

WEB BASED CONSULTATION – August thru October 2015

Draft 0: Global Strategy and Action Plan on Ageing and Health

4. What makes up healthy ageing?

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4.1 Focus on what people value

As populations age, new concepts are needed – defined not just by the presence or absence of disease, but in terms of the impact these conditions are having on an older person’s functioning and well-being. Comprehensive assessments of these health states are significantly better predictors of survival and other outcomes than the presence of individual diseases or even the extent of comorbidities.¹

To frame how health and a person’s functioning might be considered in older age, the GSAP defines and distinguishes between two important concepts, intrinsic capacity and environments. **Intrinsic capacity** refers to the composite of all the physical and mental capacities that an individual can draw on at any point in time.

However, this is only one of the factors that will determine what an older person can do. The other is the **environments** they inhabit and their interaction with them. These environments provide a range of resources or barriers that will ultimately decide whether a person with a given level of capacity can do the things they feel are important. Thus, while an older person may have limited capacity they may still be able to do the shopping if they have access to anti-inflammatory medication, an assistive device (such as a walking stick, wheel chair or scooter) and live close to affordable disabled-access transport.

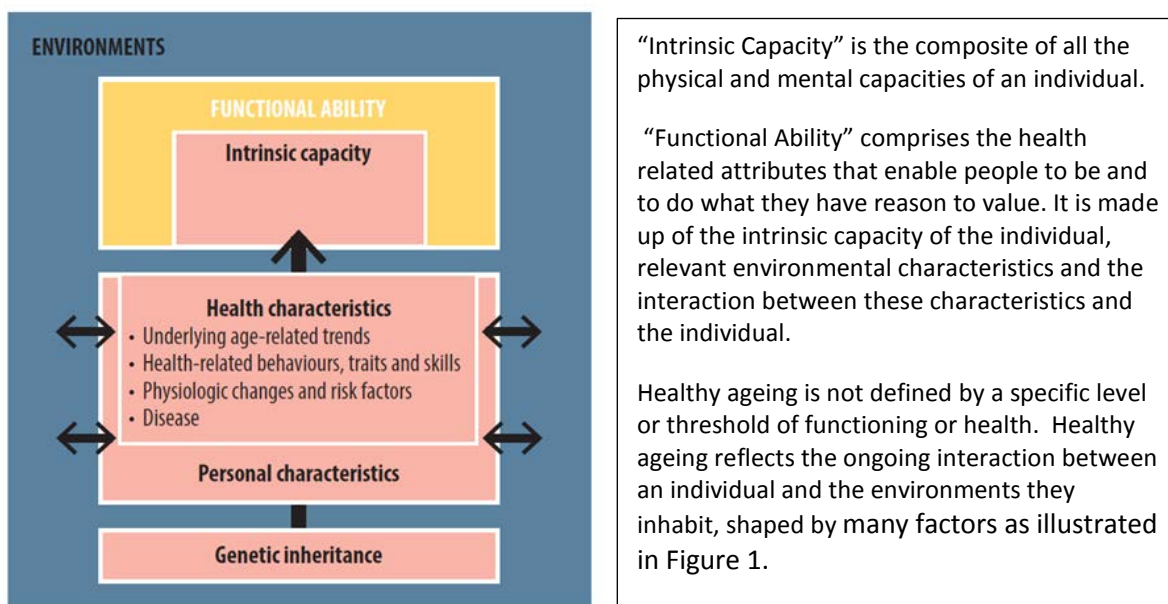
This combination of the individual and their environment, and the interaction between them, is their **functional ability**, defined as the health related attributes that enable people to be and to do what they have reason to value (see box). Building on these two concepts, **the forthcoming WHO World Report on Ageing and Health defines Healthy Ageing as the process of developing and maintaining the functional ability that enables well-being in older age.**

Health systems can build capacity and save and improve lives, social services can maintain dignity and autonomy, and age-friendly environments can extend what people can do, enabling them to experience what is important to them for example participate in communities and stay engaged with families and friends.

¹ Lordos EF, Herrmann FR, Robine JM, Balahoczy M, Giannelli SV, Gold G, et al. Comparative value of medical diagnosis versus physical functioning in predicting the 6-year survival of 1951 hospitalized old patients. *Rejuvenation Res.* 2008 Aug;11(4):829–36.

Box: Healthy Ageing

Figure 1. Healthy Ageing (source: WHO World Report on Ageing and Health, forthcoming)



4.2 Guiding Principles

Principles that guide the elaboration of the GSAP include:

- human rights (right to health and its accountable, progressive realization)
- equality and non-discrimination (equal opportunity across life course between individuals, eliminating ageism, and minimizing health differences between individuals)
- gender equality (equal opportunity between men, women, boys and girls)
- equity (equal opportunity to determinants of healthy ageing, that does not reflect social or economic status, nor place of birth or residence)
- intergenerational solidarity (social cohesion between generations)

The GSAP starts from an assumption that ageing is a valuable process, regardless of the challenges. The GSAP considers that it is good to get old and that society is better off for having these older populations. At the same time, it acknowledges that many older people will experience very significant losses, whether it be in physical or cognitive capacity or the loss of family, friends and the roles they had earlier in life. Some of these can be avoided, and we should do what we can to prevent these losses. But other losses will be inevitable. Societal response to ageing should not deny these challenges, but look to foster recovery, adaptation and dignity.

A global strategy and action plan will need to encompass the great diversity of older populations and look to address the inequities that lie beneath it. It must drive the development of new health and long-term care systems that are more in tune to the needs of older people and ensure all sectors are focused on common goals so that action can be coordinated and balanced. Above all, it will need to transcend outdated ways of thinking about ageing and foster the development of transformative approaches. Since social change is ongoing and unpredictable, these cannot be prescriptive but, instead, should look to strengthen the ability of older people to thrive in the complex and changing environment they are likely to live in now and in the future.

Maximizing the functional ability of older people requires knowledge and technical efficiency to put in practice what works, ensuring the right to health and its progressive realization for each individual. Reaching everyone -- or in other words, a fair distribution of functional ability within and across countries -- requires a solid understanding of the broader social determinants of health and pathways leading to healthy ageing trajectories across the life-course. It also recognizes the value of social cohesion between generations that is stable and balances expectations, costs and benefits in a fair way. For example, if the inequities that often underpin the diversity observed in older age are to be addressed, strategies must look, not just to improve conditions for the best-off or the average older person, but to “level up” functional ability across social gradients, and to narrow total inequalities observed between individuals in older age by giving those at the bottom particular assistance.

Comprehensive health action on ageing is urgently needed. While there are major knowledge gaps, we have sufficient evidence to act now, and there is something that every country can do irrespective of their current situation or level of development.

WHO Secretariat welcomes comments and suggestions

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