

## **NON-STATE ACTOR'S TRIENNIAL REVIEW OF THE OFFICIAL RELATIONS WITH WHO**

### **Collaboration Plan between WHO and International Federation on Ageing (IFA) for the period 2023-2025**

The WHO Executive Board admitted International Federation on Ageing into official relations with WHO. The official relations are governed by the Framework of engagement with non-State actors, according to which the basis of official relations is a plan for collaboration between WHO and the non-State actor with agreed objectives and outlining activities for the coming three-year period, structured in accordance with the General Programme of Work and Programme budget and consistent with the Framework. These plans are expected to be free from concerns which are primarily of a commercial or profit-making nature.

The Executive Board, through its Programme, Budget and Administration Committee, reviews the collaboration with each non-State actor in official relations and decides on the desirability of maintaining official relations or defer the decision on the review to the following year.

The present document outlines the plan for collaboration, and serves as an agreement, between WHO and International Federation on Ageing for the period 2023-2025, as discussed and agreed between WHO and the entity. The WHO Designated Technical Officer and the entity's focal point are responsible for this joint collaboration, including drafting and implementation of the agreed activities, on behalf of WHO and the non-State actor.

The objective of WHO's collaboration with non-State actors is, inter alia, to promote the policies and strategies derived from the decisions of the governing bodies of WHO. The agreed activities are intended to contribute to the outcome targets in the General Programme of Work.

The plan for collaboration contains activities that have been jointly planned with and tailored for WHO, and directly contribute to WHO's programmes (as opposed to benefitting public health in general).

To demonstrate the breadth of the collaboration, plans contain a minimum of two areas with three activities or three areas with two activities to cover the three-year duration of planned collaboration.

Certain activities are beyond the functional scope of official relations and are not to be reflected in this plan. These include, inter alia:

- participation in each other's meetings and conferences, including WHO experts' groups, as well as co-organization and co-sponsorship of meetings;
- policy, norm and standard setting, including information gathering, preparation for, elaboration of and the decision on normative texts;

- provision of interns, secondees or other types of human resources-related loans to WHO, and fellowships. These activities are subject to specific WHO rules and procedures;
- development and issuance of qualifying diplomas, certificates or delivery of courses offered as part of an established degree programme;
- activities which the entity conducts to serve its own mission and mandate (not with WHO);
- technical assistance or advocacy provided directly to WHO Member States, without WHO's involvement or request.

Once adopted by the WHO Executive Board, this plan for collaboration cannot be modified. The plan is published in the WHO Register of non-State Actors.

Non-State actor focal point: Dr Jane Barratt, Secretary General, IFA

WHO Designated Technical Officer (DTO): Ms Alana Officer, Unit Head, Demographic Change and Healthy Ageing

**Summary of the overall collaboration (100 word limit)**

This plan for collaboration between WHO and IFA is supportive of the WHO 13<sup>th</sup> General Program of Work 2019-2023, notably of WHO's work towards the implementation of the UN Decade of Healthy Ageing and its four action areas and four enablers.

In particular, this collaboration supports WHO's efforts towards advocating for and promoting WHO strategic priorities, including universal health coverage; health and well-being and strengthened leadership governance and advocacy for health within relevant stakeholders, notably by:

- Promoting, contributing to and being aligned with the Decade of Healthy Ageing (2021-2030) across a range of related topics, networks and collaboration opportunities as described in this plan for collaboration;
- Contributing to WHO's ongoing dialogue on a life-course approach to public health strategies such as immunization, vision and hearing;
- Supporting WHO's activities towards the development and sustainability of Age-friendly Environments, including technical support to WHO's work in the context of the WHO Global network for age-friendly cities and communities;
- Supporting WHO's efforts towards aligning health systems to the needs of older populations by making a technical contribution to a global consensus on the components of older person centred and integrated care and supporting WHO's work on strengthening mechanisms for sharing information about experiences and evidence for health systems realignment, to accelerate implementation at national and subnational level.

1. Area of collaboration <sup>1</sup>							
WHO Strategic priority(ies)	B1: One billion more people benefiting from universal health coverage						
WHO Outcome(s)	1.1 – improved access to quality essential health services						
Objective <sup>2</sup> : (50 word limit) To support WHO’s efforts and activities towards ensuring that healthy ageing is central to universal health coverage, through the alignment of health systems to the needs of older populations, with a focus on: <ul style="list-style-type: none"> <li>- enhancing WHO’s work on the development of integrated systems of long-term care including community-based services;</li> <li>- promoting adult vaccination for vaccine preventable diseases; and promoting hearing for life, especially for older people, and the importance of early intervention to minimize the adverse impact of hearing loss and cognitive change, in line with WHO’s recommendations and public health messages.</li> </ul>							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe <sup>3</sup>		Other entities involved in the activities <sup>4</sup>	Budget for the activity in USD	Source of funding <sup>5</sup>	Comments
		Start	End				
1. Under WHO guidance, to inform, promote and disseminate WHO’s findings, public health messages and standards on long term care, primary health care,	WHO’s activities in the context of implementing ICOPE and long-term care in countries are supported and informed, upon WHO’s request. Reports containing relevant inputs are	2023	2024	N/A	106,000	IFA core budget	Provision of technical input shall not raise the expectation that such contribution will be taken up or reflected in a WHO publication or any other output. When implementing these

<sup>1</sup> The WHO Strategic Priorities and WHO Outcomes shall be filled in by the DTO. Please see last page.

<sup>2</sup> Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO’s work. If the collaboration is related to a specific strategy, please indicate which one.

<sup>3</sup> Indicate year of planned activity.

<sup>4</sup> Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

<sup>5</sup> Indicate the non-State actor’s budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

<p>specifically the WHO Guidelines on Integrated Care for Older People (ICOPE) and the WHO Long Term Care (LTC) Framework, through the provision of technical inputs, and by conducting three webinars developed under WHO guidance.</p>	<p>submitted for WHO's consideration. Three webinars conducted, with an estimate of 150 participants for each webinar. Documented technical inputs provided regularly to WHO, when requested, including through documenting case studies on integrated and long-term care for older adults.</p>						<p>activities, the non-State actor shall not be considered as representing or speaking on behalf of WHO.</p>
<p>2. To inform WHO's efforts to implement the WHO Immunization Agenda (IA) 2021-2030, by providing technical inputs on specific topics, at the request of WHO</p>	<p>Implementation of the WHO Immunization Agenda 2030 (IA2030) SP4 (life course and integrated) is well-informed, through the provision of regular reports with technical inputs, submitted to SP4 Working Group.</p>	2023	2025	N/A	5,000	IFA core budget	<p>Provision of technical input shall not raise the expectation that such contribution will be taken up or reflected in a WHO publication or any other output.</p>
<p>3. Under WHO guidance, to promote and disseminate WHO's work, findings, public health messages and standards, specifically the WHO Measuring Behavioural and Social Drivers of Vaccination (BeSD) tools for adults in LMIC, through the co-design and rollout of a practical and adaptable toolkit in English to support use of BeSD tools and associated evidence-based</p>	<p>Practical and adaptable toolkit in English to support use of BeSD tools and associated evidence-based interventions specific to adults/aging populations in LMICs is co-designed and implemented.</p>	2023	2024	N/A	75,000	IFA core budget	<p>In the context of this activity, it is agreed that WHO will review and validate the toolkit to be developed and rolled out, in order to ensure consistency with WHO's recommendation and public health messages on the subject matter. Any potential use of WHO's name and emblem is subject to previous authorization.</p>

interventions specific to adults/aging populations in LMICs.							
4. Under WHO guidance, to promote and disseminate WHO's work, findings and public health messages on disability, specifically the WHO Global Report on Health Equity for Persons with Disabilities through agreed communication channels.	WHO's activities in the context of disseminating and promoting implementation of the recommendations of the WHO Global Report on Health Equity for Persons with Disabilities at country level are supported and informed, upon WHO's request. Reports with technical inputs and on promotion and dissemination activities conducted and their uptake are submitted to WHO.	2023	2024	N/A	7,500	IFA core budget	Provision of technical input shall not raise the expectation that such contribution will be taken up or reflected in a WHO publication or any other output. When implementing these activities, the non-State actor shall not be considered as representing or speaking on behalf of WHO.
5. Under WHO guidance, promote and disseminate WHO's work, findings and public health messages on rehabilitation, with a particular focus on addressing rehabilitation needs of older populations through agreed communication channels.	WHO's work, findings and public health messages on rehabilitation are widely disseminated among relevant stakeholders, based on the key public health messages developed with WHO. Report(s) on dissemination activities conducted and their uptake are submitted to WHO.	2023	2025	N/A	3,000	IFA core budget	When implementing these activities, the non-State actor shall not be considered as representing or speaking on behalf of WHO.
6. Under WHO guidance, to promote and disseminate WHO's work, findings, public health messages and standards	WHO's work, findings, public health messages and standards on hearing and vision, specifically the WHO Reports on Hearing and Vision are widely disseminated	2023	2024	N/A	15,000	IFA core budget	When implementing these activities, the non-State actor shall not be considered as representing or speaking on behalf of WHO. Meetings to be hosted by the non-State actor in

on hearing and vision, specifically the WHO Reports on Hearing and Vision.	among relevant stakeholders. Report(s) on dissemination activities conducted and their uptake are submitted to WHO.						the context of this activity shall not be considered as co-organized with/co-sponsored by WHO. Any opportunity in that direction shall be explored separately.
<b>Geographical area<sup>6</sup>:</b> <input checked="" type="checkbox"/> International <input type="checkbox"/> Regional (specify WHO regions): N/A <input type="checkbox"/> National (specify country/ies): N/A							
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: 1. Yuka Sumi and Hyobum Jang (MCA); 2. and 3. Lisa Menning (IVB); 4. and 5. Alarcos Cieza (NCD); 6. Shelly Chadha (NCD).							
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: 1. Katrina Bouzanis. 2. Roxana Badiei. 3. Monica Takahashi							
Additional information if any: N/A							

<sup>6</sup> *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop

2.Area of collaboration <sup>7</sup>							
WHO Strategic Priority(ies)	Strategic Priority 3: One billion more people enjoying better health and well-being						
WHO Outcome(s)	3.1 – determinants of health addressed and 3.2 – risk factors reduced through multisectoral action						
Objective of collaboration <sup>8</sup> : (50 word limit) To support WHO’s efforts and activities towards ensuring that older people enjoy better health and wellbeing through two of the four lenses of the UN Decade of Health Ageing actions areas (age-friendly environment and ageism), with a focus on: promoting, strengthening and expanding physical and social environments that enable older people to do what they have reason to value taking into consideration the Decade enablers, including voice and meaningful engagement.							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe <sup>9</sup>		Other entities involved in the activities <sup>10</sup>	Budget for the activity in USD	Source of funding <sup>11</sup>	Comments
		Start	End				
1. To support WHO’s activities towards further developing and promoting the implementation of the WHO Global Network for Age-friendly Cities and Communities	WHO’s technical work in the context of The WHO Global Network for Age-Friendly Cities and communities is well-supported through: -Editing of age-friendly profiles, case studies and related documents for review by WHO.	2023	2025	N/A	160,000	IFA core budget	Since GNAFCC is to be considered a multistakeholder initiative that is coordinated by WHO and which counts with several members with specific roles and responsibilities, IFA’s activities as a

<sup>7</sup> The WHO Strategic Priorities and WHO Outcomes shall be filled in by the DTO. Please see last page.

<sup>8</sup> Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO’s work. If the collaboration is related to a specific strategy, please indicate which one.

<sup>9</sup> Indicate year of planned activity.

<sup>10</sup> Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

<sup>11</sup> Indicate the non-State actor’s budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

<p>(GNAFCC)through the provision of technical inputs upon WHO request; and by supporting WHO’s capacity building and dissemination activities through agreed communication channels.</p>	<p>Documented technical inputs provided regularly to WHO as requested and technical support to WHO’s capacity building and dissemination activities, as appropriate.</p>						<p>participant in the GNAFCC are to be considered separately and not as part of this plan for collaboration under the official relations with WHO.</p>
<p>2. Upon request, to inform WHO’s work in the development of the UN Decade of HealthyAgeing, led by WHO, by: - gathering inputs on how to promote engagement by non- State actors to support the implementation of the Decade; - sharing information with WHO, through the Decade Platform and showcasing actions taken by non- State actors in the context of the Decade.</p>	<p>The process towards the implementation of the UN Decade of Health Ageing is well-informed, through the provision of regular inputs to WHO, including through the Decade knowledge exchange Platform, reflecting roles,needs and proposed actions of communities concerned. Documented reports on specific requests for technical inputs are submitted for WHO’s consideration.</p>	2023	2025	N/A	10,000	IFA core budget	<p>Provision of technical input shall not raise the expectation that such contribution will be taken up or reflected in a WHO publication or any other output.</p>
<p>3. To inform/support WHO’s work on older people related to: ageism; social isolation and loneliness; elder abuse; physical activity; and falls by:</p>	<p>WHO’s activities in the context of combating ageism, preventing and responding to social isolation and loneliness, reducing sedentary behavior, preventing and responding to falls are supported</p>	2023	2023	N/A	57,000	IFA core budget	<p>Provision of technical input shall not raise the expectation that such contribution will be taken up</p>



<p>- promoting and disseminating WHO's work, findings, public health messages and effective interventions related to these five topics through agreed communication channels.</p> <p>- Under WHO's guidance, to support WHO's efforts towards growing stakeholder involvement related to these topics, in line with WHO's rules and practices.</p>	<p>and informed, upon WHO's request.</p> <p>WHO's efforts towards the promotion and dissemination of the outputs related to these topics are supported, upon WHO's request.</p> <p>Relevant reports with technical inputs and on promotion and dissemination activities conducted and their uptake are submitted for WHO's consideration.</p>						<p>or reflected in a WHO publication or any other output. When implementing these activities, the non-State actor shall not be considered as representing or speaking on behalf of WHO.</p>
<p><b>Geographical area<sup>12</sup>:</b></p> <p><input checked="" type="checkbox"/> International</p> <p><input checked="" type="checkbox"/> Regional (specify WHO regions): SEARO-WPRO</p> <p><input type="checkbox"/> National (specify country/ies): N/A</p>							
<p>If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department:</p> <p>1. Thiago Henrick De Sa and the DTO; 2. Kazuki Yamada and DTO; 3. DTO.</p>							
<p>If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact:</p> <p>1. Anna Sangster. 2. Anusheh Khan</p>							
<p>Additional information if any:</p> <p>N/A</p>							

<sup>12</sup>*International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

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**Annex: “WHO Strategic priorities” and “WHO outcomes”, in line with GPW13 and current programme budget, through the triple billion goals**

- 1. Strategic priority 1: One billion more people benefiting from universal health coverage**
  - Outcome 1.1 – improved access to quality essential health services
  - Outcome 1.2 – reduced number of people suffering financial hardships
  - Outcome 1.3 – improved access to essential medicines, vaccines, diagnostics and devices for primary health care
- 2. Strategic priority 2: One billion more people better protected from health emergencies**
  - Outcome 2.1 – countries prepared for health emergencies
  - Outcome 2.2 – epidemics and pandemics prevented
  - Outcome 2.3 – health emergencies rapidly detected and responded to
- 3. Strategic priority 3: One billion more people enjoying better health and well-being**
  - Outcome 3.1 – determinants of health addressed
  - Outcome 3.2 – risk factors reduced through multisectoral action
  - Outcome 3.3 – healthy settings and Health in All Policies promoted
- 4. Strategic priority 4: More effective and efficient WHO providing better support to countries**
  - Outcome 4.1 – strengthened country capacity in data and innovation

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