World Health Organization

REGIONAL OFFICE FOR Europe

Regional Committee for Europe
Sixty-second session

Malta, 10–13 September 2012

Strategy and action plan for healthy ageing in Europe, 2012–2020

Regional Committee for Europe
Sixty-second session

Malta, 10–13 September 2012

Provisional agenda item 5(c)

EUR/RC62/10 Rev.1
+ EUR/RC62/Conf.Doc./4

10 September 2012
122346
ORIGINAL: ENGLISH

Strategy and action plan for healthy ageing in Europe, 2012–2020

The WHO European Region has a rapidly ageing population. The median age is already the highest in the world, and the proportion of people aged 65 and above is forecast to almost double between 2010 and 2050. The average age of the population and the proportion of people above retirement age are also projected to increase fast, even in countries with life expectancies that are well below the European average.

Allowing more people to lead active and healthy lives in later age requires investing in a broad range of policies for healthy ageing, from prevention and control of noncommunicable diseases (NCDs) over the life-course to strengthening health systems, in order to increase older people's access to affordable, high-quality health and social services.

Investing in healthy ageing has become key for the sustainability of health and social policies in Europe. A closing window of opportunity of relative growth of the labour force along with unfavourable economic prospects in many countries in Europe have made the need to step up the implementation of policies for active ageing particularly urgent.

This document contains a draft strategy and action plan for healthy ageing in Europe. It focuses on priority action areas and interventions that correspond to the four priority areas of Health 2020, the new European policy framework for health and well-being. It is therefore in synergy with the core health policy developments being undertaken by the WHO Regional Office for Europe in the period 2011–2012, namely Health 2020, the European action plan for the prevention and control of noncommunicable diseases, and the European action plan for strengthening public health capacities and services.

This draft has been developed in consultation with Member States, guided by the Standing Committee of the WHO Regional Committee for Europe.

A draft resolution is attached, for consideration by the Regional Committee.

Contents

page

Executive summary 1

Mandate, context and process 2

Mandate 2

Healthy ageing in Europe: challenges and opportunities 2

The need and opportunity to act now 4

Guiding principles and scope 4

Vision, overall goal and objectives 7

International cooperation: working together 8

Strategic priority areas for action 8

Strategic area 1: Healthy ageing over the life-course 8

Strategic area 2: Supportive environments 10

Strategic area 3: People centred health and long-term care systems fit for ageing populations 11

Strategic area 4: Strengthening the evidence base and research 13

Priority interventions 15

Priority intervention 1: Promoting physical activity 15

Priority intervention 2: Falls prevention 16

Priority intervention 3: Vaccination of older people and infectious disease prevention in health care settings 17

Priority intervention 4: Public support to informal caregiving with a focus on home care, including self-care 18

Priority intervention 5: Geriatric and gerontological capacity-building among the health and social care workforce 18

Supporting interventions 19

Supporting intervention 1: Prevention of social isolation and social exclusion 19

Supporting intervention 2: Prevention of elder maltreatment 20

Supporting intervention 3: Quality of care strategies for older people including dementia care and palliative care for long-term care patients 21

References 23

Executive summary

This document contains the draft of a strategy and action plan for healthy ageing in Europe, 2012–2020. It proposes strategic action areas and a set of interventions that will be in synergy with Health 2020, the new European policy framework supporting action across government and society for health and well-being, to which its strategic areas correspond. It is the first European strategy to bring together, in a coherent manner, the ageing-related elements of the WHO Regional Office for Europe's work programme and to present them in the form of four strategic action areas and five priority interventions, together with three supporting interventions. The action plan is intended as a guide for Member States at different income levels or stages of ageing policy development or demographic transition.

At the core of this proposal is a list of priority interventions for which there is evidence to show that, if adequately implemented, they can provide "quick wins" (in the sense that they should be politically feasible), and for which progress is achievable and measurable even within a relatively short time span. Moreover, preference has been given to interventions with evidence to support their effectiveness and contribution to the sustainability of health and social policies.

The strategy and action plan is in four main sections. The first sets out the mandate, background and context. The second proposes four strategic priority areas for action that build on the Regional Office's existing tools, instruments and commitments, including tools that have been developed at the global level. These are (i) healthy ageing over the life-course; (ii) supportive environments; (iii) health and long-term care systems fit for ageing populations; and (iv) strengthening the evidence base and research. These priority areas comprise actions that help people to stay active as long as possible, including in the labour market, and actions to protect the health and well-being of people with (multiple) chronic conditions or at risk of frailty.

The third section suggests five priority interventions: (i) promoting physical activity, (ii) falls prevention; ; (iii) vaccination of older people and infectious disease prevention in health care settings; (iv) public support to informal care–giving, with a focus on home care; and (v) geriatric and gerontological capacity-building among the health and social care workforce. Three additional supporting interventions in the final section link healthy ageing to its wider social context: (i) prevention of social isolation and social exclusion; (ii) prevention of elder maltreatment; and (iii) quality of care strategies for older people including dementia care and palliative care for long-term care patients.

This strategy and action plan also outlines synergies and complementarities in cooperation with partners, in particular with European Commission initiatives. In implementing this strategy and action plan, the Regional Office will ensure that all countries in the WHO European Region are adequately covered, as population ageing is spreading fast in the Region, making the need to prepare health and social care systems for ageing populations particularly urgent.

Mandate, context and process

Mandate

1. At its sixty-first session in September 2011, the WHO Regional Committee for Europe (RC61) confirmed the Regional Office's mandate to develop a new European health policy, Health 2020, which would "focus in particular on policies and interventions that work and which make the greatest difference to the health and well-being of people in the Region" *(1)*.

2. Sound policies for healthy ageing are indispensable for reaching the goals of Health 2020 in response to fast demographic ageing in the WHO European Region, as well as to other major health and social challenges that have been identified in Health 2020, such as the increasing need for intersectoral action in order to reach public health goals and combat the noncommunicable disease (NCD) epidemic in the Region. Healthy ageing policies are key to preventing disease, disability and erosion of well-being, much of which is highly concentrated in older age groups. The actions under the four priority areas of this strategy and action plan all correspond to and support the four priority areas of Health 2020, as detailed below.

3. There is growing evidence that more can be done to create better people-centred health systems for older people and to improve coverage with and access to public health services for older age groups. Healthy ageing is indeed vitally important for making current levels of wealth and social protection sustainable in the future, including the contribution of families and voluntary action, and for responding to the specific needs of an ageing labour force in Europe.

4. In addition to proposing detailed actions for implementing the priority areas of Health 2020 through an "ageing lens", this draft strategy and action plan builds on a number of relevant resolutions and previous work at both global and European regional level. In 1999, the World Health Assembly, in its resolution WHA52.7 on active ageing, called upon Member States to ensure the highest attainable standard of health and well-being for their older citizens *(2)*, and more recently, in resolution WHA58.16 it focused on developing age-friendly primary health care *(3)*. In 2012, the World Health Assembly adopted resolution WHA65.3 on "Strengthening noncommunicable disease policies to promote active ageing" *(4)*. Links to the WHO reform are promoted at every stage.

5. Since the 1980s, Member States in the European Region have continuously requested that the Regional Office focus its work on healthy ageing *(5)*. For example, healthy ageing is one of the 21 targets of HEALTH21 – the "health for all in the 21st century" update of the European Health for All Strategy *(6)*.

6. In several resolutions (e.g. A/RES/58/134 and A/RES/59/150) the United Nations General Assembly has called on governments, United Nations organizations and others to incorporate the concerns of older people into their programmes of work. The Second World Assembly on Ageing that was held in Madrid, Spain in 2002 adopted the Madrid International Plan of Action on Ageing (MIPAA) *(7)*. As a contribution to this meeting, WHO developed a document entitled Active ageing: a policy framework *(8)*. In the same year, the United Nations Economic Commission for Europe (UNECE) Ministerial Conference on Ageing in Berlin adopted the Regional Implementation Strategy for MIPAA in Europe *(9)*.

Healthy ageing in Europe: challenges and opportunities

7. The population in the European Region has the highest median age in the world. People in many European countries enjoy some of the highest life expectancies in the world. As life expectancy increases, more people live past 65 years of age and into very old age, greatly

increasing the numbers of older people. By 2050, more than one quarter (27%) of the population is expected to be 65 years and older. However, trends in longevity gain are uneven, and gaps between and within countries of the European Region continue to grow *(10)*.

8. While many people are living longer and healthier lives, there are important uncertainties about future trends in the health and functional status of ageing populations. This calls for strong public health policies to allow more people to stay active and participate fully in society. Moreover, those with chronic conditions or at risk of frailty require access to adequate support and protection by health systems and public health actions.

9. In western European countries, the labour force is rapidly becoming older, a trend which is spreading eastward and which calls for particular attention to be paid to the health and well-being of persons aged 50 and above or in the last years of their working life. Moreover, in many countries old-age dependency ratios are projected to grow to unprecedented levels, and the concern this has caused about the financial sustainability of the current scope of publicly funded health and social protection has become even more acute in times of fiscal and economic crises *(11)*.

10. Demographic ageing is also high in eastern European countries and those in the Commonwealth of Independent States (CIS), where the median age is projected to increase by 10 years within less than two decades *(12)*. Differences between men and women are significant across the Region, not only in terms of life expectancy (women consistently make up the majority of the old, and particularly the oldest old) but also in relation to roles and experience of health and responses from the health system. There are currently 2.5 women for each man among those aged 85 years or over, and this imbalance is projected to increase by 2050 *(10)*.

11. In response to global trends in ageing, in the late 1990s WHO called for a paradigm shift towards a positive concept of ageing, defining healthy and active ageing as a process that "allows people to realize their potential for physical, social, and mental well-being throughout the life-course and to participate in society, while providing them with adequate protection, security and care when they require assistance" *(8)*.

12. Healthy ageing therefore has several dimensions.

- It responds to the growing needs and expectations of ageing populations for better health promotion and health and social services, including support for self-help.
- It recognizes everyone's fundamental right to the enjoyment of the highest attainable standard of physical and mental health, irrespective of age.
- It takes into account growing evidence about inefficiencies shortcomings in terms of quality and access to services, including prevention (at all levels – primary, secondary and tertiary).
- Besides maternal and child health, and the fight against the NCD epidemic, healthy ageing is a major contributor to closing the gap in health and well-being between countries in the Region, between socioeconomic groups and between men and women.
- Healthy ageing interacts with policies of social protection to prevent the risk of poverty among older people, a risk that is still widespread in Europe.
- Healthy ageing can contribute to the sustainability of health and welfare systems in Europe, in particular by allowing people in higher age groups to remain active, autonomous and fully integrated.

The need and opportunity to act now

13. The closing "window of opportunity", during which the share of the population of economically active age was growing, and the negative economic outlook in many countries have added to the urgent need to step up the implementation of policies for active ageing. Many countries have already launched healthy ageing initiatives at various levels of government, including national strategies. WHO is supporting this process with a number of tools that are relevant for healthy ageing, such as in the areas of NCD prevention and control, public health services, and health systems strengthening.

14. Postponing the implementation of healthy ageing policies in a period of economic austerity may prove more costly in the long term and can be counter-productive to the sustainability of welfare policies.

15. On a more positive note, there is a rapidly growing body of knowledge and evidence for action, as Europe is rich with innovative policy initiatives on population ageing. This strategy and action plan aims to offer a framework that leads to a better uptake of evidence in the field of ageing, including findings about interventions with known effectiveness that can contribute to the sustainability of health systems, such as targeted disease prevention strategies.

16. This strategy and action plan is being developed at a time when questions of healthy ageing are high on policy agendas in Europe and globally. The year 2012 sees the tenth anniversary of the United Nations Madrid International Plan of Action on Ageing and the thirtieth anniversary of the first International Plan of Action on Ageing *(13)*. The theme of World Health Day 2012 is "Ageing and health". At the level of the European Union, 2012 has been designated as the European Year for Active Ageing and Solidarity between Generations. This strategy and action plan will be at the core of the WHO Regional Office for Europe's response to the European Commission's call to all partners in the field of active and healthy ageing to join forces over the years ahead.

Guiding principles and scope

Guiding principles

17. In line with the principles at the core of Health 2020, this strategy and action plan is based on everyone's fundamental right to the enjoyment of the highest attainable standard of physical and mental health, irrespective of age, as articulated in the WHO Constitution and committed to by WHO's European Member States in various international treaties at both global and regional level *(14–17)*. Moreover, it incorporates the core values and principles set out in the global and European Regional documents listed above, with a particular emphasis on the United Nations Principles for Older Persons *(18)*.

18. Implementing policies for healthy ageing is essential to achieving the two linked strategic objectives of Health 2020, because many health challenges and inequalities are most pronounced in higher age groups. Policies on healthy ageing are a prime example of the need for cross-sectoral action at various levels of government, including:

- improving health for all and reducing health inequalities; and
- improving leadership and participatory governance for health.

19. Furthermore, the implementation of this strategy and action plan requires that a number of principles of the Health 2020 policy framework be applied.

- **Participatory approaches**: involving older persons in policy-making and evaluation has proven to be key for the design of successful initiatives and their implementation.
- **Empowerment at the personal and community levels**: involving people in community action, voluntary initiatives and informal care is at the core of successful healthy ageing strategies.
- **A focus on equity with attention to vulnerable or disadvantaged groups of older people**: inequalities accumulate over the life-course. Healthy ageing policies therefore can contribute to closing the gaps in health inequalities.
- **Gender perspective**: there are important differences between men and women in the roles and experiences during old age. Women are potentially more affected by living alone, and by poverty in old age, and they spend on average a larger part of their life with some form of functional limitations. At the same time, they constitute the vast majority of both formal and informal care-givers, as well as being clearly over-represented as care recipients, even when controlled for their higher average age. These and other aspects call for a gender perspective on healthy ageing policies throughout all strategic areas and priority interventions.
- **The need for intersectoral action**: "whole-of-society", "whole-of-government" and "health in all policies" approaches: not only the social determinants of healthy ageing but also the responsibility for care of older people and for strategy development and leadership on healthy ageing are usually joint responsibilities between health ministries and other government departments, and typically belong to different levels of government. Moreover, they involve other stakeholders, private sector, civil society and voluntary action at various levels.
- **Sustainability and value for money**: fiscal sustainability is a major concern in many countries that are in the process of reforming health systems and public health services for ageing populations. Improved quality of care and proven effectiveness of interventions are important concerns in this respect. This applies to countries at all income levels.

Scope

20. The scope of this strategy and action plan has two dimensions. The four suggested strategic action areas span the policy field of healthy ageing and link to corresponding priority areas of Health 2020. They follow earlier strategic approaches proposed by WHO, such as "Active ageing: a policy framework" *(8)*. The five priority interventions and three supporting interventions have been selected in an attempt to prioritize and select actions using a number of criteria.

- They build on existing WHO strategies, tools and expertise.
- Progress can be achieved in the WHO European Region within a limited timescale.
- They are relevant for countries at all income levels and stages of development of policies for healthy ageing.
- They have a high impact on health and well-being of older people, as identified by the available evidence base.
- They address the largest gaps and inequalities in access to good quality and effective interventions.
- They correspond to the major concerns that are regularly expressed by patient groups, families of people in need of care, and other stakeholder groups.
- There is evidence for their effectiveness and that they can contribute to making health and social systems more sustainable.

- The evidence exists to justify a concerted societal response to this burden, with tools that are effective and adaptable to countries at all levels of development.
- There is a mandate in global and regional strategies for the response by Member States.

Linkages

21. Healthy ageing is a cross-cutting concern, with linkages to a number of other strategic areas and existing action plans. The health and well-being of older people can be decisively improved, if the implementation of all actions takes the specific needs, concerns and barriers of access for older men and women into account. The main linkages are to the areas described below.

The new European policy framework for health and well-being, Health 2020

22. Responding to the challenges of ageing populations is one of the public health priorities in the European Region in the new European policy framework for health and well-being, Health 2020. This strategy and action plan is in line with the four priority areas of Health 2020, and thus provides an "ageing lens" through which to view activities undertaken in the context of Health 2020.

Noncommunicable diseases

23. There is a large overlap between the NCD agenda and strategies for healthy ageing over the life-course *(4)*. Shared topics (often found in national strategies) include prevention of malnutrition and obesity, physical activity and exercise, tobacco and alcohol. The first of the proposed strategic areas in this strategy and action plan focuses on addressing NCDs among older persons.

Mental disorders

24. Mental health is a vital, often neglected aspect of medical and social attention to older people, including preventive actions. The Regional Office's draft mental health action plan, which is currently being revised in consultation with Member States, already addresses these concerns *(19)*. In 2011, the High-level Meeting of the United Nations General Assembly on prevention and control of noncommunicable diseases adopted a political declaration which recognizes that "mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global noncommunicable disease burden" *(20)*. A report developed jointly by WHO and Alzheimer's Disease International calls for making dementia a public health priority *(21)*. The specific needs of older persons with dementia and the needs of their carers, are a cross-cutting concern that is supported by a range of actions and priority interventions in this strategy and action plan.

Violence and injury prevention

25. Injuries account for a large share of the burden of disease and disability of older people, in particular in the oldest age groups. Elder maltreatment has received more attention only over the last decade and has become an emerging field for international exchange of experience, in which WHO continues to play an important role.

Infectious diseases

26. There is growing recognition of the benefit for older people of proper vaccination strategies (such as against influenza), both for themselves and for health and social care staff

who are in contact with them. A corresponding priority intervention is proposed in this action plan.

Health systems strengthening

27. The complex care needs of chronic patients in ageing populations call for well-coordinated and high-quality services for older people. This includes better access to preventive services (at all levels – primary, secondary and tertiary) and to rehabilitation. It is a central concern of reform strategies to support self-management and delivery of care as close to home as is safe and cost-effective, by both increasing value for money and making the financing of health care systems sustainable, which are core goals of the Tallinn Charter "Health Systems for Health and Wealth" *(22)*.

Vision, overall goal and objectives

Vision

28. The vision of this strategy and action plan is of an age-friendly WHO European Region where population ageing is seen as an opportunity rather than a burden for society. It is the vision of a European Region where older people can maintain their health and functional capacity and enjoy well-being by living with dignity, without discrimination and with adequate financial means, in environments that support them in feeling secure, being active, empowered and socially engaged, and having access to appropriate high-quality health and social services and support. An age-friendly European Region helps people to reach older age in better health and to continue leading active lives in various roles including in employment and voluntary action.

Goals

29. The goals of this strategy and action plan are:

- to allow more people to live longer in good health, to remain active for longer, and to counteract growing inequalities in old age;
- to facilitate access to good quality health and social services for people in need of care and support, in order to make healthy life expectancy more equitable within and between Member States;
- to empower older women and men to remain fully integrated in society and to live in dignity, independent of their health or dependency status; and
- to raise awareness and contribute to overcoming age discrimination and ageing stereotypes of any form.

Objectives

30. The objectives of this strategy and action plan are:

- to foster enabling environments and to take health-promoting and disease prevention action on risk factors for older people in a life-course and gender perspective;
- to strengthen health systems for healthy ageing and better quality and more equitable health and social care for older people; and
- to strengthen the evidence base for health and social care policies for ageing populations in Europe.

International cooperation: working together

31. The implementation of the strategy and action plan calls for strengthening international cooperation and partnership between initiatives in Europe. There are also synergies and complementarities with initiatives from the European Commission, United Nations agencies and other international partner organizations, such as the UNECE, the Organisation for Economic Co-operation and Development (OECD) and the World Bank.

32. The implementation of the strategy and action plan has synergies with a number of the priorities and actions identified in the strategic implementation plan of the European Commission's Pilot European Innovation Partnership on Active and Healthy Ageing (EIP AHA) and shares its positive vision on ageing *(23)*. The strategic framework for action of the EIP AHA defines three pillars or "life stages" of older people in relation to care processes: (i) prevention, screening and early diagnosis; (ii) care and cure; and (iii) active ageing and independent living. The EIP AHA singles out, among others, falls prevention and the prevention of functional decline and frailty; training programmes for the health workforce; support for home care; and innovation for improving social inclusion.

33. The strategic framework for action of the EIP AHA complements this strategy and action plan by placing stronger emphasis on questions of research, innovation, and technology. Strong synergy between them is foreseen is under the horizontal topic of age-friendly environments of the EIP AHA, which also is a strategic priority area of the present strategy and action plan. The indicators on healthy ageing are another example of cooperation, complementing the interactive geographical information system of atlases on inequalities in health and their social determinants, which has been jointly developed with the European Commission's Directorate-General for Health and Consumers (DG SANCO). The development of other joint global indicators is under way with Eurostat and the OECD for gathering ageing-related data, such as for workforce planning.

34. Collaboration in this field has already started in the context of cooperation between the WHO Regional Office for Europe and the European Commission.

Strategic priority areas for action

35. The four strategic action areas described below complement each other and link to other WHO strategies and action plans that are mutually reinforcing *(24)*. The first three directly support, through a special "ageing lens", the four priority areas of Health 2020. Strengthening the evidence base and research is one of the cross-cutting priorities of Health 2020. Moreover, they reflect WHO's specific mandate for the European Region, where countries are at different stages of population ageing. Finally, they build on earlier WHO frameworks, such as "Healthy Ageing: A Framework for Action" *(8)*, and initiatives with a good track record of take-up in Member States. The Healthy Cities movement is a prime example *(25)*. These four strategic areas also bring together the elements that support the development and implementation of national healthy ageing policies that are referred to in resolutions WHA52.7 *(2)*, WHA58.16 *(3)* and WHA65.3 *(4)*.

Strategic area 1: Healthy ageing over the life-course

Background

36. Health and activity in older age are the result of the living circumstances and actions of an individual during his or her whole life span. The life-course approach to healthy ageing helps

people influence how they age by adopting healthier lifestyles earlier in life and by adapting to age-associated changes. This strategic area supports priority areas 1 and 2 of Health 2020, namely "Investing in health through a life-course approach and empowering people" and "Tackling Europe's major health challenges in communicable and noncommunicable diseases". The link between NCD prevention and healthy ageing over the life-course is also at the core of the resolution on "Strengthening noncommunicable disease policies to promote active ageing" endorsed by the Sixty-fifth World Health Assembly in May 2012 *(4)*.

37. In this strategy and action plan, one focus is on interventions targeted on "early old age", those aged 50 years or more, and on prevention, including secondary and tertiary prevention in older age groups. There is growing evidence about the underutilization of health promotion and disease prevention, including secondary and tertiary prevention that can be efficient and cost-effective for older age groups.

38. In national strategies and action frameworks, healthy ageing usually spans interventions on a broad range of NCDs and their most common risk factors and determinants, with a special focus on providing guidance that is targeted at older people: malnutrition, physical activity, a safe environment, smoking cessation, alcohol, obesity, hearing and eyesight, and mental health. All of these areas are covered in specific WHO strategies and action plans at regional or global level, and four main NCDs and their risk factors are covered in detail in the recent Action plan for the implementation of the European strategy for the prevention and control of noncommunicable diseases *(24)*.

39. This strategy and action plan focuses on a small set of priority interventions, and it consequently avoids repetitions of core components of existing strategies, such as the Framework Convention on Tobacco Control, on alcohol or mental health, while keeping in mind the importance of sufficiently including health aspects of older people in their implementation, which may not always be the case (examples are the widespread failure of proper screening, detection and subsequent treatment of tuberculosis, HIV/AIDS or depression among older persons). In this respect, primary care is important for providing for good quality general assessment of the health status of older persons, with the goal of early detection of physical and cognitive decline and for adequate preventive measures and timely treatment.

40. In the framework of the present strategy and action plan, this strategic area therefore has a clear focus on:

- mainstreaming of ageing into all relevant health promotion and disease prevention activities, and
- increasing coverage with and access to targeted priority interventions for older persons.

Objective

41. The objective in this strategic area is to deliver health promotion and disease prevention services for healthy ageing with a focus on adults aged 50 years and above.

Action by WHO

42. WHO will:

- prepare gender-responsive guidelines for evidence-based recommended "baskets" of health promotion and prevention services targeted at people aged 50 years and above that are based on good practice from Member States, with a focus on NCDs, vaccine-preventable diseases, injury and mental health;
- mainstream healthy ageing into existing regional actions for health promotion and disease prevention, including intersectoral policies, within the overall framework of Health 2020,

while ensuring that the special needs of older men and women are taken fully into account in the implementation of relevant regional action plans ;

- provide tools to monitor the gender aspects of implementation (for example, the balance between women's formal and informal work, their self-care and health protection) and the concentration of many risk factors affecting persons aged 50 years and above;
- assist Member States in developing instruments for evaluation and monitoring of the implementation of policies for healthy ageing by preventive actions and health promotion services, and foster cross-country learning and comparisons ;
- report on country progress with implementation of the specific measures covered under this action area in a regional report by 2016 and 2020; and
- develop tools to raise awareness among persons aged 50 years and above about the availability of disease prevention and health promotion (including services) and to foster their health literacy.

Action by Member States

43. Implications for Member States:

- paying particular attention to the needs and special risks of persons aged 50 years and above during the implementation of commitments under the strategic area "Promoting health and preventing disease" of the NCD action plan, ensuring that gender aspects are well addressed;
- extending the coverage of preventive action to people in older age groups and those in special settings, by ensuring that those living with functional limitations at home or in institutions, including those with dementia, are not excluded from or face high barriers of access to these services, including financial ones;
- supporting reporting systems and research in order to monitor the uptake, outcomes and social determinants of successful implementation of these actions.

Strategic area 2: Supportive environments

Background

44. A supportive environment at community level makes important contributions to the quality of life, associated with healthy ageing, better living and working conditions and healthier lifestyles for both urban and rural neighbourhoods. Alongside primary health care services, supportive environments are an important element of primary prevention. Creating healthy and supportive environments for health and well-being for all ages corresponds to priority area 4 of Health 2020 "Creating supportive environments and resilient communities". For older people, environmental factors of the built environment; transportation; support for social participation and social inclusion; security; education; and communication and information are the most relevant aspects of this priority area of Health 2020.

45. Important decisions influencing these wider determinants of health and well-being are often taken at local level. Within national policy frameworks, decisions that directly concern health and social services for older people are also often taken at local level. It is at community level that inequalities in healthy ageing can be effectively addressed.

46. In recent years, impressive "bottom-up" movements have been initiated by cities and rural communities that seek cooperation among themselves and with WHO on policies and tools for making their communities more age-friendly. Structured tools and processes of self-

evaluation and follow-up monitoring have been put in place, which ensure that older people and their representatives have a key role to play in their design and implementation. In the European Region, this support is organized via the WHO Healthy Cities subnetwork on healthy ageing. A global network of age-friendly cities has been established by WHO headquarters, and a process is under way for alignment and cooperation between both initiatives, in order to explore synergies and "bundle" the resources available at WHO.

Objective

47. The objective in this strategic area is to engage an increasing number of communities in the process of developing strategies for becoming more age-friendly, providing supportive environments for older persons to protect their health and well-being and to foster inclusion in their communities, and allowing them to play an active role in shaping their social environment and local policies for healthy ageing.

Action by WHO

48. WHO will:

- mobilize existing health-promoting networks, including the International Network of Health-Promoting Hospitals and Health Services, the Healthy Cities Network, and the Regions for Health Network, and extend further partnerships with appropriate international partners for implementing this strategy and action plan;
- contribute to the further development of evaluation tools and guidelines for supportive environments at the city/community level, building on existing WHO tools;
- review the use of "Healthy ageing profiles" for planning at community level, such as those based on the WHO/Europe guide and policy tool of "Healthy ageing profiles" *(26)*; based on this review, draft revised and amended guidelines for publication by 2013; and
- in cooperation with communities that are already part of the movement, strengthen the WHO governance for age-friendly communities in Europe, in cooperation with the global network of age-friendly cities.

Action by Member States

49. Implications for Member States:

- encouraging and advocating the uptake of age-friendly policy concepts and initiatives among the WHO European Region's Healthy Cities movement; and
- supporting unified approaches to local systems for evaluation and data collection on "healthy ageing profiles", in cooperation with WHO.

Strategic area 3: People centred health and long-term care systems fit for ageing populations

Background

50. Older people are far too often faced with barriers of access to good-quality health and long-term care, including lack of information and high private cost-sharing. In many cases, health systems continue to face challenges in overcoming age discrimination or age-rationing and putting adequate resources in place to respond to the growing needs of ageing populations, in terms of both human resources and public funding. A particular concern is to train sufficient numbers of health care staff with adequate knowledge of geriatrics and gerontology. Emphasis has been placed on the need to strengthen health systems in Europe: the Tallinn Charter calls for

strengthening of public health capacities and services *(22)*. Moreover, this strategic area brings together specific actions that contribute to priority area 3 of Health 2020 “strengthening people centred health systems, public health capacity and emergency preparedness”, viewed through the lens of ageing.

51. Those with functional limitations and in need of long-term care are too often at risk of preventable further decline of their health status, in particular when faced with multiple morbidity and onset of frailty. Frail older people who live in institutions can be at heightened risks in this respect. But there are many ways of improving the quality of care and life in nursing homes, including by paying more attention to preventive actions, from malnutrition prevention to falls prevention or more effective use of medication and assistive devices matching the needs of older people.

52. There is growing evidence about effective ways of providing care for older people with multiple chronic conditions, including at the boundary between health and social care systems, where there is often scope for closer cooperation across sectors and levels of government, such as concerted action to allow older people to stay in their own homes for longer. This can be particularly relevant for care of people with dementia and the support needed for their families *(21)*.

53. Timely action on potential future shortages of human resources, more efficient health and social care for older people, including health promotion activities and better access to primary and secondary prevention, are all vital investments that can contribute to the sustainability of public funding for health systems in the future. This has become a major concern in times of economic uncertainty and fiscal constraints.

54. This strategic action area has important linkages and synergies with the strengthening of health systems for control of NCDs and chronic disease, and with mechanisms for the coordination of care, which all should be designed in ways that respect the special needs of older people, including those in older age groups and who are suffering from a decline in mental functioning.

Objectives

55. The objectives in this strategic area are to strengthen the capacity of health systems to respond to ageing populations and to improve the health and well-being of older people by facilitating appropriate use of high-quality services and mechanisms of financial and social protection, in order for older people to remain healthy and capable of living independently as long as possible, and to prevent health and functional impairment leading to social exclusion.

Action by WHO

56. WHO will:

- contribute to research, documentation and dissemination of good practice with regard to innovative models of coordinated service provision for older people, in particular at the boundary between health and social service systems, and related to fostering community-based partnerships for older people’s health;
- contribute to the synthesis and dissemination of good practice with regard to initiatives to improve the quality of health and social care for older people, including those living in institutions;
- document and evaluate innovations in access to information and in service provision for older people, including eHealth to support the coordination of care, so that people with functional limitations can live in a community setting as long as possible;

- contribute to research, documentation and dissemination of recommended community preventive services for older persons, and good practice in enhancing the use of these services;
- disseminate good practice with regard to "horizontal governance" for healthy ageing, and particular in the design and implementation of national ageing strategies, with a special focus on gender aspects and the human rights of older people;
- ensure that human resource planning and monitoring take adequate account of the numbers and qualifications of staff needed for ageing populations; and
- exploit synergies with the strategic priority area of health systems strengthening under the NCD action plan, in particular on coordination of care for people with chronic conditions.

Action by Member States

57. Implications for Member States:

- within overall ageing strategies, ensuring coordinated responses to the health and social needs of people with chronic conditions and functional limitations, including dementia, as well as the quality of services, and availability of resources;
- improving surveys and reporting systems for ageing populations, and fostering the exchange of innovative modes of delivering care that are responsive to older peoples' needs;
- fostering health literacy and empowerment of older people, their relatives and voluntary support networks;
- putting in place a basic package of support for home care and informal caregivers, such as alternative modes of day care (see Priority intervention 4 below);
- ensuring that targeted disease management programmes adequately cover the oldest old and groups of vulnerable older persons;
- improving working conditions and staff retention for those providing services to older people;
- adopting staff training curricula that adequately cover geriatrics and gerontology and improve capacity planning for the future workforce;
- focussing community- and population-based public health services on the issues of older people;
- providing universal access to health and social care (financial protection), with cost-sharing regulations that protect low-income households, including older people; this includes coverage of affordable medicines and assistive devices; and
- strengthening cost-effective and evidence-based interventions in prevailing primary care settings to support healthy ageing, whereby a continuum of care is ensured within a balanced system of community care, disease prevention, primary care settings, outpatient care, and second- and third-level hospital care; providing mechanisms and policy coalitions across government departments and regional levels to ensure coordination of health and social care for older people with chronic conditions and long-term care needs.

Strategic area 4: Strengthening the evidence base and research

Background

58. Over the past ten years the WHO European Region has seen much progress in research and exchange of good practice in the area of health policy for ageing populations. But there

remain gaps in the evidence, and there is an urgent need to further promote the systematic review, synthesis and dissemination of information about effective interventions that can benefit health policy for various target audiences. One focus of attention has to be on spreading effective policies that contribute to closing the gap in the inequalities in health status and access to services between and within Member States in the Region.

59. There are also still important gaps in data systems and consequently in knowledge about health and social trends of ageing populations, such as basic trends in functional status and living conditions of older people. Data harmonization across the Region is at various stages, depending on the statistical domain in question.

60. There has been good progress in some data domains, such as longitudinal surveys (the Survey of Health, Ageing and Retirement in Europe – SHARE; the Study on Global Ageing and Adult Health – SAGE) on long-term care recipients, and on expenditure and workforce, in part of the Region, and this can serve as a model for a larger number of European countries. This progress has resulted in major new insights and evidence for policy, illustrating how important it is to have the relevant data systems in place and to harmonize them internationally.

Objective

61. The objective in this strategic area is to strengthen the technical capacity of Member States and of the Regional Office to monitor and evaluate the health and functional status of older people and their access to health and social services.

Action by WHO

62. The proposed action by WHO will fit within the overall vision of a joint European health information system and will support the WHO global health observatory and United Nations reporting systems, with shared data modules across agencies that are active in international data collection and cross-country comparisons (in particular the European Commission and OECD). WHO will:

- identify and subsequently advocate for closing the most important gaps in statistical evidence and for carrying out both the qualitative and the quantitative research that is needed to guide policy;
- advocate the use of WHO instruments and tools such as the International Classification of Functioning and SAGE, ensuring links to NCD surveillance (better disaggregation of data by age and sex in surveillance systems, including for older age groups) and monitor social determinants and health inequalities among older women and men, ensuring that a gender analysis of inequalities is done;
- cooperate with the European Advisory Committee on Health Research to identify gaps in evidence for policy and priority research for ageing and health;
- provide guidance on the production of health and ageing indicators for non-European Union countries by promoting existing tools and emerging statistical standards;
- intensify cooperation with and input to regional and global data initiatives such as those undertaken jointly by OECD and Eurostat, in cooperation with WHO headquarters;
- increase the number of WHO collaborating centres and intensify cooperation with national and international partners in this policy field;
- in cooperation with international partners such as UNECE, the European Commission and OECD, agree on definitions and indicators for healthy ageing.

Action by Member States

63. Implications for Member States:

- improving the capacity of surveys and reporting systems to monitor health and social care services, in particular preventive services, and their utilization and access by older persons, disaggregated by (five-year) age groups and sex, as well as evaluating the health of older people, in particular for monitoring functional status in the population;
- investing in longitudinal data surveys to monitor trends in the health and functional status of ageing populations;
- compiling national reports at regular intervals on the situation of older people and their health and well-being that are based on latest administrative data and research findings;
- establishing a centre of excellence for research into healthy ageing policies and strategies and their implementation, including for monitoring the demographic, social and health situation of older people, building on available expertise such as the network of nursing centres of excellence in Europe; and
- carrying out programmes for the prevention and management of chronic diseases that meet specific evidence-based requirements suited to the characteristics of older people.

Priority interventions

64. The proposed priority interventions have been selected keeping in mind the criteria described above in the introductory section under "scope" (see page 5). Each intervention is mapped to its corresponding priority area for action under Health 2020.

Priority intervention 1: Promoting physical activity

Goal

65. The goal of priority intervention 1 is to promote increased physical activity of older persons both through community environments and social activities.

Mapping to Health 2020

66. This intervention supports priority area 1 of Health 2020: Investing in healthy ageing over the life-course.

Rationale

67. The level of physical activity is one of the strongest predictors of healthy ageing, in particular for older age groups. Physical activity can improve respiratory and muscular fitness, and bone and functional health, and reduce the risk of NCD, depression and cognitive decline *(27)*. For older people, physical activity includes recreational or leisure-time physical activity, transportation (e.g. walking and cycling), occupational physical activity (if still engaged in work), household chores, play, games, sports or exercise planned in the context of daily, family, and community activities. The motivations and needs of men and women differ, and actions should therefore take gender norms, values and access to resources into consideration.

Actions

68. The following actions should be taken:

- foster cooperation and sharing of experience and good practice on effective measures to increase physical activity levels among older persons, in order to support their implementation and evaluation;
- develop and implement targeted community programmes for physical activity among older people, including a combination of individual and group-based behaviour change approaches with support and follow-up;
- provide advice about physical activity in all health and social care settings for older people, specifically targeting sedentary people, with a focus on promoting moderate-intensity physical activity (particularly walking) and providing ongoing support; and
- support local governments in creating motivating environments and infrastructure for physical activity (in particular active transport) for all ages.

Priority intervention 2: Falls prevention

Goal

69. The goal of priority intervention 2 is to reduce the burden of disease and disability from accidental falls among older persons.

Mapping to Health 2020

70. This intervention supports Priority area 1 of Health 2020: Investing in healthy ageing over the life-course.

Rationale

71. Falls among older people and the injuries to which they often lead are the underlying causes of a large share of the burden of disease and disability among older people in Europe and a major risk factor for developing frailty. The risk of falls increases steeply with age. Injuries from falls (such as femur fracture) usually require hospitalization and costly interventions, including rehabilitation. They are the underlying cause of many of the functional limitations that lead to the need for long-term care, including admission to a nursing home.

72. Environmental hazards account for between a quarter and a half of falls; other factors include muscle weakness, gait and balance disturbances, previous history of falls, and medication. Falls can happen in any setting: 30–40% of nursing home residents have been reported to fall each year. There is convincing evidence that most falls are preventable *(28)*. Some preventive measures have been shown to be cost-effective or even cost-saving, and there are examples of successful implementation of falls prevention strategies in different settings, when supported by public policies *(29)*.

Actions

73. The following actions should be taken:

- make the general population more aware of risk factors and effective falls prevention measures for older persons that can improve balance and prevent falls;

- in order to reduce falls and the proportion of falls that result in injuries, implement exercise programmes, physical therapy and balance retraining, and have home safety assessments and modification carried out by trained professionals;
- carry out multicomponent interventions incorporating gait and balance training, use of assistive devices, modification of environmental hazards and medication reviews (these have proven to be most effective in the community);
- improve training and access to relevant information for informal caregivers in the community;
- increase access to preventive measures for high-risk groups of older persons, such as wearing hip protectors; and
- include falls prevention measures in quality frameworks in all health and social care settings for older people.

Priority intervention 3: Vaccination of older people and infectious disease prevention in health care settings

Goal

74. The goal of priority intervention 3 is to reduce the health risks (morbidity and mortality) for older people that are due to gaps in vaccination against common infectious diseases.

Mapping to Health 2020

75. This intervention supports priority area 2 of Health 2020: Tackling major disease challenges (related to ageing).

Rationale

76. There is increasing evidence about the scope of vaccine-preventable disease that is due to inadequate immunization coverage of the population, including older people *(30)*. In many cases, low vaccine coverage rates are also seen among health (and social) care workers. This is in spite of the fact that there is convincing evidence about the difference that vaccination can make to morbidity and mortality of older persons in different settings, and not only for high-risk groups such as nursing home residents.

Actions

77. The following actions should be taken:

- implement national immunization schedules, including for higher age groups;
- continue to provide data on vaccine-preventable diseases and vaccination coverage among older people in order to obtain a better understanding of disease epidemiology; and
- ensure implementation of infectious disease control programmes in institutions, extending beyond hospitals to take in other facilities, including those for older people.

Priority intervention 4: Public support to informal caregiving with a focus on home care, including self-care

Goal

78. The goal of priority intervention 4 is to make informal care that is offered by family members and friends sustainable and to improve health and well-being of those in need of care, as well as of their caregivers, with special attention to the needs of the growing number of people with dementia.

Mapping to Health 2020

79. This intervention supports priority area 3 of Health 2020: Strengthening people centred health and long-term care systems (fit for ageing populations).

Rationale

80. In all European countries, the majority of care hours are informal care (mostly by women) even in countries with the largest publicly supported elderly care sectors. The growing prevalence of dementia will increase the need for support *(31)*. Public support to informal caregiving is therefore arguably the single most important public policy measure to contribute to the future sustainability of health and social care in ageing populations *(21,32)*. In contrast to their importance, statistical systems and cross-country comparative tools are frequently not up to the task of monitoring and analysing trends on informal care appropriately *(31)*.

Actions

81. The following actions should be taken:

- design strategies for training older adults in self-care and for training informal caregivers, and adapt self-care training programmes;
- disseminate good practice and foster international exchanges of information, including on gender-responsive practices that do not overburden women; and
- in cooperation with other international organizations, strengthen the evidence base and advocate for the improvement of international systems for reporting on the family situation and informal caregiving and carrying out evaluation and trend analysis.

Priority intervention 5: Geriatric and gerontological capacity-building among the health and social care workforce

Goal

82. The goal of this priority intervention is to ensure that training capacity in geriatrics and gerontology corresponds to the degree to which health and social care needs become increasingly concentrated in older people, many of whom suffer from dementia.

Mapping to Health 2020

83. This intervention supports priority area 3 of Health 2020: Strengthening people centred health and long-term care systems (fit for ageing populations).

Rationale

84. National and subnational capacity for training in geriatrics and gerontology is insufficient in many instances *(33)*. This concerns both gaps in the geriatric knowledge of general practitioners and other health care practitioners, as well as insufficient specialist training and specialists in geriatrics itself *(34)*. There is ample evidence of the problems with regard to access to training and shortcomings in the quality of care that are due to these shortages. Although these shortages have in many cases been identified for many years, insufficient progress has been made in many cases, increasing the urgency of action under this priority intervention. This intervention is therefore crucial for priority area 3 of Health 2020 "strengthening people centred health systems, public health capacity and emergency preparedness".

Actions

85. The following actions should be taken:

- draw up national guidelines on geriatric education and define standards for geriatric training;
- engage in geriatric and gerontological capacity planning as part of overall health and social workforce planning for ageing populations;
- contribute to closing the gap in capacity and training of health and social care staff between and within countries, and promote international networks in the Region; and
- foster international exchanges of information on good practice in the evaluation and promotion of continuous training in competencies for the health and social care of older people.

Supporting interventions

86. These supporting interventions underline the need for intersectoral action and linkages in three areas of national and community-level policies for healthy ageing. Two of the proposed supporting interventions aim at the broader social determinants of health and well-being of older men and women: the prevention of social isolation and social exclusion, and the prevention of elder maltreatment. The third supporting intervention addresses the need to step up national development, implementation and international exchange of strategies for ensuring the quality of care for older persons, in particular at the boundary of health and social services.

Supporting intervention 1: Prevention of social isolation and social exclusion

Goal

87. The goal of supporting intervention 1 is to reduce loneliness, social isolation and social exclusion, which are important risk factors affecting the health and well-being of older people.

Mapping to Health 2020

88. This intervention supports priority area 4 of Health 2020: Supportive environments and resilient communities.

Rationale

89. Loneliness, social isolation and social exclusion are important risk factors of ill health among older people, in particular in the absence of family networks or insufficient support for families. This affects all aspects of health and well-being, from mental health and dementia to the risk of emergency admissions to the hospital due to avoidable conditions such as severe dehydration or malnutrition *(8)*. Poverty among older people can greatly increase their risk of social exclusion. Innovative ways to combat social isolation are currently underused in many cases and deserve more international exchange and cooperation. Tackling this issue calls for strong intersectoral and gender approaches that tackle the impact of gender and other social determinants of health. For instance, in all countries older women are more at risk of social isolation than older men *(31)*. Most interventions combine public action with volunteering, activating the own potential of older people and their families or communities *(25)*. This takes into consideration important differences in Europe in the traditional family roles and in the number of older people who live with their extended family.

Actions

90. The following actions should be taken:

- promote the civil engagement of older people and strengthen the role of volunteering;
- foster intergenerational relations through positive media reporting and public image campaigns; and
- increase access to innovative models of support for older people to combat social isolation, including tele-links to social service providers and access to and training in the use of technology, to foster intergenerational exchange and bridge geographical distances within families.

Supporting intervention 2: Prevention of elder maltreatment

Goal

91. The goal of supporting intervention 2 is to prevent elder maltreatment.

Mapping to Health 2020

92. This intervention supports priority area 4 of Health 2020: Supportive environments and resilient communities.

Rationale

93. Elder maltreatment, which can take the form of physical, sexual, mental or financial abuse or neglect, is a significant cause of injuries, illness and despair. Older people may be maltreated in the home by family members and caregivers, or in institutions by professional staff or visitors. In the WHO European Region, at least 4 million elderly people were recently estimated to experience maltreatment in any one year. With the ageing population in the Region, the challenges are likely to increase *(35)*.

94. The violence or neglect involved are gross violations of human rights. It is only in the last two decades that the scope of the problem has been recognized, systematically studied and addressed in the various settings where older people live. Not only the scope of the problem but also the range of initiatives to address it that have emerged at all levels of government, among international organizations and other stakeholders call for improved international cooperation to provide guidance and facilitate exchanges of best practice. The gender dimension of elder

maltreatment needs further research. In addition pejorative attitudes towards old age and prejudices have to be taken into account. Among others, these factors cause disrespectful behaviour, humiliation and assaults.

Actions

95. The following actions should be taken:

- draw up national policies and plans for preventing elder maltreatment as part of intersectoral ageing strategies, building on the latest evidence from national good practice and regional and international guidance;
- improve the evidence base for elder maltreatment and strengthen capacity for research on effective interventions;
- build capacity and exchange good practices across sectors for protection and prevention;
- raise awareness and target investments on preventing elder maltreatment; and
- improve the quality of services in the community and in institutions, to adapt them better to the special needs of older people with functional limitations, and to ensure that quality guidelines are in place for preventing elder maltreatment.

Supporting intervention 3: Quality of care strategies for older people including dementia care and palliative care for long-term care patients

Goal

96. The goal of supporting intervention 3 is to improve the quality of care for older people, in particular for those with severe chronic disease and functional limitations, with a special focus on dementia care and palliative care for long-term care patients.

Mapping to Health 2020

97. This intervention supports priority area 3 of Health 2020: Strengthening people centred health and long-term care systems (fit for ageing populations).

Rationale

98. People of all ages who suffer from severe chronic conditions and functional limitations often need a complex package of care, including primary care, specialized care, access to affordable medication, assistive devices and social care *(33)*. There is growing evidence about shortcomings in the quality of care and lack of care coordination *(36)*. Moreover, for those living in institutions or needing long-term care at home, adequate nutrition, personal security and access to good-quality mainstream services can be an issue, in particular in resource-constrained situations *(32)*. Quality of care processes, guidelines and implementation in long-term care settings and chronic care are still only emerging in many countries; to remedy this calls for international exchanges of good practice and experience with quality improvement strategies. Persons with dementia deserve special attention in this respect *(37)*. More attention should be paid to the effective use of medicines as older persons with multiple chronic conditions may have a higher risk of either under-treatment or over-treatment.

Actions

99. The following actions should be taken:

- foster international cooperation on quality of care measurement and exchanges of best practices with implementing quality of care initiatives at various levels of governance; and
- provide training and transfer of knowledge and guidance for initiatives to improve the quality of care provided in resource-constrained settings and health care systems in transition.

References[1]

1. *Health 2020 – A European policy framework supporting action across government and society for health and well-being (EUR/RC62/9)*. Copenhagen, WHO Regional Office for Europe, 2012 (http://www.euro.who.int/RC).
2. World Health Assembly resolution WHA52.7 on active ageing. In: *Fifty-second World Health Assembly, Geneva, 17–25 May 1999. Volume 1. Resolutions and decisions, annexes*. Geneva, World Health Organization, 1999:8–9.
3. *World Health Assembly resolution WHA58.16 on strengthening active and healthy ageing*. Geneva, World Health Organization, 2005 (https://apps.who.int/gb/ebwha/pdf_files/WHA58/WHA58_16-en.pdf).
4. *World Health Assembly resolution WHA65.3 on strengthening noncommunicable disease policies to promote active ageing*. Geneva, World Health Organization, 2012 (http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R3-en.pdf).
5. *Add life to years: report on Regional Office activities in health care of the elderly*. Copenhagen, WHO Regional Office for Europe, 1992 (http://whqlibdoc.who.int/euro/-1993/EUR_ICP_RHB_016A.pdf).
6. *HEALTH 21: the health for all policy framework for the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 1999.
7. *The Madrid International Plan of Action on Ageing*. New York, United Nations Department of Economic and Social Affairs, 2002.
8. *Active ageing: a policy framework*. Geneva, World Health Organization, 2002 (http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf).
9. *Regional implementation strategy for the Madrid International Plan of Action on Ageing 2002*. Geneva, United Nations Economic Commission for Europe, 2002 (http://social.un.org/index/LinkClick.aspx?fileticket=bRh2R09UA6g%3d&tabid=330).
10. *The European health report 2012*. Copenhagen, WHO Regional Office for Europe (forthcoming).
11. *World population ageing 2009*. New York, United Nations, 2010 (http://www.un.org/esa/population/publications/WPA2009/WPA2009-report.pdf).
12. Chawla M, Betcherman G, Banerji A. *From red to gray. The third transition of aging populations in eastern Europe and the former Soviet Union*. Washington DC, World Bank, 2007.
13. *International Plan of Action on Ageing: report on implementation*. Geneva, World Health Organization, 2005 (document A58/19, https://apps.who.int/gb/ebwha/pdf_files/WHA58/A58_19-en.pdf).
14. UNECE Population Unit – Home [web site]. Geneva, United Nations Economic Commission for Europe, 2012 (http://www.unece.org/pau/welcome.html).
15. *International Covenant on Economic, Social and Cultural Rights*. Geneva, Office of the United Nations High Commissioner for Human Rights, 1966 (http://www2.ohchr.org/english/law/cescr.htm).
16. *Convention on the Elimination of All Forms of Discrimination against Women*. New York, United Nations Department of Economic and Social Affairs, 1979 (http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm).

---

[1] Unless stated otherwise, all web sites accessed 22 June 2012.

17. *European Social Charter*. Strasbourg, Council of Europe, 1961. (http://conventions.coe.int/Treaty/Commun/QueVoulezVous.asp?NT=035&CM=1&CL=ENG).

18. *United Nations Principles for Older Persons*. New York, United Nations, 1991 (http://www2.ohchr.org/english/law/olderpersons.htm).

19. *WHO mental health strategy and action plan for Europe, draft version 1*. Copenhagen, WHO Regional Office for Europe (forthcoming).

20. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Disease, 19-20 September 2011. New York, NY, United Nations, 2011 (Document A/66/L.1; http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1).

21. *Dementia, a public health priority*. Geneva, World Health Organization, 2012 (http://www.who.int/mental_health/neurology/dementia/en/index.html; accessed 12 April 2012).

22. *The Tallinn Charter: Health Systems for Health and Wealth*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/__data/assets/pdf_file/0008/88613/E91438.pdf).

23. *Strategic Implementation Plan for the European Innovation Partnership on Active and Healthy Ageing*. Brussels, European Commission, 2011 (http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/implementation_plan.pdf).

24. *Action plan for implementation of the European strategy for the prevention and control of noncommunicable diseases 2012–2016*. Copenhagen, WHO Regional Office for Europe, 2011 (document EUR/RC61/12, http://www.euro.who.int/__data/assets/pdf_file/0003/147729/wd12E_NCDs_111360_revision.pdf).

25. Green G, Tsouros A, eds. *City leadership for health. Summary evaluation of Phase IV of the WHO European Healthy Cities Network*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/__data/assets/pdf_file/0004/98257/E91886.pdf).

26. Kanström L et al., eds. *Healthy ageing profiles. Guidance for producing local health profiles of older people*. Copenhagen, WHO Regional Office for Europe, 2004 (http://www.euro.who.int/__data/assets/pdf_file/0011/98399/E91887.pdf).

27. *Physical activity and health in Europe: evidence for action*. Copenhagen, WHO Regional Office for Europe, 2004 (http://www.euro.who.int/__data/assets/pdf_file/0011/87545/E89490.pdf).

28. *WHO Global Report on Falls Prevention in Older Age*. Geneva, World Health Organization, 2007 (http://www.who.int/entity/ageing/publications/Falls_prevention7March.pdf).

29. Todd C, Skelton D. *What are the main risk factors for falls among older people and what are the most effective interventions to prevent these falls?* Copenhagen, WHO Regional Office for Europe, 2004 (Health Evidence Network report, http://www.euro.who.int/document/E82552.pdf).

30. *Report of the ad-hoc Consultation on Ageing and Immunization 21–23 March 2011*. Geneva, Switzerland. Geneva, World Health Organization, 2011 (http://whqlibdoc.who.int/hq/2011/WHO_IVB_11.10_eng.pdf).

31. Huber M et al. *Facts and figures on long-term care – Europe and North America*. Vienna, European Centre for Social Welfare Policy and Research, 2009.

32. *Help wanted? Providing and paying for long-term care*. Paris, OECD, 2011 (http://www.oecd.org/health/longtermcare/helpwanted).

33. *How can health systems respond to population ageing?* Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/__data/assets/pdf_file/0004/64966/E92560.pdf).

34. Keller I et al., eds. *Global survey on geriatrics in the medical curriculum*. Geneva, World Health Organization, 2002 (http://www.who.int/entity/ageing/publications/alc_tegeme_survey.pdf).

35. Sethi D et al., eds. *European report on preventing elder maltreatment*. Copenhagen, WHO Regional Office for Europe, 2011 (http://www.euro.who.int/__data/assets/pdf_file/0010/144676/e95110.pdf).

36. Hall S et al., eds. *Palliative care for older people: better practices*. Copenhagen, WHO Regional Office for Europe, 2011 (http://www.euro.who.int/__data/assets/pdf_file/0017/143153/e95052.pdf).

37. Evidence-based recommendations for management of dementia in non-specialized health settings [web site]. Geneva, World Health Organization, 2012 (http://www.who.int/mental_health/mhgap/evidence/dementia/en/index.html).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization
Regional Office for Europe

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 17 17. Fax: +45 39 17 18 18.
E-mail: contact@euro.who.int
Web site: www.euro.who.int