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| Strengthening connections across sectors: Building partnerships for healthy ageing in and beyond the COVID-19 era4th November 2020 (1400 – 1530 Geneva) |
| **Format Overview (internal)**In the context of the lives of current and future generations of older people and the coronavirus pandemic this moderated roundtable will focus on specific systemic and technical issues within and external to the WHO where leadership is critical for meaningful collaboration. Lightning talks on five technical issues embedded in much needed system change will follow a standard format of stating the issue, the solution / good practice and finally the role WHO can play. We have chosen areas in which, we believe, only WHO could lead international interagency, cross disciplinary, intersectoral work involving all stakeholders, including civil society which stands ready to engage and support. Through the subsequent moderated discussion among the panellists, attendees and WHO colleagues the aim is to explore concrete actions which we believe will support a strengthened focus on healthy ageing at global, regional, national and community levels.  |
| **Opening remarks** Older people and those with underlying health conditions are facing the most significant risks from COVID-19, yet neither are they invisible or powerless. In this space of both tragedy and opportunity CSOs working with these groups are the glue of solidarity globally, nationally, locally and at the community level. They can bring to life a common agenda inter alia in response to the pandemic, that supports broader global initiatives, including the Decade of Healthy Ageing, Immunization Strategy 2030, WHO Global Report on Ageism, WHO Report on Vision, [Global Report on effective access to Assistive Technology](https://www.who.int/phi/implementation/assistive_technology/great_consultation2019/en/) and the Global Humanitarian Response Plan. Older people and population ageing are often viewed as a ‘problem’ or a group that does not warrant attention, including during this pandemic. However, the disproportionate impact of COVID-19 on older people’s health is starting to galvanise communities, civil society and others. We have an opportunity to join forces across sectors and disciplines and with WHO so that the rights of older people (and others at high risk) are met, and their resilience is central to messages from WHO to member states. Equally important, is to show that the resilience of older people is critical in the process of healing and recovering – as shown in multiple previous crisis and emergency situations. Older people can see the light at the end of the tunnel. These are central messages to be emphasized from WHO to Member States.WHO should be a mirror into the world on age and ageing moving into the Decade of Healthy Ageing. The coronavirus pandemic has brutally exposed the lack of much needed coordination and focus and the prevalence of age discrimination, as expressed by the WHO Director General (DG) on several occasions. We believe in and support Dr Tedros and other global leaders to continue to highlight such issues and lead coordinated action on ageing and health. However, it is from WHO the world expects the ultimate leadership. Current and future generations will pay a heavy price if we, collectively, fail to act appropriately.Population ageingis a powerful and transforming force that impacts the social, health and economic fabric of every Member State. There are many WHO technical departments and units that deal with health across the life course and others that intersect with the health and function of older people, such as mental health and neurological conditions, environmental health, social determinants of health, women’s health, violence and injuries prevention, assistive technologies, essential medicines, health systems, universal health coverage, health promotion, gender, equity and human rights and prevention and management of NCDs. Yet, in many instances, the linkages between population ageing and older people and these health issues are not being recognised or sufficiently addressed within the WHO work at global, regional and country levels. It is critical for DG leadership to play a pivotal role in reinforcing the need for strategic action across WHO Departments and offices, with a common goal of improving the health (in the broadest sense) and well being of older people, and protecting their rights, during and living with the impact of the pandemic. Collaboration with CSOs across disciplines and sectors, and the meaningful engagement of older people, will be key to the achievement of this goal. Strong leadership is needed to maximise the potential of the Decade of Healthy Ageing. We must seize the opportunities of the Decade and realise its potential for current and future generations of older people.  |
| **Systemic considerations**The health, wellbeing and functional ability of all citizens, and especially older people must be at the forefront of a serious review of the systems in which policy and programs within and external to WHO are developed. Lives, livelihoods and economies are in jeopardy when people and the systems in which they live and work are disconnected or do not have a common agenda. The COVID-19 pandemic has exposed our lack of preparedness to respond to the needs of ageing populations. Health systems have been put under enormous pressure and the shortcomings of long-term care and support systems, often due to lack of prioritisation, funding and regulation, have been laid bare. Pervasive ageist attitudes have come to the fore in the narrative of the pandemic, with older people routinely labelled as ‘vulnerable’ and common suggestions that we should be less concerned about COVID-19 because ‘only older people are dying’. In many respects the rituals and rites of passage of humanity have long been trivialized – the global pandemic has only brought to the open the dehumanization of care and the process of dying and grief. Yet at community level there are shining examples of the voice and power of older people. Environments created to enable older people to do what they value, vis a vis age-friendly cities and communities have provided a strong foundation in the pandemic response. Governments co designing and working with civil society can bring benefits for people of all ages. It is critical that systems (the ways of thinking and working within and external to WHO) are critically reviewed to achieve stronger and more tangible results for all older people globally, preserving their dignity to the very end.  |
| **Lightning Talks** Ageing connects with a range of technical issues addressed by WHO, yet too often the global health community struggles to see or act on these connections, failing to take a holistic, life course approach to health. COVID-19 has made visible the importance of protecting and ensuring older people’s right to not only health but to create and live in environments that enable them to do what they have reason to value. The pandemic and what it has exposed, urgently calls for specific actions and milestones framed by and within the four action areas of the Decade of Healthy Ageing within the Global Programme of Work. The technical issues addressed in this roundtable are embedded in and delivered through the universal health coverage framework and viewed through the lens of migration, culture, race/ethnicity, gender, ability and inequalities. The meaningful engagement of older people must also be central to all efforts – after all, preceding the new coronavirus global crisis the world was already going through other pandemics - that of loneliness and social isolation. The required physical distancing imposed by COVID-19 has only made it worse.Voice of older people in COVID-19 *Maciej Kucharczyk, Age Platform Europe*Enabling age-friendly environments, including measuring their impact  *Grace Chan, Hong Kong Council of Social Services*Vaccination to older adults and those with underlying conditions *Michael Moore, World Federation Public Health Associations*Regulated home-based and residential / institutional long-term care and support ***Isabella Aboderin, University of Bristol*** Including older people in all NCDs (including mental health) data and responses *Justin Derbyshire, HelpAge International*Humanizing loss, grief, bereavement, and the last days of life *Alexandre Kalache, ILC Brazil* |
| **Concrete Actions** 1. *Call for WHO* to speak with one voice on issues related to ageing to provide an exemplar model for coordinated, collaborative approaches?
2. Recommendations of the evaluation of the Global strategy and action plan on ageing and health included undertaking necessary organizational changes; external and internal advocacy; and coordination measures to ensure that this crucial focus area is elevated to the highest levels of the Organization and thus help maximize the likelihood that the goals of this important initiative will be achieved on time and on target.

To what degree has the exposure of issues related to older people altered that recommendation and what actions can CSOs expect to see from WHO pertaining to dedicated leadership and responsibility for this area to a senior technical level expert on ageing.1. *WHO to lead* intergovernmental dialogue on the humanization of loss, grief, bereavement, and the last days of life against the backdrop of the COVID-19 pandemic?
2. *How can WHO programs* (e.g. vaccination, ICOPE, icare, NCDs, UHC, integrated health services, ethics and health , hearing, vision, women’s health, assistive technologies) and the two ageing units be accountable for their impact on healthy ageing and the lives of older people.

What role can CSOs play in expanding and support multi-stakeholder partnerships beyond the health sector at the regional and local levels to facilitate multisectoral collaboration for the local rollout of the Decade of Healthy Ageing1. Call for WHO to propose its briefing sessions with Member States are periodically opened to civil society to enable a dialogue between civil society and Member States, including on ageing and health in the context of COVID-19 and the Decade of Healthy Ageing
2. Even in this fiscally constrained world, funds are essential for the successful roll-out of actions associated with the Decade of Healthy Ageing.

Call for WHO to initiate a request and advocate for a UN multi donor trust fund (UN Development Coordination Office) to attribute funds to UN country teams linked to engagement CSOs. |
| **Supporters**  |
| * Alliance for Health Promotion
* Association of Former International Civil Servants (AAFI-AFICS)
* Alzheimer’s Disease International (ADI)
* Global Alliance of Assistive Technology Organisations (GAATO)
* Dementia Alliance International
* Global Ageing Network
* HelpAge International
* International Agency for the Prevention of Blindness
* International Association of Geriatrics and Gerontology (IAGG)
* International Association for Hospice and Palliative Care
* International Alliance of Patients’s Organisations (IAPO)
* International Alliance of Women
* International Disability Alliance
 | * International Federation of the Red Cross
* International Council of Nurses
* International Society of Physical and Rehabilitation Medicine
* International Vaccine Access Centre
* World Federation on Mental Health
* World Medical Association
* World Stroke Organization
* ILC Global Alliance
* International Federation of Medical Students Associations
* International Federation on Ageing
* International Network for the Prevention of Elder Abuse
* International Vaccine Access Centre
* NCD Alliance
* Worldwide Hospice and Palliative Care Alliance
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From the audit:it is recommended that WHO Senior Management:• integrate the Decade of Healthy Ageing as a high-level goal of its internal and external advocacy efforts and embed it in its strategic processes (e.g. the SDG3 GAP);• assign dedicated leadership and responsibility for this area to a senior-level expert on Ageing; and• ensure the Organization’s visibility and technical credibility, as well as the clarity of its position and role in designing and implementing the Decade of Healthy Ageing – and in building and steering the necessary coalitions (including high-level relationships with Member States, UN agencies, donors and other stakeholders) in pursuit of the effective roll-out of the Decade of Healthy Ageing.Ask the DG to bring the Decade to the UN senior management team (SG and heads of agencies and socialised programmes)