

World Health Organization (WHO) inputs

Focus area: participation in public life and in decision-making processes:

National and local legal and policy framework: Based on the 2023 Progress report on the UN Decade of healthy ageing (2021-2030): 105 of the 133 countries that responded to a survey on the implementation of the UN Decade of healthy ageing had legislation against age-based discrimination. 93 of these 133 countries reported having a policy, strategy, or program to combat ageism. 58 of the 133 countries have a national institution for older people's rights.

Data and research: Ageism manifests itself in the way statistics and data are collected and compiled. Comparable data on older people's participation in public life is lacking.

Equality and non-discrimination: The [2023 Progress report on the UN Decade of healthy ageing](#) (2021-2030) found slower progress in the development of mechanisms for older people's participation in decision making. Specifically, when it comes to Member States establishing a national multistakeholder forum or committee on ageing and health, there has been only a 7% increase from 66.7% in 2020 to 73.7% in 2023. In all regions, at least two thirds of countries include older people in such forums or committees; the rate is lower in low-income countries (see [WHO Ageing Data Portal](#)). Voice and meaningful engagement (V&ME) influence older people's ability to enjoy their fundamental rights and freedoms, can lead to more inclusive policies and innovative institutions and can improve access to and the quality of policies, systems, and services. Voice and meaningful engagement of older people, their families, caregivers, and communities is one of the 4 enablers of the UN Decade of healthy ageing (2021-2030). Challenges and barriers that older persons, in all their diversity, face regarding participation in public life and in decision-making processes include a

- lack of understanding of what is voice and meaningful engagement ([see discussion document](#)),
- limited information on how older people are engaged in policy development on issues that affect their lives
- Lack of mechanisms to encourage voice and meaningful engagement in national commitments.
- insufficient capacity to use relevant frameworks, tools, and methods to facilitate meaningful engagement.

Accountability: No information is available on the scope and coverage of these laws, their alignment with international law, legal and material scope, if they provide protection from both direct and indirect discrimination, the nature of the enforcement mechanisms, the public's awareness of these laws, as well as how they are monitored, and the processes by which people can access remedies.

Focus area: Social Inclusion

Special considerations:

Older person's social inclusion is receiving greater attention given that 1 in 4 older people experience social isolation and or loneliness and certain groups of older people are at greater risk, including those with disabilities, ethnic minorities, older LGBTQ+ people and older people living in residential care. An [advocacy brief](#) developed for the Decade by WHO, ITU (International Telecommunication Union) and UNDESA (UN Department of Economic and Social Affairs) in 2021, summarized the evidence on the

prevalence and impact of social isolation and loneliness among older people and on strategies to reduce them.

Implementation

Possible implementation strategies include

- Societal level strategies to reduce isolation and loneliness include laws and policies to address discrimination and marginalization (including ageism), socio-economic inequality, digital divides, social cohesion, and intergenerational solidarity
- Community-level strategies that address barriers to social inclusion such as transportation, digital inclusion, and the built environment –are necessary for people to remain socially connected. Specific strategies to encourage
 - o intergenerational contact, which can help to combat ageism and to promote understanding and mutual respect among generations – see new guide [Connecting generations: planning and implementing interventions for intergenerational contact \(who.int\)](#)),
 - o volunteering, which can increase the well-being and social connections of those who volunteer), and
 - o the development of “age-friendly communities,” which can help raise awareness and promote collaboration across a range of key stakeholders within a local area to foster social inclusion. For example, creating age-friendly environments enables people to age well in a place that is right for them, continue to develop personally, be socially included, and contribute to their communities, while ensuring their independence and health. Creation of such environments requires action in many sectors – health, long-term care, transport, housing, labour, social protection and support, information, and communication. Based on the [UN Decade 2023 Progress report](#), 77% of countries reported having a national programme to develop more age-friendly cities and communities in 2022, up from 52% in 2020. Fostering age-friendly environments involves all levels of government and action by many stakeholders, including older people and organizations that represent them.
- Individual- and relationship-level interventions may help reduce loneliness and social isolation such as social skills training; psychoeducation (providing information and support to better understand and cope); peer-support and social activity groups; “befriending” services, which offer supportive relationships either in person or over the phone; and social prescribing, which helps patients access local non-clinical sources of support. Education to reduce self-directed ageism may also help to challenge stereotypes and increase older people’s social participation.

WHO also recently launched a [Commission on Social Connection](#) to raise the political priority of this issue, reframe it as a global public health problem for all groups and advance effective solutions.

Focus area: Right to health and access to health services

Definition of human right for health

The World Health Organization (WHO) recognizes the [right to the highest attainable standard of physical and mental health](#), encompassing four key components: availability, accessibility, acceptability, and quality of health services, without discrimination based on age.

To ensure that older people enjoy affordable, equitable access to the full range of health services, when and where they need them, without financial hardship, WHO promotes [Universal health coverage \(UHC\)](#) grounded in primary health care. WHO also serves as a secretariat of implementation of [UN Decade of Healthy ageing \(2021-2030\)](#), based on the human rights approach, which addresses the universality, inalienability, and indivisibility of human rights.

Scope of the right

Universal health coverage means that all people, including older people, have access to the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation including assistive products, and palliative care. The [UHC Global monitoring report](#) shows that in 2019 an estimated 344 million people are impoverished and further impoverished by out-of-pocket health spending at the extreme poverty line (defined as 2.15 purchasing-power-adjusted US (United States) dollars per person per day). Older populations already experience the highest rates of catastrophic out-of-pocket health spending, while multi-generational households, which include older members, experience the highest rates of impoverishing out-of-pocket health spending.

Based on the [2023 Progress report on the UN Decade of healthy ageing \(2021-2030\)](#), 80% of countries that responded to a survey (n=131) on the implementation of the UN Decade of healthy ageing reported having free of charge out-patient services for older people; 73% of countries providing free of charge pharmaceutical products and other medical supplies; and 66% providing free of charge assistive products.

The gains in life expectancy and growing prevalence of morbidity and functional decline in later life have increased the demand for long-term care (LTC). To ensure that older people and their families can access adequate, high-quality, long-term services to meet their care needs WHO has developed a Framework for countries to achieve an integrated continuum of long-term care and will soon release Long-term care for older people: package for universal health coverage.

Special considerations

As care needs tend to become complex and chronic for older people, the re-orientation of care, from a disease-oriented approach towards a comprehensive person-centred approach, can enable older people access to quality and appropriate care, that takes into consideration their inherent diversities, values, and dignity. It is also essential to ensure the integration of health and social care, and the provision of the continuum of care along the life course through promoting ageing in place.

While families remain the primary source of care and support for those with significant loss of capacity in most countries, it is not feasible to depend solely on family care and support. It is critical to build and strengthen human resources for LTC by addressing the needs of, not only older persons, but caregivers, ensuring caregiver's right to health.

The private sector plays a key role in health and care including LTC services and is increasingly engaged in care for older people. Private sector actors need to be engaged with a shared vision and mission on the continuum of care [towards UHC](#) and must be appropriately monitored, assessed, and regulated to ensure the human rights approach.

Implementation

Building the capacity of health and care workers including knowledge and skills on [integrated care for older people](#), as well as meaningful engagement of older persons would facilitate implementation of the human right to health of older persons.

Focus area: Accessibility, infrastructure, and habitat (transport, housing, and access)

National and local legal and policy framework: Based on the [2023 Progress report on the UN Decade of healthy ageing \(2021-2030\)](#): 77% of countries that responded to a survey on the implementation of the UN Decade of healthy ageing reported having a national programme to support activities on age-friendly environments in 2022, including through the [WHO Global Network for Age-friendly Cities and Communities](#). Yet, only 26% reported that they had adequate resources for action to foster age-friendly environments, with initiatives often focusing on one domain, with limited strategic oversight and coordination necessary to bring all domains of action and relevant topics for creating age-friendly environments together.

Data and research: There is limited age- and gender-disaggregated data to inform policies and programs, including basic information, such as the distribution of the population in cities, towns, and rural areas. There is also limited research with robust study designs on the impact of interventions to create age-friendly environments as well as on the population distribution of those impacts, with less evidence in relation to low- and middle-income countries, and varying levels of evidence available for different domains of action / focus areas.

Equality and non-discrimination: The 2023 Progress report on the UN Decade of healthy ageing (2021-2030) reported increased availability of national programmes to support activities on age-friendly environments, from 52% of countries in 2020 to 77% in 2022. WHO has recently released a [guide and a toolkit to provide practical support for every country to develop their national programme for age-friendly cities and communities](#), complementing the [Global Age-friendly Cities guide \(2007\)](#), focused on local action and taking into consideration equality and non-discrimination. Local (e.g. city, town, rural community), subnational (e.g. region, province, state, prefecture) and national programmes for age-friendly cities and communities offer opportunities for older people to engage in processes and structures – from the community all the way to the national levels – to listen to the voice of older people and meaningfully engage them in the identification of priorities, including priorities in relation to accessibility, infrastructure and habitat (transport, housing and access); in the identification of the best solutions to address those priorities; in the implementation of those solutions; and in the evaluation of the impact of that implementation, including on the distribution of those impacts amongst older people.

Some of the challenges disproportionately affecting older people include the lack of or substandard conditions of living, including in inadequately built or maintained homes that can also be inaccessible, overcrowded, subject to extreme temperatures and mold, poorly insulated from noise, and with no secure tenure. Housing developments placed far and poorly connected to the community also represent a major risk for older people when it comes to maintaining meaningful and longstanding social connections, and intergenerational contacts. The accessibility and quality of household surroundings and the outdoor spaces more broadly can also hinder full participation in the community, limit opportunities for physical activity, leisure, healthy food, and services in general, and expose older people to higher risks of e.g., falling and levels of abuse and violence. These considerations are particularly relevant for older persons with disabilities, who are often disproportionately impacted by poor living conditions and inaccessible houses and community spaces. Inexistent transport systems, services, and infrastructure,

particularly in rural and remote communities but also in poor, disadvantaged communities in towns and large urban areas present another major challenge. When transportation systems exist, they commonly lack universal accessibility, either due to infrastructural (e.g., no universal design in transport hubs), economic (e.g., high cost of commuting) or sociocultural (e.g., ageist attitudes towards older people and its intersection with other forms of discrimination). As a result of these gaps older people are not free to move, to fully participate in cultural, artistic, leisure and scientific activities, access jobs and education, or health and social services. Unsustainable transport systems, heavily dependent on private motorized forms of transport as well as on fossil fuels, are major drivers of climate change, of increases in air and other forms of pollution, and of the degradation of the environment (e.g., through inadequate disposal of transport garbage) and social fabric (e.g., through community severance caused by transport infrastructure), ultimately jeopardizing the human right for people of all ages to a clean, healthy and sustainable environment.

Accountability: When successfully established, local, subnational, and national programmes for age-friendly cities and communities work as a mechanism for older persons to submit complaints and seek redress for denial of their rights to accessibility, infrastructure, and habitat (transport, housing, and access). That said, no detailed and compiled information is available on the relative contribution of these programs to the protection of older person's rights to accessibility, infrastructure, and habitat neither on all the existing mechanism in place within and across countries.