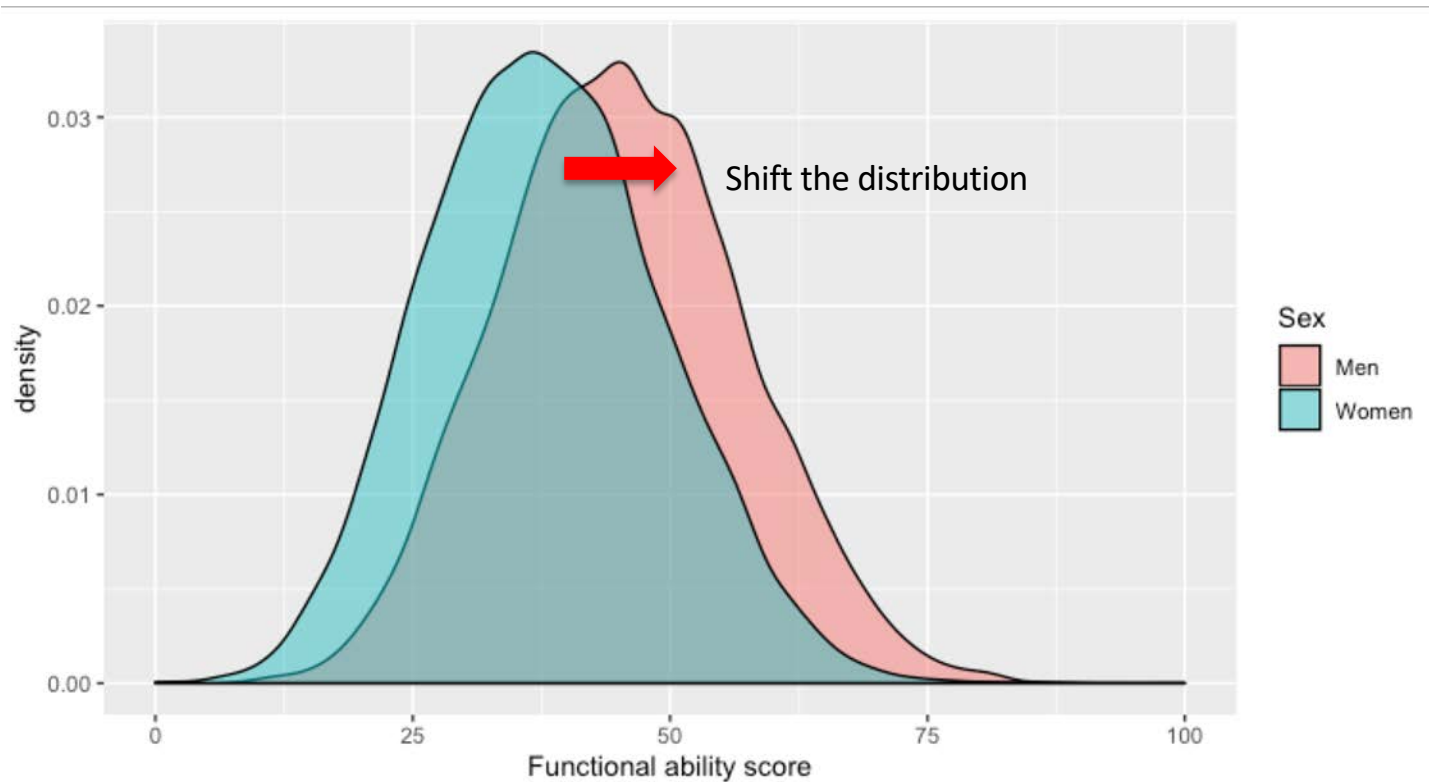


agefriendlyworld.org/en/who-network/

Distribution of functional ability

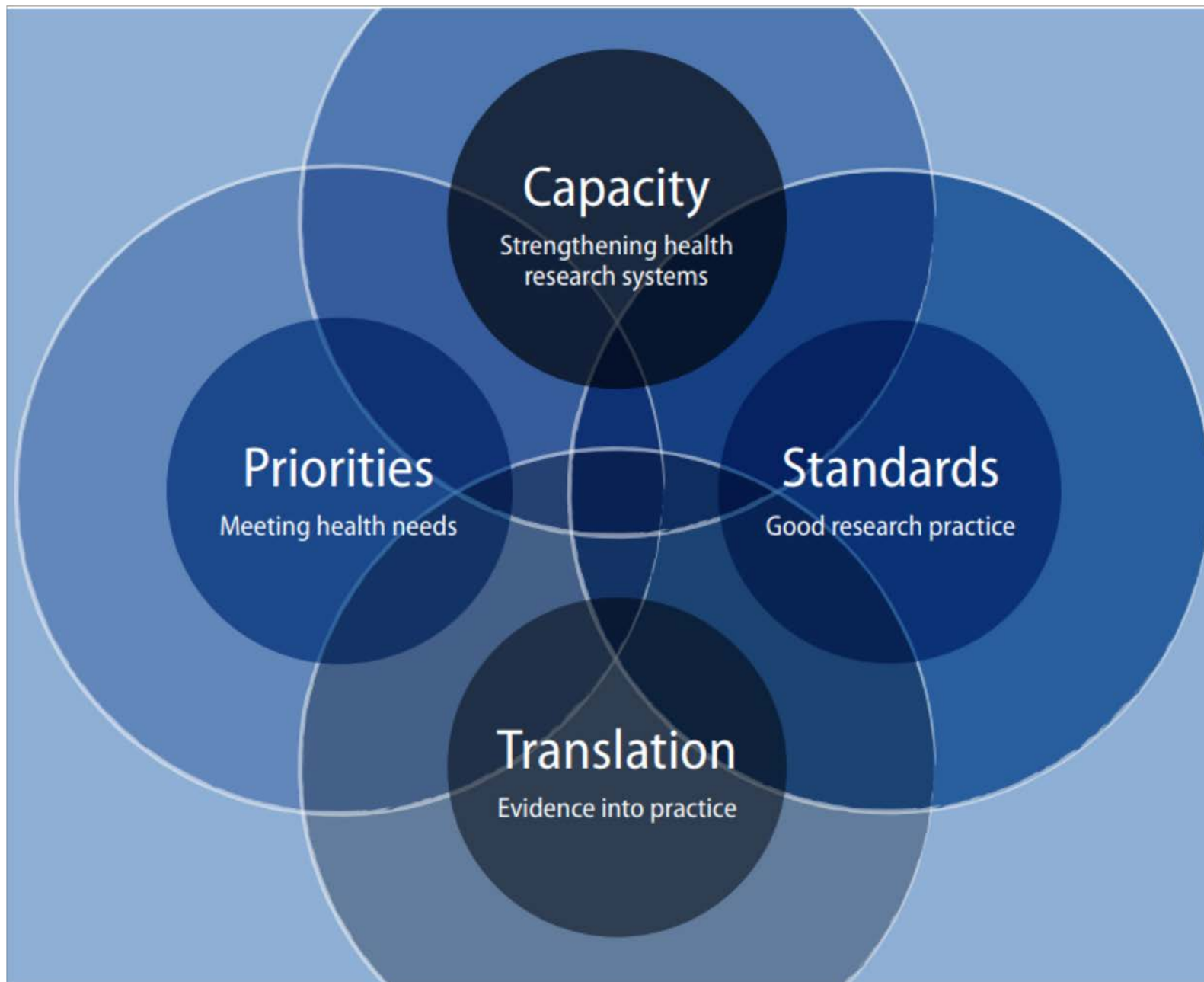
(LASI, preliminary data, 2018)

(Minimal goal - shift women's distribution to be equal to men's)



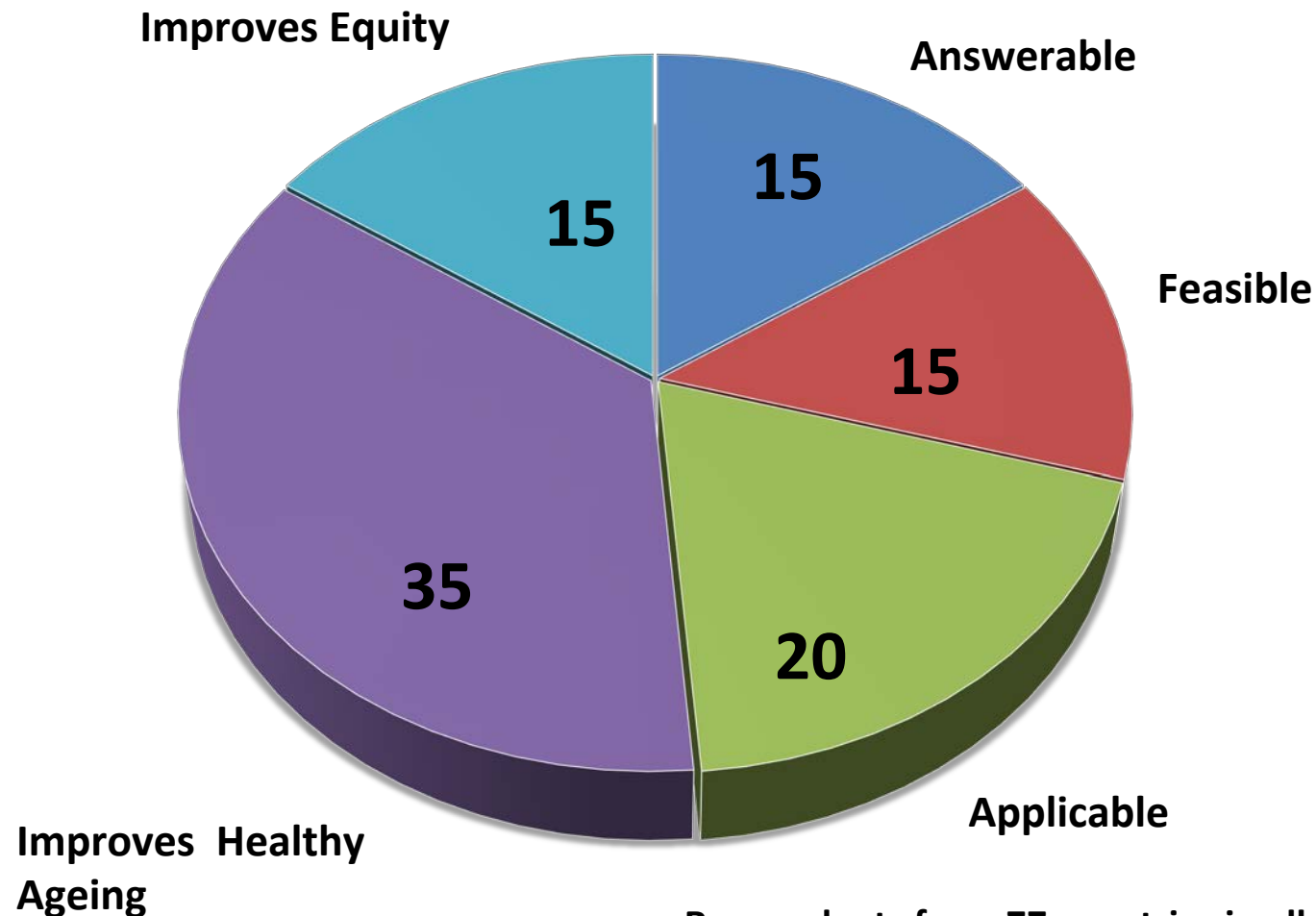
3. Systems' Perspective for Research

- **Building up global research policy for Healthy Ageing that impacts peoples' lives** – optimizing their functioning, addressing wide range of determinants
- **Identify what can be done, where and how to do it, and innovations needed to scale up for measurable impact on people's lives**
- **Priorities, Standards, Capacities, Translation**



The WHO Strategy on research for health, 2012

Priorities - WHO Global Consultation on Research Priorities for Healthy Ageing



**How
should
research
questions
be
assessed
out of 100
points?**

Respondents from 77 countries in all 6 WHO regions, 2017

Data sources in public domain – Progress monitoring of the Global Strategy and Action Plan on Ageing and Health 2018

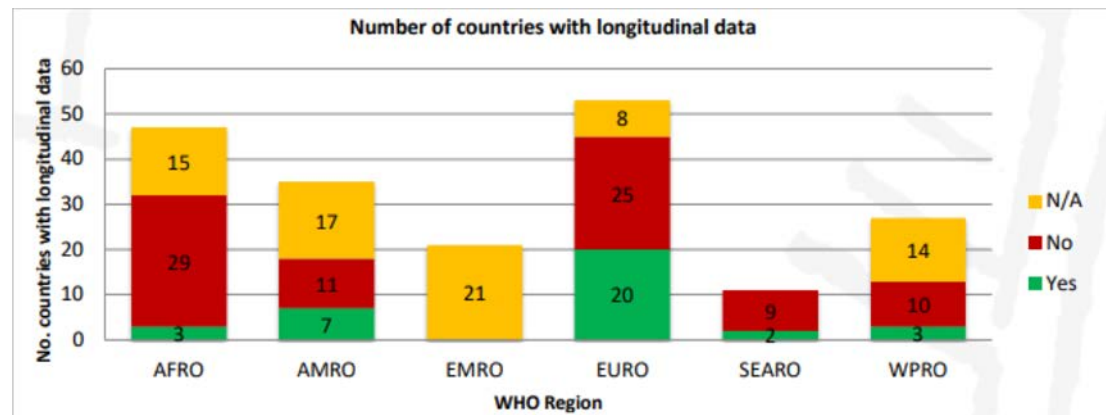
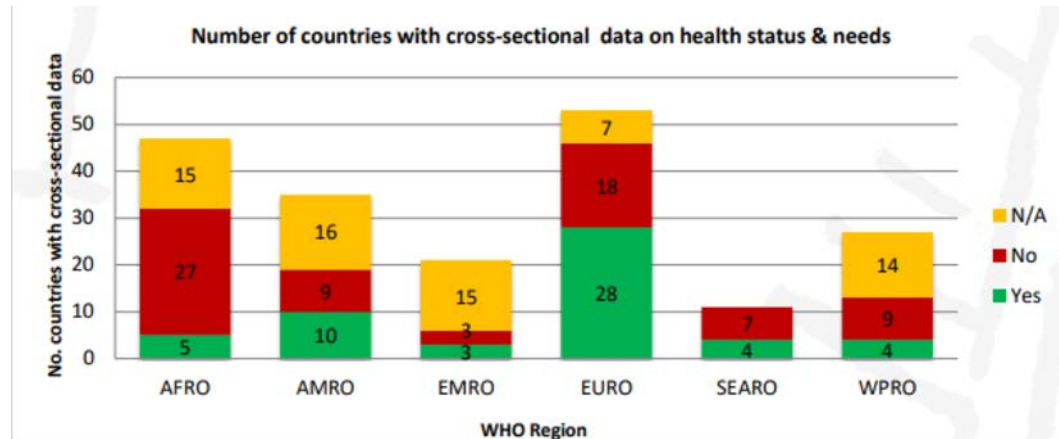
- 194 countries

Cross-sectional
Only 54
countries

9  Cross-sectional data on health status and needs

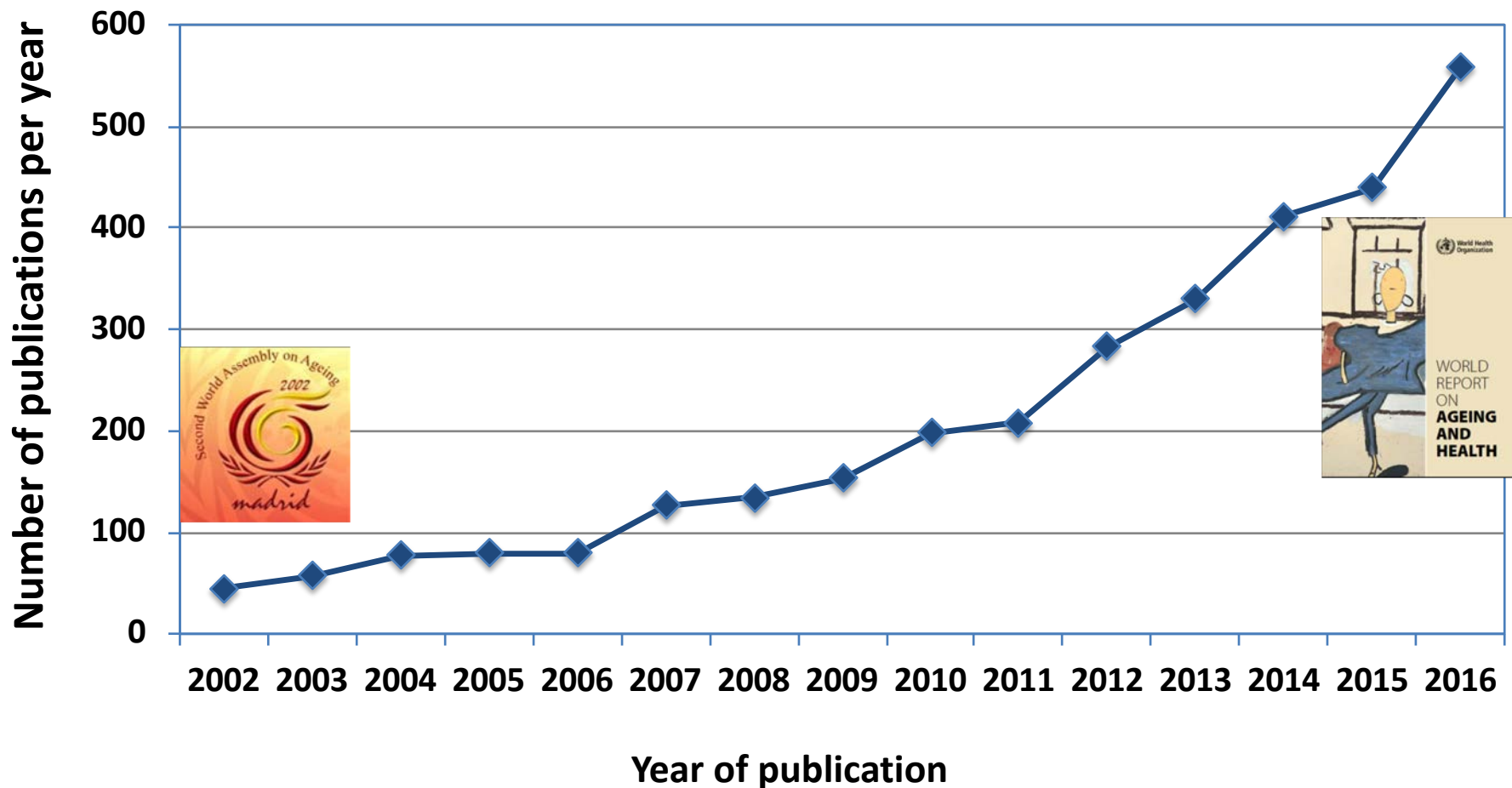
10  Longitudinal data on health status and needs

Longitudinal
Only 35
countries



Translation – outputs

Publications addressing *Healthy Ageing*, 2002-2016



Translation – outputs synthesized



<http://globalageing.cochrane.org/>

Translation – outputs with impact

www.iSupportforDementia.org



Financing – catalyse innovation and sustainability – other models exist



accelerating research & development for TB



leverage market for innovation

4. Monitoring Impact

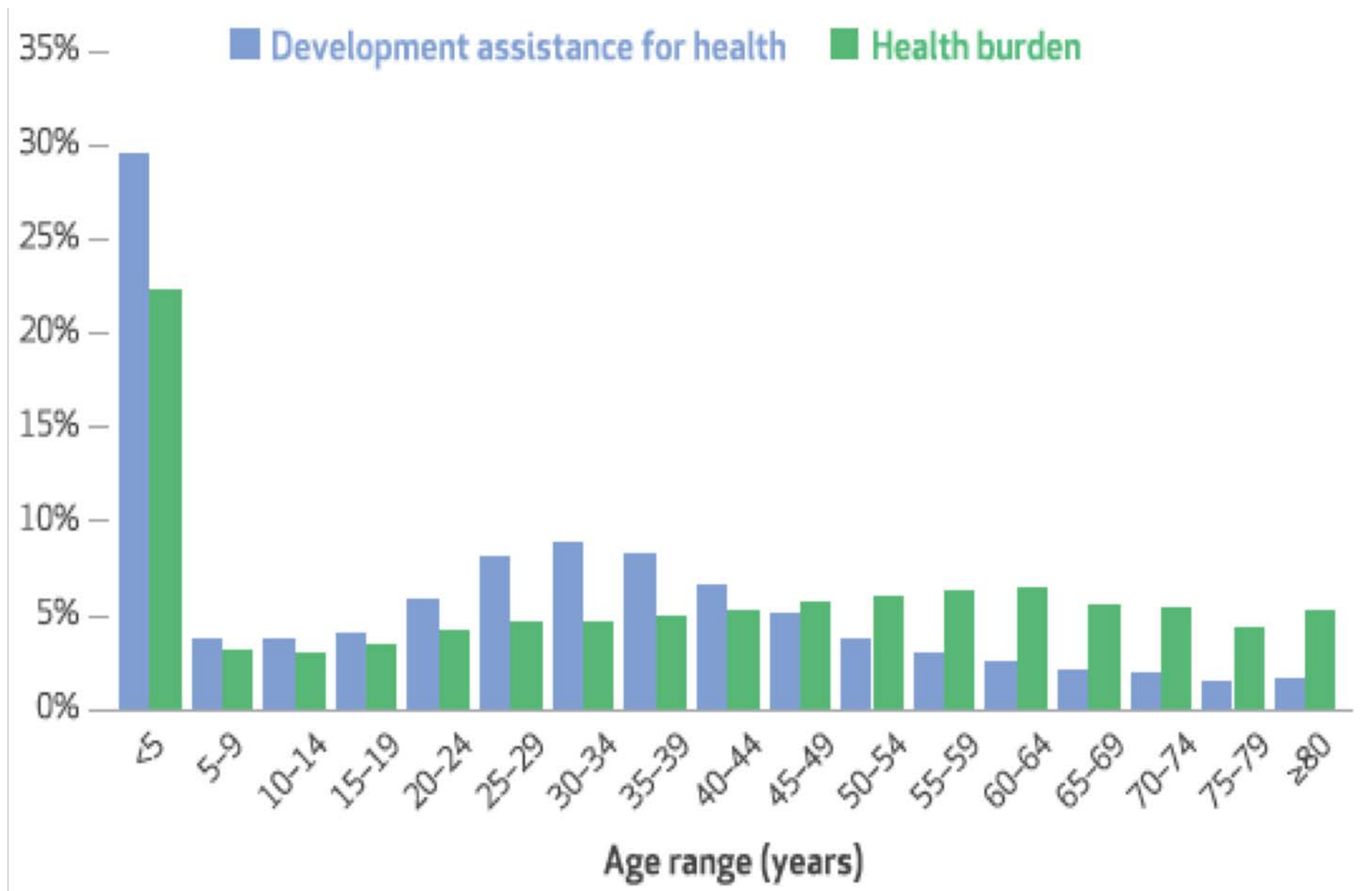
- Adding life to years, ensuring no one left behind so that functioning is optimized and health inequities are reduced across the life course

Monitoring Impact

- Better measures, monitoring in more countries & data useful for decision making and accountability are needed
 - that are disaggregated across life course;
 - use estimates where data does not exist;
 - and strengthen country data systems.



Development assistance for health & health burden in 2013



Skirbekk et al. 2017 based on IHME

5. Opportunities to Work Together

- **Unprecedented opportunity to align national, regional & global priorities starting now, to reach SDGs inclusive of older persons**



- Create major research call, linked up effort across network
- Increase ageing topics in curricula
- Further develop implementation science research
- Increasing health education activities
- Encourage public-private partnerships & strengthen evidence base for age friendly communities
- Increase local communities' role with health promotion & long term care

- Change development model from focusing on medical treatment, to population health, and promoting older adults (such as over 60 or 65+) coverage within comprehensive/integrated care
- National Observatory on Ageing – documenting disease burden across different age groups, at local levels, and informing ad hoc and planned, national & state action plans
- Increase research funding and availability of public data sets, including longitudinal surveys and survey data linked across different sectors, in countries and regions
- Increase scoping reviews and evidence synthesis on high priority topics, such as long term care that are relevant to

5. Opportunities to Work Together

- **Contribute to WHO report on Healthy Ageing, with peer review meeting, 9-10 October 2019**
- **Conduct evaluations and intervention research AND evidence synthesis on what can be done + Knowledge translation to implement**
- **Participate with major funders, medical research councils & research institutions from around the world* who have agreed to pursue a "Linked up" call for healthy ageing research & capacity strengthening, to launch the Decade of Healthy Ageing**

*** including DG Research EC, US National Institute on Aging, Wellcome Trust, French INSERM, Canadian Institutes of Health Research, Japan Agency for Medical Research & Development + WHO Collaborating Centers in Italy, Spain, Switzerland + many more**