

資料 5

WHO 10 mid-term progress indicators for Global strategy and a
ction plan on ageing and health

10 mid-term progress indicators

- 1**  Number of countries with a **focal point on ageing** and health in the Ministry of Health
- 2**  Number of countries with **national plans, policies or strategies** on ageing and health
- 3**  Number of countries with a **national multi-stakeholder forum** or committee on ageing and health
- 4**  Number of countries with national **legislation** and enforcement strategies **against age-based discrimination**
- 5**  Number of countries with legislation / regulations that provide older adults with **access to assistive devices** from the *WHO Priority Assistive Products List*
- 6**  Number of countries that have a national programme to support activities in line with the *WHO Global Network for Age-friendly Cities and Communities*
- 7**  Number of countries with national policies in place to support **comprehensive assessments of the health and social care needs** of older people
- 8**  Number of countries that have a **long-term care policy**/ plan / strategy / framework (stand-alone or integrated within an ageing and health plan)
- 9**  Number of countries with **cross-sectional**, nationally representative, publicly available and **anonymous individual-level data** on older persons and their health status and needs collected since 2010
- 10**  Number of countries with **longitudinal**, nationally representative **surveys** (cohort or panel) on older persons and their health status and needs available in the public domain



Mid-term progress – Indicator 1 Focal points on ageing and health

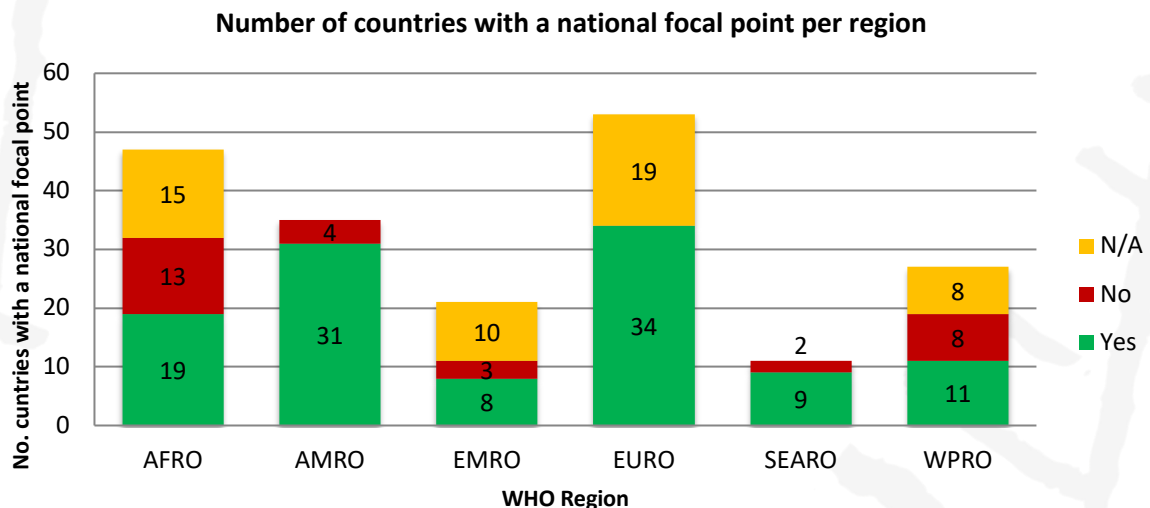
Overview

National focal points on ageing and health in the Ministry of Health are key for the effective coordination and promotion of ageing related activities and tasks at country level, and for fostering communication with the international community, and aligning country and international priorities. They are responsible for working nationally and internationally on the ageing agenda; building sustainable partnerships and identifying relevant stakeholders in the country; leading and coordinating the development of national action plans or strategies on ageing and health; facilitating and overseeing implementation; and for ensuring regular data collection and information sharing by instituting effective communication and coordination among stakeholders.

Progress in Numbers

	Globally ¹	Region ²					
		AFRO	AMRO	EMRO ³	EURO	SEARO	WPRO
Percentage of countries reporting a national focal point on ageing and health in the Ministry of Health	58%	40%	89%	38%	64%	82%	41%

Progress in Pictures



¹ This percentage reflects the total number of countries with a focal point on ageing and health out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices, data from 142 of the 194 Member States was collected by March 2018. Given that data is missing from 52 countries, the global percentage of countries with a national focal point on ageing and health may be even higher.

² These percentages reflect the total number of countries with a focal point on ageing and health out of the total number of Member States in the region.

³ The responses for Libya, Morocco, Oman, Pakistan, Tunisia were gathered from the 2017 Regional survey on Active, Healthy Ageing and Old age care, and WHO Age-friendly initiatives, Age-friendly cities and Age-friendly primary health care.



Mid-term progress – Indicator 2

National plans on ageing and health

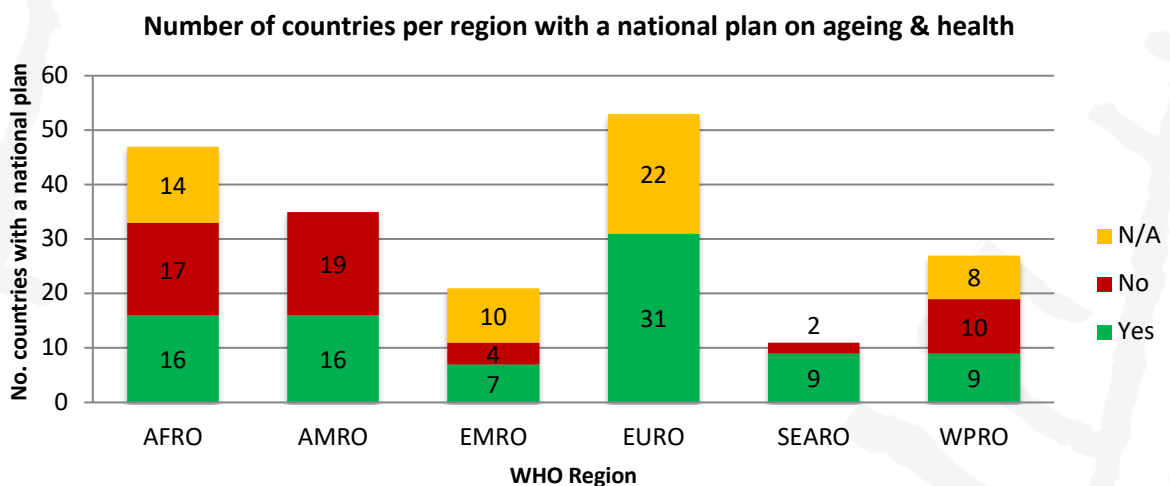
Overview

National plans, strategies or policies play an essential role in defining a country's vision, priorities, budgetary decisions and course of action for improving and maintaining the health of its people. Effective governance of *Healthy Ageing* requires the development and implementation of evidence-based policies and plans that involve all stakeholders, and pay explicit attention to equity and the inherent dignity and human rights of older people. National plans on ageing and health (either stand-alone or integrated within a broader national plan on ageing) set forth priorities and a time frame on what should be achieved, how it will be achieved, and how it will be known that it has been achieved, thus enabling monitoring of implementation and accountability to be on track. WHO is working with countries to assess the extent to which existing national plans on ageing and health are aligned to WHO *Healthy Ageing* principles and strategic areas.

Progress in Numbers

	Globally ⁴	Region ⁵					
		AFRO	AMRO	EMRO ⁶	EURO	SEARO	WPRO
Percentage of countries reporting a national plan on ageing and health	45%	34%	46%	33%	58%	82%	33%

Progress in Pictures



⁴ This percentage reflects the total number of countries with a national plan on ageing and health out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices, data from 140 of the 194 Member States were collected by March 2018. Given that data is missing from 54 countries, the global percentage of countries with a national focal point on ageing and health may be even higher.

⁵ These percentages reflect the total number of countries with a national plan or policy on ageing and health out of the total number of Member States in the region. These percentages do not include information on countries that do not have a national plan but do have a sub-national plan or strategy. This was the case for one country in AMRO (Canada) and one country in WPRO (Papua New Guinea).

⁶ The responses for Libya, Morocco, Oman, Pakistan, Tunisia were gathered from the 2017 Regional survey on Active, Healthy Ageing and Old age care, and WHO Age-friendly initiatives, Age-friendly cities and Age-friendly primary health care.



Mid-term progress – Indicator 3 National multi-stakeholder forum

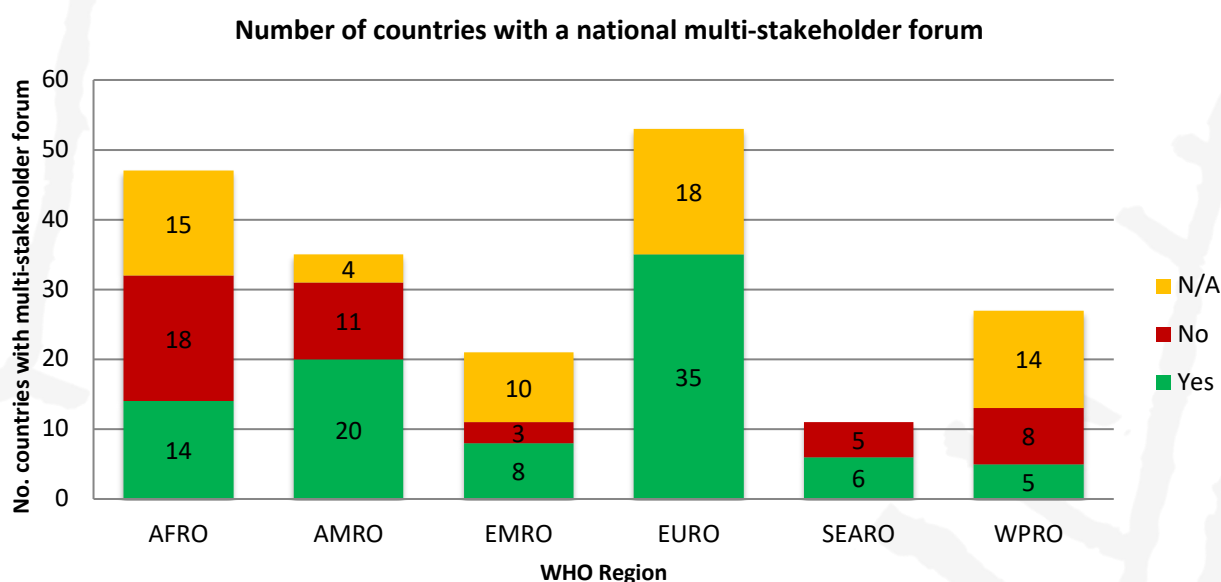
Overview

National multi-stakeholder forums can document needs and expectations, and facilitate the exchange of information, good practice and tools across sectors and different actors. The participation of both civil society and different government sectors is essential to the success of any policy and many actions on ageing. Collaboration is vital at the international and regional levels and within each participating country. A multi-stakeholder forum or committee on ageing and health is a cornerstone of each country's successful advancement of the ageing agenda and is crucial to delivering a whole of society approach. On-going dialogues can facilitate the translation of research (whether conducted locally, nationally, regionally or globally) and evidence into strategies and actions on what can be done to improve *Healthy Ageing*.

Progress in Numbers

	Globally ⁷	Region ⁸					
		AFRO	AMRO	EMRO ⁹	EURO	SEARO	WPRO
Percentage of countries reporting a national multi-stakeholder forum	45%	30%	57%	38%	66%	54%	18%

Progress in Pictures



⁷ This percentage reflects the total number of countries with a national multi-stakeholder forum or committee on ageing and health out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices, data from 143 of the 194 Member States was collected by March 2018. Given that data is missing from 51 countries, the global percentage of countries with a national multi-stakeholder forum on ageing and health may be even higher.

⁸ These percentages reflect the total number of countries with a national multi-stakeholder forum out of the total number of Member States in the region.

⁹ The responses for Libya, Morocco, Oman, Pakistan, Tunisia were gathered from the 2017 Regional survey on Active, Healthy Ageing and Old age care, and WHO Age-friendly initiatives, Age-friendly cities and Age-friendly primary health care.



Mid-term progress – Indicator 4

National legislation & enforcement mechanisms against age-based discrimination

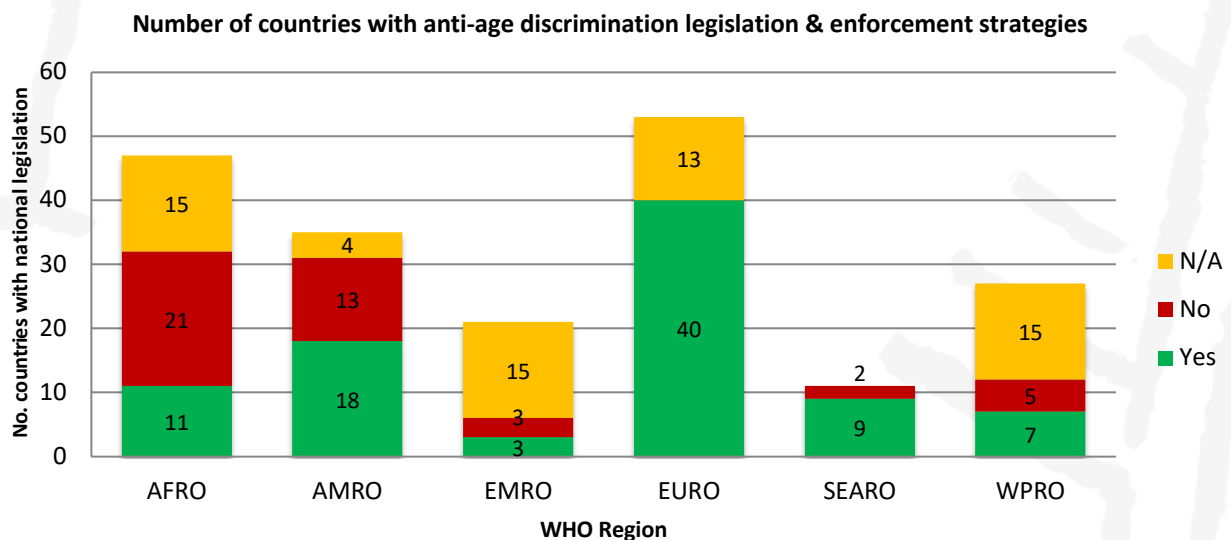
Overview

Tackling ageism (stereotyping, prejudice and discrimination of people on the basis of age) at country level is important as it has a detrimental impact on the health and well-being of older adults, and constitutes an important barrier for the development of ageing policies. Ageism limits and biases the way problems are framed and the solutions that are offered. Combating ageism requires, at the institutional level, the adoption of laws to protect against age-based discrimination; the modification or repeal of existing laws, customs and practices that discriminate directly or indirectly; as well as the establishment of appropriate enforcement mechanisms. Enforcing laws that make age-based discrimination illegal can enable countries to foster equity and embed in the thinking of all generations a new and more accurate understanding of ageing.

Progress in Numbers

	Globally ¹⁰	Region ¹¹					
		AFRO	AMRO	EMRO	EURO	SEARO	WPRO
Percentage of countries reporting national legislation and enforcement strategies against age-based discrimination	45%	23%	51%	14%	75%	82%	26%

Progress in Pictures



¹⁰ This percentage reflects the total number of countries with national anti-age discrimination legislation and/or enforcement mechanisms out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices, data from 138 of the 194 Member States was collected by March 2018. Given that data is missing from 56 countries, the global percentage of countries with national legislation may be even higher.

¹¹ These percentages reflect the total number of countries with national legislation out of the total number of Member States in the region.



Mid-term progress - Indicator 5

National regulations / legislation to support access to assistive devices

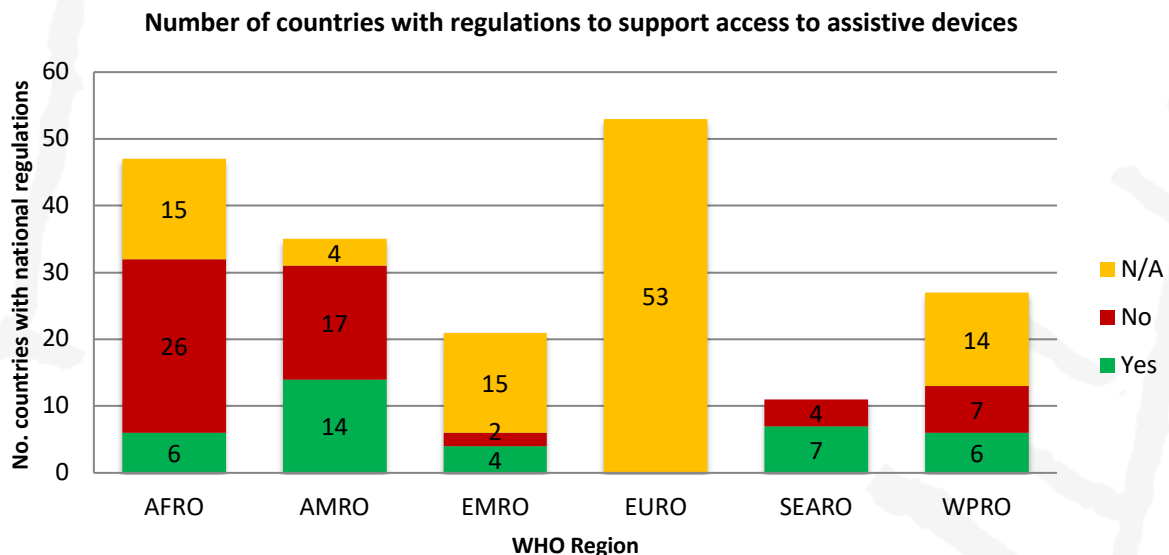
Overview

Enhancing autonomy regardless of an older person's level of capacity can be achieved by giving older adults access to appropriate assistive devices/products, including walking sticks, rollators, wheelchairs, hearing aids, spectacles, among others. High quality data indicates that most older people need two or more products as they age, especially adults from age 80. The adoption of national regulations or legislation on access to assistive devices/products (including those from the [WHO Priority Assistive Products List](#)) can ensure that these are available, affordable and appropriate to older people's needs.

Progress in Numbers

	Globally ¹²	Region ¹³					
		AFRO	AMRO	EMRO	EURO ¹⁴	SEARO	WPRO
Percentage of countries reporting national regulations / legislation to support access to assistive devices	19%	13%	40%	19%		64%	22%

Progress in Pictures



¹² This percentage reflects the total number of countries with national regulations to support access to assistive devices out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices, data from 138 of the 194 Member States was collected by March 2018. Given that data is missing from 56 countries, the global percentage of countries with national regulations may be even higher.

¹³ These percentages reflect the total number of countries with national regulations to support access to assistive devices out of the total number of Member States in the region. These percentages do not include information on countries that don't have regulations or legislation at national level but do have such regulations or legislation at sub-national level. This was the case for two countries in AMRO (Canada and Colombia), and one country in WPRO (Viet Nam).

¹⁴ The methodology used by the EURO Regional Office to inform the 10 progress indicators did not allow for the completion of this indicator.



Mid-term progress - Indicator 6

National programme to foster age-friendly environments

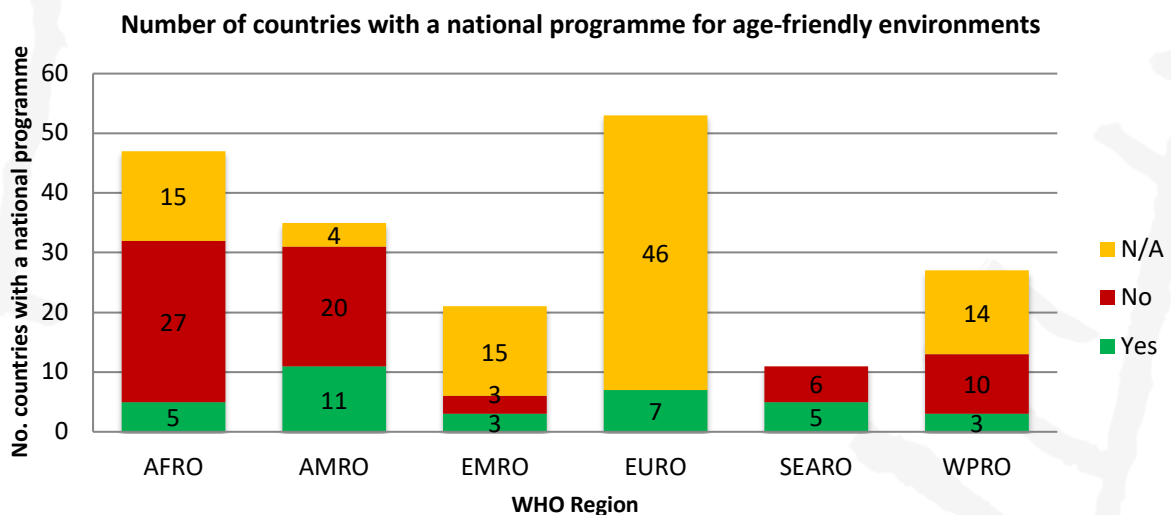
Overview

Environments that are age-friendly help to foster *Healthy Ageing* by maximizing intrinsic capacity across the life course, and by enabling greater functional ability so that people with varying levels of capacity can be and do the things they value. National programmes that support activities in line with the [WHO Global Network for Age-Friendly Cities and Communities](#) can be key to changing the local environments where older people live. Many cities and communities work to become more age-friendly without support from national programmes. Thus, having a national programme to foster age-friendly environments may not provide a complete picture on the extent of activities being undertaken in any one country.

Progress in Numbers

	Globally ¹⁵	Region ¹⁶					
		AFRO	AMRO	EMRO	EURO ¹⁷	SEARO	WPRO
Percentage of countries reporting a national programme to foster age-friendly environments	14%	11%	31%	14%	13%	45%	11%

Progress in Pictures



¹⁵ This percentage reflects the total number of countries with a national programme to foster age-friendly environments out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices, data from 138 of the 194 Member States was collected by March 2018. Given that data is missing from 56 countries, the global percentage of countries with a national programme may be even higher.

¹⁶ These percentages reflect the total number of countries with a national programme to foster age-friendly environments out of the total number of Member States in the region.

¹⁷ The methodology used by the EURO Regional Office to inform the 10 progress indicators did not allow for comprehensive reporting on this indicator. However, data from WHO's Global Network of Age-Friendly Cities shows that countries in this region are active in this area: 248 cities and communities from 20 Countries are members of the Network (March 2018).



Mid-term progress - Indicator 7

National policy to support comprehensive assessments of health & social care needs

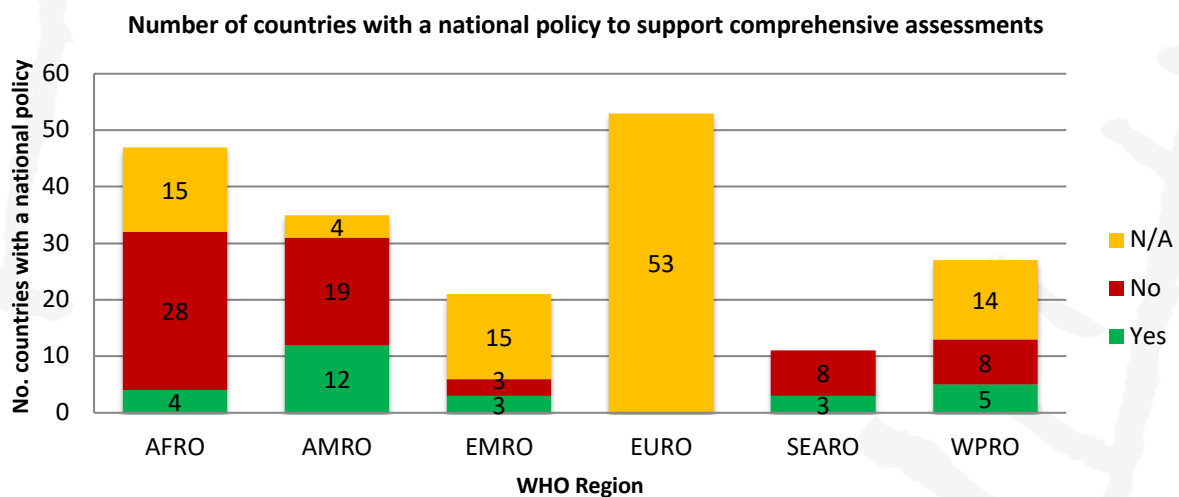
Overview

National policies can provide the necessary regulations and incentives for the conduct of comprehensive assessments of older adults by health and social care providers. A comprehensive assessment is key to achieving integrated care for older people as it provides the information that is needed to prioritize and tailor interventions to match an older person's needs, preferences and goals. It considers multiple domains of intrinsic capacity and the environments in which the older adult lives and is shared among all care providers. Comprehensive assessments serve as the starting point for the development of a care plan, which serves as a roadmap for unifying actions and as a ruler for measuring progress towards the older person's goals and objectives.

Progress in Numbers

	Globally ¹⁸	Region ¹⁹					
		AFRO	AMRO	EMRO	EURO ²⁰	SEARO	WPRO
Percentage of countries reporting a national policy to support comprehensive assessments of older people	14%	8%	34%	14%		27%	18%

Progress in Pictures



¹⁸ This percentage reflects the total number of countries with a national policy to support comprehensive assessments out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices, data from 138 of the 194 Member States was collected by March 2018. Given that data is missing from 56 countries, the global percentage of countries with a national policy to support comprehensive assessments may be even higher.

¹⁹ These percentages reflect the total number of countries with a national policy out of the total number of Member States in the region. These percentages do not include information on countries that don't have a national policy to support comprehensive assessments of older adults but do have a sub-national policy or programme in place. This was the case for two countries in AMRO (Canada and Honduras) and one country in SEARO (Republic of Korea).

²⁰ The methodology used by the EURO Regional Office to inform the 10 progress indicators did not allow for the completion of this indicator.



Mid-term progress - Indicator 8

National policy on long-term care

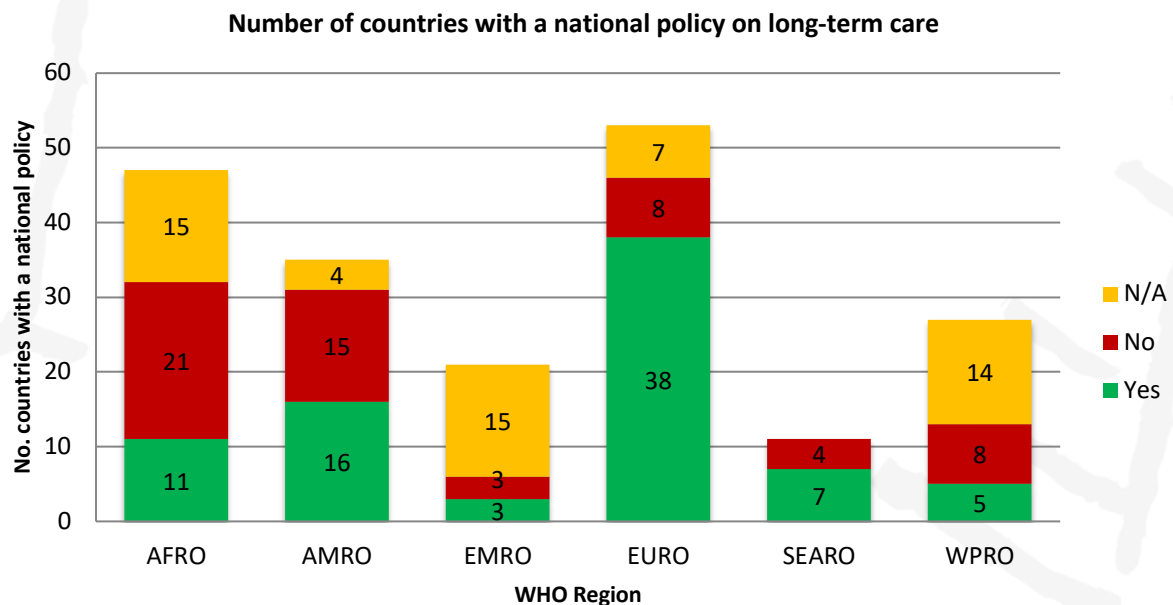
Overview

Long-term-care systems enable older people who experience a significant ongoing loss in capacity, or who are at risk of such a loss, to receive the care and support of others consistent with their basic rights, fundamental freedoms and human dignity. This includes care provided at home, in communities, or when needed, in institutions. Data represents countries with a national plan to develop or maintain a system of long-term care (either stand-alone or integrated within an ageing and health plan). These plans should enable the development of a sustainable and high quality long-term-care system with the needed infrastructure, workforce, and support mechanisms. WHO is working with countries to assess the extent to which existing national policies on long-term care are aligned to WHO *Healthy Ageing* principles and strategic areas.

Progress in Numbers

	Globally ²¹	Region ²²					
		AFRO	AMRO	EMRO	EURO	SEARO	WPRO
Percentage of countries reporting a national policy on long-term care	41%	23%	46%	14%	72%	64%	18%

Progress in Pictures



²¹ This percentage reflects the total number of countries with a national policy on long-term care out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices data from 139 of the 194 Member States was collected by March 2018. Given that data is missing from 55 countries, the global percentage of countries with a national policy on long-term care may be even higher.

²² These percentages reflect the total number of countries with a national policy on long-term care out of the total number of Member States in the region. These percentages do not include information on countries that don't have a national policy on long-term care but do have sub-national approaches to long-term care. This was the case for two countries in AMRO (Canada and Jamaica), one country in EURO (Switzerland), and one country in WPRO (Marshall Islands).



Mid-term progress - Indicator 9

Cross-sectional data on *Healthy Ageing*

(health status & needs of older adults)

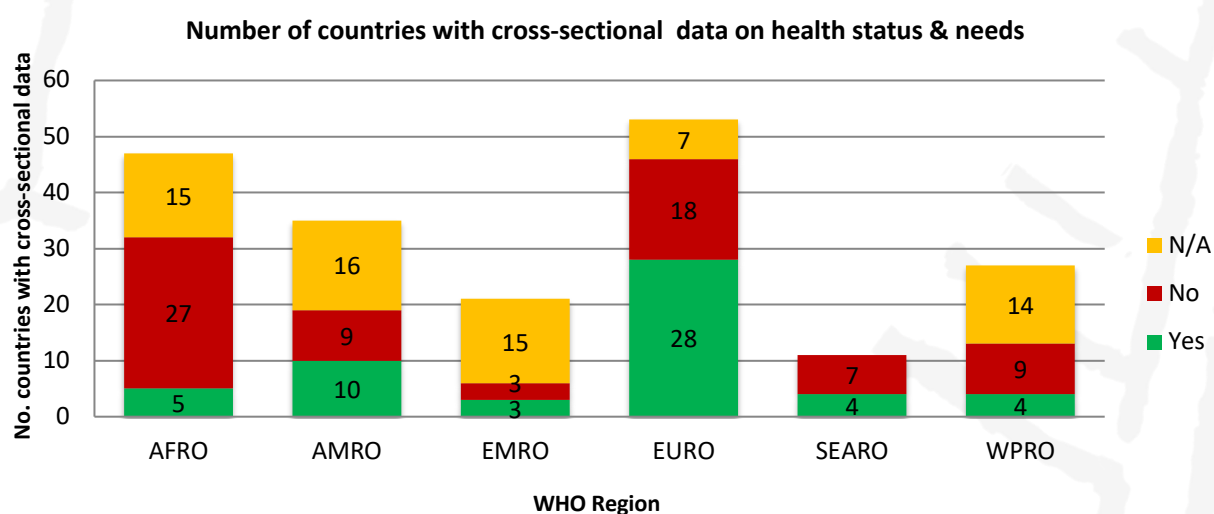
Overview

Cross-sectional household, community and institutional surveys can provide a snapshot of the health status and care needs of older adults at a specific point in time if fit for purpose. Cross-sectional data can help estimate the prevalence of different health characteristics, assess peoples' capacities and abilities, care needs, and burden of specific diseases or conditions. Nationally representative data can also help document inequalities by age, sex, place of residence or other socio-demographic characteristics such as household wealth. Repeated cross-sectional data can further be used to track changes in overall levels and distribution of *Healthy Ageing* in the population. This information, along with evidence on what works to support *Healthy Ageing*, can serve as inputs to planning, evaluation and budget allocation. Data below represents countries with nationally representative, publicly accessible, cross-sectional or repeated cross-sectional data on *Healthy Ageing* collected since 2010.

Progress in Numbers

	Globally ²³	Region ²⁴					
		AFRO	AMRO	EMRO	EURO	SEARO	WPRO
Percentage of countries reporting availability of cross-national data on the health status and needs of older adults	28%	11%	28%	14%	53%	36%	15%

Progress in Pictures



²³ This percentage reflects the total number of countries with cross-sectional data on health and needs out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices, data from 109 of the 194 Member States was collected by March 2018. Given that data is missing from 85 countries, the global percentage of countries with cross-sectional data may be even higher.

²⁴ These percentages reflect the total number of countries with cross-sectional data out of the total number of Member States in the region.



Mid-term progress - Indicator 10

Longitudinal data on *Healthy Ageing*

(health status & needs of older adults)

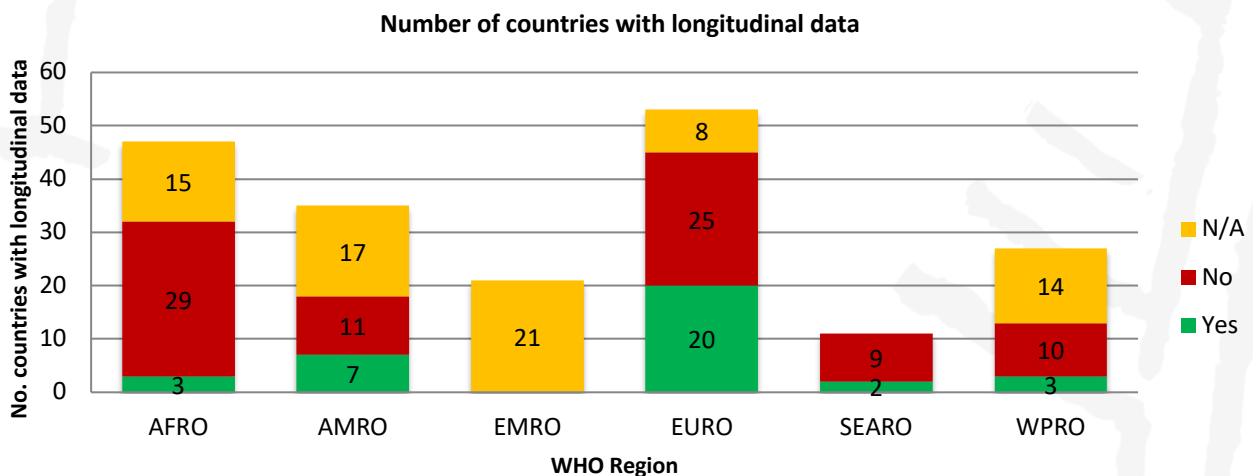
Overview

Longitudinal surveys (trend, cohort or panel) observe the same group of individuals or sample from the same population, and document changes in their health status and care needs over time. Depending on the study design, longitudinal data can be used to monitor *Healthy Ageing* trajectories across the life course, and analyse determinants (e.g. environmental context, socio-economic status, health-related behaviours) and outcomes (maintaining, improving or declining abilities and capacities) in older people. Analyses can identify areas of success within a country in search of better practices to promote *Healthy Ageing* and areas of improvement, for example reducing care dependence. Panel studies can confirm cause and effect by examining the historical relationship between earlier determinants and health outcomes, with later health outcomes across the life course. Longitudinal data can also be used to evaluate programmes, and provide a useful resource to monitor the impacts of policies and actions. Data below represents countries with longitudinal, nationally representative surveys on *Healthy Ageing* including older adults.

Progress in Numbers

	Globally ²⁵	Region ²⁶					
		AFRO	AMRO	EMRO	EURO	SEARO	WPRO
Percentage of countries reporting availability of longitudinal data on the health status and needs of older adults	18%	6%	20%	0%	38%	18%	11%

Progress in Pictures



²⁵ This percentage reflects the total number of countries with longitudinal data on the health and other needs of older adults out of the 194 Member States of the World Health Organization. In collaboration with WHO Regional Offices, data from 101 of the 194 Member States was collected by March 2018. Given that data is missing from 93 countries, the global percentage of countries with longitudinal data may be even higher.

²⁶ These percentages reflect the total number of countries with longitudinal data out of the total number of Member States in the region.