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# Elevating Older Persons and Healthy Ageing in the Global NCD Agenda

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# Table of Contents

<b>Background</b>	1
Ageing and NCD Prevention and Care Strategies	1
Supporting a Life Course Approach to NCD Prevention, Care, and Management	2
<b>Elevating Older Persons and Healthy Ageing in the Global NCD Agenda</b>	2
Environmental Scan	2
Stakeholder Consultation	3
<b>Findings</b>	3
Access and Infrastructure Gaps	3
Primary care access	3
Physical infrastructure and access to care	4
Education and Training	4
Provider Education and Training	4
Patient Education and Health Literacy	5
Prevention and Care Management	6
Policies and Frameworks	8
Emerging and Innovative Practices	9
<b>Discussion</b>	9
<b>Imperative to Act: Priority Actions for Ageing and NCDs</b>	10
1) Embed Ageing within NCD Policy and System Design	10
2) Strengthen integrated prevention across the life course	11
3) Workforce capacity and multidisciplinary models of care	11
4) Improve health literacy and access to age-appropriate information	12
5) Strengthen cross-sector collaboration and accountability	12
<b>Conclusion</b>	13
<b>Appendix A</b>	14
<b>References</b>	16

# Background

The world's population is ageing rapidly. There are currently more than 1 billion people aged 60 years and older; by 2050, this number is expected to more than double to 2.1 billion.<sup>(1)</sup> Noncommunicable diseases (NCDs), including cardiovascular diseases, cancers, chronic respiratory conditions, and diabetes, are the leading cause of death and disability worldwide, accounting for over 70% of all global deaths.<sup>(2)</sup>

Key behavioural risk factors for NCDs include smoking, physical inactivity, unhealthy diets, harmful alcohol consumption, and exposure to air pollution.<sup>(3)</sup> These factors also contribute to rising levels of obesity, which are closely linked to the onset and progression of multiple NCDs.<sup>(4)</sup>

Older persons are disproportionately affected by NCDs and are more likely to live with multiple chronic conditions (e.g., cardiovascular disease, obesity, diabetes) that impact functional ability, quality of life, independence, and healthy longevity.<sup>(5)</sup> As demographic shifts accelerate, the implications of NCDs for individuals, families, and health and social care systems become increasingly significant.

## Ageing and NCD Prevention and Care Strategies

In this context, strengthening longevity readiness - the capacity of systems to support health, function, and participation across longer lives - has become central to both health and economic policy.

While ageing is not a uniform experience, it is consistently associated with more complex and intersecting health needs.<sup>(6,7)</sup> NCD prevention and management in later life are often shaped by multi-morbidity, fragmented care pathways, and a limited emphasis on prevention, including early screening, risk reduction, routine health checks, and adult immunization.<sup>(7,8)</sup> These challenges are further compounded by limited access to age-appropriate information on NCD care and management, persistent age-related bias within health systems, and gaps in workforce training on health in older age - all of which constrain the delivery of coordinated, high-quality care.<sup>(9)</sup>

At a systems level, many health and social care structures remain oriented toward single-disease models and acute care, rather than the long-term, integrated needs of ageing populations.<sup>(7,9,10)</sup> This constrains the prioritization of prevention, early intervention, and the maintenance of functional ability - core components of healthy ageing and key drivers of sustained economic and social participation.

Beyond healthcare delivery, policy and strategic frameworks have not kept pace with demographic change. There remains a lack of explicit, comprehensive approaches that address NCD prevention and management in older age, particularly in the context of multiple and interacting conditions.<sup>(11)</sup>

## Supporting a Life Course Approach to NCD Prevention, Care, and Management

Strengthening the visibility of ageing within NCD agendas is therefore essential, including greater alignment across health, social care, and community systems throughout the life course. By promoting health earlier in life, delaying disease onset and progression, and maintaining functional ability in later years, it provides a foundation for more effective, equitable, and sustainable systems, as emphasized in the [World Health Organization \(WHO\) Framework for implementing a life-course approach in practice](#).<sup>(12)</sup>

However, translating this approach into policy and practice requires a clearer understanding of how current NCD strategies reflect the realities of ageing populations. In response, *Elevating Older Persons and Healthy Ageing in the Global NCD Agenda* assesses global and regional NCD strategies through an ageing lens, combining policy analysis with expert input to identify gaps and inform action toward greater longevity readiness.

## Elevating Older Persons and Healthy Ageing in the Global NCD Agenda

This initiative uses a mixed-methods approach to generate insight into the status, challenges, and opportunities related to NCD prevention, care, and management across policy and practice. It considers life-course prevention strategies and the lived realities of navigating care in the context of ageing. Findings draw on an environmental scan of policy agendas alongside qualitative input from subject matter experts.

### Environmental Scan

An environmental scan was conducted to review NCD policy agendas (e.g., diabetes, obesity, chronic respiratory diseases, heart diseases) across WHO regions, with a focus on how these policies intersect with ageing strategies. The objective was to assess the extent to which current frameworks reflect the needs associated with ageing populations, and to identify gaps and promising practices at the intersection of ageing and NCD prevention, care, and management.

This analysis is based on a targeted, non-systematic review of global and regional policy documents. To maintain a policy-level focus, inclusion was limited to documents explicitly framed as “agendas,” “frameworks,” “roadmaps,” or “strategies”. Materials that focused on discrete initiatives or programmes were excluded.

In line with WHO definitions, “older adults” were defined as individuals aged 60 years and older.<sup>(13)</sup> Information was extracted using a standardized template capturing key elements, with a total of 11 documents included in the analysis, outlined in Appendix A<sup>(14-24)</sup>

## Stakeholder Consultation

Following the environmental scan, semi-structured stakeholder consultations were conducted to capture expert-informed perspectives on the intersection of ageing and NCD policy, practice, prevention, and management. These consultations explored existing gaps and missed opportunities across the continuum of care, alongside best practices and innovative approaches to better align NCD strategies with the complexity of ageing societies.

Participants included stakeholders from organizations working across NCDs broadly, cardiovascular health, diabetes, prevention, obesity, chronic disease, and public health. Perspectives were drawn from disease-specific organizations, patient advocacy groups, professional associations, and broader public health bodies.

## Findings

Findings from the environmental scan and stakeholder consultations highlight persistent gaps in access to, and management of, NCD prevention and care in the context of ageing populations, alongside clear opportunities to strengthen system responses. Across both data sources, key challenges can be grouped into four interconnected areas: access and infrastructure; education and workforce capacity; prevention and care management; and policy.

### Access and Infrastructure Gaps

At a systems level, limitations in access and infrastructure significantly affect the ability to prevent and manage NCDs effectively in ageing populations. These challenges relate both to access to primary care and to the physical and structural conditions that shape how care is reached and experienced.

#### Primary Care Access

All interview participants identified barriers in accessing primary care services, highlighting this as a critical pressure point across systems. Primary care providers play a central role in the diagnosis and treatment of disease, as well as in identifying behavioural risk factors and delivering health education, contributing to improved health outcomes.<sup>(25)</sup>

However, experts emphasized that the increasing demands associated with ageing populations and the rising burden of NCDs are placing significant strain on health and primary care systems. This has resulted in limited appointment availability and reduced access to preventive, diagnostic, and ongoing care.

Both the environmental scan and stakeholder consultations further reinforced the consequences of delayed access across the continuum of care. For example, in diabetes, delays in diagnosis and management can increase the risk of complications such as neuropathy and foot ulcers, which may ultimately lead to amputation if left untreated. Similarly, early intervention of obesity can help reduce the risk of associated conditions, including cardiovascular disease, hypertension, type 2 diabetes, and cancer.<sup>(26)</sup> In conditions more prevalent in later life, such as dementia, timely diagnosis and intervention are particularly important to maintaining quality of life, supporting independence, and slowing progression, particularly as new therapies continue to emerge.

## Physical Infrastructure and Access to Care

Access to care is further shaped by physical and environmental factors. Infrastructure-related barriers - both in reaching care (e.g., access to public transportation, ability to drive, mobility limitations) and within care settings themselves (e.g., hospitals, clinics, long-term care facilities, pharmacies) - were identified as key challenges across stakeholder consultations and the environmental scans.

Without age-friendly infrastructure - including accessible transportation, mobility supports, and inclusive facility design (e.g., wheelchair accessibility, hearing-friendly environments) - older adults face significant barriers to equitable access to care. These limitations can delay care-seeking, disrupt continuity of care, and ultimately contribute to poorer health outcomes.

## Education and Training

Both provider and patient education were consistently identified as critical gaps within NCD prevention and management in the context of ageing societies.

### Provider Education and Training

Findings point to important gaps in training and preparedness among healthcare professionals to meet the complex and evolving needs associated with ageing populations:

*“We have a gap in... clinicians knowing how to treat [NCDs]... there is an opportunity to increase education in most medical schools, nursing schools, pharmacy schools.”*

As populations age, care increasingly requires the coordinated management of multiple chronic conditions, treatments, and medications. Experts emphasized that many providers are not adequately equipped to address key age-related considerations, including multimorbidity and polypharmacy - challenges that are further compounded by the presence of behavioral and clinical risk factors, such as obesity and physical inactivity. These gaps can contribute to difficulties in clinical decision-making, increased risk of adverse events, and poorer treatment outcomes.

Evidence from the environmental scan further demonstrates the importance of workforce investment. For example, the *European Commission’s Healthier Together: EU Non-Communicable Diseases Initiative* includes targeted investments in specialized medical training, such as funding to enhance physician education in areas linked to major NCDs.<sup>(14)</sup> While not specific to older populations, such efforts

demonstrate the broader potential of workforce development to improve population health outcomes and strengthen system performance. Strengthening workforce capacity is also closely tied to broader system resilience and economic sustainability, particularly in countries undergoing demographic and epidemiological transition, where investment in the health and care workforce may also support expanded employment opportunities and longer-term socioeconomic development.

### Patient Education and Health Literacy

Gaps in patient education and health literacy were also identified as key barriers to effective NCD prevention and management:

*“People are not very well educated about health, and certainly not about NCDs or how they should cope with it and also how they should prevent it”*

In the context of ageing, individuals are often required to navigate complex care pathways and manage multiple conditions simultaneously, including medication adherence and symptom monitoring. Evidence from the environmental scan reinforces this finding, with seven of eleven documents highlighting the importance of patient education and improved health literacy in preventing and managing NCDs<sup>(14-16,18,19,23,24)</sup>. While varied in their approaches, many of these documents emphasize the role of education and broader social protections (e.g., social insurance, workplace or public health benefits, and support services) in supporting health and well-being across the life course.

Health literacy, in this context, is critical to enabling individuals to make informed decisions and effectively manage their health. For example, the *EU Safe Hearts* plan emphasizes the importance of strengthening health literacy to support informed decisions-making.<sup>(16)</sup> Similarly, the *European Commission’s Healthier Together: EU Non-Communicable Diseases Initiative* highlights that older adults with limited health literacy face greater challenges in self-management, including difficulties interpreting medication instructions and health information, which can contribute to poorer health outcomes and increased mortality risks.<sup>(14)</sup>

Stakeholders further raised concerns regarding limited access to clear, age-appropriate information, as well as the growing impact of misinformation on prevention efforts. These challenges can undermine confidence in care, reduce uptake of preventive measures, and limit individuals’ ability to manage health.

## Prevention and Care Management

*“The cost of prevention is not particularly high if you compare it to other conditions. The cost of treatment and rehabilitation and ongoing care for secondary prevention can be quite significant; that’s a burden.”*

Gaps in prevention and care management for older adults were consistently identified across the NCD landscape through both the environmental scan and stakeholder consultations. While effective prevention measures - including screening, risk reduction (e.g., obesity and tobacco use), and vaccination, amongst others - play a critical role in maintaining functional ability, quality of life, and healthy longevity, they remain underutilized and insufficiently integrated into NCD care pathways in the context of ageing.

All policies included in the environmental scan reference the importance of NCD prevention and control. Broadly, these approaches include screening, risk factor reduction, surveillance, and primary health care interventions. However, while many strategies target conditions that commonly affect older adults, such as diabetes and cardiovascular disease, they are rarely framed through a life-course lens (Appendix A).

In parallel, there is growing recognition of the importance of addressing modifiable risk factors as part of a comprehensive approach to NCD prevention and management. For instance, many of the strategies reviewed (eight of eleven) identify obesity as a key risk factor, reinforcing the need for coordinated strategies that support risk reduction through prevention, early intervention, and sustained management across the life course.<sup>(14-16,18,19,21,23,24)</sup>

Stakeholder consultations further highlighted that prevention in later life is often undervalued within financing frameworks. This is reflected in gaps in public coverage, limited access to preventive services, and insufficient prioritization of interventions that support healthy ageing within health systems.

Experts also noted that policy and investment decisions do not consistently reflect the full value of prevention in later life, including its role in reducing avoidable complications, hospitalizations, and long-term system costs.

While investments earlier in the life course remain essential, insufficient attention to prevention in later life represents a missed opportunity to maintain health, independence, and health system sustainability - and to strengthen overall economic resilience in ageing societies.

## A Case Study: The Role of Respiratory Infectious Disease Vaccination in Healthy Ageing and NCD Management and Care

Vaccination is a critical, yet often under-recognized, component of NCD prevention and management within the context of healthy ageing. Older adults, particularly those living with NCDs, are at increased risk of severe outcomes from respiratory infectious diseases, including influenza and COVID-19.<sup>(27)</sup> These infections can exacerbate underlying conditions, leading to complications such as cardiovascular events, functional decline, and increased risk of hospitalization and mortality.<sup>(28)</sup>

Beyond protection against infectious diseases, vaccination also plays an important role in reducing NCD-related complications. For individuals living with NCDs, immunization can lower the risk of acute events - for example, influenza vaccination has been associated with a significant reduction in heart attack risk among those with cardiovascular disease.<sup>(27,29)</sup> More broadly, vaccination helps prevent acute illness, mitigate long-term complications, and preserve functional ability, supporting continued participation in work, caregiving, and community life.<sup>(30)</sup>

Emerging evidence further highlights the value of tailored vaccination strategies for older populations, particularly those living with chronic conditions. Studies have demonstrated that age-appropriate vaccine formulations can provide improved protection in older populations, who may experience reduced immune response due to immunosenescence. For example, evidence from large-scale studies of adults aged 65 years and older, including those living with chronic conditions, has shown that higher-dose influenza vaccines are associated with reduced risk of severe hospitalization outcomes - with protective effects across cardiovascular and respiratory outcomes, and the effect particularly pronounced against heart failure hospitalization - while COVID-19 vaccination also reduces severe disease in older adults and those with comorbidities.<sup>(31)</sup>

Despite evidence, vaccination remains insufficiently integrated into NCD prevention and management frameworks. Only 6 of the 11 of the policies reviewed included discussion of vaccination. The *EU Safe Hearts Plan* is one example of how vaccination against infections, such as those against respiratory diseases can serve as an effective measure to prevent cardiovascular disease amongst older adults- reducing risk of heart attacks, stroke and other acute events.<sup>(16)</sup>

Expert interviews further outlined that the management of NCDs and the mitigation of infectious diseases should not be treated as separate priorities. Rather, they are closely interconnected and should be addressed through a continuum of care approach. Vaccination plays a critical role within this continuum, supporting the prevention of acute events, reducing complications, and contributing to more integrated and effective NCD management across the life course.

## Policies and Frameworks

A consistent finding across both the environmental scan and stakeholder consultations is the limited prioritization of ageing populations as a defining demographic and health systems trend within NCD strategies and care frameworks. Overall, findings indicate that ageing across the life course remains insufficiently recognized within the global NCD agenda (Appendix A).

*“Policy recommendations may not always take into account or make specific recommendations that are suitable for older people.”*

Experts emphasized that, despite the significant and wide-ranging impact of NCDs in the context of ageing, the complexity of care needs in later life is often overlooked in both policy discussions and practical approaches to prevention and management. A recurring theme was the limited political prioritization of health in later life, including investment in infrastructure, prevention, and care.

Stakeholders further noted that policy decisions are frequently shaped by perceived returns on investment, with interventions targeting younger populations often viewed as generating longer-term economic benefits. This dynamic contributes to the continued under-prioritization of ageing within high-level policy agendas, despite the substantial health, social, and economic costs associated with unmanaged NCDs in later life. It also reflects a broader missed opportunity to strengthen system sustainability, workforce resilience, and economic stability in ageing societies.

While overall inclusion remains limited, some promising examples of progress were identified - *A New Agenda for Mental Health in the Americas*, the *EU Safe Hearts Plan*, and the *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific* - explicitly acknowledge demographic change and ageing populations.<sup>(16,17,19)</sup> These strategies place greater emphasis on conditions more prevalent in later life, such as dementia and Alzheimer’s disease, as well as on the role of age-friendly environments in supporting prevention, care, and functional ability.

However, despite growing recognition of life-course approaches to health, explicit integration within NCD strategies remains limited at the policy level.

Recognition alone does not consistently translate into implementation, with limited inclusion of concrete, age-inclusive measures, age-disaggregated data, and accountability mechanisms to address health needs across the life course (Appendix A).<sup>(14-17,19,23,24)</sup>

## Emerging and Innovative Practices

While a number of gaps in policy and practice were identified, several emerging and forward-looking approaches offer promising direction for strengthening NCD prevention and management in the context of ageing. These approaches reflect a gradual shift toward more integrated, proactive, and person-centred models of care.

One key area of innovation is the use of clear, age-specific targets and measurable indicators to guide prevention, management, and care. For example, the *EU Safe Hearts Plan* includes defined age-specific targets for routine monitoring of key indicators such as blood pressure, cholesterol, and blood glucose. This approach supports earlier identification of risk, strengthens accountability, and helps ensure that prevention and management efforts are consistently applied across the life course.<sup>(16)</sup>

At the same time, digital innovation is emerging as a complementary tool to support healthy ageing and NCD management. The *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific* highlights the potential of digital health solutions to expand access and improve care.<sup>(19)</sup> One example is “Agatha,” a WHO-developed digital health worker that uses artificial intelligence to deliver accessible, personalized health information to older adults.<sup>(24)</sup> Such tools demonstrate potential to improve health literacy, support self-management, and extend care to rural and low-resource settings where services may be limited.

## Discussion

As populations live longer, the ability to maintain health, function, and participation becomes central to what can be understood as longevity readiness: the capacity of systems to support longer lives in ways that are sustainable, productive, and equitable.

Ill health in later life has direct implications beyond healthcare demand. It shapes participation in the workforce, caregiving dynamics, and broader social and economic contributions. Where NCDs are poorly prevented or managed, the result is not only increased system pressure, but also reduced productivity, higher dependency, and rising long-term costs across health and social systems.<sup>(9,13)</sup>

At the same time, demographic and epidemiological shifts are outpacing policy and systems adaptation. While many NCD strategies acknowledge key risk factors and conditions, they do not consistently reflect the realities of ageing populations or the complexity of health needs over longer lives. This disconnect contributes to fragmented approaches to prevention, treatment, and long-term care, limiting the effectiveness and efficiency of current responses.

Globally, there is increasing recognition that siloed approaches - separating prevention from care, or communicable from noncommunicable disease - are no longer fit for purpose. The convergence of NCDs, infectious diseases, shared risk factors, and broader determinants of health outline the need for more integrated systems that reflect how health is experienced across the life course.<sup>(11,13)</sup>

Emerging practices identified in this report point in this direction, including the integration of prevention within care pathways, the use of age-responsive monitoring and risk management, and the application of digital tools to extend access and support self-management.

However, adoption of these approaches remains uneven and is not yet embedded at scale.<sup>(4,11,25,27)</sup> Meaningful progress will require a more explicit and coordinated policy response. This includes embedding an ageing lens within NCD strategies, strengthening prevention across the life course - including in later life - and aligning financing and investment with the full value of prevention and care, and healthy longevity.

Without more deliberate and coordinated action, current gaps in prevention, access, and care will continue to drive avoidable complications, increase long-term costs, and limit participation across ageing populations.<sup>(7,9)</sup>

## Imperative to Act: Priority Actions for Ageing and NCDs

Advancing longevity readiness requires a meaningful shift in how NCDs are understood and addressed within policy and system design - not as isolated conditions, but as part of a broader continuum of health across the life course. This includes explicitly recognizing demographic shift and the evolving needs of older populations within NCD strategies, frameworks, and governance structures, while ensuring integrated consideration of prevention, care, workforce capacity, infrastructure, and social systems.

*“The vision I have is a broad one: [we should be] putting together NCDs and communicable disease and understanding the broad impact on society that is far beyond the health impact by itself.”*

The following five recommendations and priority actions reflect key policy and systems-level opportunities identified through this analysis, alongside practical examples that illustrate how these priorities can be embedded within strategic frameworks and implementation mechanisms to strengthen healthy ageing within global NCD agendas.

### 1) Embed Ageing within NCD Policy and System Design

**Objective:** NCD strategies, frameworks, and governance structures must explicitly reflect demographic ageing and the complexity of health needs across the life course. This includes aligning prevention, treatment, long-term care, and social systems through integrated policy design.

#### **Actions in practice, across policy and system delivery:**

- ➔ Include age-disaggregated indicators, benchmarks, and targets (e.g., hypertension control rates, diabetes management outcomes, vaccination status and uptake, cancer screening uptake among adults aged 60+) within national and global NCD frameworks, and strengthen the collection and use of age-disaggregated data to inform planning, service delivery, monitoring, and accountability.

- Embed population ageing explicitly within national NCD strategies, including dedicated policy commitments and financing mechanisms that support prevention, early intervention, and long-term management in later life.
- Align NCD strategies with long-term care, dementia, disability, and social protection policies to promote continuity of care across systems.

## 2) Strengthen integrated prevention across the life course

**Objective:** Prevention must be positioned as a foundational policy and systems priority across the life course, including in later life. This requires embedding prevention within NCD frameworks through equitable access to vaccination, screening, early intervention, while addressing key modifiable risk factors such as obesity, or tobacco use.

### **Actions in practice, across policy and system delivery:**

- Adopt integrated care pathways that connect infectious disease prevention, chronic disease management, and healthy ageing.
- Integrate adult immunization, routine screening, and early intervention within NCD prevention and management frameworks, particularly across cardiovascular, respiratory, diabetes, and broader chronic disease pathways.
- Prioritize structured policy approaches to behavioural and clinical risk reduction, including obesity management and prevention, smoking cessation, and physical activity promotion.

## 3) Workforce capacity and multidisciplinary models of care

**Objective:** Health workforce policy must evolve to reflect multimorbidity, polypharmacy, and ageing-related complexity as standard components of care delivery. This requires stronger geriatric competencies and multidisciplinary models embedded within health systems design.

### **Actions in practice, across policy and system delivery:**

- Integrate geriatrics, multimorbidity, and polypharmacy management into national workforce development strategies, professional standards, and continuing education frameworks, including reorienting clinical training and professional norms toward prevention and early intervention as core components of NCD management and healthy ageing.
- Expand policy and financing structures that support multidisciplinary primary care and community care teams, including pharmacists, nurses, physiotherapists, social workers, and allied health professionals.
- Prioritize workforce investment as part of broader demographic, care economy development, and economic resilience strategies, particularly in ageing and transitioning societies.

#### 4) Improve health literacy and access to age-appropriate information

**Objective:** Health literacy must be recognized as a core policy priority within NCD prevention and management, enabling informed decision-making, treatment adherence, and self-management across increasingly complex care pathways.

##### **Actions in practice, across policy and system delivery:**

- ➔ Include health literacy, patient education, accessible public health information standards, and misinformation prevention within NCD frameworks, with dedicated strategies to ensure plain-language communication for ageing populations, including building awareness of recommended preventive behaviours (such as obesity prevention and management) and clinical interventions (such as screening and vaccination) as core pillars of healthy ageing.
- ➔ Advance policy support for digital health, AI-enabled tools, and community-based education models that improve access to information and self-management support.
- ➔ Prioritize equity-focused policies that address disparities in access to health information, preventive services, and support systems among underserved populations.

#### 5) Strengthen cross-sector collaboration and accountability

**Objective:** Effective NCD prevention and management in ageing societies requires coordinated policy action across health, long-term care, social systems, infrastructure, and broader determinants of health.

##### **Actions in practice, across policy and system delivery:**

- ➔ Establish national and regional governance mechanisms that formally align ageing, NCD, social care, and economic strategies across sectors, including stronger policy links to broader determinants of health such as housing, labour, transportation, and community systems.
- ➔ Integrate age-friendly infrastructure - including transportation, mobility, housing, and accessible care environments - within health and social policy frameworks.
- ➔ Adapt and scale integrated ageing and NCD policy models through context-specific financing, workforce, and service delivery strategies.

## Conclusion

As populations age globally, strengthening longevity readiness will require a fundamental shift in how NCDs are understood, prioritized, and addressed within policy and system design.

This analysis demonstrates that ageing remains insufficiently integrated within much of the current global NCD agenda, despite the growing health, social, and economic consequences associated with unmanaged chronic disease in later life.

Moving forward, more deliberate, age-inclusive, and coordinated policy action is needed to embed ageing across prevention, care, workforce planning, infrastructure, and broader social systems. Positioning NCDs within a broader life-course continuum - rather than as isolated conditions - offers a critical opportunity to improve health outcomes, strengthen system sustainability, and better support healthy ageing across increasingly complex demographic realities.

# Appendix A

The table below outlines the criteria used to assess how ageing, older adults, and a life-course approach are reflected across the reviewed strategies, as part of this analysis.

- **Column 1: Strategy / Framework:** Name of the policy, strategy, or framework reviewed.
- **Column 2: Recognition:** Indicates whether ageing, older adults, or a life-course approach are mentioned, but not meaningfully integrated. This includes references that are general, descriptive, or used without clear linkage to policy direction, interventions, or implementation.
- **Column 3: Discussion/Integration:** Assesses whether ageing, older adults, or a life-course approach are substantively incorporated within the strategy. This includes explicit discussion of relevance, identified needs, or targeted approaches that reflect the implications of ageing for NCD prevention and care.
- **Column 4: Operationalization:** Captures whether the strategy includes specific, measurable elements related to ageing. This includes defined targets, indicators, actions, or key performance measures that translate ageing-related considerations into implementation and accountability.


Strategy and Frameworks	Recognition	Discussion	Application and operationalization
Healthier Together: EU Non-Communicable Diseases Initiative <sup>(14)</sup> EURO	Recognition of growing older adult population in context of NCDs and economic impact.  Outlines need for age-sensitive interventions/strategies for disease prevention and management; and adopting a life course approach.	Document explores examples of policies and actions that could be considered by EU Member states, 2 of which are older adult specific.	No active application of older adult considerations into strategy/framework.
Reducing noncommunicable diseases: a signature roadmap for the WHO European Region <sup>(15)</sup> EURO	No mention of the growing older adult population.  Life course approach included as a core principle underpinning signature initiatives.	No meaningful discussion of older adult or ageing considerations in roadmap.	No active application of older adult considerations into strategy/framework.
EU Safe Hearts Plan <sup>(16)</sup> EURO	Recognition of older adults and NCD-related health needs among this population.	Outlines a life course approach and the role digital tools (such as telemedicine and electronic health records) can support older people and individuals with disabilities.	Inclusion of age-specific targets for blood pressure, cholesterol, and blood sugar measurements.
A New Agenda for Mental Health in the Americas <sup>(17)</sup> PAHO	Recognition of older adult populations in descriptions of the need for a life-course approach.  Recognition older adults are more likely to experience added stressors (such as chronic pain and decline in functional ability/mobility) to further compromise mental, neurological, and cognitive health.	Discusses the need to design age-friendly cities and communities.  Emphasizes an overarching policy imperative to promote and protect mental health through social welfare (including social insurance, tax funded social benefits, social assistance services, public works programs, and other schemes guaranteeing basic income security).	One of the key recommendations outlined is to "promote and protect mental health across the life course" including individuals of older age. Discusses the need to design age-friendly cities and communities.
Driving Impact on NCDs <sup>(18)</sup> PAHO	No mention of the growing older adult population.	No discussion of the growing older adult population.	No active application of older adult considerations into strategy/framework.

Plan of Action on Noncommunicable Disease Prevention and Control 2025-2030 <sup>(19)</sup> PAHO	No mention of the growing older adult population.	No discussion of the growing older adult population.	No active application of older adult considerations into strategy/framework.
Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases (NCDs), including indicators to assess country progress by 2030 <sup>(20)</sup> EMRO	No mention of the growing older adult population.	No discussion of the growing older adult population.	No active application of older adult considerations into strategy/framework.
Framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region <sup>(21)</sup> EMRO	No mention of the growing older adult population.	No discussion of the growing older adult population.	No active application of older adult considerations into strategy/framework.
Pen-Plus- A regional strategy to address severe noncommunicable diseases at first-level referral health facilities <sup>(22)</sup> AFRO	No mention of the growing older adult population.	No discussion of the growing older adult population.	No active application of older adult considerations into strategy/framework.
Implementation roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030 <sup>(23)</sup> SEARO	No mention of the growing older adult population.  Outlines the importance of a life-course approach to addressing and preventing NCDs.	No discussion of the growing older adult population.	Defines disease-specific targets for diagnosis and screening for age-groups 15, 35, and 45+, but not older adult specific.
Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific <sup>(24)</sup> WPRO	Emphasizes that people in the Western pacific region are getting older, and the older adult population is growing in the Western Pacific.	Outlines the importance of a life-course approach to addressing and preventing NCDs.	Emphasizes need for health system transformation and increased investments in health and prevention to recognize complexities of population ageing (including welfare systems and labour markets).

## References

1. Ageing and health [Internet]. [cited 2026 Mar 17]. Available from: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
2. Noncommunicable diseases [Internet]. [cited 2026 Mar 3]. Available from: <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>
3. WHO EMRO - NCD risk factors [Internet]. [cited 2026 Mar 29]. Available from: <https://www.emro.who.int/noncommunicable-diseases/causes/risk-factors.html>
4. Cerf ME. Healthy lifestyles and noncommunicable diseases: Nutrition, the life-course, and health promotion. *Lifestyle Medicine*. 2021 Apr 1;2(2):e31. doi:10.1002/LIM2.31;JOURNAL:JOURNAL:26883740;WGROU:STRING:PUBLICATION
5. Aging and chronic diseases: A profile of Canadian seniors - Canada.ca [Internet]. [cited 2026 Mar 17]. Available from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseases-profile-canadian-seniors-report.html>
6. Aging in Place [Internet]. [cited 2026 Mar 17]. Available from: <https://canjhealthtechnol.ca/index.php/cjht/article/download/OP0555/2090?inline=1>
7. Olufunke Omotayo, Chinedu Paschal Maduka, Muridzo Muonde, Tolulope O Olorunsogo, Jane Osareme Ogugua. THE RISE OF NON-COMMUNICABLE DISEASES: A GLOBAL HEALTH REVIEW OF CHALLENGES AND PREVENTION STRATEGIES. *International Medical Science Research Journal*. 2024 Jan 23;4(1):74–88. doi:10.51594/imsrj.v4i1.738
8. Donohue JF, Elborn JS, Lansberg P, Javed A, Tesfaye S, Rugo H, et al. Bridging the “Know-Do” Gaps in Five Non-Communicable Diseases Using a Common Framework Driven by Implementation Science. *J Healthc Leadersh*. 2023;15:103. doi:10.2147/JHL.S394088 PubMed PMID: 37416849.
9. Khan HTA, Addo KM, Findlay H. Public Health Challenges and Responses to the Growing Ageing Populations. *Public Health Challenges*. 2024 Sep 1;3(3):e213. doi:10.1002/puh2.213
10. Wu J, Zhang H, Shao J, Chen D, Xue E, Huang S, et al. Healthcare for Older Adults with Multimorbidity: A Scoping Review of Reviews. *Clin Interv Aging*. 2023;18:1723. doi:10.2147/CIA.S425576 PubMed PMID: 37868094.
11. Monaco A, Palmer K, Marengoni A, Maggi S, Hassan TA, Donde S. Integrated care for the management of ageing-related non-communicable diseases: current gaps and future directions. *Aging Clin Exp Res*. 2020 Jul 1;32(7):1353. doi:10.1007/S40520-020-01533-Z PubMed PMID: 32277438.
12. Framework to implement a life course approach in practice [Internet]. [cited 2026 Mar 17]. Available from: <https://www.who.int/publications/i/item/9789240112575>
13. Ageing and health [Internet]. [cited 2026 Mar 29]. Available from: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
14. Healthier together – EU non-communicable diseases initiative - Public Health [Internet]. [cited 2026 Mar 26]. Available from: [https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative\\_en](https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-non-communicable-diseases-initiative_en)
15. Reducing noncommunicable diseases: a signature roadmap for the WHO European Region [Internet]. [cited 2026 Mar 26]. Available from: <https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6620-46386-67147>
16. Cardiovascular health - Public Health - European Commission [Internet]. [cited 2026 Mar 26]. Available from: [https://health.ec.europa.eu/non-communicable-diseases/cardiovascular-health\\_en](https://health.ec.europa.eu/non-communicable-diseases/cardiovascular-health_en)

17. A New Agenda for Mental Health in the Americas: Report of the Pan American Health Organization High-Level Commission on Mental Health and COVID-19. Executive Summary. A New Agenda for Mental Health in the Americas: Report of the Pan American Health Organization High-Level Commission on Mental Health and COVID-19 Executive Summary. 2023. doi:10.37774/9789275127261
18. Driving Impact on NCDs - PAHO/WHO | Pan American Health Organization [Internet]. [cited 2026 Mar 26]. Available from: <https://www.paho.org/en/driving-impact-ncds>
19. CD62/8 -Plan of action on noncommunicable disease prevention and control 2025-2030 - PAHO/WHO | Pan American Health Organization [Internet]. [cited 2026 Mar 26]. Available from: <https://www.paho.org/en/documents/cd628-plan-action-noncommunicable-disease-prevention-and-control-2025-2030>
20. Mediterranean WHO for the Regional Office for the Eastern Mediterranean. Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases (NCDs), including indicators to assess country progress by 2030 updated October 2019 [Internet]. World Health Organization. Regional Office for the Eastern Mediterranean; 2019 [cited 2026 Mar 26]. Available from: <https://iris.who.int/handle/10665/352203>
21. WHO EMRO - Frameworks [Internet]. [cited 2026 Mar 26]. Available from: <https://www.emro.who.int/noncommunicable-diseases/publications/regional-frameworks-for-action.html>
22. WHO/AFRO Strategy – NCDI Poverty Network [Internet]. [cited 2026 Mar 26]. Available from: <https://www.ncdipoverty.org/who-afro-pen-plus-strategy>
23. Implementation roadmap for accelerating the prevention and control of noncommunicable diseases in South-East Asia 2022–2030 [Internet]. [cited 2026 Mar 26]. Available from: <https://www.who.int/southeastasia/publications-detail/9789290210054>
24. Regional action framework for noncommunicable disease prevention and control in the Western Pacific. 2023;74.
25. Stange KC, Miller WL, Etz RS. The Role of Primary Care in Improving Population Health. *Milbank Q.* 2023 Apr 1;101(Suppl 1):795. doi:10.1111/1468-0009.12638 PubMed PMID: 37096603.
26. Christensen S, Nelson C. Chronicity of obesity and the importance of early treatment to reduce cardiometabolic risk and improve body composition. *Obesity Pillars.* 2025 Sep 1;15:100175. doi:10.1016/J.OBPILL.2025.100175
27. Rodrigues CMC, Plotkin SA. Impact of Vaccines; Health, Economic and Social Perspectives. *Front Microbiol.* 2020 Jul 14;11:1526. doi:10.3389/FMICB.2020.01526 PubMed PMID: 32760367.
28. Life Course Immunization: Why Lifelong Vaccination is Essential for Public Health [Internet]. [cited 2026 Mar 17]. Available from: <https://www.wfpha.org/life-course-immunization/>
29. Omid F, Zangiabadian M, Shahidi Bonjar AH, Nasiri MJ, Sarmastzadeh T. Influenza vaccination and major cardiovascular risk: a systematic review and meta-analysis of clinical trials studies. *Sci Rep.* 2023 Nov 19;13(1):20235. doi:10.1038/s41598-023-47690-9
30. From innovation to access: Pharmaceutical industry priorities ahead of the 4th UN High-Level Meeting on NCDs and Mental Health | IFPMA [Internet]. [cited 2026 Apr 6]. Available from: <https://www.ifpma.org/publications/from-innovation-to-access-pharmaceutical-industry-priorities-ahead-of-the-4th-un-high-level-meeting-on-ncds-and-mental-health/>
31. Johansen ND, Modin D, Pardo-Seco J, Rodriguez-Tenreiro-Sánchez C, Loiacono MM, Harris RC, et al. Effectiveness of high-dose influenza vaccine against hospitalisations in older adults (FLUNITY-HD): an individual-level pooled analysis. *The Lancet.* 2025 Nov 22;406(10518):2425–34. doi:10.1016/S0140-6736(25)01742-8 PubMed PMID: 41115437.



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