

The UN Decade of Healthy Ageing 2021-2030

Dr Christopher Mikton Demographic Change and Healthy Ageing Unit Department of Social Determinants of Health WHO-HQ

Outline

- Overview of the UN Decade of Healthy Ageing 2021-2030
- Zoom in on four areas:
 - 1. Age-friendly cities and communities
 - 2. Social isolation and loneliness
 - 3. Abuse of older people
 - 4. Monitoring and evaluating the Decade

Overview of the UN Decade of Healthy Ageing



Across the world, more people are living longer than ever before.

But for many these extra years are not necessarily *healthy* years. Close engagement with older people is central



The *Decade* is a global collaboration that brings together diverse sectors and stakeholders including governments, civil society, international organizations, professionals, academic or research institutions, the media and the private sector.



Aim: to foster longer and healthier lives and improve the lives of older people, their families and communities

Photo: Manchester University

Endorsed by WHO and proclaimed by the United Nations

3 August 2021: endorsed by Member States at 73rd World Health Assembly, under silent procedures



14 December 2021: UN Decade of healthy ageing 2021 -2030 proclaimed by the UNGA



Action Areas

Change how we think, feel, and act towards age and ageing

Ensure that communities foster the abilities of older people

Deliver person-centred integrated care and primary health services responsive to older people

Provide access to long-term care for older people who need it



Enablers

Listening to diverse voices and enabling meaningful engagement

Nurturing leadership and capacity building

Connecting various stakeholders around the world

Strengthening data, research, and innovation

Action Area 1. Combatting Ageism Change how we think, feel, and act towards age and ageing

Action Area 2. Age-friendly Environments Ensure that communities foster the abilities of older people





Action Area 4. Long-term Care Provide access to long-term care for older people who need it

Enabler 1. Listen to diverse voices and enable meaningful engagement of stakeholders – especially older people's

Enabler 2. Build capacity and nurture leadership to take appropriate action integrated across sectors

Enabler 3. Connect stakeholders around the world to share and learn from the experiences of others

C Other Bookmarl

https://www.decadeofhealthyageing.org



The Platform

Share your knowledge

HOME

ABOUT - FIND

FIND KNOWLEDGE V

TOPICS & INITIATIVES V SUBMIT



Knowledge for healthy ageing

Find and share knowledge that can improve the lives of older people, their families, and their communities.

Learn more >



Start here



Enabler 4. Strengthen data, research, and innovation to accelerate implementation

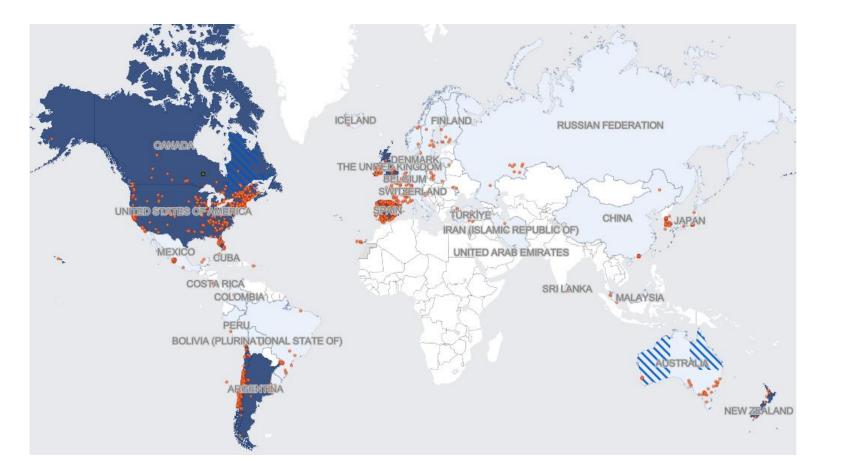
1. Age-friendly environments

Developing age-friendly cities and communities is a proven way to create age-friendly environments.

Age-friendly cities and communities improve access to key services and enable people to be and do what they value through action across **eight domains**:



The benefits are demonstrated daily by the WHO Global Network for Age-friendly Cities and Communities, featuring over 1400 members across 51 countries all committed to becoming more age-friendly.



Learn more about the Global Network here:



https://youtu.be/ IT_2ZmTorA

2 & 3. Social connection and abuse of older people

- Cut across of four action areas of the Decade of Healthy Ageing
 - Ageism: Change how we think, feel and act towards age and ageing
 - Age-friendly environments: Ensure that communities foster the abilities of older people
 - Integrated care: Older people have access to primary health and personcentred integrated care
 - Long-term Care: Older people who need it have access to long care.

Why WHO is stepping up its work on social isolation and loneliness:

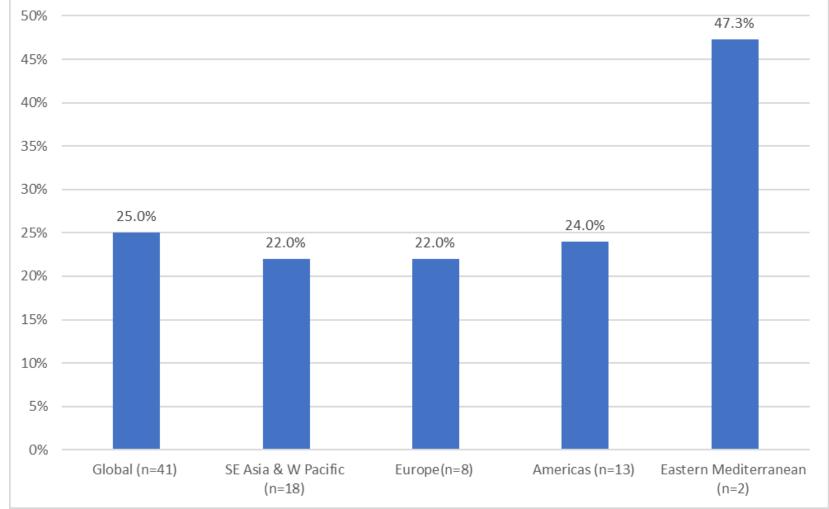
1. Problem widespread:

- 20-30% of older people
 - Not lower in LMICs
- 10-15% of adolescents
 - Not only older people

2. Serious and under-recognized consequences

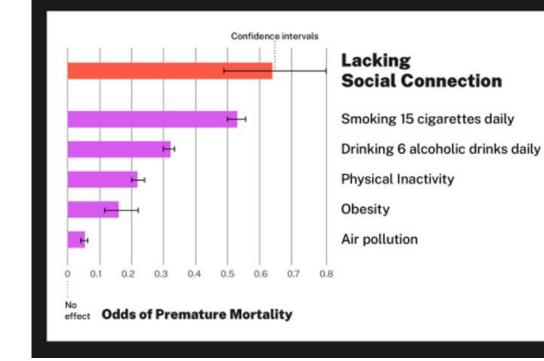
- 25-33% increase in risk of all-cause mortality
- *¬* risk of physical health problems
- *¬* risk of mental health problems
- 3. Many promising interventions
 - Evidence and gap maps have identified 100s of promising interventions

Global prevalence of social isolation in community-dwelling older adults: a systematic review and meta-analysis (Teo et al. 2023)

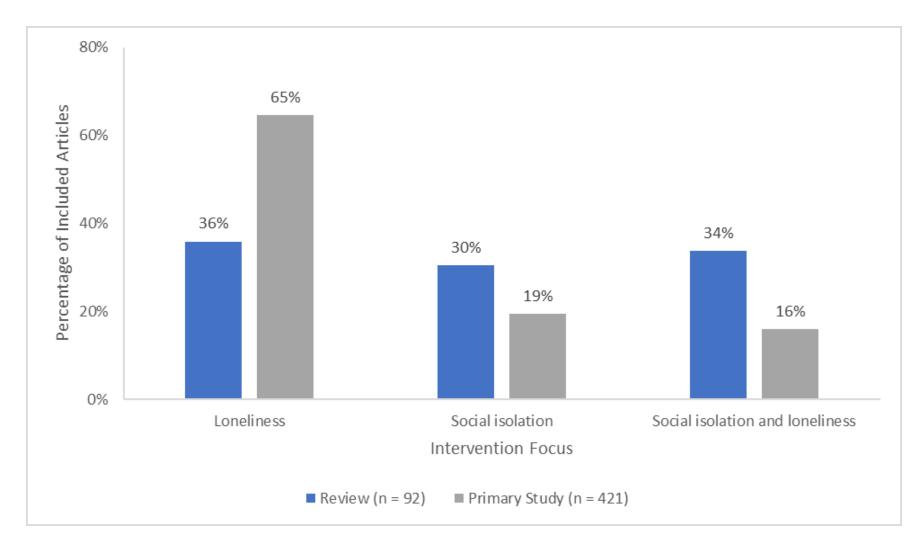


Increases risk of all-cause mortality as much as other much betterknown risk factors

Lacking social connection is as dangerous as smoking 15 cigarettes a day.

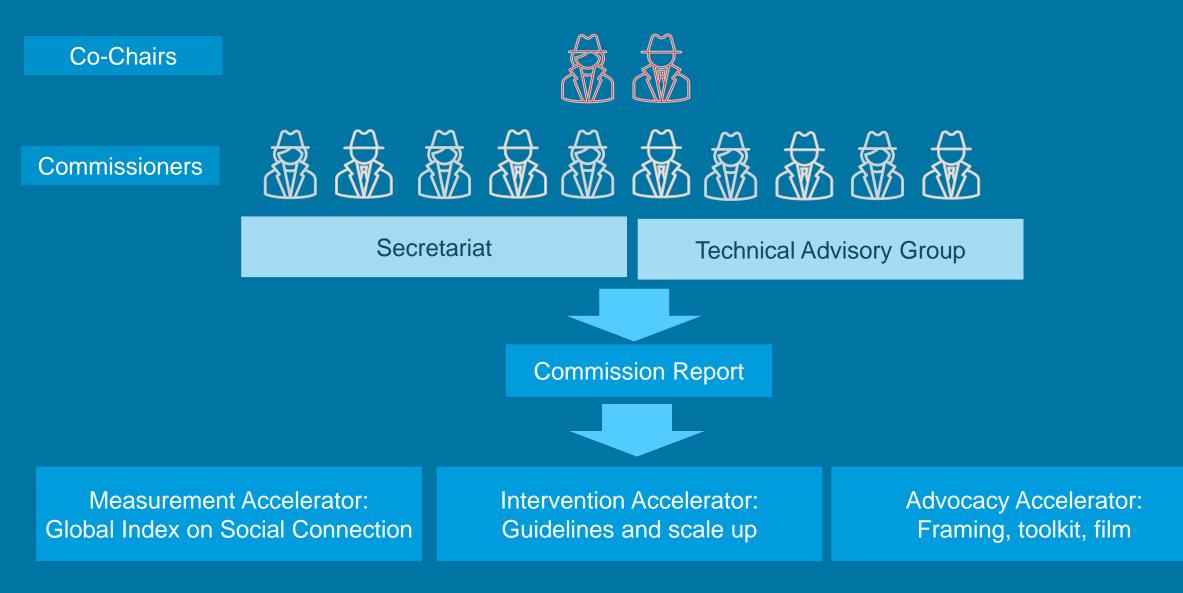


100s of promising interventions



Global Commission on Social Connection





3. Abuse of older people

Thealthy Abuse of older people: a hidden problem ageing

AAA

1 in 6 people aged 60 years & older experience some form of abuse.

2 in 3 staff in institutions such as nursing homes have committed abuse in the past year.





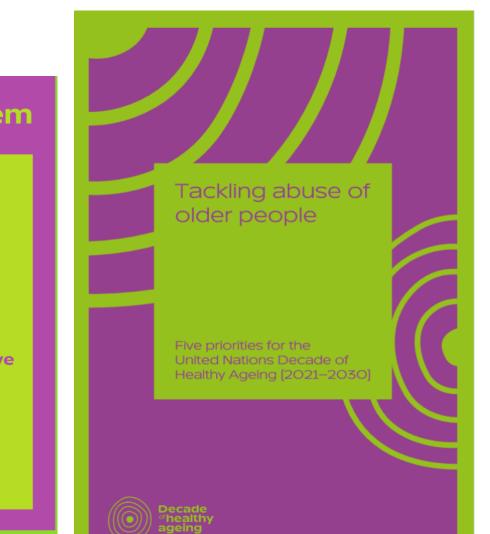
leads to severe physical & financial & social



people is expected TO INCREASE given the rapidly ageing population of people aged 60 vears & older.



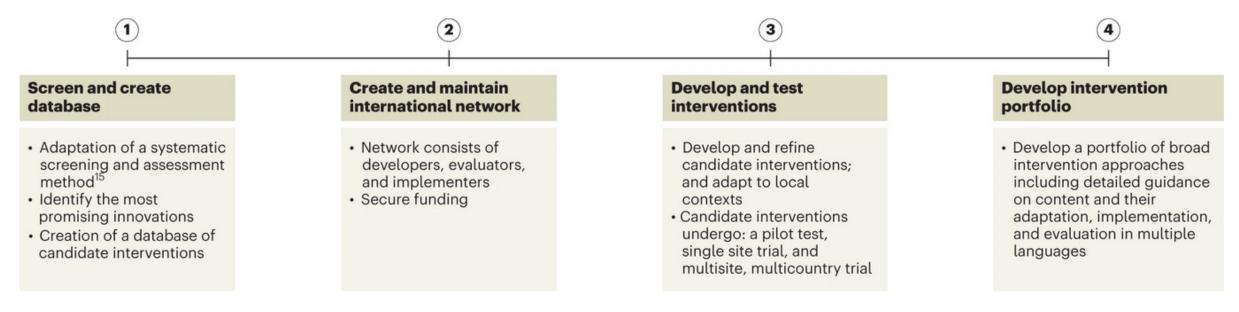
- **Combat ageism** as it is a major reason why the abuse of older people receives so little attention.
- Generate more and better data to raise awareness of the problem.
- **Develop and scale up cost-effective** solutions to stop abuse of older people.
- Make an investment case focusing on how addressing the problem is money well spent.
- Raise funds as more resources are needed to tackle the problem.



Develop and scale up cost effective solutions: Intervention Accelerator

Fig. 1: Intervention accelerator for abuse of older people.

From: High time for an intervention accelerator to prevent abuse of older people



Outline of steps to develop the intervention accelerator.

Generating better data on prevalence with University of Malaya

Elder abuse prevalence in community settings: a systematic review and meta-analysis

Yongjie Yon, Christopher R Mikton, Zachary D Gassoumis, Kathleen H Wilber

Summary

Background Elder abuse is recognised worldwide as a serious problem, yet quantitative syntheses of prevalence studies are rare. We aimed to quantify and understand prevalence variation at the global and regional levels.

Methods For this systematic review and meta-analysis, we searched 14 databases, including PubMed, PsycINFO, CINAHL, EMBASE, and MEDLINE, using a comprehensive search strategy to identify elder abuse prevalence studies in the community published from inception to June 26, 2015. Studies reporting estimates of past-year abuse prevalence in adults aged 60 years or older were included in the analyses. Subgroup analysis and meta-regression were used to explore heterogeneity, with study quality assessed with the risk of bias tool. The study protocol has been registered with PROSPERO, number CRD42015029197.

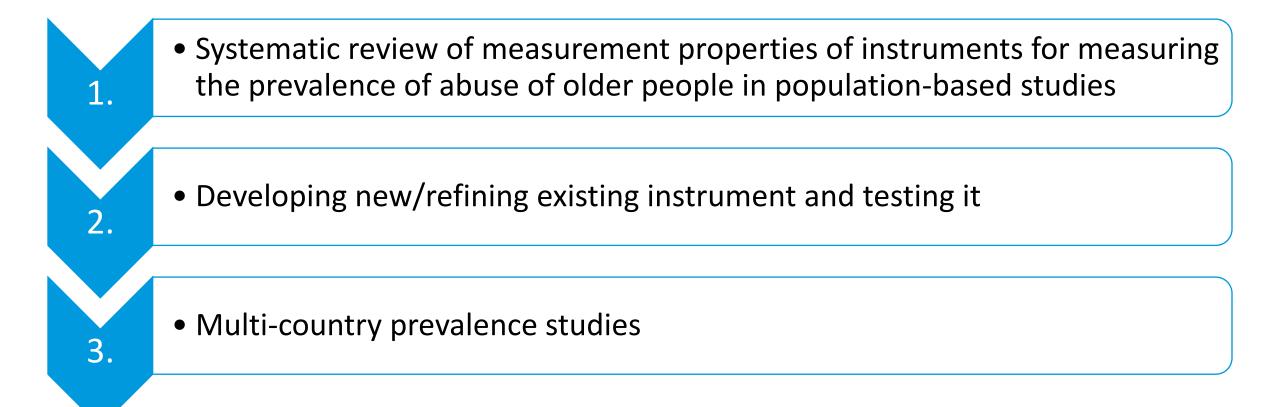


See Comment page e116

Davis School of Gerontology, University of Southern California, Los Angeles, CA, USA (Y Yon MA, Z D Gassoumis PhD, Prof K H Wilber PhD); and University of West of England,



Generating better data on prevalence with University of Malaya



4. Monitoring and evaluation framework for Decade of Healthy Ageing

- The UN resolution called upon the WHO to lead the Decade's implementation and monitor and evaluate its progress
- M&E framework for UN Decade of Healthy Ageing
 - Technical Advisory Group for Measurement, Monitoring and Evaluation of the UN Decade of Healthy Ageing
- Products:
 - M&E framework and list of indicators
 - National toolkit for M&E the UN Decade
 - Survey module



Thank you!