

In periodic, themed advocacy papers, this *Decade Connection Series* is intended to strengthen understanding of the relations among the four action areas of the *Decade of Healthy Ageing 2020–2030* and global cross-cutting issues.

The *Decade's* action areas are:

1. changing how we think, feel and act towards age and ageing;
2. developing communities in ways that foster the abilities of older people;
3. delivering person-centred, integrated care and primary health services that are responsive to older people; and
4. providing older people access to long-term care when they need it.

The target readership includes leaders and influencers in Member States, the United Nations system [particularly United Nations country teams], international organizations and civil society networks.

In our fast-changing, complex world, the *Decade* must remain relevant, agile, country-focused and person-centred. We hope that these papers will help stakeholders to reflect on current and emerging global cross-cutting issues and their implications for implementation of the *Decade*.



What is healthy ageing?

WHO defines it as "**the process of developing and maintaining the functional ability that enables well-being in older age**".

Functional ability consists of the capabilities that enable all people to be and do what they have reason to value. It refers to people's ability to: meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute to society. Functional ability is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions among them.



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COVID-19 and the *Decade of Healthy Ageing*

COVID-19 is an international public health emergency¹ of unprecedented spread and impact² that is attacking societies and economies at their core.³ All 7.8 billion people in the world are at risk and particularly the 3 billion who live on less than US\$ 2.5 a day. In response, the 73rd World Health Assembly adopted the COVID-19 response resolution, co-sponsored by 140 Member States. This was followed by the WHO COVID-19 strategic response, which is updated regularly.

The COVID-19 pandemic is exposing dysfunction and fragility in many systems⁴ including health, long-term care and support, social protection, finance, information-sharing, agriculture and food, trade, labour, employment and transport. It is revealing gaps in how we acknowledge and address risk, inequality and intersecting discrimination. But it is also revealing our resilience and creativity, how we can connect in intergenerational solidarity to save and improve lives and how we value the ecosystems on which we all depend. COVID-19 presents us with an opportunity to build a new "normal".

People in the second half of their lives are bearing the brunt of COVID-19. The proportion of deaths is highest in countries and regions in which a larger percentage of the population is aged 60 years and older. Older people have a higher risk of serious illness and higher case fatality rates than people in younger age groups. The COVID-19 pandemic has also shown that older people's health status before the pandemic determines their susceptibility to serious illness, their recovery and their longer-term health and well-being. Thus, the crude case fatality rate increases among people with underlying conditions that affect their immune, cardiovascular or respiratory systems. Other disparities have emerged, including in ethnicity, gender, income and some living arrangements, such as long-term care facilities.

The 194 Member States of WHO had already called for a *Decade of Healthy Ageing*, culminating in endorsement of a proposal for a global Decade of Healthy Ageing 2020–2030, developed in consultation with other United Nations partners, international organizations and non-State actors. It is based on the Global Strategy on Ageing and Health 2016–2030 and the World Report on Ageing and Health [2015], builds on the Madrid International Plan of Action on Ageing [2002] and supports realization of Agenda 2030 for Sustainable Development [2015] and its pledge to leave no one behind globally. The **vision** of the *Decade of Healthy Ageing* is a world in which all people live longer, healthier lives. It is intended to be a global collaboration, bringing together diverse sectors and stakeholders, including governments, civil society, international organizations, professionals, academia, the media and the private sector.

The vision and multistakeholder collaboration are even more crucial in the time of COVID-19. The pandemic sharply underscores the importance of concerted, sustained focus, investment and action to foster healthy ageing. This is a moment that humanity should seize for the health, well-being, social and economic inclusion and human rights of older people everywhere, for those living now and for those who will follow them.

1 WHO declared the 2019-nCoV outbreak a public health emergency of international concern on 30 January 2020.

2 Coronavirus disease [COVID-19] pandemic. Advice for the public. Country and technical advice. Geneva: World Health Organization; 2020 [<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>].

3 United Nations Sustainable Development Group. Shared responsibility, global solidarity. Responding to the socio-economic impacts of COVID-19. New York City [NY]: United Nations; 2020.

4 Guterres A. Policy brief: The impact of COVID-19 on older people. New York City [NY]: United Nations; 2020.

The *Decade* focuses on four ACTION AREAS, all of which are also relevant to COVID-19. They are key to safeguarding health and well-being, are strongly interconnected and are intended to improve the lives of older people, their families and their communities. The four action areas are:

Action area 1: Changing how we think, feel and act towards age and ageing

What this means

Ageism is the stereotyping of [how we think], prejudice against [how we feel] and discrimination towards [how we act] people because of their age. Ageism affects people of all ages but has particularly deleterious effects on older people.

What COVID-19 is revealing

COVID-19 is revealing strengths and limitations of the responses of governments, civil society and communities to reduce the risk of exposure of older people to the disease, protect their human rights and prepare and maintain health and social systems. COVID-19 has revealed how prevalent ageism is in society. It is present in language and, in some contexts, is driving decisions about who is tested and treated.⁴ Situations are emerging in which people are denied or have limited access to services according to their chronological age. The thresholds set, which fail to account for the wide diversity in capacity, comorbid conditions and circumstances of people in the second half of their lives, may be in violation of human rights legislation.⁵ Imposed rules may have different effects on older people than those intended; e.g. prolonged shielding may be protective, but restrictions on movement and socializing can also result in isolation.

What must be done

Efforts should be increased to combat ageism in all policies, settings and practices, and attention should be drawn to negative stereotyping, prejudice and discrimination because of age and to violence against older people, including during isolation and restricted movement. The *Decade* provides an opportunity to engage the media, update information and foster solidarity among generations, rather than pitching them against each other. "No person, young or older, is expendable".⁴

Action area 2: Developing communities in ways that foster the abilities of older people

What this means

Age-friendly communities are physical, social and economic environments, both urban and rural, that enable older people with different capacities to: age safely in a place that is right for them, be included and participate, develop personally and professionally and contribute to their communities while retaining their autonomy, dignity, health and well-being.

What COVID-19 is revealing

COVID-19 affects individuals, families, communities and societies profoundly, and the disruption disproportionately affects older men and women, particularly those who need care and support in their daily activities; live in residential care facilities; are already socially isolated and lonely; and are in closed workplaces or in crowded living situations [e.g. slums, favelas, homeless shelters, migrant or refugee camps]. Loss of a job and opportunities for social interaction can increase fear, social isolation, depression, loneliness, abuse and neglect.

What must be done

A fast response to the changing environment caused by COVID-19 will require leveraging existing infrastructure in cities and communities to: identify who is at risk; disseminate information; meet basic needs for food, money and medications; put in place mechanisms for social support; and maintain health and social care. Strategies should be developed in close collaboration with local service providers, businesses, civil society and community networks [including older peoples' associations] to determine effective action to interrupt local transmission of COVID-19 and to mitigate the secondary impacts of the pandemic. This can be done quickly if age-friendly policies and practices are already in place. Communities can start, during the pandemic, to find solutions with older people and other stakeholders. By multisectoral action on the social and physical determinants of healthy ageing, communities can help to promote health and well-being up to and during older age, in times of crises and beyond.

⁵ By applying standards of legality, evidence-based necessity, proportionality and gradualism, laid out in the Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights. New York City [NY]: American Association for the International Commission of Jurists; 1985.

Action area 3: Delivering person-centred, integrated care and primary health services responsive to older people

What this means

Primary health care⁶ is the most effective and efficient approach for enhancing the physical and mental capacity and well-being of individuals of all ages.⁷ Person-centred primary health care, with community partners, should be integrated among settings and levels, including for clinical management, and be linked to the provision of long-term and specialized care.

What COVID-19 is revealing

COVID-19 has dramatically increased demand on health care systems, limiting their ability to support and respond to many older people who have several conditions [particularly noncommunicable diseases such as cancer, hypertension, diabetes and cardiovascular conditions] and complex needs, including for palliative, rehabilitative and dental care. Avoidance of essential health services for fear of being infected with COVID-19 or of being a burden on the health care system may reduce the numbers of diagnoses of conditions such as cancer and can lead to interruption of care for chronic conditions.

What must be done

Person-centred, non-discriminatory, accessible, integrated primary health care and social care should be increased to support communities in developing or maintaining the capacities of older people, both during the pandemic and beyond. Scaling up integrated care for older people will require investment in and reinforcement of health systems, involving older people in clinical trials, developing new technologies and telemedicine and working with non-health sectors to create opportunities for people to build and maintain their capacity. More personalized, inclusive services will meet older peoples' needs further, reduce demand for hospital beds and lower the risks of morbidity and mortality.

Action area 4: Providing older people who need it with access to long-term care

What this means

Some people reach a time in their lives when they need care and support to live independently. When people have experienced significantly decreased physical and mental capacity, access to good quality long-term care, including palliative care, is essential to maintain their functional ability, consistent with their basic human rights, fundamental freedoms and human dignity. Long-term care must be aligned with the primary care system and respond accordingly.

What COVID-19 is revealing

Even before COVID-19, long-term care services were often under-resourced, neglected and not well integrated with other parts of health and social care systems. COVID-19 has exposed these weaknesses, with a devastating impact in long-term care facilities. Many older people in these settings are at increased risks of severe illness and mortality from underlying conditions. These risks are exacerbated where there is insufficient space; delayed action and non-reporting of COVID-19 cases or deaths; staff lack training on or access to infection prevention and control, including personal protective equipment; supervision is insufficient; and policies and governance are weak.

What must be done

To increase the priority of long-term care, activities during the *Decade* will accelerate the development of relevant guidelines,⁸ toolkits and good practice, advocate for more human resources and funding and for accommodation standards and governance⁹ in such settings and intensify efforts for better disaggregated data for long-term care facilities. The *Decade* can draw lessons from the pandemic – including how to prioritize testing of susceptible people in such settings – and lead to concrete actions to realize sustainable, equitable long-term care systems.

6 Primary health care is non-discriminatory access to good-quality essential health services that include prevention, promotion, curative, rehabilitative and palliative care, end-of-life care and safe, affordable, effective, good-quality essential medicines, vaccines and health technologies, without imposing undue financial hardship. It is the cornerstone of universal health coverage.

7 Declaration of Astana. Global Conference on Primary Health Care. Astana, Kazakhstan, 25–26 October 2018. Geneva: WHO and UNICEF; 2018 [<https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>].

8 WHO guidance includes Integrated care for older people [ICOPE] and Preventing and managing COVID-19 across long-term care services: policy brief [24 July 2020]. All COVID-19-specific guidance is available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>, including Infection prevention and control [IPC] guidance for long-term care facilities.

9 Data on long-term care are included in the WHO framework on monitoring and evaluation: <https://www.who.int/publications/i/item/monitoring-and-evaluation-framework>.

Implementation of the four action areas of the *Decade* will be supported by **four ENABLERS:**

1

Listening to diverse voices and enabling meaningful engagement of older people, family members, care givers and communities:

As the United Nations Secretary General urged: "Let's not treat older people as invisible or powerless".⁴ Older people's experiences and perspectives on the actions prioritized in the *Decade* will be highlighted, including learning from the experiences of those who have had COVID-19 or been directly affected by it to influence short- and long-term responses. Older people and those around them must be heard and included in designing improvements.

2

Nurturing leadership and building capacity at all levels to take appropriate action that is integrated across sectors:

COVID-19 is exposing gaps in systems, knowledge and competence at all levels but is also showing strengths. The *Decade's* platform¹⁰ will contribute to addressing gaps through, for example, learning opportunities, capacity-building resources and peer-to-peer support networks.

3

Connecting diverse stakeholders around the world to share and learn from the experience of others:

Through the *Decade's* platform, stakeholders from diverse sectors, settings and levels will strengthen collaboration on all relevant issues, including in the different stages of the COVID-19 pandemic: preparation, during restricted mobility, during phases of recovery and achieving a state ready for COVID-19.

4

Strengthening data, research and innovation to accelerate implementation:

The challenges are obtaining reliable data, identifying indicators and harmonizing and strengthening disaggregation of data by age. It will be essential to make sense of increasingly complex data. COVID-19 underlines the importance of learning from both disease-based approaches and those for assessing functioning more comprehensively to support prevention and management. Innovations to improve digital literacy among older people will help close the digital divide between generations and improve information-sharing and social connectedness.

The disproportionately negative effects of COVID-19 on older people have shown us that our societies and economies and the systems, values and political choices that drive them influence health and well-being throughout the life course and into older age and the second half of life. Much more must be done urgently, at all levels, including: investment to tackle ageism in the second half of life; development of age-friendly communities; and building and strengthening integrated, person-centred health care and long-term care systems in every country.

In the context of COVID-19, the *Decade of Healthy Ageing* provides the world with a timely opportunity for focusing strategies, resources and systems to "build back better". With its four action areas, supported by four cross-cutting enablers, the *Decade* offers the vision, plan and potential for "a new normal" to rise from the pandemic – one in which older people are valued, included and protected and their health, well-being and human rights are promoted.

COVID-19 shows that solidarity and collaboration among all stakeholders are necessary as never before. The *Decade of Healthy Ageing* – a global collaboration – requires governments, civil society, the private sector and others to join forces. The United Nations is stepping up its part in accelerating countries' progress in achieving the health-related Sustainable Development Goals [SDGs]. By strengthening United Nations country teams, WHO country offices, regional mechanisms and the framework of the United Nations Decade of Action on the SDGs, the United Nations system¹¹ is set to mobilize more worldwide action and solidarity for positive change. This must include support to countries for adapting and implementing guidance in addressing the needs and rights of older persons.

"Building back better" is a moral, social and economic imperative for current and future generations. With COVID-19 among us for some time to come, there is no time to lose.

¹⁰ The *Decade's* platform will be launched on 1 October 2020.

¹¹ United Nations Sustainable Development Group. A United Nations framework for the immediate socio-economic response to COVID-19. New York City [NY]: United Nations; 2020.