

# Fostering older people's capacities and abilities – scenarios from 2021 to 2030

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## 1. Introduce Decade of Healthy Ageing: Baseline Report<sup>1,2</sup> – as the lead technical agency, with this report, WHO sets the stage for the Decade of Healthy Ageing 2021-2030

Healthy ageing is “the process of developing and maintaining the functional ability that enables well-being in older age”.

Older people are at the centre of a new action plan on ageing and health. The United Nations Decade of Healthy Ageing 2021–2030 brings together governments, civil society, international agencies, academia, the media and the private sector to collaborate in improving the lives of older people, their families and their communities. The vision is a world in which all people can live long and healthy lives.

The Decade provides opportunities to work together to improve functional ability by 2030, with meaningful engagement and empowerment of older people from the beginning. It addresses four areas for action at multiple levels and in multiple sectors in order to promote health, prevent disease, maintain intrinsic capacity and enable functional ability. The action areas are:

- change how we think, feel and act towards age and ageing;
- ensure that communities foster older people's abilities;
- deliver person-centred integrated care and primary health services that respond to older people's needs; and
- provide access to long-term care for older people who need it.

The baseline report stresses that:

- At least 142 million older persons worldwide (14% of all older persons) are unable to meet their basic needs.
- Optimizing functional ability is a key to healthy ageing.

<sup>1</sup> Decade of Healthy Ageing: Baseline Report. Geneva: World Health Organization. 2020  
<https://apps.who.int/iris/handle/10665/338677>

<sup>2</sup> Short animation. <https://www.youtube.com/watch?v=ShmemfpkVLQ&list=PL1F160112BFDBC1D5&index=1>

- Governments and other stakeholders must invest in data to monitor healthy ageing across the life course. Only 25% of countries have limited, comparable data on intrinsic capacity or functional ability.
- Actions must be accelerated to make a measurable impact on older persons by 2030; older people must be involved at all stages.
- Global evidence and cases highlight what can be done and what we can learn.

## 2. Showcase capacities and abilities of older people and the extent to which nationally representative and comparative data exists

**Comparative data.** For this global baseline of 2020, items commonly used in existing national studies between 2013 and 2019 of persons aged 60 years and over were mapped to each of the five domains of intrinsic capacity and functional ability noted below. WHO accessed data from studies in 55 countries, with 52 released for WHO analysis by June 2020. This showed that 42 countries had some comparable data for either functional ability (37 countries, with about 127,000 older people included study) or intrinsic capacity (36 countries, with about 121,000 older people included in the study), with 31 countries having data for both. United Nations population estimates for 2020 indicated that these 42 countries had a population of 678.5 million older people, representing 16% of the total population in these countries and 65% of all older people worldwide. Results across the 42 countries included information on 151 718 older persons aged 60 years and over, with 68 456 men (45%) and 83 262 women (55%).

**Intrinsic capacity** comprises all the physical and mental capacities that a person can draw on, including a person's locomotor capacity (physical), sensory capacity (vision and hearing), vitality (energy and balance), cognition and psychological capacity. These capacities are interrelated and contribute to functional ability. For example, hearing helps people to communicate, maintain autonomy, and sustain mental health and cognition.

At every age there is a lot of diversity in older people's intrinsic capacity – all the physical and mental capacities that a person can draw on. The report provides a snapshot of two items in 36 countries – delayed word recall and hand grip strength – that reflect different domains of intrinsic capacity (cognition and vitality). For example, **Figure 1**, shows the distribution of older people in each 5-year age group on the basis of their standardized score for hand grip strength. The distribution is relatively similar, but for each increasing 5-year age group the distribution shifts to the left (towards a lower score). Although declines occur with chronologic age for many older people, declines are not inevitable: some people at the oldest ages (90+ years, purple distribution) have the same capacity as those at younger ages (60–64 years, orange distribution).

# Vitality (hand grip strength), score distribution by 5-year age groups, in 36 countries\*

Density plots visualize a distribution of people and their scores. This represents more than 121 000 older persons in 36 countries, within 7 distributions, one for each 5-year age group (60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90+ years).

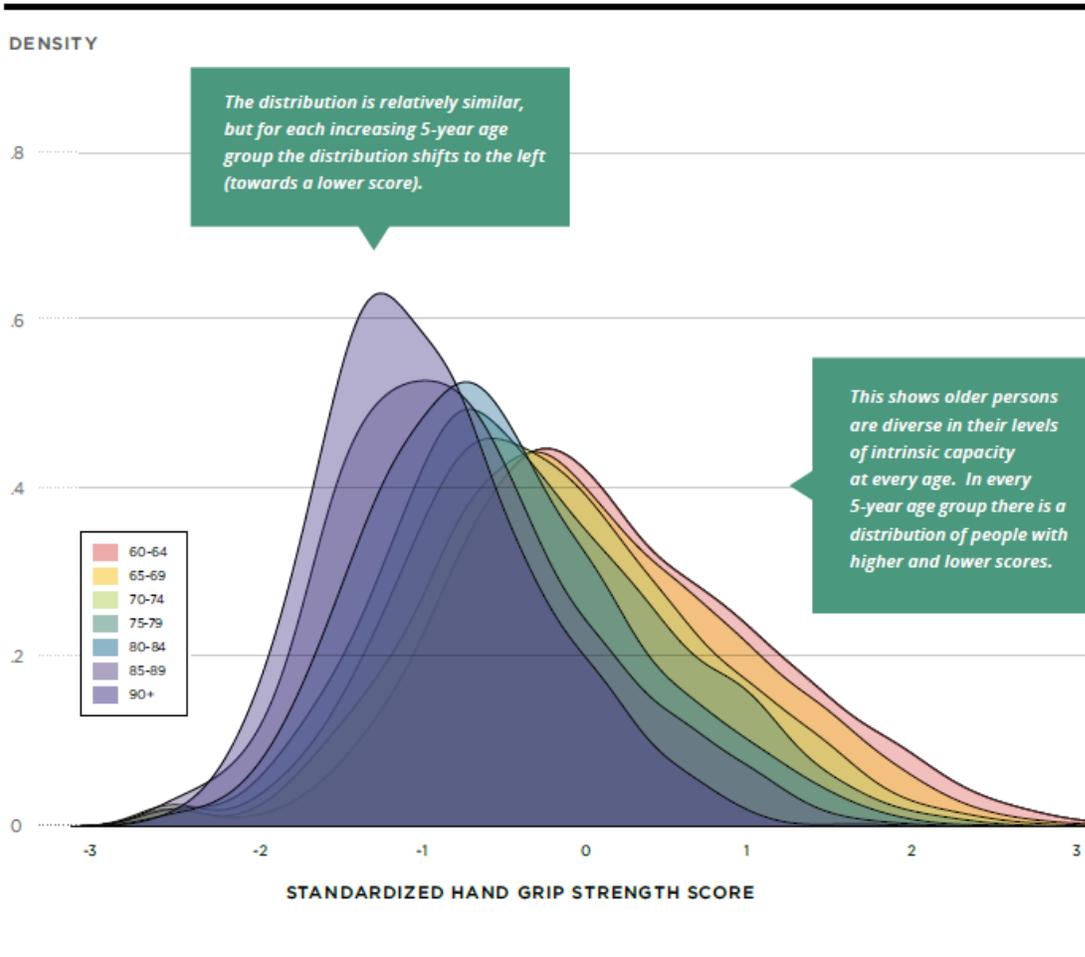


Figure 1. (Figure 2.5 in the Baseline Report)

**Environments** shape what older people with a given level of intrinsic capacity can be and do. These include the home, community and broader society (such as products, equipment and technology that facilitate older peoples' capacities and abilities); the natural or built environment; emotional support, assistance and relationships provided by other people and animals; attitudes since these influence behaviour – both negatively and positively; and services, systems and policies that may (or may not) contribute to enhanced functioning at older ages.

For the baseline analysis, environments and the five environment domains were not assessed in a comparable manner across a sufficient number of nationally representative population-based studies

due to a lack of comparable data. However, to accelerate improvements of functional ability, the age-friendliness of environments will need to be tracked and enhanced during the Decade.

**Functional ability** refers to people's abilities to: 1) meet their basic needs to ensure an adequate standard of living; 2) learn, grow and make decisions; 3) be mobile; 4) build and maintain relationships; and 5) contribute to society. Functional ability combines the intrinsic capacity of the individual, the environment a person lives in and how people interact with their environment.

The ability to meet some basic needs combined three items, and was scaled from 0 (lowest) to 100 (highest). The highest score band (80–100) should be attainable by all older persons through a combination of maintaining intrinsic capacities, providing enabling environments and ensuring targeted support to those who need it. For each age, on average, this is the case for all countries until around 75 years although there is a lot of variation within each country. Extrapolating results from these 37 countries, globally, a key message is that at least 142 million older persons (14% of all older persons globally) are unable to meet some of their basic needs.

**Figure 2** shows, by each age, the score for ability to meet some basic needs, for men and women separately (men in blue and women in red) across the 36 countries included in the analysis. On average, based on cross-sectional data, men and women have similar abilities to meet some basic needs between ages 60 and 80 years.

This scatter plot also shows lines for the 10th, 50th and 90th percentile scores for men (blue) and women (red) separately. After 80 years of age, more women are less able to meet some of their basic needs than men, with the gap widening with increasing age. This potentially reflects that at older ages more women are likely to live alone and in poverty compared to men. Overall, inequities in gender and education contribute to differences within and between countries.

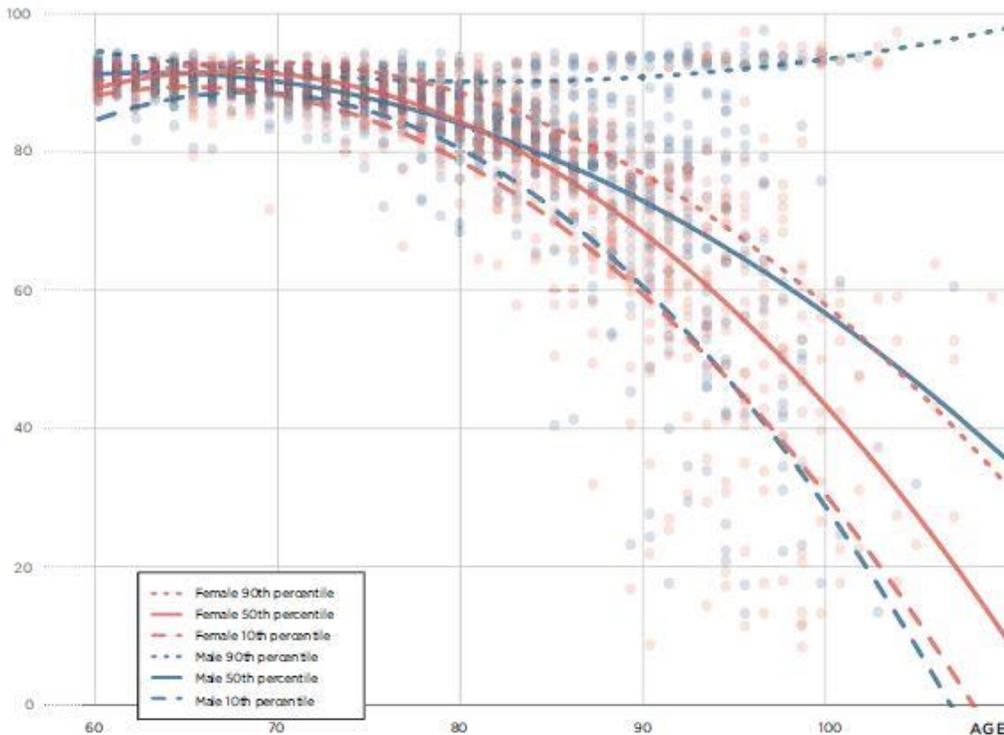
Basic needs should be met for all older people at any age, and approaches should mitigate inequalities in opportunities. Comparable questions on other basic needs, such as adequate housing or diet, and all other abilities, are lacking in existing surveys across a wide range of countries.

## Ability to meet some basic needs by age men and women, 37 countries\*

Each dot represents the average score at each age, for men (blue) and women (red) separately for each country. This represents some 57000 men and 70 000 women across the 37 countries.

*After 80 years of age, more women are less able to meet some of their basic needs than men, with the gap widening with increasing age.*

BASIC NEEDS SCORE



\* Austria, Belgium, Brazil, Bulgaria, Canada, Chile, China, Costa Rica, Croatia, Cyprus, Czechia, Denmark, England, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sri Lanka, Sweden, Switzerland, and United States of America.

Figure 2. (Figure 2.2 in the Baseline Report)

3. Consider that underlying determinants of healthy ageing trajectories across the life course, are amenable to policy choices and a better distribution of resources and opportunities could increase equity

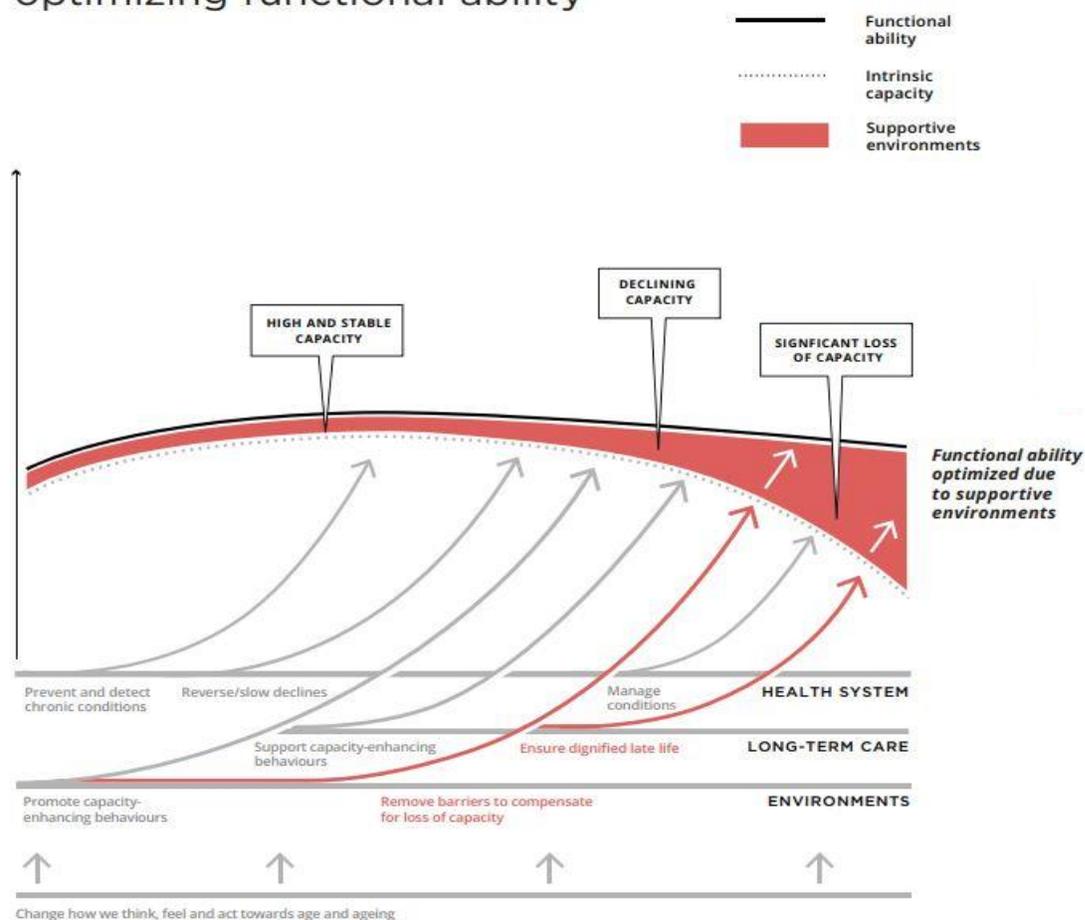
Healthy ageing is influenced by multiple factors throughout the life course. These include cumulative impacts that start from before we are born and at each stage of the life course. There are also specific programming mechanisms and exposures that occur at sensitive time periods, that together can sort people into different and dynamic life course trajectories, which together reflect and shape opportunities and chances. Policies and actions must consider what we can do across the life course to

enhance reserve, delay declines and when declines occur, to modify, or slow the rate of decline. This is highly relevant to the **current pandemic**, including mitigation and response. Actions that can build up and maintain intrinsic capacity, enabling environments, and optimize functional ability, include those identified as priority areas of action in the UN Decade.

Over time, these determinants, factors and potential actions result in trajectories of intrinsic capacity and functional ability for each person, or for a group of people (**Figure 3**). Trajectories are also influenced by local and global events, as demonstrated by the **COVID-19 pandemic**, and can be shaped by other drivers such as climate change. However, genes account for only about 25% of trajectories.

Almost all determinants of healthy ageing can be therefore improved by policies at different levels (household, communities, regional, national or global). **Actions that dismantle discrimination and level up socioeconomic conditions are likely to uplift the trajectory of healthy ageing for everyone.**

## Trajectories of healthy ageing optimizing functional ability



**Figure 3. (Figure 1.1 in the Baseline Report)**

#### 4. Discuss 3 scenarios we could expect by 2030, consider policy responses and actions, and help us plan for 2030

##### What changes could we expect by 2030?

Building scenarios assists planning for a future that is filled with uncertainty and complexity. It also enables us to think through what we need to do and how to keep all stakeholders, including those we represent, accountable.

Scenarios are not meant to be projections based on past trends, but to engage in conversation and initiate deliberations. Building scenarios can also clarify what we are **willing** to work towards. We would like to consider different plausible scenarios but also the one **that builds better for older persons by 2030**.

Three scenarios in Table 1 – deterioration, stagnation or improvement – are considered from 2021 to 2030. On one hand, these are anchored to the key finding that 142 million older people do not have the ability to meet some of their basic needs. On the other, these had to recognize our starting point in 2020 with the pandemic and concentrated impacts on the lives and livelihoods of older people and their families.

## SCENARIOS TOWARDS HEALTHY AGEING

### SCENARIO 1

#### Deterioration

The situation relative to the baseline increases significantly the number of older adults who cannot meet their basic needs – especially those who have few opportunities whether by age, gender, location or other markers of inclusion or exclusion.

- Health and social services for older adults are cut back
- Out-of-pocket payments for health and social services increase
- A greater proportion of households suffer from catastrophic payments for health services
- Pension benefits decrease
- Pandemic response and recovery is not inclusive of older adults
- Unequal pace of global progress

### SCENARIO 2

#### Stagnation

The situation remains largely unchanged with some deterioration. Unequal pace of global progress remains.

- Out-of-pocket expenditures are maintained
- Pension benefits remain unchanged, without flexibility for those who wish to work longer
- No improvements in coverage of quality affordable services for older adults
- Legislation to address age-based discrimination neither introduced nor enforced
- Attitudes towards older adults remain unchanged
- Delayed recovery and unequal inclusion of older adults in pandemic response
- Policy-making remains in silos for most countries

### SCENARIO 3

#### Improvement

Significant improvement reflecting the ability of older adults to meet their basic needs relative to the baseline, a rebound after the pandemic, and improved access to services.

- Integrated care for older persons that builds intrinsic capacity expanded, long-term care systems developed and included in UHC
- Attitudes towards older adults change positively
- Faster recovery and inclusive response, mitigating the pandemic's disruptions
- Accelerated improvements in the meaningful and inclusive engagement of older adults
- Governments, civil society and the private sector work together to optimize functional ability
- Better distribution of global investments and progress

#### Table 1 (pages 98-99 in the Baseline Report)

Scenario 1 is a **deterioration** relative to the baseline. The number of people who cannot meet their basic needs increases significantly by 2030. Especially those who have few opportunities whether by age, gender, location or other markers of inclusion or exclusion. This scenario reflects that the

**pandemic response and recovery** is not inclusive of older people, that further services for older people are cut back, including pension benefits, and that the unequal pace of global progress, continues. For example, WHO already documents that in many countries, including high and middle income countries, the incidence of catastrophic spending on health services by households that only have older persons, have the highest incidence of catastrophic spending on health services, as compared to households with younger adults, children or even multi-generational households. This is where payments are greater than or equal to 40% of a household's income after basic needs have been met. This rapidly contributes to impoverishment.

**Stagnation**, is the second scenario. It would be a situation that largely remains unchanged, with some deterioration, with ongoing unequal pace of global progress. This could include that no further legislation to address age-based discrimination is introduced or enforced. This could be the case, as among the 10 policy indicators countries have committed to, this is the one that has made the least progress between 2018-2020. What could be other signs of stagnation? For example, in relation to later life employment trajectories, work by Ignacio Madera-Cabib and colleagues<sup>3</sup> document that across many countries, we need to relentlessly evaluate if new policies will reverse perverse incentives that force older people in poor health with limited financial resources to work longer, while older people who would like to work longer, are forced to stop working due to a mandatory retirement age.

Of the three scenarios, **improvement** is the one that stakeholders have committed to in the UN Decade. This would require the ability of all older people to meet their basic needs, and that attitudes towards older people change positively. Governments, civil society and the private sector would work together to optimize abilities. More generally, improvement of older people's capacities and abilities across the life course would be combined with advancing the commitments to the SDGs and Agenda 2030 timeframe. It would further build age friendly environments, address climate change and ensure renewable energy as integrated policy objectives.

The accelerated changes over the past year, to adapt to pandemic conditions, and drive the development of vaccines, indicates that rapid change and innovation are possible. However, there has also been deplorable responses in some places, explicitly ignoring the rights and needs of older persons.

These scenarios among others, can be refined and debated further.

For improvement, there is no doubt that this requires a much better distribution of global investments that focus on people. We must do this in order to build forward better for older persons. In closing, we need to consider the investment opportunities at every stage of the life course, which can identify which actions encourage positive trajectories of development and healthy ageing, not in silos of health or labor or education, etc., but by sharing common goals, and through tools that enable national planning, budgets, and allocation of resources to invest in people including older people.

The UN Decade advocates for measurable impact on older people's lives by 2030. A major goal is to strengthen country reporting. WHO in collaboration with United Nations departments and specialized agencies, will report progress in 2023, 2026, 2029 and a final report aligned to the United Nations 2030 Agenda.

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<sup>3</sup> Baseline report, page 57.