National programmes for age-friendly cities and communities
A guide

World Health Organization

WHO Global Network for Age-friendly Cities and Communities

Decade of healthy ageing

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ISBN 978-92-4-006869-8 (electronic version)
ISBN 978-92-4-006870-4 (print version)

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Contents

Preface iv

Acknowledgements v

Acronyms vi

Glossary vii

Executive summary ix

1. Introduction 1

1.1 Population ageing, migration and urbanization 2
1.2 Objectives 2
1.3 Intended readership 3
1.4 Structure of the document 3

2. Age-friendly cities and communities 5

2.1 The response of the global community 6
2.2 Age-friendly Cities and Communities and the UN Decade of Healthy Ageing 8
2.3 WHO Global Network for Age-friendly Cities and Communities and its affiliate programmes 10
2.4 National Age-friendly Cities and Communities programmes 13

3. Framework for implementing national programmes for age-friendly cities and communities 17

3.1 Element 1: Partnerships, networking and stakeholders 20
3.2 Element 2: Leadership and strategic thinking 26
3.3 Element 3: Human, financial, institutional and cultural resources 32
3.4 Element 4: Capacity-building 36
3.5 Element 5: Knowledge, research and innovation 41
3.6 Element 6: Monitoring and evaluation 44

Concluding remarks **50**

References **51**

Preface

In the past 15 years, the global age-friendly community has grown and strengthened, as more and more cities and communities are committed to becoming better places in which to grow older. Age-friendly cities and communities are designed to account for the wide diversity of older people, promote their autonomy, inclusion and contributions in all areas of community life, respect their decisions and lifestyle choices, and anticipate and respond flexibly to ageing-related needs and preferences.

The launch of *Global age-friendly cities: a guide* in 2007 and establishment of the WHO Global Network for Age-friendly Cities and Communities in 2010 were landmarks within this agenda. This publication represents another advance towards creating an age-friendly world, a world that fosters health and well-being in older age, which will be built street by street, neighbourhood by neighbourhood, city by city and country by country. Age-friendly environments – whether housing, transport, outdoor spaces, health and social care and other aspects of the broader community – foster healthy ageing, enabling older people to be and do what they value.

This guide provides direction to national authorities and stakeholders responsible for or involved in forming or sustaining national programmes for age-friendly cities and communities.

Acknowledgements

Preparation of this document was led by Thiago Hérick de Sá at the World Health Organization (WHO) under the overall direction of Alana Officer, Unit Head, Demographic Change and Healthy Ageing, and Etienne Krug, Director, Social Determinants of Health. Thiago Hérick de Sá wrote the document, with input on the framework, structure and review by Alana Officer.

Special thanks are due to Susan Parnell, James Duminy and Amy Weimann (University of Cape Town, Cape Town, South Africa), who led a commissioned review and paper; and Leandro Garcia, Ruth Hunter, Abdullah Alsarrani and Neil Anderson (Queen's University Belfast, Belfast, United Kingdom of Great Britain and Northern Ireland), who led the network mapping of the Global Network for Age-friendly Cities and Communities (GNAFCC).

The document received invaluable input from many reviewers, including the participants of the virtual stakeholder consultation on national age-friendly cities and communities programmes (30–31 August 2022): Siti Anom Ahmad, Tine Buffel, Alan Bruce Chater, Gloria Chepngeno Langat, Moon Jeong Choi, Amanda Clarke, Stephanie Firestone, Leandro Garcia, Silvia Gascon, Angélique Giacomini, Clare Jackson, Sion Jones, Noxolo Kabane, Anusheh Khan, Mohammad Nadur Khashoggi, Katherine Kline, Aila Määttä, Midori Masuda, Paul McGarry, Catherine McGuigan, David McKinney, Sue Parnell, Marijke de Pauw, Federico Batista Poitier, Jo Rae, Anne Berit Rafoss, Mohamed Salama, Anna Sangster, Kerry Stephen, Marko Tainio, Siti Munawwarah Binti Hj Md Tarif, Meelan Thondoo, Sariyamon Tiraphat, Diane Turner, Natalie Turner and Ina Voelcker.

The document also benefited from reviews and inputs from staff members of WHO, UN Habitat and the World Bank: Françoise Bigirimana and Antonio Palazuelos (WHO Regional Office for Africa); Delfina Alvarez, Patricia Morsch, Francisco Armada Perez and Enrique Vega (WHO Regional Office for the Americas); Anjana Bhushan, Suvajee Good, Sriromi Maduwage and Neena Raina (WHO Regional Office for South-East Asia); Matthias Braubach, Manfred Huber and Yongjie Yon (WHO Regional Office for Europe); Samar Elfeky (WHO Regional Office for the Eastern Mediterranean); April Siwon Lee, Hiromasa Okayasu and Wenqian Xu (WHO Regional Office for the Western Pacific); Darryl Wade Barrett, Matts-Ake Belin, Katia de Pinho Campos, Mélanie Gréaux, Qudsia Huda, Hyobum Jang, Theadora Swift Koller, Robyn Landais, Christopher Mikton, Nathalie Roebbel, Andreia Santos, Sudhvir Singh, Yuka Sumi, Jotheeswaran Amuthavalli Thiyagarajan and Tami Toroyan (WHO headquarters); Pauline Karimi, Angela Mwai and Simon Okoth (UN Habitat); and Yuko Arai (World Bank).

WHO sincerely thanks all the cities and communities around the world that are working to become more age-friendly and the affiliate members of the GNAFCC in supporting them to do so.

Acknowledgements are also due to the Government of Canada for its generous financial support for the development of this report.

Acronyms

AFCC	age-friendly cities and communities
COVID-19	coronavirus disease
GNAFCC	Global Network for Age-friendly Cities and Communities
ICOPE	integrated care for older people
M&E	monitoring and evaluation
MIPAA	Madrid International Plan of Action on Ageing
NZ$	New Zealand dollar
SDG	Sustainable Development Goal
UN	United Nations
USA	United States of America
WHO	World Health Organization

Glossary[1]

Accessibility: the degree to which an environment, service or product allows access by as many people as possible

Active ageing: the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age

Age (chronological): the time lived since birth

Age-friendly cities and communities: cities or communities that foster healthy and active ageing

Age-friendly environment: environment (such as the home or community) that fosters healthy, active ageing by building and maintaining intrinsic capacity throughout the life-course and enabling greater functional ability in someone with a given level of capacity

Ageing: at a biological level, results from the accumulation of a wide variety of molecular and cellular damage over time

Ageing in (the right) place: the ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or capacity. Ageing in the right place extends this concept to the ability to live in the place that closest fits a person's needs and preferences, which may or may not be their own home.

Ageism: the stereotypes, prejudice and discrimination directed towards others or oneself according to age

Assistive product: any external product (device, equipment, instrument or software), produced specially or generally available, the primary purpose of which is to maintain or improve an individual's functioning and independence and thereby promote their well-being

Assistive technology: application of organized knowledge and skills related to assistive products, including systems and services; a subset of health technology

Barrier: factor in a person's environment that limits their functional ability through their absence or presence

Built environment: buildings, roads, utilities, homes, fixtures, parks and all other human-made entities that form the physical characteristics of a community

Caregiver: a person (may include family members, friends, neighbours, volunteers, care workers and health professionals) who provides care and support to someone else; such support may include:

- helping with self-care, household tasks, mobility, social participation and meaningful activities;
- offering information, advice and emotional support, as well as engaging in advocacy, providing support for decision-making and peer support and helping with advance care planning;
- offering respite services; and
- engaging in activities to foster intrinsic capacity.

Chronic condition: a disease, disorder, injury or trauma that is persistent or has long-lasting effects

Disability: an umbrella term for impairments, activity limitations and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)

Environment: all the factors in the extrinsic world that form the context of an individual's life, including home, community and the broader society and factors in the environment that include the built environment, people and their relationships, attitudes and values, health and social policies, systems and services

Functional ability: the health-related attributes that enable people to be and to do what they have reason to value; consists of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics

Health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

1 The definitions of most of the terms in the glossary are from the *World report on ageing and health* (Geneva: World Health Organization; 2015; (https://apps.who.int/iris/handle/10665/186463). That of a Healthy city is from the *Health promotion glossary of terms* (Geneva: World Health Organization; 2021; https://www.who.int/publications/i/item/9789240038349).

Healthy city: a city that is continually creating, expanding and improving the physical and social environments and community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential

Health condition: an umbrella term for acute or chronic disease, disorder, injury or trauma

Health equity: the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability or sexual orientation)

Health inequality: differences in health status among individuals or groups or, more formally, the total inter-individual variation in the health of a population, which often includes differences in socioeconomic status or other demographic characteristics

Health inequity: differences in health that are unnecessary, avoidable, unfair and unjust

Health promotion: enabling people to increase control over and to improve their health

Healthy ageing: developing and maintaining the functional ability that enables well-being in older age

Informal care: unpaid care provided by a family member, friend, neighbour or volunteer

Integrated health services: services managed and delivered in a way that ensures that people receive a continuum of services, including health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care at different levels and sites in the health system and that care is provided according to their needs throughout their life-course

Intrinsic capacity: the composite of all the physical and mental capacities on which an individual can draw

Life-course approach: considers the underlying biological, behavioural and psychosocial processes that operate during the life-course, which are shaped by individual characteristics and by the environments in which people live

Long-term care: activities undertaken by others to ensure that people with a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedom and human dignity

Mobility: moving by changing body position or location or by transferring from one place to another; by carrying, moving or manipulating objects; by walking, running or climbing; and by using various forms of transport

Noncommunicable diseases: diseases that are not passed from person to person; the four main types are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.

Old: a social construct that defines the norms, roles and responsibilities that are expected of an older person; frequently used in a pejorative sense

Older person: a person whose age has passed the median life expectancy at birth

Participation: a person's involvement in a life situation; represents the societal perspective of functioning

Population ageing: a shift in the population structure whereby the proportion of people in older age groups increases

Risk factor: an attribute or exposure that is causally associated with an increased probability of a disease or injury

Self-care (or self-management): activities carried out by individuals to promote, maintain, treat and care for themselves, as well as to engage in making decisions about their health

Social care (services): assistance in the activities of daily living (such as personal care, maintaining the home)

Universal design: the design of environments, products and systems to be usable by all people to the greatest extent possible without having to be adapted or specialized

Well-being: a general term encompassing the total universe of human life domains, including physical, mental and social aspects, that make up what can be called a "good life"

Executive summary

Population ageing, urbanization and the response of the global community

The proportion of older people in the world is projected to reach nearly 12% in 2030 and 16% in 2050. In 2030, 1.4 billion people will be aged 60 years and older globally, with the large majority living in low- and middle-income countries.

The pace of population ageing differs by country. For instance, while France had almost 150 years to adapt to the change whereby the population aged 60 years and older rose from 10% to 20%, countries such as Brazil, China and India will have slightly more than 20 years to make the same adaptation. More and more older people are living in urban areas, while, at the same time, in many countries, a growing proportion of older people live in rural and remote communities, as rural–urban migration is more common among younger people.

Where people live determines healthy ageing, through barriers or incentives that affect opportunities, decisions and behaviour, as well as the experience of older age. Rapid unplanned urbanization presents risks to health, society, and the environment. Age-friendly environments – whether housing, transport, outdoor spaces, health and social care and other aspects of the broader community – foster healthy ageing, enabling older people to be and do what they value.

In response to population ageing and urbanization, the global age-friendly community has grown and strengthened over the past 15 years, with more and more cities and communities committed to becoming better places in which to grow older. Age-friendly cities and communities (AFCC) are designed to meet the needs of the wide diversity of older people, promote their health, autonomy, inclusion and contributions in all areas of community life, respect their decisions and lifestyle choices, and anticipate and respond flexibly to ageing-related needs and preferences.

Further development of AFCC is critical to improving the lives of older people, their families and communities by improving the environments in which they live. The call to action has grown since 2002, when the Madrid International Plan of Action on Ageing, adopted at the Second World Assembly on Ageing, highlighted the need for international and national action to give effect to three priorities related to age-friendly communities: older people and development; addressing health and well-being throughout the life-course; and ensuring environments that enable and support health and well-being. The launch of *Global age-friendly cities: a guide* in 2007 and establishment of the WHO Global Network for Age-friendly Cities and Communities in 2010 were landmarks in providing support to this agenda. The United Nations General Assembly resolution that declared 2021–2030 the Decade of Healthy Ageing identified communities that foster the abilities of older people as one of four priority actions and recognized the importance of developing age-friendly cities and communities to foster longer, healthier lives. This publication is another advance towards creating an age-friendly world – a world that fosters health and well-being in older age, which will be built street by street, neighbourhood by neighbourhood, city by city, and country by country.

The main purpose of this guide is to provide direction to national authorities and stakeholders responsible for or involved in forming or sustaining national programmes for AFCC. It includes suggestions for meaningful engagement of older people in creating age-friendly environments; concrete examples of national AFCC programmes, such as their development and their institutional arrangements, including the role of national agencies and institutions; and steps to be considered in creating a new or strengthening a national AFCC programme in each aspect of its development. The guide should support older people and their families in living in communities – urban, suburban, rural, remote, big or small – that promote their autonomy, dignity, health and well-being. The ultimate beneficiaries of this guide are thus older people, their families and communities around the world.

Age-friendly cities and communities and the UN Decade of Healthy Ageing

The four action areas in the UN Decade of Healthy Ageing are:

- Change how we think, feel and act towards age and ageing.
- Ensure communities that foster the abilities of older people.
- Deliver person-centred, integrated care and primary health services that are responsive to older people.
- Provide access to long-term care for older people who need it.

These actions are enabled by listening to diverse voices and enabling meaningful engagement of older people; nurturing leadership and building capacity to take appropriate action, integrated across sectors; connecting various stakeholders around the world to share and learn from the experience of others; and strengthening data, research and innovation to accelerate implementation.

Activities to implement the four priority actions of the UN Decade of Healthy Ageing locally require leadership, coordination and understanding of the aspirations, potential and needs of older populations. Development of an AFCC is a strategy for implementing all the Decade's actions at local level. Age-friendly communities also enable ageing in place, which respects a person's choice and preference of where they want to live and age and enables older people to live longer in their homes and communities. AFCC are better able to respond to changing contexts and to continue to meet the needs of older people, their families and communities, such as in humanitarian crises and emergencies, when older people are often marginalized.

National AFCC programmes can create the conditions for cities and communities to become more age friendly in environments to both promote health throughout the life-course and enable people who lose intrinsic capacity to continue to do the things they value. Such environments determine whether older people can continue to work or study, can look after themselves or will require (and receive) social care, can meet their basic needs or can spend time with friends and family and maintain social relationships.

Development of national AFCC programmes is a critical step in meeting the aspiration of the UN Decade of Healthy Ageing to improve the lives of older people, their families and communities by improving the environments in which they live. In many countries, they also complement and strengthen many efforts already in place, by older people themselves, civil society organizations or age-friendly programmes in their cities and communities. National AFCC programmes will remain relevant beyond the Decade, as trends in population ageing and urbanization will continue. These programmes can also play a role in the much-needed transformation of living environments for a healthier, more just, resilient and sustainable future for all.

The Decade is an opportunity for all countries to develop a national AFCC programme to address the challenges faced by current and future generations of older people. The framework and guidance provided in this document are designed to support all countries in that respect.

Implementing and strengthening national Age-friendly Cities and Communities programmes

This guide provides a clear framework for national governments to improve the health and well-being and ensure healthy ageing for its population in more robust ways, by providing the necessary conditions, aligning align local, national and international action within and across sectors and ensuring the involvement of all relevant stakeholders.

The elements of the framework proposed in this guide are:

- partnerships, networking and stakeholders;
- leadership and strategic thinking.
- human, financial, institutional and cultural resources;
- capacity-building;
- knowledge, research and innovation; and
- monitoring and evaluation

Each of these interrelated elements should be present in a national AFCC programme and be considered in subnational components. They are described in detail, with guidance on steps and concrete examples. The resources and timeline for development of a national AFCC programme depend on the initiatives already in place, the resources available for the initial steps and how long the participatory consultative processes take to reach common goals and a shared vision. The most important step is to ensure that all the critical aspects of the development of a national AFCC programme are clear, including the direction to be taken, the priorities and the actions at different government levels and relevant sectors, with meaningful engagement of older people at every step.

While much remains to be done, particularly with regards to the national elements of the AFCC agenda, the global community working on AFCC has already provided a strong basis for action, as witnessed in the depth and breadth of examples, experiences and existing tools, including those in the WHO Global Network for Age-friendly Cities and Communities. National AFCC programmes can benefit from the experience of countries that have made significant progress in national and subnational programmes for AFCC, in partnership with other sectors, clear leadership and the involvement of older people. WHO and other relevant United Nations agencies have also compiled and developed comprehensive guidance on AFCC and on aspects relevant to creating AFCC – from physical activity to prevention of falls, from climate change and the environment to economic development, from urban planning to housing and transport – all of which can be used at each step in the development, strengthening and sustainment of national AFCC programmes, with several examples for these tools, resources and experiences presented in the guide.

Cities and communities are where policy meets people and the most radical experience of humankind in transforming its own reality. Any discussion of future cities or communities is therefore intrinsically linked to questions about the society to which humans aspire. The hope for the future is that people will transform themselves by transforming the environments in which they live, work, play and age through the exercise of collective power and a common vision of making their cities and communities good places in which to grow older, for this and future generations.

1. Introduction

1.1 Population ageing, migration and urbanization

Population ageing is a transformative trend that affects all aspects of society, including labour and financial markets, the demand for goods and services, such as education, housing, health, long-term care, social protection, transport, information and communication, as well as family structures and intergenerational ties *(1)*. The proportion of older people in the world is projected to reach nearly 12% in 2030 and 16% in 2050. In 2030, 1.4 billion people will be aged 60 years and older globally, with the large majority living in low- and middle-income countries *(2)*. The pace of population ageing varies by country. For instance, while France had almost 150 years to adapt to the change whereby the population aged 60 years and older rose from 10% to 20%, countries such as Brazil, China and India will have slightly more than 20 years to make the same adaptation *(3)*.

Where people live affects healthy ageing, through barriers or incentives that affect opportunities, decisions and behaviour, as well as the experience of older age. Urbanization is accelerating, and, while there are benefits in organized, efficient cities, rapid unplanned urbanization presents risks to health, society and the environment. World regions such as the Americas and Europe experienced poor quality urbanization in past decades, and rapid urbanization is now occurring in other regions, such as Africa and Asia *(2)*.

Migration – both internal and external – is another major trend that is reshaping where older people live, with growing numbers of people aged 60 years and older living in urban areas globally. Concomitantly, in many countries, a growing proportion of older people live in rural and remote communities, as rural–urban migration is more common among younger people *(2)*.

The interactions among these major trends can create cities and communities (urban and rural) that do not foster health and well-being, i.e. are not developed to foster older people's abilities to meet their basic needs; to learn, grow and make decisions; to be mobile; to build and maintain relationships; and to contribute. Those are not the types of communities in which older people, their families and the whole of society want to live in the future (Box 1).

Box 1. Core concepts

Healthy ageing is the process of developing and maintaining the functional ability that enables well-being in older age. **Functional ability** comprises the health-related attributes that enable people to be and to do what they have reason to value. It is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and those characteristics. **Intrinsic capacity** is the composite of all the physical and mental capacities of an individual *(3)*. **Well-being**, considered in the broadest sense, includes domains such as happiness, satisfaction and fulfilment *(2,3)*.

Environments comprise all the factors in the extrinsic world that form the context of an individual's life. These include – from the micro to the macro level – home, communities and broader society. Factors within these environments include the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them, and the services they provide. **Age-friendly environments** (such as in homes, communities, or cities) are those that foster healthy ageing by building and maintaining intrinsic capacity throughout the life-course and providing greater functional ability in someone with a given capacity *(3)*.

1.2 Objectives

In the past 15 years, the global age-friendly community has grown and strengthened, as more and more cities and communities are committed to becoming better places in which to grow older. Age-friendly cities and communities (AFCC) are designed to account for the wide diversity of older people, promote their autonomy, inclusion and contributions in all areas of community life, respect their decisions and lifestyle choices, and anticipate and respond flexibly to ageing-related needs and preferences.

The main purpose of this guide is to provide direction to national authorities and stakeholders responsible for or involved in forming or sustaining national programmes for AFCC. The guide explains how such programmes can foster age-friendly environments throughout a country and identifies national actions to support local programmes that benefit both older people and the entire population.

1.3 Intended readership

The guide is primarily for those responsible for or involved in the development and sustainability of national AFCC programmes and networks. The responsible officers may work in various ministries (health, social welfare, families, local authorities), political entities (e.g. national governments, commissioners for older people) or organization types (e.g. non-profit organizations).

The guide should also be useful for officers responsible for national programmes on ageing in providing support to cities, communities and local authorities (not necessarily only on issues related to age-friendly environments) or, conversely, officers responsible for the development of city programmes and networks – such as resilient, child-friendly, or healthy cities – in their work for age-friendly environments.

The guide may also be of interest to organizations representing older people, funding agencies and various leaders (e.g. rural community leaders, mayors and their teams, age-friendly champions and advocates) involved in the creation of age-friendly environments, from local to national level, who may draw on both the concepts and the practical examples provided.

This guide should enable older people and their families to live in communities – whether urban, suburban, rural or remote, whether big or small – that are better places in which to grow, live, work, play and age. These communities should enable people to build and maintain physical and mental capacity throughout the life-course, ensuring that, even when their health declines, they can continue to do the things they value. In doing so, these communities will promote the autonomy, dignity, health and well-being of older people and their families. It will also enable them to benefit from community resources.

The hope is for a future in which older people and their families live in communities that are continuously transformed by them, for them and with them, drawing on their individual and collective power, rights and knowledge. The ultimate beneficiaries of this guide are older people, their families and communities around the world.

1.4 Structure of the document

The framework comprises six sections:

- partnerships, networking and stakeholders;
- leadership and strategic thinking;
- resources;
- capacity-building;
- knowledge, research and innovation; and
- monitoring and evaluation (M&E)

Each section of this guide has three cross-cutting themes:

- **meaningful engagement** – presenting suggestions and experiences in enabling the meaningful engagement of older people in creating age-friendly environments
- **lessons from the field** – providing concrete examples from AFCC programmes, such as information on their development, their institutional arrangements and their connections to other levels of government and other sectors, including the role of national agencies and institutions; and
- **key steps** – steps to be considered in creating a new or strengthening an existing national AFCC programme for each relevant aspect of its development.

The quotes in the document – obtained through the regular engagement with the global community involved in AFCC – provide some perspectives on different topics covered in this guide and also showcase the wide diversity among those working to create an age-friendly world.

The guide will be updated, with the UN Decade of Healthy Ageing, to incorporate lessons learnt from its implementation and progress made in all the Decade's action areas.

2. Age-friendly cities and communities

2.1 The response of the global community

Since 1982, at the first World Assembly that discussed ageing, national governments have recognized the reality of population ageing and the need for action to create societies that accommodate all age groups. The WHO (1986) Ottawa Charter for Health Promotion *(5)* promoted a shift towards an approach that recognizes the wider social determinants of health. In 2002, the Madrid International Plan of Action on Ageing (MIPAA), adopted at the Second World Assembly on Ageing *(6)*, highlighted the need for international and national action to give effect to three priorities:

- older people and development;
- addressing health and well-being throughout the life-course; and
- ensuring environments that enable and support health and well-being.

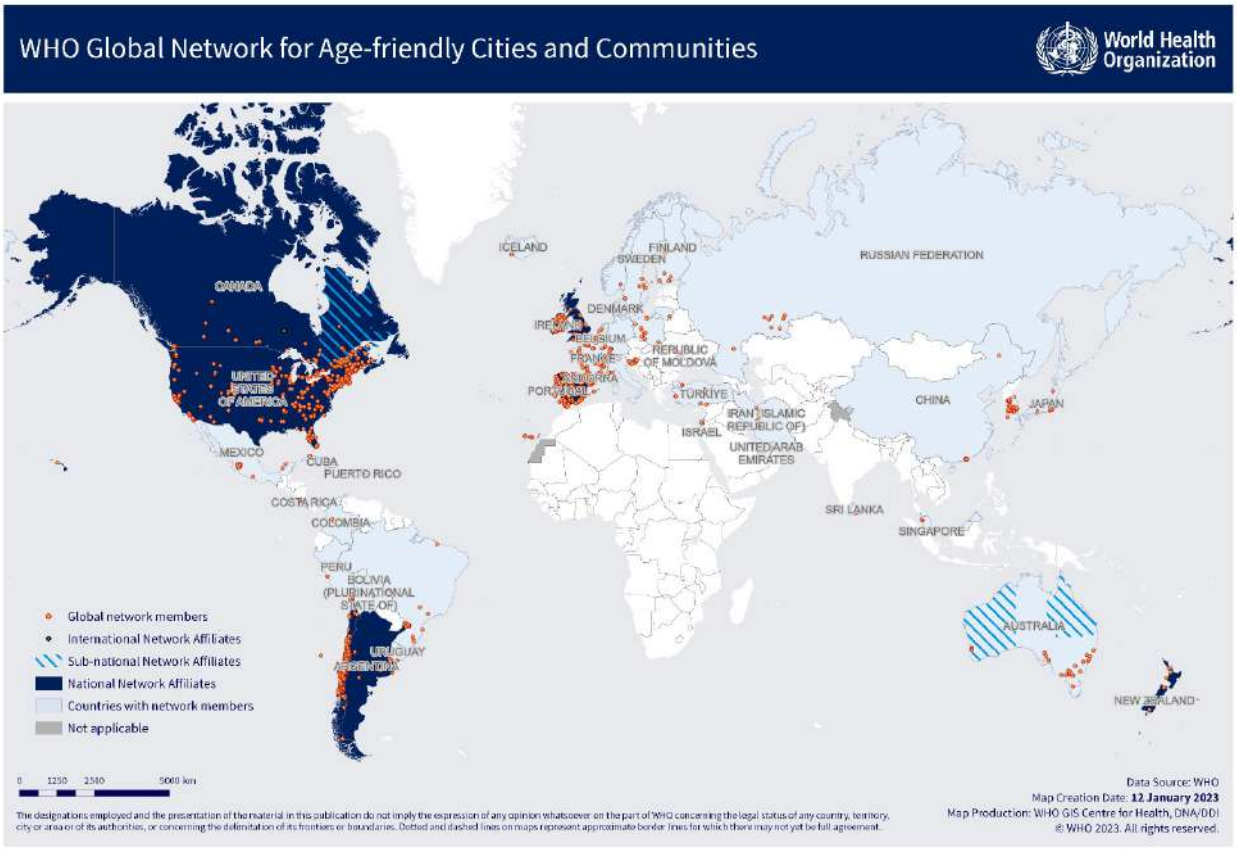
The movement for AFCC reflected these global priorities and advanced substantially with the launch of WHO's *Global age-friendly cities: a guide (7)* in 2007. The guide, developed in consultation with older people and based on research in 33 cities in 23 countries, identified eight domains in which cities and communities can contribute to healthy, active ageing: outdoor spaces, transport and mobility, housing, social participation, social inclusion and non-discrimination, civic engagement and employment, communication and information and community support and health services (Fig. 1). While not a definitive list, these domains serve as a starting-point for identification of priorities and who should be involved; the list can be adjusted to better reflect the needs and priorities in each context. In 2010, WHO established the Global Network for Age-friendly Cities and Communities (GNAFCC) (Fig. 2) *(8)*. In 2011, at the first international conference on the Network, held in Dublin (Ireland), cities and communities signed the Dublin Declaration of Age-friendly Cities and Communities, which included several non-legally-binding commitments *(9)*.

Fig. 1. Age-friendly city domains of action

Source: adapted from WHO (7)

Note: When the topics identified in Global age-friendly cities: a guide *(7) are compared with more recent literature and the framework of the UN Decade of Healthy Ageing, social participation can also be understood as social connection, which is a broader concept that incorporates social participation (10). Respect and social inclusion are closely related to the Decade's action area of combating ageism and could be read as such. Community support and health services should also include social services more explicitly (e.g. community support, health and social services) to better reflect their contribution to long-term and integrated care. Transportation could be read as transport and mobility, as in reference 1, to more explicitly incorporate elements of mobility in that domain of action.*

Fig. 2. GNAFCC world presence, with Network members and affiliates (June 2022)



Source: WHO (8)

Orange dots: all GNAFCC members; green dots: international GNAFCC affiliate programmes; dark blue: countries with a national GNAFCC affiliate programme; light blue: countries with at least one GNAFCC member; hashed blue: subnational GNAFCC affiliate programmes; grey: not applicable. The full list of members and affiliates and the interactive map is available in WHO (8).

WHO disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. This map reflects members in the Global Network for Age-friendly Cities and Communities at the time of the latest update and may not reflect the most recent changes in membership. This map has been updated with support from the WHO GIS Centre for Health.

As the AFCC movement continued, Member States recognized that broader action was required to foster healthy ageing. In 2015, WHO released the *World report on ageing and health (3)*, which underscored the view that healthy ageing requires environments that promote and enhance health and well-being. With evidence from the World report, the WHO *Global strategy and action plan on ageing and health (11)* established the evidence and partnerships that are necessary to support a Decade for healthy ageing, noting that ageing is relevant to at least 15 of the 17 Sustainable Development Goals (SDGs) *(1,3,7)* .

In 2019, WHO developed, in an iterative consultation, a proposal for the Decade of healthy ageing, which was aligned with the SDGs and Agenda 2030. The plan for the Decade was endorsed by Member States at the World Health Assembly on 3 August 2020, and the UN General Assembly declared a UN Decade of Healthy Ageing (2021–2030) on 14 December 2020 *(4)*. Building on previous political commitments on ageing, such as the MIPAA *(6)*, the UN Decade stresses a human rights approach, emphasizing that everyone has the right to the highest attainable level of health.

Four action areas are prioritized in the UN Decade of Healthy Ageing *(12)*:

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

These action areas are supported by four enablers:

- listening to diverse voices and enabling meaningful engagement of older people;
- nurturing leadership and building capacity to take appropriate action, integrated across sectors;
- connecting various stakeholders around the world to share and learn from the experience of others; and
- strengthening data, research and innovation to accelerate implementation.

Together, these actions will contribute to progressive realization of the rights of all older people to enjoyment of the highest attainable standard of health and harness the social and economic opportunities provided by population ageing.

2.2 Age-friendly Cities and Communities and the UN Decade of Healthy Ageing

The aim of the Decade is to foster healthy ageing, i.e. good health and well-being in later life. Today, too many people around the world experience much worse health than they should because of unsupportive environments that prevent them from maximizing their later years.

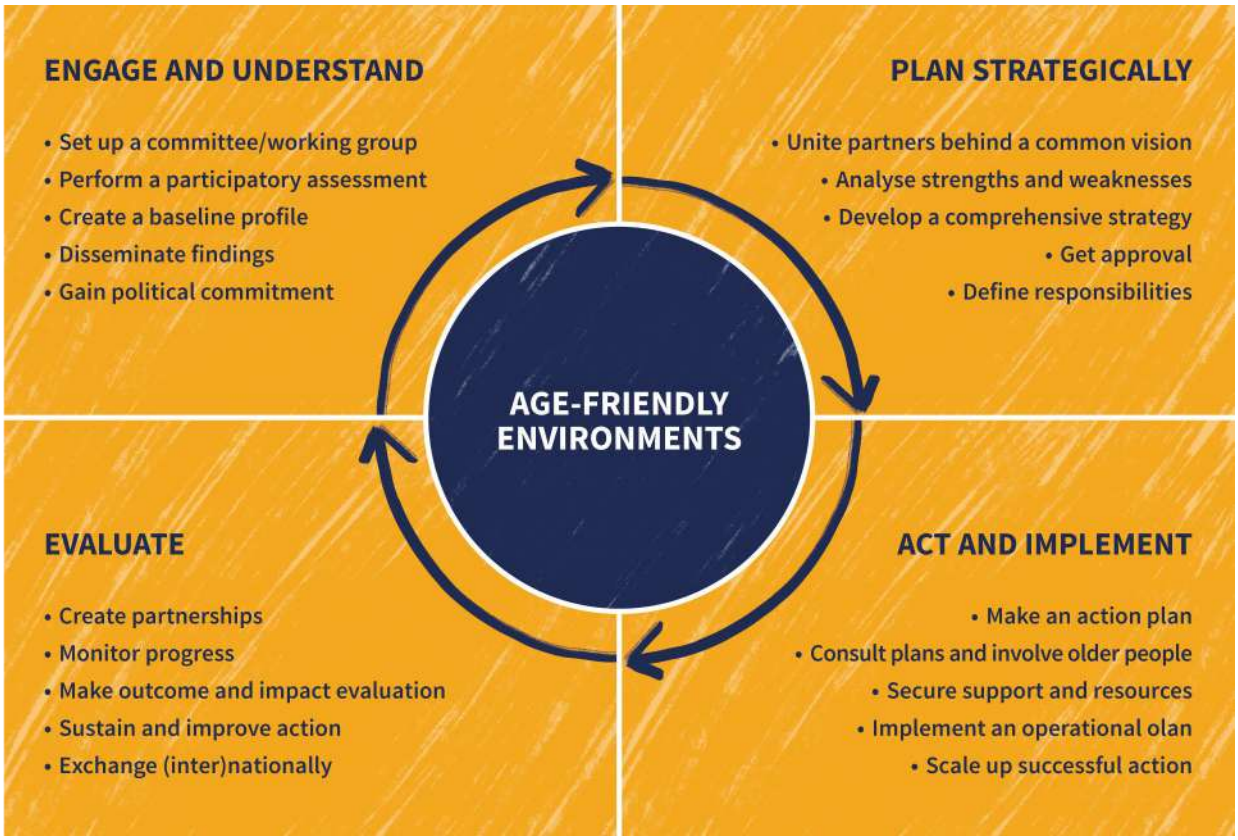
As we age, our physical and social environments should provide us with the basic resources and support necessary to lead a healthy, active life. Access to health care and proper nutrition, opportunities for education and employment, safe housing, and supportive communities are essential for our health and well-being. If our environments do not sustain us as we grow older, our functional ability declines, and we are unable to do the things we value.

Fostering healthy ageing requires action in many sectors – health, long-term care, transport, housing, labour, social protection and support, information and communication at various levels of government – national, subnational and local – and by many actors – older people and organizations that represent them, the wider community, governments, civil society, international organizations, professionals, academic institutions, the media and the private sector.

To avoid leaving people behind, all activities should be designed to overcome, rather than reinforce, inequity. Our physical and social environments, including family structure, social norms and cultural traditions, influence people differently due to factors such as gender, ethnicity, sexual orientation, level of education, or disability. When age-friendly activities address social exclusion and barriers to opportunity, building and maintaining functional ability can also overcome inequity among groups of older adults.

Activities to implement the four priority actions of the Decade of healthy ageing locally require leadership, coordination and understanding of the aspirations, potential and needs of older populations. A central responsibility of such leadership is to engage various sectors and stakeholders and ensure meaningful engagement of older people, their families and communities in formulating, implementing and monitoring local policies and programmes that affect them. The development of age-friendly rural and urban communities starts with political commitment, and then, as outlined in Fig. 3, engagement of sectors and stakeholders, understanding of needs and opportunities, strategic planning, acting, implementing and evaluating.

Fig. 3. Model of principles and steps for creating age-friendly environments



Source: adapted from the terms of reference for GNAFCC members (8, 13).

The development of an AFCC is a strategy for implementing all the Decade's actions at local level. Cities and communities that are working to be better places for older people to live can help address ageism (see the example of the Regional Municipality of Durham, Ontario, Canada *(14)*), provide person-centred integrated care within primary care, better integrate health and social care at community level, coordinate long-term care and support among different community settings and providers and support informal carers. Age-friendly communities also enable ageing in place, which respects a person's choice and preference of where they want to live and age and enables older people to live longer in their homes and communities rather than being institutionalized in a nursing home or residential care facility. The age-friendly practice database provides a wealth of examples, such as in Veranopolis, Rio Grande do Sul, Brazil *(15)*, which is improving its infrastructure and surroundings to create more age-friendly health and social care facilities, and Hallstahammar municipality, Sweden *(16)*, which is providing improved transport services for older people. An example of improvements in long-term care services and facilities through age-friendly design and staff training in Wan Chai District, China, Hong Kong Special Administrative Region, has been described *(17)*.

AFCC are better able to respond to changing contexts and continue to meet the needs of older people, their families and communities. In humanitarian crises and emergencies, when older people are commonly marginalized, AFCC programmes have demonstrated readiness, resilience and responsiveness to the challenge *(18)*. For instance, the coronavirus disease (COVID-19) pandemic showed the ability of cities and communities that are becoming age friendly to identify, engage and support older people. Several examples from around the world can be found on the WHO Global database of age-friendly practices *(19)*, in the WHO website *Case studies: cities and urban health (20)*, and in *Snapshot of age-friendly cities and communities in the Americas during the COVID-19 pandemic: lessons learned (18)*.

AFCC can also be vehicles for implementing activities on many issues that affect the lives of older people, their families and communities, such as physical activity, prevention of falls, social isolation and loneliness, violence and abuse, access to jobs and lifelong learning. For example, in Martorell, Spain, a community support network has helped to prevent social isolation and loneliness and allows older people age in their homes when they want to *(21)*.

Much of the investment in local policy or infrastructure to create AFCC will also have direct benefits for other sections of the population. For example, improved access to transport, public buildings and spaces and assistive information and communication technologies can facilitate the inclusion and participation of all people, such as those with disabilities and parents of young children.

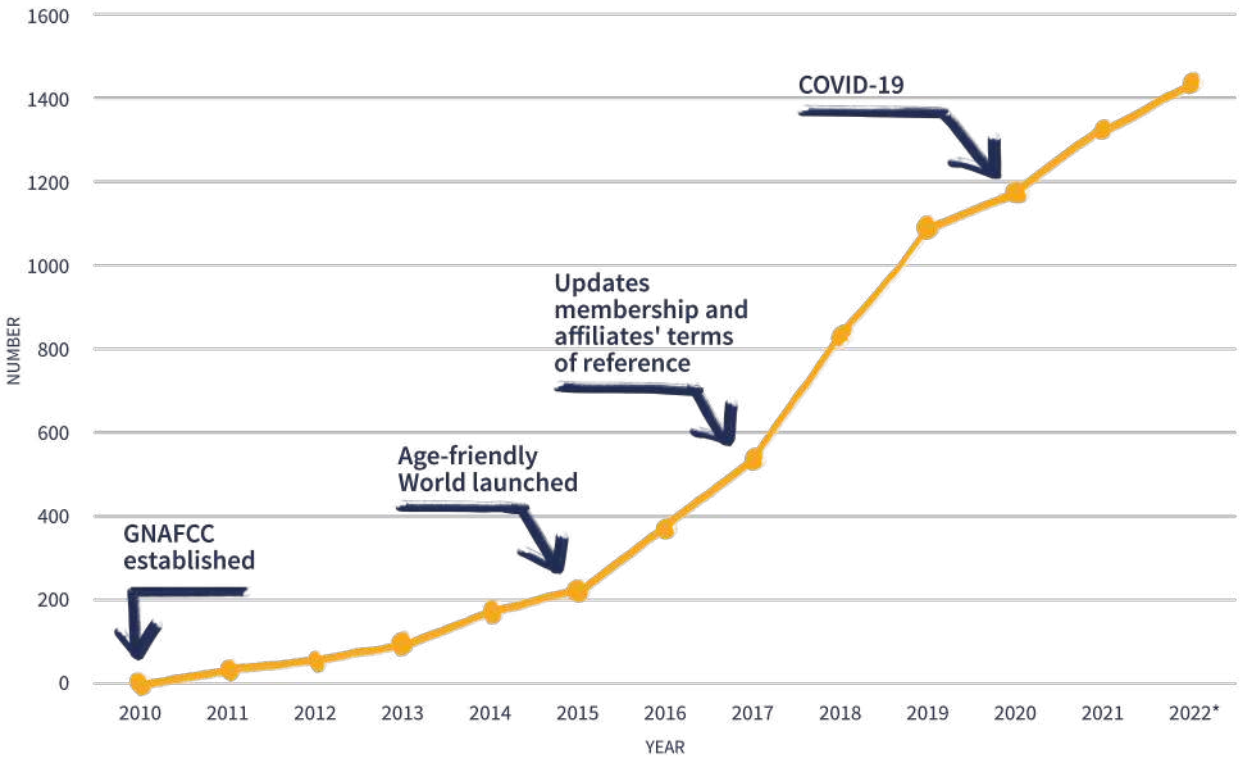
Cities and communities are the places where policy meets people, where the impacts of the decisions of what we do or not do with our environments are most keenly felt. Investment in AFCC can enable older people with various degrees of capacity to age safely where they want to, to be protected, to continue to develop personally and professionally, to be included, and to participate and contribute to their communities while retaining their autonomy, dignity, health and well-being. There are outstanding examples of local leaders – from grassroots organizations to city mayors – leading the way in creating cities and communities that are better places for older people to live. Cities and communities must, however, juggle many competing priorities, often have inadequate resources and little support, and must address numerous important agendas concurrently.

National support is essential for developing AFCC in all countries, including in low-resource settings *(22)*. Many low- and middle-income countries will have to adapt quickly to ageing populations and rapid urbanization but with lower national income, infrastructure and capacity for health and social welfare than developed countries. Strengthening the coordination across all levels of government is therefore key and support for the development of AFCC in such countries should be prioritized. The plan for the UN Decade of Healthy Ageing (2021–2030) calls for national guidance on fostering healthy ageing in cities and communities *(11)*.

2.3 WHO Global Network for Age-friendly Cities and Communities and its affiliate programmes

After the launch of *Global age-friendly cities: a guide (7)* in 2007, the approach and framework for developing AFCC at local level (urban and rural) were rapidly adopted. In response to demands for support, WHO established the GNAFCC in 2010 *(8)*. The network has enjoyed sustained growth since then (Fig. 4) and now connects cities, communities and organizations worldwide with a common vision of making their communities good places in which to grow older. In response to global population ageing and rapid urbanization, the network acts locally to encourage full participation of older people in community life and to promote healthy, active ageing.

Fig. 4. Growth of GNAFCC membership, 2010–2022



Note: As of June 2022.

The mission of the GNAFCC is to stimulate and enable cities and communities around the world to become increasingly age friendly by:

- inspiring change by showing what can be done and how it can be done;
- connecting cities and communities worldwide to exchange information, knowledge and experience; and
- supporting cities and communities to find appropriate innovative, evidence-based solutions.

GNAFCC membership reflects cities and communities' commitment to become better places to grow older by following WHO guidance and frameworks, which include engaging and understanding the needs of their ageing populations, assessing and monitoring their age-friendliness, and working collaboratively with older people and various sectors to create age-friendly physical and social environments. Membership is also a commitment to share experience, achievements and lessons learnt with other cities and communities. It should not be seen as an accreditation or certification of the age-friendliness of a given environment. Details of the criteria and steps required to become a GNAFCC member are available at https://extranet.who.int/agefriendlyworld/application-form/.

Since its foundation, GNAFCC has served as a platform for continuous learning and innovation, testing and adapting guidance to local contexts, working with older people and their families to create age-friendly environments and developing a series of age-friendly programmes, projects, interventions and practices. In doing so, GNAFCC members, affiliates and collaborators have accumulated case studies, guidance, tools, data and knowledge. While the immediate aim of this guide is not to provide a list of interventions put in place by local and national programmes for each domain of action, WHO strongly encourages readers to refer to existing guidance on interventions that can be adapted for each domain of action *(7,18,23,24)* and the extensive list of examples in the WHO Global database of age-friendly practices *(19)*. WHO also strongly advises users of this guide to examine the non-exhaustive list of the webpages and repositories of GNAFCC affiliate programmes, WHO and the UN system, including the UN Decade of Healthy Ageing Knowledge Platform *(4)* (Table 1).

Table 1. Non-exhaustive list of selected webpages and repositories with guidance and tools, case studies and practices

Organization	Webpage/repository name	Website
GNAFCC affiliate programmes		
AARP Network of Age-friendly States and Communities (United States of America [USA])	Publications and resources	https://www.aarp.org livable-communities/tool-kits-resources/
Age Friendly Ireland	Publications and research	https://agefriendlyireland.ie/category/publications/research/
Age Platform Europe	Our work	https://www.age-platform.eu/our-work
Centre for Ageing Better – United Kingdom Network of Age-friendly Communities (United Kingdom of Great Britain and Northern Ireland [United Kingdom])	Resources	https://ageing-better.org.uk/resources
Office for Seniors, Government of New Zealand	Our work – Age friendly Aotearoa New Zealand	https://officeforseniors.govt.nz/our-work/
Department of Seniors, Government of Queensland (Australia)	Our work	https://www.dsdsatsip.qld.gov.au/our-work/seniors
Ministry of Health, Government of Singapore	I Feel Young SG	https://www.moh.gov.sg/ifeelyoungsg/about/what-is-the-action-plan-about
Department of Local Government, Sport and Cultural Industries, Government of Western Australia	Initial page	https://www.dlgsc.wa.gov.au/

Organization	Webpage/repository name	Website
International Federation on Ageing	News and resources	https://ifa.ngo/news-and-resources/
Kanagawa Prefectural Government (Japan)	Healthcare New Frontier Promotion Headquarters Office	https://www.pref.kanagawa.jp/docs/mv4/mlt/f531223/index.html
Municipalités Amies des Aînés au Québec (Canada)	MADA-Québec	https://madaquebec.com/mada-quebec/
Instituto Nacional de Servicios Sociales para Jubilados y Pensionados (Argentina)	Landing page	https://www.argentina.gob.ar/pami
Older People's Commissioner for Wales	Resources and publications	https://olderpeople.wales/resource-hub/
Age-friendly Communities, Government of Canada	Age-Friendly Communities	https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/friendly-communities.html
Réseau Francophone des Villes Amies des Aînés (France)	Ressources	https://www.villesamiesdesaines-rf.fr/ressources
Servicio Nacional del Adulto Mayor (Chile)	Ciudades amigables con las personas mayores	https://www.ciudadesamigables.cl/
Instituto de Mayores y Servicios Sociales (Spain)	Landing page	www.imserso.es
United Nations		
World Health Organization	Age-friendly Environments	https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments
	Global Network for Age-friendly Cities and Communities	https://extranet.who.int/agefriendlyworld/who-network/
	Global database of age-friendly practices	https://extranet.who.int/agefriendlyworld/afp/
	Data Platform: Ageing data	https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/ageing-data
	Global Dementia Observatory	https://www.who.int/data/gho/data/themes/global-dementia-observatory-gdo
	Local action for health: a repository of WHO resources	https://urbanhealth-repository.who.int/home
	Compendium of WHO and other UN guidance on health and environment	https://apps.who.int/iris/handle/10665/344476
World Health Organization and UN-Habitat	Integrating health in urban and territorial planning: a sourcebook	https://apps.who.int/iris/handle/10665/331678
UN Decade of Healthy Ageing	UN Decade of Healthy Ageing: The Platform	https://www.decadeofhealthyageing.org/

AARP, previously American Association of Retired Persons, now known simply by the acronym.

2.4 National AFCC programmes

National programmes can support and sustain the growing interest in communities to become more age friendly – as exemplified by the steady growth and consolidation of GNAFCC, including in the development of national programmes, despite the challenges and disruptions of COVID-19 (Figs 2 and 3). The GNAFCC affiliate programmes play an essential role in supporting the global network by promoting the creation of age-friendly environments and facilitating information exchange and learning among communities. In 2018, WHO reviewed progress in creating AFCC, identified strengths and gaps in the work of the GNAFCC and outlined the priorities for the next decade *(3)*. It found that the existence of a national network or programme significantly increased the number of people aged 60 years and over living in a city or community working to become more age friendly *(22)*. This led to setting a priority for all countries to be supported in developing national AFCC programmes.

GNAFCC affiliates are national, state or regional governments, civil society or research organizations, national or transnational city or community networks in WHO Member States working to promote age-friendly environments at subnational, regional, national or international level. The reasons reported by GNAFCC affiliates for being part of the Network correspond to its mission of connecting, inspiring and exchanging support, as shown in Fig. 5. They also correspond to the reasons reported by GNAFCC members, as observed in the responses from members of one national programme (Age Friendly Ireland) after a similar mapping exercise.

GNAFCC affiliates advocate for the global network and, in their respective spheres of influence, advance knowledge and action on age-friendly environments. They serve as catalysts at all levels by promoting the AFCC approach and contribute to strengthen the sense of a global community, working together under the same principles and towards the same goals. Like GNAFCC members *(23, 24),* the structure and activities of GNAFCC affiliates are often co-designed with older people. Many affiliates also provide guidance and support to cities and communities that wish to become more age friendly, with local language resources, within local policy contexts and through local opportunities to meet face to face. Often, aligned membership criteria make the members of affiliated networks eligible to join the GNAFCC.

GNAFCC affiliate programmes are highly diverse in terms of political and operational arrangements as a result of their context and development, as many developed from grassroots initiatives, as seen in the example of the history of the Réseau Francophone des Villes Amies des Aînés [Francophone Network of Age-friendly Cities] *(25)* (Fig. 6). This example shows that most countries do not necessarily start from nothing and that mapping and use of existing work is an efficient way to advance the creation of a national programme (see Elements 1 and 2).

Fig. 5. Reasons reported by affiliates for being part of the GNAFCC

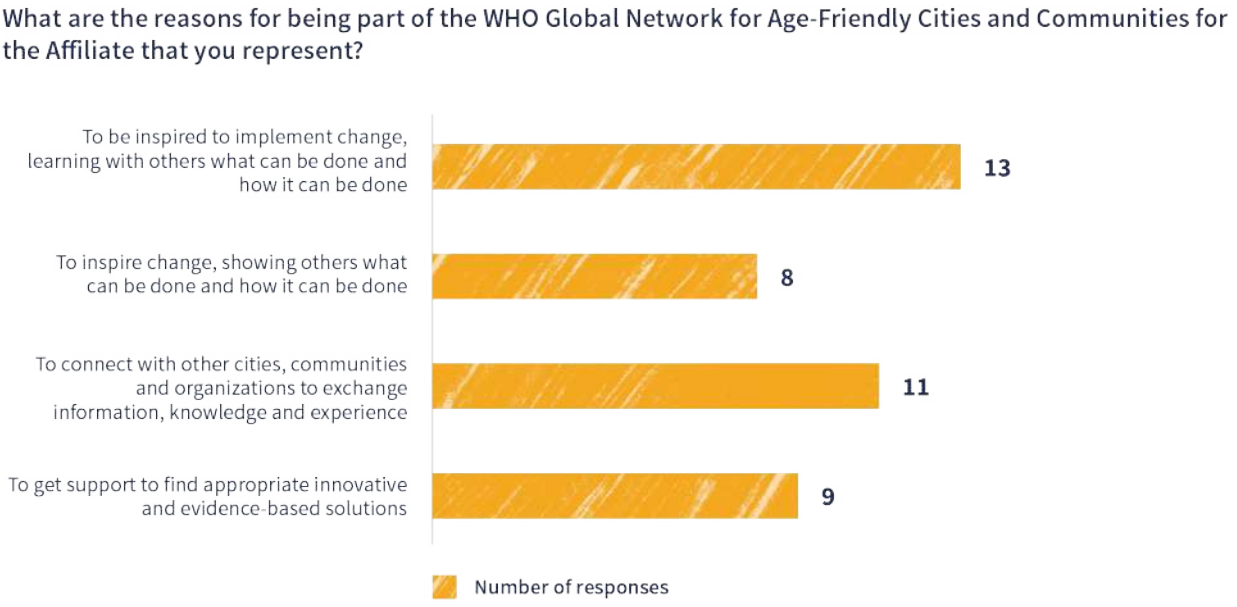
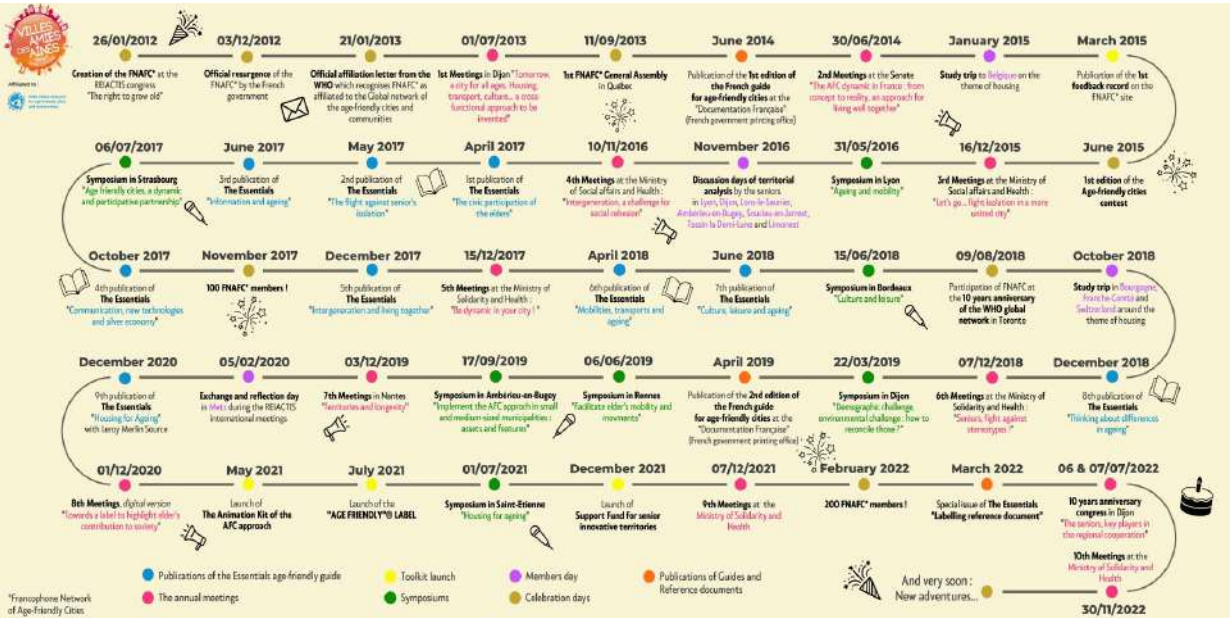


Fig. 6. History of the Réseau Francophone des Villes Amies des Aînés since 2012



Source: Réseau Francophone des Villes Amies des Aînés [Francophone Network of Age-friendly Cities] (25).

Human and financial resources should be dedicated to start a national AFCC programme. The budgets of GNAFCC affiliate programmes can range from thousands to millions – mostly spent on staff. The number of staff also varies widely across national AFCC programmes, with some programmes starting with one or two people, whereas others have 200 full-time equivalent employees *(22)*. Thus, even countries with limited resources and competing challenges can initiate a national AFCC programme and gradually strengthen it.

The time necessary to develop a national AFCC programme can vary from 6 months to 2 years, depending on what is already in place, the resources immediately available for the initial steps (e.g. mapping existing networks and stakeholders; assessing readiness for monitoring and evaluation (M&E)). The length of participatory and consultative processes necessary to reach common goals and a shared vision also influence the time required for developing a programme. Therefore, as for a local AFCC programme, initiating and sustaining a national programme is by no means immediate but rather a continuous, iterative, non-linear process. In Norway, for instance, the movement for age-friendly environments started with a few cities joining GNAFCC. Subsequently, establishment of a national network was included as an objective in the National Quality Reform for Older Persons initiative *(26)*. Several countries (many of which are low- and middle-income countries) in which a large number of cities and communities are part of GNAFCC could follow a similar path.

The number of topics or issues covered depends on the context. While respecting the general AFCC framework, each local and national programme will tailor their actions according to their priorities, decided with older people and their families in their context. The priorities will be reassessed regularly and probably adjusted over time as the societies evolve to account for the wide heterogeneity of populations aged 60 years or more. Ultimately, those priorities will guide the allocation of resources and shape the work of national AFCC programmes. As an example, see the extensive list of activities performed by Age-friendly Aotearoa New Zealand between July 2021 and June 2022 *(27)* (Fig. 7).

Fig. 7. Activities of Age-friendly Aotearoa New Zealand, July 2021–June 2022

Source: Age-friendly Aotearoa New Zealand (27).
Note: The reference also provides links to relevant documents and reports for each activity listed.

The wide diversity in the way GNAFCC affiliates were created and developed over time, in their trajectory and evolution and in their political and operational arrangements is one of the strengths of GNAFCC, as it offers concrete experiences of distinct "typologies" for GNAFCC affiliates and a wealth of experiences and lessons learnt. This is true of several other city and community networks and programmes (e.g. healthy cities, child-friendly cities, SMART cities, resilient cities) and also of the relations between these networks and GNAFCC.

In the case of Healthy Cities, for instance, another WHO-led programme, initiated in in the 1980s, engagement and collaboration with GNAFCC have taken various forms, building on their similarities but also – and perhaps most importantly – on the distinct features and added value that each of them could bring to each other, both conceptually and programmatically (e.g. network focus and implementation framework; urban versus rural coverage; more or less inclusive membership criteria; payment of membership fees). The engagement between GNAFCC and

Healthy Cities can range from co-existence in a country or region with exchange of ideas and information to a more integrated approach, in which the urban health agenda is taken up under the "umbrella" of AFCC or the healthy ageing agenda is covered by work on healthy cities. Ultimately, GNAFCC, Healthy Cities and any other major city or community network or programme can synergistically benefit and mutually reinforce one another. The best arrangement and coordination among them will depend on the local context, at country, city or community level and will require dedicated tools, strategies and concrete examples.

Creating and sustaining national AFCC programmes will enable countries to address a broad range of challenges related to healthy aging. It will also help leverage opportunities and respond to the changing needs presented by population ageing and ensure that older people can continue to experience health and well-being later in life, with the right support and environments. Strong national programmes and powerful coalitions that invest in older people's health and well-being can also benefit other age groups as they age, socially and economically, so that they continue to do the things they value throughout their lives *(28).*

Several interconnected agendas can also benefit: prevention and management of noncommunicable diseases; addressing climate change; improving equity and the enjoyment of all human rights; the impacts of forced migration; responding to COVID-19 and other emergencies and many others. National AFCC programmes can also support Member States, cities and communities in fulfilling their commitments and goals in several global frameworks, including the SDGs *(29)*, the New Urban Agenda *(30)*, the UN Convention on the Rights of Persons with Disabilities *(31)* and the UN resolution on the Human Right to a Clean, Healthy and Sustainable Environment *(32).*

"The national programme for age-friendly cities and communities gives us the opportunity to have our voices heard."
Mai Quaid, *Chairperson, County Wicklow Older Persons Council, Ireland*

"A nation-wide age-friendly focus is necessary to support local and community-based initiatives because it is only at a macro level that certain vital AFCC components can be fully addressed. These components include widespread access to lifelong learning, integrated health services, public transportation, the right to work, social security, minimum income and equality. We must think small and local but with scalability in mind."
Alexandre Kalache, *President, International Longevity Centre, Brazil*

"It is excellent that AFCC includes both cities and rural communities as they are intrinsically different. With cities, we are trying to build community where you have more resources; in rural, you are trying to build more resources where you usually have community. Specific activities and thinking around rural communities should be an integral part of a national AFCC programme."
Bruce Chater, *World Organization of Family Doctors – Rural Working Party, Australia*

3. Framework for implementing national programmes for age-friendly cities and communities

A framework for implementing national AFCC programmes can help to align local, national and international action *(7)* within and across sectors and with the involvement of a range of stakeholders. A framework for a national AFCC programme can benefit from the experience of countries that have made significant progress in national and subnational programmes for AFCC, such as Australia, Canada, Chile, France, Ireland, Japan, New Zealand, Spain, United Kingdom and the USA and Wales *(22)*. Their programmes work in partnership with other sectors and levels, have clear leadership, involve older people, have adequate sources of data, knowledge and funding, strengthen capacity, and use innovative local approaches that can be scaled up.

While existing programmes provide useful lessons and case studies, more lessons and examples should be obtained from low- and middle-income countries and from high-income countries that do not yet have a national AFCC programme. The development of AFCC programmes in low-and-middle income countries is urgent, as they face significantly different developmental and demographic trajectories from those of high-income countries, including the rapid pace and poor quality of urbanization and their impact on both urban and rural environments. Low- and middle-income countries thus have to adapt to faster rates of population ageing and urbanization with fewer resources. This may be an opportunity for collaboration among low-, middle- and high-income countries to build from each other's experience and innovative solutions.

National AFCC programmes are necessary to accelerate the response in all countries, and all programmes and initiatives must be adapted to country contexts and needs. Each context has unique assets (e.g. more or fewer older people living alone), which can be used to develop innovative AFCC models. Lessons learnt in the global community can be used by any country that has not yet implemented a national AFCC programme.

A proposed framework for implementing a national AFCC programme is illustrated in Fig. 8. It provides direction to actors in various sectors for establishing and sustaining programmes that foster healthy ageing and create better places in which to grow older. The framework is based on widely used guidance for local development of AFCC *(7,8,22,23,33)* and related WHO frameworks for governance of human settlements (e.g. urban health, emergencies in urban settings, malaria in urban and rural areas). The framework is intended to strengthen existing capabilities rather than create new ones. Many governments already address healthy ageing in cities or communities; however, the responsibility for certain activities, how they could be improved and how they could be used to address new and emerging challenges, such as demographic change and population ageing, is not always clear.

A clear framework is necessary for governments to improve the health and well-being and ensure healthy ageing for its population in more robust ways, through transformative change to provide the conditions for healthier, more sustainable cities and communities. A transformation will involve not only local governments and residents but all actors who control, influence and study different kinds of cities and communities, including national governments. This highlights the importance of both vertical integration (between national and subnational governments) and horizontal integration (between sectors), ensuring coordination of the activities of everyone committed to the common goal of AFCC.

The core elements (Fig. 8) of the framework are:

- partnerships, networking and stakeholders;
- leadership and strategic thinking;
- resources;
- capacity-building;
- research and innovation; and
- M&E.

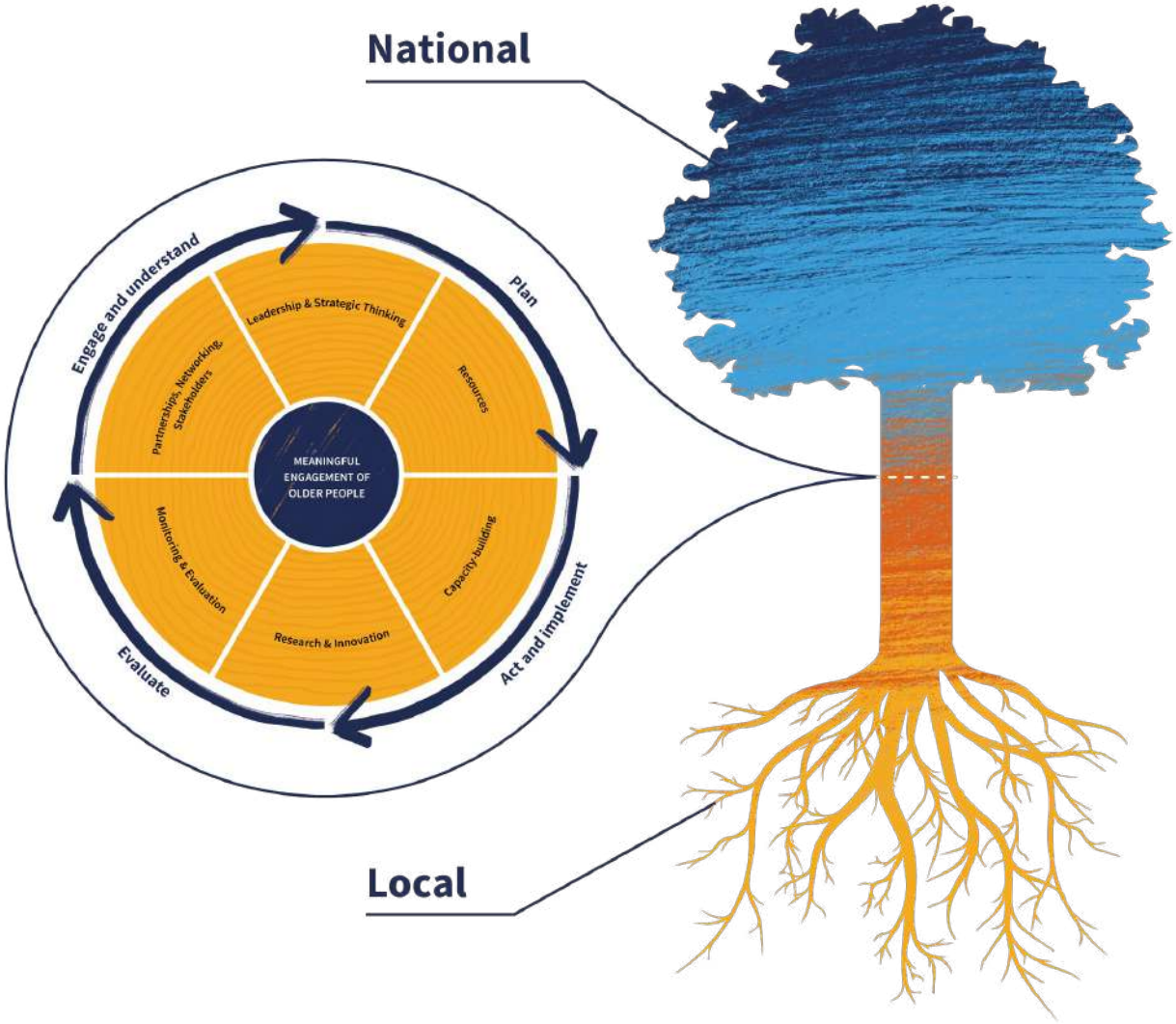
These six elements can be considered according to the degree of urbanization, levels, a particular sector, a particular interest group or a problem related to health and well-being. Each element thus includes activities that could be done better, be more targeted and cut across sectors. Many of the elements are primarily national, regional or local state capabilities and civil society actors that wish to hold governments to account should know clearly what can be expected of them in developing an AFCC programme. All the elements are interrelated, as indicated by the "porous" (dotted) lines at their margins (Fig. 8).

Fig. 8. Framework for implementing national AFCC programmes

The framework replicates the steps in developing an AFCC programme, as set out in the membership terms of reference for GNAFCC *(8)* (engage and understand, plan strategically, act and implement, evaluate). This model for local action proposes four phases (comprising 20 steps) for policy development and five overarching principles for action. Meaningful engagement of older people is at the centre of the framework – a pillar that sustains implementation and radiates knowledge and energy across the elements and beyond.

Each of the six framework elements, discussed below, should be present in the development of a national AFCC programme and should be considered in subnational components (or in subnational AFCC programmes in more decentralized structures). The framework could thus be visualized as a "tree" (national to local policy and development), with the flow of "nutrients" (energy and information) from the "roots" (action at community level), up to the broad "canopy" (social, economic and political systems) that provides the "shade" (support) for action (Fig. 9).

Fig. 9. Elements in development of a national AFCC



3.1 Element 1: Partnerships, networking and stakeholders

One of the first steps in developing a national AFCC programme is to engage and understand *(24)*. A crucial preliminary step is identification of stakeholders who are already working to create more age-friendly environments and understanding how they are related and on the partnerships that could be created or strengthened. Stakeholders can be found at local, national and international levels. They will probably include a combination of:

- older people;
- families and caregivers of older people;
- organizations that represent the interests of older people (e.g. councils and commissions);
- organizations of people with disabilities;
- organizations representing the interests of patients and their families (e.g. for noncommunicable diseases);
- organizations representing marginalized groups;
- representatives of government agencies;
- community leaders (e.g. urban, rural, remote, indigenous, ethnic minority and displaced people);
- ministries (e.g. of health, social, welfare, local government, transport, housing, finance);
- regional and local authorities;
- members of parliament;
- international organizations (e.g. WHO, UN Department of Economic and Social Affairs, UN Habitat, UN Development

Programme, UN Population Fund, Office for the High Commissioner for Human Rights, World Bank);
- professional associations (e.g. health and social care workers, architects, urban planners, educators);
- donors and philanthropists;
- academia and research groups;
- the media; and
- the private sector.

Whole-of-government and whole-of-society approaches require multi-interest, participatory platforms.[2] If partnerships or networks for AFCC already exist, political champions are needed to ensure that no one is left behind and that the right actors are connected and can communicate at the right times, both within and outside government. Adequate representation in a participatory platform will ensure that smaller settlements (e.g. towns and rural communities) are represented in national debates and that underrepresented groups (e.g. ethnic minorities, people with disabilities, indigenous populations and those in low-income neighbourhoods) can participate in city debates. Participatory platforms should be accessible, inclusive and designed to remove barriers for participation, from the physical distance to a meeting, to the challenges of various types of disability or how marginalized groups are received and perceived in such spaces. Multi-interest participatory platforms are an important requirement for a successful AFCC programme. They can take various forms, influenced by the political and governmental organization of the country. Practical tools and methods have been published and used in ensuring meaningful engagement of older people and civil society in policy-making *(34)* and strengthening the capacity of government officials to engage stakeholders in implementation of the 2030 Agenda *(35)*.

In developing a national AFCC programme, a government should acknowledge the collaborative, cross-cutting nature of the approach and ensure multisectoral action. Understanding the roles of different government sectors and stakeholders is an important enabler of successful collaboration. Several governments have established structures and mechanisms for cross-sectoral engagement. When these are properly identified, they can support development of AFCC programmes aligned with other whole-of-government priorities or polices and also minimize the likelihood of duplication and reduce creation of competing structures and processes (Box 2).

Box 2. Meaningful engagement among GNAFCC, the City of Columbus, Ohio (USA) and the AARP in developing and mobilizing resources to improve the mobility of older people

The City of Columbus in Franklin County (OH, USA) joined GNAFCC in 2016 *(36)*, the year in which Age-Friendly Columbus disseminated a comprehensive, city-wide assessment of the needs and aspirations of older people, which identified transport as a key domain for action. Age-Friendly Columbus and Franklin County used the wide range of available human resources – including a transport planner, a gerontologist, two social work experts, a public health worker, a social worker and older residents – to plan alternative transport options in the city and the surrounding county *(37)*.

The City used innovative "soft" technologies, such as participatory community research strategies, to engage older people, including those with disabilities, throughout development of the project, from defining the problem to programming, evaluation and sustainability. Technical resources developed by AARP (a GNAFCC affiliate *(38)*), including the "AARP Walk Audit Tool Kit", were also used *(37)*.

As 82% of older adults in Columbus reported that they usually drove themselves and less than 7% used the local bus system, the city used community resources and the human and financial resources and assets of anchor institutions and the transport system (often with Federal funding matched to local funding) to address the overreliance of older people on private vehicles. The measures ranged from designing neighbourhood routes to training in use of regular public transport and creation of safe routes for ageing in place *(37)*.

AARP, previously American Association of Retired Persons, now known simply by the acronym

National AFCC programmes should also account for the complexity of governance. Governance can no longer be divided into neat hierarchies but is more easily understood as a network. Governance often has many nodes of power, and the nodes and their links are not evenly distributed geographically; different interest groups within the network may have different areas of focus and interest

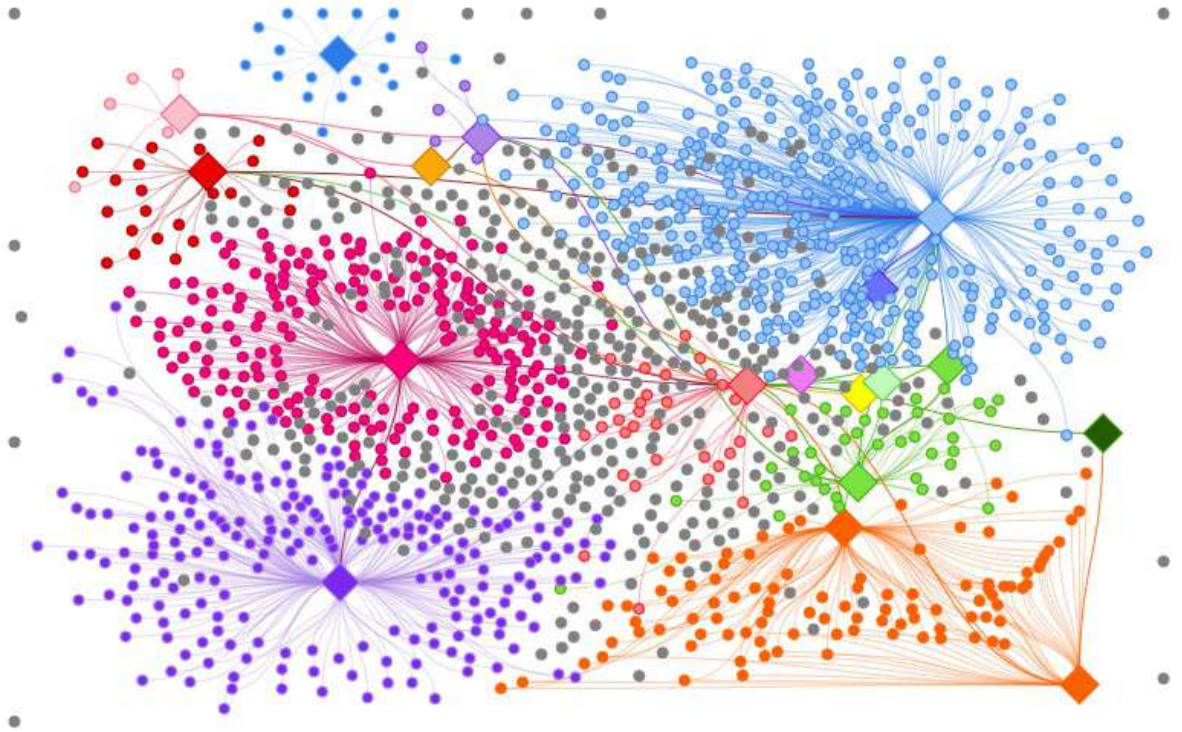
2 Sustainable multisectoral collaboration to address the social determinants of health, equity and well-being. Practical guidance based on health in all policies approaches. Geneva: World Health Organization (in preparation).

and different timeframes. Thus, the governance of issues related to health and well-being in cities and communities will invariably entail contradictory interests, such as deciding on allocation of the local budget or of public land (e.g. a public park, a social housing project, or a new primary care facility). Cities and communities themselves are complex open systems, shaped by processes that extend well beyond the boundaries of built areas and administrative jurisdictions.

Networks of governance evolve as the number and roles of members and the relationships among members change with time. Fig. 10 shows the visual representation of the GNAFCC network with a focus on the web of relations among and between affiliates and the members under their programmes. The visual representation of those relations clearly illustrates the many connections between the affiliate programmes, facilitated by their regular engagement under GNAFCC, and the importance of affiliate programmes in connecting their members to networks within GNAFCC. It also highlights that several cities and communities that are part of GNAFCC are not as connected as other members and do not benefit from the support of an affiliate programme, represented by the grey dots.

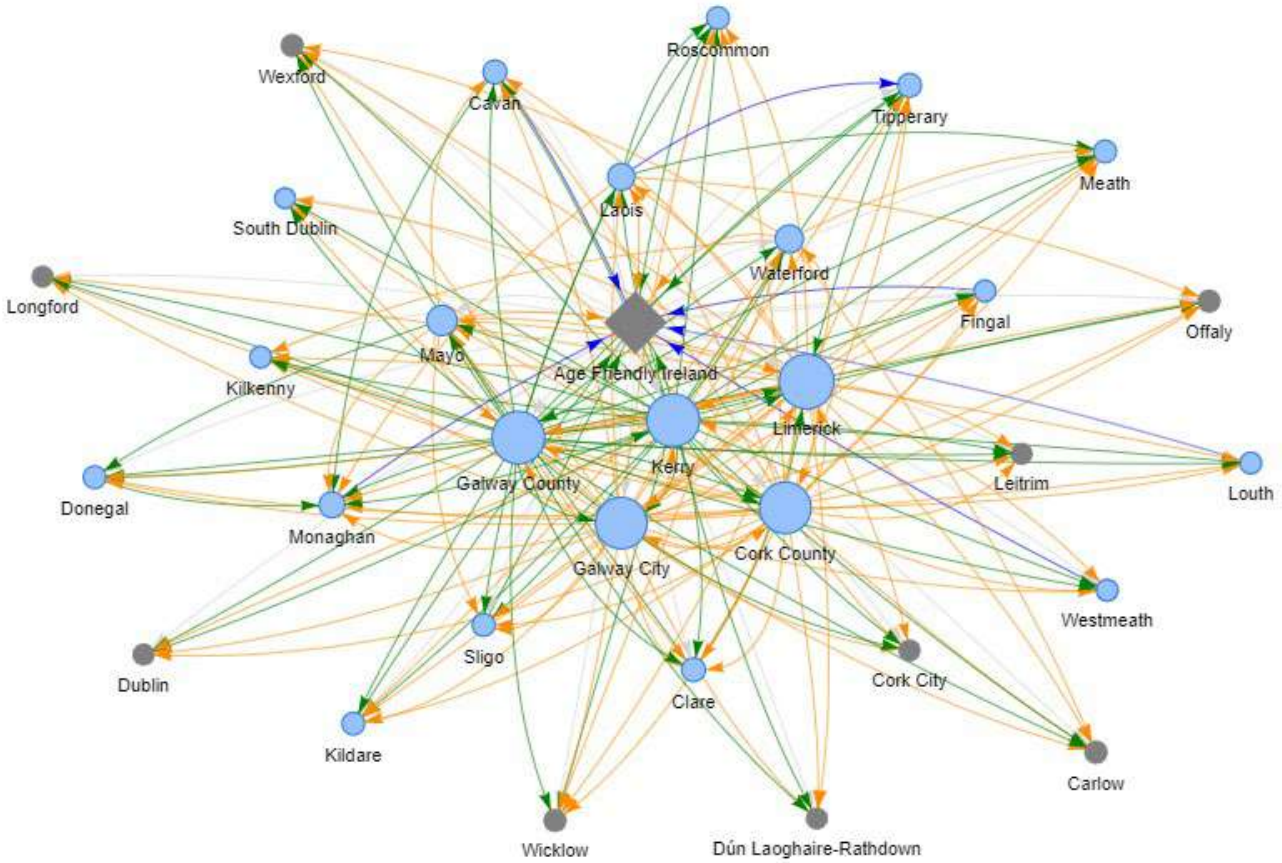
Fig. 11 shows the visual representation of one national programme, Age Friendly Ireland, and several interesting aspects of this successful programme, including the strong interconnection, not only with the members of the affiliate programme but also among the members themselves. It also shows the importance of the affiliate programme (shown by the size of the nodes) and of selected members in maintaining many relations and helping to sustain the network as a whole. A better understanding of the design of the network, i.e. how its members are interconnected and the nature of those relations, can facilitate or hinder the flow of resources (e.g. information, technical support) to members. It can also anticipate the network's achievement of its missions and goals even if the network is disrupted (e.g. a central member leaves the network). While the example of Age Friendly Ireland is remarkable, a good network design does not necessarily require that each member be connected to all the others. The general design of a network should be intentional and strategic to best meet members' needs and resources, with consideration of not only the quantity but also the quality of relationships and the roles to be played by different members to sustain the network's structure and function.

Fig. 10. Visual representation of the GNAFCC web of relations



Dots represent GNAFCC members and diamonds GNAFCC affiliates. Each community (i.e. affiliate and its members) is represented by a unique colour. Affiliates with members in common (e.g. a national and a subnational programme) form one community and are indicated in the same colour. Grey dots represent members not linked to any affiliate. Connections among members and names were omitted to facilitate visualization.

Fig. 11. Visual representation of the Age Friendly Ireland web of relations



Blue nodes: members that responded the survey. Grey nodes: members that did not respond the survey but were nominated by respondents. Diamond: Age Friendly Ireland Programme. Arrows: orange – communication only; blue – share resources; green – joint programming; light grey – joint programming (reported by Age Friendly Ireland Programme). Size of each node indicates the number of connections relative to other nodes.

Although no single entity would lead AFCC in isolation and the main action should remain at municipal, local, neighbourhood or grassroots level, identification of a national facilitating agency or actor is important for driving, coordinating and managing the work.[3] The national AFCC programme could act as the facilitating agency, with the authority to work with other sectors, the required resources and expertise and the necessary knowledge and information on public policy issues and their implications for healthy ageing and other government priorities. It could also use its convening role to bring together stakeholders that are not necessarily in contact (see Element 2).

While the facilitating agency is likely to be within the health or social sector in most national or subnational situations, it should be aware of the priorities and decision-making processes of other sectors. In some contexts, the facilitating agency may be supported by but be outside national or subnational government. It is therefore important to map actors and institutions involved in AFCC, to identify where the formal leadership and oversight are (or should be) in order best to support local work. Facilitating agencies that are outside government should be supported by and be held accountable to the government, which is ultimately responsible for improving the lives of older people and their families.

3 Sustainable multisectoral collaboration to address the social determinants of health, equity and well-being. Practical guidance based on health in all policies approaches. Geneva: World Health Organization (in preparation).

Irrespective of which agency or stakeholder is the facilitator, roles, responsibilities and accountability within the government should be negotiated and established at the outset to ensure that all those involved understand them and the benefits they may see.[4] In Ireland, for example, responsibility for AFCC was devolved to Meath County Council, which now hosts the Age Friendly Ireland shared service scheme on behalf of the country. While the AARP conducts much of the advocacy for AFCC in the USA, the Federal Government is legally obliged, as part of the Older Americans Act, to ensure continuous communication on ageing and disability with state governments. Creation of an age-friendly Norway is one of five priorities in the National Quality Reform for Older Persons, and a national network, established as part of the reform, is a priority for the Centre for an Age-friendly Norway *(39)*. In most Nordic countries, older people's councils are mandated by law, and their inclusion in development of an age-friendly Norway is clearly communicated in the reform *(26).* In Saudi Arabia, the wide range of activities for AFCC are the responsibility of various stakeholders, from ministries (e.g. of health and of human resources and social development) to non-state actors (e.g. Saudi Elderly Support Organization, a non-profit charitable association *(40)*).

National governments can therefore play a fundamental role in development and support of partnerships.

- They can foster **networks** as institutional platforms for sharing resources, providing opportunities for communication among local and national actors and providing training programmes. National governments can promote the development of networks for sharing knowledge, collective decision-making and agenda-setting among local government, nongovernmental organizations, civil society, communities and the private sector.
- National governments can promote development of **platforms at multiple levels** on which local actors can raise issues and concerns and also contribute to regional and national decision-making. For example, in order to enhance connections and collaboration at different scales, the portal of the Servicio nacional del Adulto Mayor [National Service of Ageing] in Chile facilitates partnerships between local actors and national ministries *(41)*. National governments can also ensure that consultations with representative organizations are prescribed by law, including freedom of association *(42)*.
- **National committees** could be established to provide advice, undertake and promote advocacy, and serve as a coordinating mechanism.
- National governments can play key roles in encouraging and securing the **inclusion of representatives of older people in partnerships, with consideration of the wide diversity of this group**. Older people should be enabled and supported to participate in economic, social, cultural and political activities, and, importantly, be invited to participate in decisions on those activities. The WHO AFCC framework emphasizes the importance of participation of older people. In Ireland, local and national older people's councils ensure good representation of older people throughout the country in the development and implementation of the age friendly agenda.
- **Intergenerational partnerships** should be encouraged and nurtured. Local communities must be able to engage with social organizations to create or improve conditions that support healthy ageing throughout the life-course. One example is regular meetings between children's and adolescents' and older people's councils.
- **Partnerships with the media** could facilitate communication and education on healthy ageing themes and topics, for both health promotion and raising awareness.
- **Partnerships with academic institutions** are crucial for improving the evidence base for policy-making and the development of interventions, tools and methods for local use. Academic institutions are fundamental stakeholders for knowledge creation and exchange and are relevant for understanding local contexts, monitoring and evaluation and increasing recognition of older people as experts and "co-producers of knowledge" (see Element 5).

While the nature and structure of age-friendly partnerships depend on the context, there are also common characteristics. First, partnerships engage older people to express the needs of this diverse group. Secondly, while many partnerships cross sectors, cross-sectoral collaboration could be improved in some contexts. Thirdly, many partnerships can function both within and between countries, as seen in Spain. In 2019, the country hosted an AFCC conference for municipal representatives from Spain and Latin America, and the Instituto de Mayores y Servicios Sociales [Spanish Institute for Older Persons and Social Services] has designed training courses and creates opportunities for exchanges of knowledge and experience between Spain and Latin America (Box 3).

4 Sustainable multisectoral collaboration to address the social determinants of health, equity and well-being. Practical guidance based on health in all policies approaches. Geneva: World Health Organization (in preparation).

Box 3. Lessons from the field: The age-friendly cities and communities network in Spain

Fostering partnerships and strengthening networks are important components of the AFCC programme in Spain, notably in two areas: creating resources such as guides, recommendations, tools and course material for use by city councils and helping cities to become integrated into a broader national age-friendly cities network for partnerships and knowledge-sharing.

The Instituto de Mayores y Servicios Sociales is located within the Ministry of Social Rights and 2030 Agenda. Through a collaborative agreement with WHO, the Instituto has developed a strategy to increase the Spanish network of age-friendly municipalities with the principles of promotion, communication and coordination. The objectives are to disseminate information, tools and resources to municipalities, promote AFCC and provide advice and training. GNAFCC is a platform for the exchange of knowledge and best practices aligned with WHO principles and normative guidance.

The collaborative agreement between the Instituto de Mayores y Servicios Sociales and WHO contributed to establishment of a Spanish Age-friendly Cities Working Group in 2013, which supports implementation of the strategy for increasing the network of cities. The group comprises representatives of local councils, associations and entities representing older people and of other groups and companies with experience in AFCC.

Source: WHO (*43*).

Key steps in forming partnerships, networking and contacting stakeholders are listed in Key steps for Element 1.

▷ Key steps for Element 1: Partnerships, networking and stakeholders

- ☑ **Identify and characterize stakeholders who are already creating more age-friendly environments at all levels and sectors of government.**
- ☑ **Understand the nature and strength of relations among stakeholders and existing partnerships**
- ☑ **Develop and support partnerships within government and among stakeholders, from local to national and international levels.**
- ☑ **Use a whole-of-government approach, and ensure both vertical (across government) and horizontal (across sectors) integration.**
- ☑ **Act in accordance with the complexity of cities and communities and governance structures rather than using a rigid, hierarchical approach.**
- ☑ **Identify a facilitating agency or actor to drive, coordinate and manage the process, which may be outside national or subnational governments but still be accountable to them.**
- ☑ **Negotiate and establish roles, responsibilities and accountability within the government.**

"The Global Network for Age-friendly Cities and Communities provides an excellent opportunity to learn from each other – also across countries. A national programme could support communities, help to share experiences within the country and facilitate the engagement with the Global Network, including in our country (Germany). Such programs could also be a watchdog to ensure the most important principle of age-friendly cities is observed: the bottom-up participatory approach."

Ina Voelcker, *Head, Secretariat for International Policy on Ageing, Bundesarbeitsgemeinschaft der Seniorenorganisationen [German National Association of Senior Citizens' Organizations]*

3.2 Element 2: Leadership and strategic thinking

Collaborative leadership in a new form of governance based on cooperation within government, across sectors and stakeholders and among levels of government is necessary to achieve the goals of the UN Decade of Healthy Ageing *(1)*, as for other global agendas to advance human development, sustainability and equity. This is possible only with a compelling narrative and a vision that is recognized by and resonates with all actors, including older people. While leadership in such discussions is required at all levels of government, national leaders can use their enabling and convening powers to bring together different levels and sectors of government to better understand overlapping policies, positions, values and experiences. National leaders can thus enable a culture of collaboration, trust and shared accountability in strategic discussions and in day-to-day operations to achieve multiple, sustained benefits. Government officials who advocate for and support AFCC can shift towards more collaborative practices and connect stakeholders, cultivating both collaboration and accountability at all levels of agency hierarchies, which will ensure coordinated multisectoral action across government. Collaborative leadership in its formal sense is a strategic system that requires, enables and rewards the sharing of power, control and resources[5] and does not require that all local or national AFCC programme leaders are in senior positions. Leaders with different backgrounds and spheres of influence, at different levels of government or stages in their careers can learn from one another and collaborate.

National leadership can help ensure that leaders at all levels are represented, equipped and sufficiently resourced to deliver joint policy and projects (Box 4). For example, they can give representative organizations the status of social partners in advisory and consultation bodies, establish national consultation bodies or mandatory involvement of interest groups of people who will be affected by any planned law, by drafting national legal mechanisms, including in the constitution, general legal provisions and specific legislation on issues related to older people and age-friendly environments. National governments and other national actors can also influence the extent to which considerations of an age-friendly environment are included in city and community development agendas and plans and specifically with respect to national urban development agendas, social strategies and economic frameworks such as those for poverty eradication *(6, 44)*. With strategic thinking, they can also create common understanding and methods of working among sectors for a shared vision or common purpose for AFCC, which can be facilitated by scanning the policy environment in different sectors to identify shared goals and opportunities for collaboration. AFCC programme domains of action can help in identifying the initial list of sectors to involve.

Leadership for developing and implementing a whole-of-government plan can create a shared vision, provide a sense of purpose, set the direction and unite people and organizations in moving towards a valued future. A concrete example is marking of the International Day of Older Persons 2021 by age-friendly communities across the United Kingdom, highlighting the role of older people in tackling climate change. The Centre for Ageing Better (a national GNAFCC affiliate) curated the national campaign and provided a platform for disseminating local stories *(45)*

5 Sustainable multisectoral collaboration to address the social determinants of health, equity and well-being. Practical guidance based on health in all policies approaches. Geneva: World Health Organization (in preparation).

Box 4. Meaningful engagement: Office for Seniors, New Zealand, fostering local leadership and strategic thinking

The Age-friendly Fund of the Welcome to Te Tari Kaumātua, the Office for Seniors in New Zealand, supports communities in becoming age friendly by promoting the inclusion and contributions of older people in community life and supporting communities in preparing for an ageing population. Small grants ranging from 5000–15 000 NZ$ are available to organizations for developing an age-friendly strategy or implementing a project to support an age-friendly plan, providing direct support for local action by local leaders.

The successful projects are diverse. They include development of age-friendly community plans, action to enable older people in ethnic groups to participate in wider community activities for older people and development of a rural connection plan for older people. For instance, Timaru District Council was given funds to collate data and analyse its age-friendly community engagement activity and to develop an age-friendly strategy and plan for the district, whereas the Whanganui District Council will use its funding to engage directly with older people to understand their needs and barriers in accessing current digital inclusion initiatives and will be working with them to design interventions and support for digital inclusion.

A review of the Age-friendly Fund (previously called Community Connects) showed that the programme has been working well and recommended continuation of the funding scheme as well as improvements to increase the reach and impact of grants by reviewing the eligibility criteria and other parameters of the programme.

Source: Government of New Zealand *(27)*.

Another role of leadership is to identify and promote AFCC champions in various government sectors and elsewhere. People who lead and advocate for AFCC become agents of change and champions of policy for AFCC, as they mediate among different interests and foster and support collaboration. A champion is a person who takes an interest in and advocates for the adoption, implementation and success of a cause, policy, programme or project. They try to push an idea through internal resistance and to change and promote it throughout their organizations and elsewhere. Their roles include harnessing opportunities for collaboration, identifying and exploring windows of opportunity and helping to initiate new policies *(3)*[6] Champions have no single profile as can be seen in the first list of Healthy Ageing 50 *(46)*, and leaders all over the globe are already working to transform the world into a better place in which to grow older. These leaders are trailblazers in what they do and how they do it across governments, civil society, academia, business, media and local communities. The AFCC global community has many champions, across generations, sectors and stakeholder groups, who are already taking action across countries and regions.

Securing support from politicians at various levels is also important for gaining momentum and promoting an age-friendly agenda. For example, high-level national politicians supported the age-friendly agenda in Ireland, while, in Chile, support from the First Lady was critical in promoting the age-friendly initiative to mayors across the country. Mayors and council leaders in the United Kingdom pledged to tackle ageism in a letter drafted and shared by GNAFCC members and affiliates *(47)*. Political champions can help in navigating the political landscape, in advocacy and awareness-raising and in providing access to other ministries and actors that should be involved or consulted. Institutionalizing political champions of age-friendliness in formal government positions (i.e. formal political designations) can also be helpful. For example, Wales has legislation for appointment of an Older People's Commissioner, who has a variety of legal powers and can act formally as a champion for older people (Box 5). In Canada, each province has a minister responsible for seniors. Informal political champions may also inspire governments to establish a formal political designation. In general, countries should consider opportunities for identifying or designating informal or formal political champions, as appropriate for the national and subnational political context.

6 Sustainable multisectoral collaboration to address the social determinants of health, equity and well-being. Practical guidance based on health in all policies approaches. Geneva: World Health Organization (in preparation).

In some situations, it is easy to identify a facilitating agency or actor and several champions, but there is no clear mandate for AFCC, which would therefore have to be developed. Strategic planning, legislation and policies are required to establish an AFCC programme that drives a vision, directs action and establishes institutional structures and mechanisms to support short- to long-term action and impact. A political commitment to the global age-friendly agenda can creating momentum at national and subnational levels. In Wales, through a strategy entitled "Age friendly Wales: our strategy for an ageing society" *(44)*, the Government provides relatively small amounts to local governments for engaging with local partners and communities in the context of the age-friendly agenda. All 22 local authorities in Wales signed the Dublin Declaration in 2013, committing themselves to become more age friendly. Subsequently, the 2014 Social Services and Well-being Act and the 2015 Future Generations Act were enacted to supporting the age-friendly agenda in Wales (*(48)* Box 5). National governments can advise sectors and actors on how best to frame subnational age-friendly mandates to align them with national and subnational strategies and agendas. This will ensure consistency in language, definitions and framing.

The development of policy and action plans to change the system is an example of effective scaling up. National authorities are commonly mandated to legislate and provide age-friendly regulations, systems and services or to assist local governments in doing so. If legislation and policy are supported and properly funded by national structures, they can advance the age-friendly agenda sectors, in cities and communities. National governments could encourage local governments to recognize in their legislation and practice that older people can be nominated or elected to any representative body (e.g. municipal), that local governments should adopt and implement laws and policies to ensure that older people can exercise their right to be consulted and are not deterred from involvement and to adopt legal and regulatory frameworks and procedures to ensure the full, equal involvement of older people in making decisions and drafting legislation and policies on issues related to age-friendly environments. Legislation and policy can also provide means to direct financial and human resources. In the USA, the AARP contacts the Federal Government about policy and funding. State funding is provided by the Administration for Community Living or the Older Americans Act and is subsequently distributed to counties or communities to support age-friendliness.

Box 5. Lessons from the field: Development of an age-friendly mandate in Wales

In 2006, the Commissioner for Older People Act led to the establishment of an Older People's Commissioner for Wales, who is an independent voice and champion for older people *(48)*. The Commissioner oversees various local to national public bodies. The Social Services and Well-being (Wales) Act 2014 *(49)* is the legal framework that brings together and modernizes social services law. It seeks to promote equality, improve the quality of services and enhance access to the provision of information people receive. It also establishes Regional Partnership Boards, bringing together existing local authorities, health boards and NHS trusts, who must work together to assess care and support needs (and carer support needs) of the population in their area.

The Well-being of Future Generations (Wales) Act 2015 *(50)* requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change. This consistent partnership way of working, supported by complementary legislation and the duties this places upon public bodies, offers a powerful network of stakeholders and structures upon which the age-friendly communities approach can help people in Wales to age well.

This was recognized by the Welsh Government in its 2021 national Age friendly Wales: Our Strategy for an Ageing Society *(51)*, which introduces three cross-cutting themes (creating an age-friendly Wales; prioritising prevention; a rights-based approach). Local authorities in Wales lead on development of age-friendly communities within their areas, involving and collaborating with older people and communities, coordinating support from both existing and new partnerships and stakeholders. In this way, local action and coproduction is key in achieving the aims of the Welsh Government's national strategy and supports the Older People's Commissioner's vision of an Age friendly Wales.

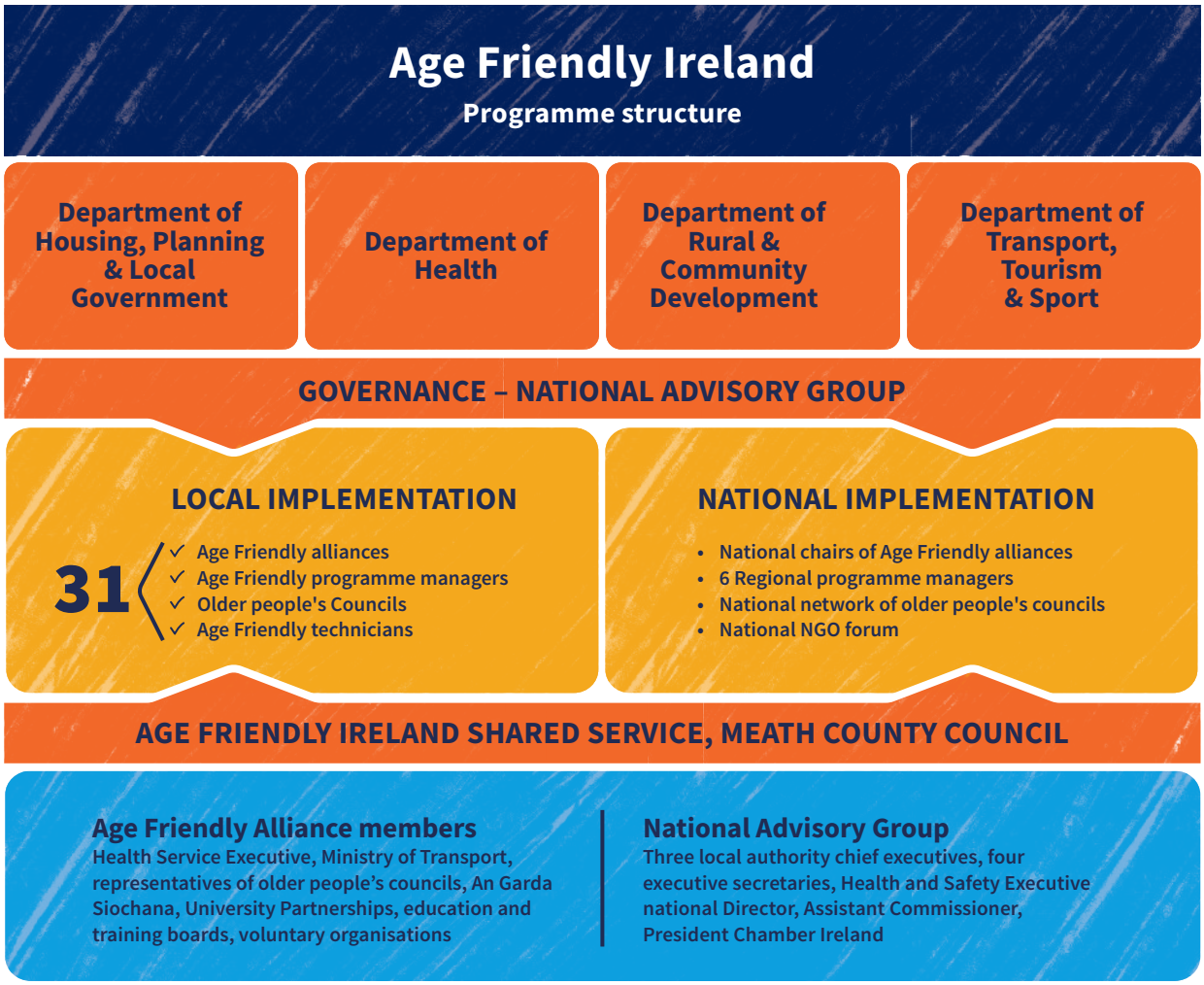
Source: Older People's Commissioner for Wales ***(48)***.

The capacity to think strategically about the development of a National AFCC is as important as the capacity to implement. Strategic thinking helps to understand what should be repaired, repairing what does not work, and allowing innovation. This strategic orientation encompasses:

- the capacity to prioritize the expertise necessary to address the challenges to health and well-being in a particular context;
- the capacity to identify what is not working in a governance system and any bottlenecks in particular governance subsystems and sectors, such as those related to the built environment and the health sector;
- the capacity to balance short- and long-term objectives and expenditure, to understand when significant long-term gains are possible and the synergies necessary to realize those gains;
- the courage to change systems that do not deliver desired outcomes effectively; and
- the capacity to know what to scale up (and what not to) and when to do so – in other words, to identify significant and influential shifts in thought and practice that should be consolidated and extended.

Both leadership and strategic thinking will help shape the programme structure and organization (see Fig. 12 for an example) and all the functions of the programme to support communities (see Table 2), which should be clearly defined during its development (see Fig. 8). The functions of a national AFCC programme also influence resourcing, capacity-building, research and innovation, and M&E, which are described in more detail below.

Fig. 12. An example of programme structure, Age Friendly Ireland



Source: Adapted from Age Friendly Ireland (52).

Table 2. Example of the key functions supported by selected GNAFCC affiliates

Support	Age Friendly Ireland	PHAC	AARP	IMSERSO	RFVAA
Building understanding of the concept of age friendly and of AFCC	✓	✓	✓	✓	✓
Identifying key stakeholders and partners	✓	✓	✓	✓	✓
Building a team	✓	✓	✓		✓
Identifying and developing leadership	✓	✓	✓		✓
Establishing governance, management and advisory infrastructure	✓	✓	✓		✓
Supporting community meetings	✓		✓	✓	✓
Using co-design, co-creation and other collaborative processes	✓		✓	✓	✓
Ensuring the participation of older people	✓	✓	✓	✓	✓
Securing political support	✓	✓	✓		✓
Providing technical assistance and support (e.g. translating or adapting WHO documents)	✓	✓	✓	✓	✓
Providing training or continuing education	✓	✓	✓	✓	✓
Encouraging and supporting applications for membership in the GNAFCC	✓	✓	✓	✓	✓
Supporting community assessments and determining priorities for change	✓	✓	✓		✓
Supporting development of an action plan	✓	✓	✓		✓
Supporting implementation of the plan	✓	✓		✓	✓
Providing project management or coordination	✓				✓
Securing funding	✓				✓
Managing finances and information and/or providing legal advice	✓				
Measuring impact and building a system for continuous improvement (e.g. collecting data, providing feedback, monitoring, researching, evaluating progress)	✓	✓	✓		✓
Communicating the age-friendly work to the wider community	✓	✓	✓	✓	✓
Sharing successes and lessons learnt on, for example, the Age-friendly world website	✓	✓	✓	✓	✓
Connecting directly with other cities and communities	✓	✓	✓	✓	✓

Adapted from WHO (22).

PHAC, Public Health Agency of Canada; IMSERSO, Instituto de Mayores y Servicios Sociales; RFVAA, Réseau Francophone des Villes Amies des Aînés.

Key steps in ensuring leadership and strategic thinking are listed in Key steps for element 2.

▷ Key steps for element 2: Leadership and strategic thinking

- ☑ **Ensure common understanding of AFCC among sectors and a shared, compelling vision or common purpose.**
- ☑ **Identify shared goals and opportunities for collaboration among sectors.**
- ☑ **Include age-friendly environment considerations in related national city and community development agendas and plans.**
- ☑ **Use national enabling and convening power to bring together governments and sectors to better understand overlapping policies, positions, values and experiences.**
- ☑ **Foster a culture of trust and shared accountability from strategic to operational levels.**
- ☑ **Ensure collaborative leadership that requires, enables and rewards the sharing of power, control and resources.**
- ☑ **Identify and promote AFCC leaders from different backgrounds, spheres of influence or positions within and outside governments.**
- ☑ **Advocate for AFCC to leadership at all levels, including internationally, and highlight early success in collaborations, giving visibility and recognition to all involved and creating a space for them to demonstrate their involvement and commitment.**
- ☑ **Secure informal and formal support from high-level politicians or champions to gain momentum and promote an age-friendly agenda.**
- ☑ **If absent or insufficient, develop a formal mandate and secure a governmental position for AFCC.**
- ☑ **Strengthen strategic thinking to understand what requires adaptation, changing what does not work and allowing innovation.**

"A national programme at the state or province level can funnel expertise, technical assistance and sharing into the local communities. The local leaders in this space, in the communities, they're the leaders, they are the experts. And so our job as [national] leaders in the age-friendly space is to facilitate both the evolution of their growth as local leaders, but also shared leaning among practitioners and networks."
Stephanie Firestone, *Senior Strategic Policy Adviser, Health & Age-friendly Communities, AARP, USA*

"Having both programs on age-friendly cities and communities as well as on healthy cities makes the work much easier as they are mutually reinforcing not only for what they have in common but also for what makes them different. I am confident that we have the structure, the capacity and the commitment to advance age-friendly cities and communities across the region."
Mohammed Nadur Khashoggi, *WHO Collaborating Centre for Healthy Cities, Saudi Arabia*

3.3 Element 3: Human, financial, institutional and cultural resources

Resources are essential to create, sustain and strengthen AFCC programmes, particularly cross-sectoral work. While innovative solutions are available to overcome shortages – from low-cost interventions to creative funding arrangements for AFCC programmes (see Box 7 below) – consistent investment is necessary to sustain momentum. The resources for a national AFCC programme should include, at a minimum, appropriate, dedicated personnel and financial resources that match the budgets of partners to enable co-production, guided by a common vision (see Element 2). Existing budgets can be realigned to finance more age friendly work, including by linking AFCC to other relevant programmes and initiatives.

National AFCC programmes are uniquely positioned to guide discussions and decisions on resources and the means of implementation necessary to build and sustain AFCC. Finance officers in national programmes will better understand the structure of the country's budget and can potentially influence it, both horizontally among sectors and vertically, from central to subnational administrations, thus avoiding constraints and facilitating multisectoral collaboration. For instance, when financing is spread among several sectors, there is a risk of a fragmented approach to identifying beneficiaries and coordinating services, with inefficient use of resources. Moreover, it may be difficult to link spending with the priorities of older people in a budget based on inputs and administrative units, with no common functions or impacts *(53).* Resources need to be distributed equitably, to avoid social inequities, and specific mechanisms are necessary to ensure that the interests of all groups, even among older people (e.g. those with disabilities, ethnic minorities, poorer communities), are included in strategic planning and resource allocation. National AFCC programmes can address fragmentation by creating budgeting systems that provide funds for shared functions.

Another means to ensure cross-sectoral distribution of resources and cost-sharing is to improve the capacity to estimate the potential economic, health and well-being effects of AFCC interventions, not only for the sectors involved but also (and mainly) for older people and their families (see Element 5). The people-centred targets of an AFCC programme may facilitate actions in other sectors, reinforced by evidence of their impact on the health and well-being of older people, their families and communities, such as in the United Kingdom, where the Centre for Ageing Better has issued a guide to reporting on the "state of ageing" with local age-friendly communities *(54)*. Discussion and agreement on a common vision for AFCC may facilitate coordination of budgets.

Complications may arise, however, when coordinated activities require pooling and use of e.g. specified funds for cross-cutting investments *(53)*. This can be addressed by providing clear evidence of impact and compelling narratives (as illustrated in the UN Decade partnering kit *(55)*) showing why AFCC can benefit the sectors and stakeholders involved. The private sector is also important in this situation, as it can contribute with good strategies for economic sustainability and market solutions that help both local and national governments and businesses to develop AFCC activities (Box 6).

Box 6. Meaningful engagement: Private sector support for age-friendly communities with innovative mechanisms

The Instituto CPFL (https://institutocpfl.org.br/) is the private social investment platform of CPFL Energia Group, one of the largest energy providers In Brazil. The Institute is responsible for integrating the group's social, sports and cultural programmes into one network and allocates 1% of its tax income annually to social projects, with funds for children, adolescents and older people, among others. Developing age-friendly cities is one of its flagship projects.

Municipal, regional and Federal funds for older people are a fiscal incentive created by law. In each unit of the Brazilian Federation, a *conselho municipal do idoso* [municipal council of older people] is responsible for managing, defining the rules, and supervising the funds, including fund-raising *(56)*. In order for a municipality to receive funds, the council makes a proposal to a potential funder, such as the Instituto CPFL. If the proposal is approved, the funds are deposited in the account of the fund of the municipal council. Members of the council then prepare a municipal age-friendly city action plan, usually over 18 months. The council can apply for further funds to implement parts of the municipal action plan to become an age-friendly city. So far, age-friendly cities projects have been supported by the Instituto CPFL in five Brazilian cities.

CPFL, previously Companhia Piratininga da Força e Luz, now known simply by the acronym.

In some cases, it may be necessary to allocate financing for AFCC programmes to other sectors or to mechanisms or programmes for multisectoral collaboration. For instance, in Oslo (Norway), the transport authority received funds from the health authority to test age-friendly transport known as the *rosa busser* (pink bus), a door-to-door, booked, free-of-charge bus with flexible travel times, which is available to customers aged 67 and over and is adapted to those who have difficulty in using ordinary public transport, such as those with disabilities *(57)*. In France, the Ministry of Territorial Cohesion is pilot-testing a programme called *Action cœur de ville* [Action heart of the city] *(58)*, with the double aim of improving the living conditions of the inhabitants of medium-sized cities and strengthening the role of those cities in the development of the region. Although the programme is not specifically for older people, it will influence the quality of life of many residents aged 60 or over who live either at the "heart" of the city or in the wider region.

Adequate funds and appropriate distribution mechanisms are necessary to fund priorities at the right level and intensity and by the right people and institutions. In France, the support fund for innovative "senior territories", created at the end of 2021 with government subsidies and implemented by the Réseau Francophone des Villes Amies des Aînés, provides direct resources to cities and communities for organizing themselves, committing to become more age friendly and developing and implementing an action plan *(25)*.

Ensuring appropriate fiscal policies for local health and well-being is crucial, as it may permit expenditure on interventions in other sectors (such as public transport or housing) to ensure AFCC. National AFCC programmes can stimulate fiscal systems for such cross-sectoral distribution and cost-sharing. They can also provide guidance and support for implementation of fiscal policies that could enhance the health and well-being of older people and their families, such as taxation of unhealthy products (e.g. tobacco, alcohol), and subsidies to improve access to products, services and technologies (e.g. public transport, assistive devices) locally and nationally.

The networks and partnership identified (see Element 1) are also institutional resources that can be mobilized. Questions to be addressed include: In what part of the health or social system can AFCC issues be managed? Does AFCC have an appropriate institutional space, e.g. an inter-ministerial office for healthy ageing under the president or prime minister)? Does the multilateral system offer structures and mechanisms with which national AFCC programmes can connect? Is technical expertise available, such as an association of architects and urban planners specialized in AFCC, a medical research council that includes research on healthy ageing or other organizations of cities or local bodies (such as a city-to-city network) that can be accessed and consulted on AFCC-related issues?

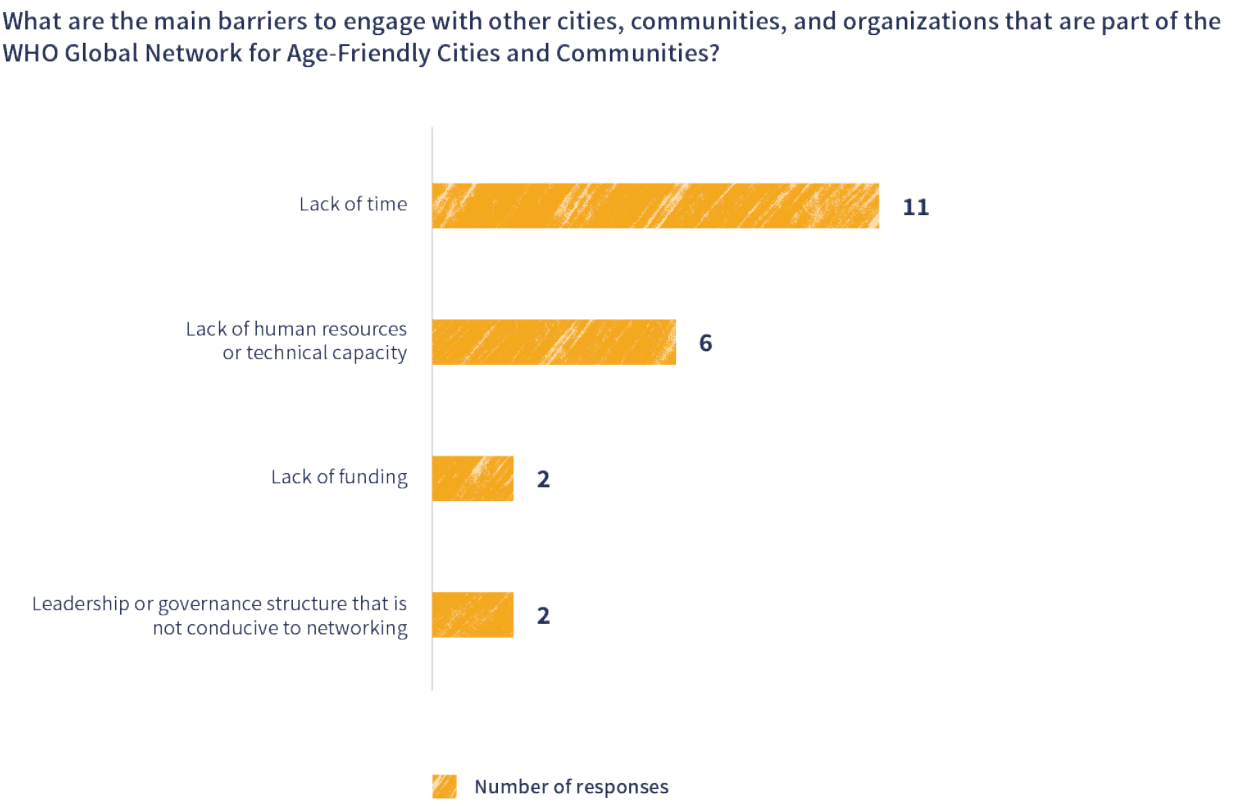
> "The role of architects – same as for many professional areas – is essential in developing age-friendly environments where there is a conscious balance between the social, natural and built environments which in turn positively contributes to the health and well-being for all members of society."
> ***José-Luis Cortés,*** *President, International Union of Architects*

Human resources with the requisite knowledge and skills (see Element 4) influence a country's ability to conduct a successful national AFCC programme. They include immediate national AFCC programme staff and also the staff of local AFCC programmes and the broad range of professionals and community members who are directly or indirectly involved, from advocates to politicians, social workers to nurses, bus drivers to engineers and lawyers to businesspeople. It must not be forgotten that older people are current or former professionals and a rich source of expertise, insight and capacity.

National AFCC programmes vary substantially in terms of both human, technical and financial resources. Fig. 13 illustrates the main barriers reported by GNAFCC affiliates to engaging with other cities, communities and organizations. Lack of time was the barrier most often cited (by 11 of the 18 affiliates), followed by lack of human resources or technical capacity (cited by 6 of the 18). An analysis by members of one national programme, Age Friendly Ireland, gave similar results, with most respondents reporting lack of time as the main barrier for networking both at GNAFCC and within the Age Friendly Ireland network. Lack of human resources or technical capacity and lack of funding ranked second and third, respectively, but were more frequently reported by members than by affiliates. Staffing levels depend on the way a programme is structured, its core functions and its activities. For instance, programmes that are committed to provide dedicated, decentralized support to communities will require more staff *(3)*.

The question of how, in a given city or community, resources should be directed, for example, for training health-care and social service professionals, including private and informal caregivers, hiring more police officers or creating a volunteering programme, are closely related to the collective vision and priorities, the expertise necessary to implement the vision and address the priorities and the local context, including the governance of budgets, services and hiring. These depend on the size and type of the civil service and whether it can effectively create AFCC and whether the state can regulate the private sector or incentivize other actors to deliver effective health responses in cities and communities. National AFCC programmes can also access human resources for multistakeholder, multisectoral action who are not necessarily involved in AFCC (e.g. sustainability officers, health-in-all-policies staff, community workers).

Fig. 13. Barriers reported by GNAFCC affiliates to engaging with other cities, communities and organizations in GNAFCC



Each human being and group has its own culture, experience, world view, collective knowledge, traditions, history and language, which can be valuable resources in creating AFCC. Positive attitudes towards the treatment of older people in many cultures are an excellent starting-point. They are often reflected in how older people are addressed (e.g. the suffix *-ji* in Hindi or the word *mzee* in Kiswahili). The Hawaiian word *kupuna* means "older person" with the added connotation of knowledge and experience. The 60th birthday of an individual in Japan (*kanreki*) is considered a very important event and is celebrated. Many African cultures show deep appreciation for their older members, shared by several countries in the region, which can help overcome language barriers and facilitate collaboration among countries, in both urban and rural communities. Leveraging positive elements of culture can help tackle negative ways in which people think, feel and act towards older people.

The resources required for a national AFCC programme also depend on the activities to be developed within each domain of action (Fig. 1), detailed in *Global age-friendly cities: a guide (7)* and adapted for the European context in the Age-friendly environments in Europe project *(23).* For instance, in the domain of outdoor spaces and building, Age Friendly Ireland has developed various actions, from "walkability" programmes to age-friendly patrols and specific initiatives, including age-friendly libraries, airports and stadiums *(52)*. AARP has created a "livable communities library" of free publications *(59)* to help community leaders and residents to make where they live more liveable for people of all ages (the publications include: *Disaster resilience took kit*, *Walk audit tool kit*, *Creating parks and public spaces for people of all ages* and *Enabling better places: a handbook for improved neighborhoods*).

Box 7. Lessons from the field: Ireland – a shared service model as an example of a funding mechanism for age-friendly programmes

In Ireland, the notion of "shared services" was institutionalized in the 2014 Reform Programme, in which several local authorities take responsibility for addressing a particular national agenda. At present, there are 39 shared services in the country. The benefits of the model include creation of local jobs and providing local authorities with a link to the national government.

In order to embed and sustain the Age Friendly Ireland programme, it was proposed in a bid to the Public Services Reform Oversight Group, a group led by senior departments and local governments. As the programme did not receive centralized funding, the shared services model was used to request funding for staffing from three departments. Central management costs (for example, for offices and accommodation) are covered by Meath County Council, where Age Friendly Ireland is based.

Each local authority provides an administrative officer (senior middle management) to manage the programme part time by overseeing the budgets for interventions such as sports partnerships, community activities and development programmes. Local authorities also have access to a local programme budget, which (depending on the size of the county) covers the costs of Older People's Council meetings, production of strategies, and an interdepartmental group, which meets monthly to ensure the alignment of local strategies. Recently, local authorities have assigned an age-friendly technical adviser to implement a housing policy that addresses older people. Within this structure, Age Friendly Ireland has been approached by external organizations and programmes with requests for assistance in programme delivery.

Source: Age Friendly Ireland *(52)*.

Key steps in ensuring human, financial, institutional and cultural resources are listed in Key steps for element 3.

▷ Key steps for element 3: Human, financial, institutional and cultural resources

- ☑ **Ensure dedicated human and financial resources for a national AFCC programme, with a dedicated budget for each type of resource.**
- ☑ **Build on and mobilize mapped institutional, cultural and societal resources to advocate for and implement action for AFCC.**
- ☑ **Map and influence the structure of the national budget to facilitate multisectoral collaboration and avoid fragmentation.**
- ☑ **Make use of the people-centred aim of the AFCC agenda to negotiate budgeting and accountability among sectors, highlighting the societal gains of joint action.**
- ☑ **Improve capacity to estimate the potential economic, health and well-being impacts of AFCC interventions, thus improving the case for further investment.**
- ☑ **Ensure that resources are directed at the right issues and problems, at the right levels and intensities and at the right people and institutions through legal, fiscal and financial mechanisms.**
- ☑ **Match available resources to the priorities in each AFCC domain of action and selected activities to be carried forward.**
- ☑ **Dedicate resources to hiring and training direct and indirect AFCC staff according to the priorities and available resources.**

3.4 Element 4: Capacity-building

The development and implementation of an AFCC programme often require that staff and practitioners change their work habits, develop new or refine processes and view government business and activities differently. They must have the capacity to use participatory approaches to foster meaningful engagement of older people at all stages of introducing AFCC. They will often require education on age and ageing to changing the way people, including programme staff, think, feel and act towards others according to their age. Staff and practitioners must be able to understand and address the diverse needs of older people. Sustained AFCC action will require engagement with professionals and practitioners in various sectors and at different governmental levels, calling for further capability and competence. Capacity-building is therefore core for successful AFCC, and a national AFCC programme should include mechanisms and opportunities for programme staff and the broader community to develop AFCC-relevant knowledge, skills, capability and practice.

Personnel with knowledge and experience of successful multisectoral activities, programmes or initiatives (e.g. AFCC, health in all policies) are likely to have the necessary capabilities (Box 8). The expertise could include the ability to communicate, negotiate or make connections, to think systematically or to read the political landscape. All kinds of capability can be improved by dedicated training, learning on the job and exchanges with peers. National AFCC programmes should provide opportunities for learning by creating or building on existing institutions and training packages, including for joint capacity-building among sectors and stakeholders. They should also build on strengths at different levels; for example, local governments and communities often

have experience in place-based approaches, land-use planning or management of public transport and housing, whereas national bodies usually have more experience in M&E or policy development. In the United Kingdom, the AFCC learning programme includes both local and national courses, provided through various channels and resources, including peer meetings, workshops, conferences, learning visits and "action learning" sets *(60)*.

Box 8. Capabilities required of staff and practitioners working on multisectoral, multistakeholder agendas

A good negotiator can assess the core requirements for all sides and determine which elements can be negotiated, can prioritize the requirements of each side and can enter discussions knowing how to manage conversations and reach agreement on mutually agreed priorities.
An excellent listener spends more time listening to work colleagues, partners or potential partners than speaking, as they know that understanding the partner's position is critical.
A good facilitator can help colleagues and partners to express their views and positions, can identify consensus or disagreement and help find solutions.
A good innovator values innovation and is prepared to try new approaches and take risks by questioning the status quo, observing, experimenting and networking.
A good "intrapreneur" (inside entrepreneur) exercises initiative and pursues opportunities, strategically assesses the political environment and sees how best to take advantage of opportunities as they arise, with an entrepreneurial spirit.
An excellent communicator has strong verbal, written and non-written communication skills.
A person who is good at building and maintaining relationships demonstrates the importance of doing so with the team and other sectors.
A "systems thinker" demonstrates a holistic approach to the analysis of a system's constituent parts, interrelations and how systems work over time and within larger systems.
A respectful person values diversity and recognizes the importance of drawing on a wide range of skills.
Someone who can compromise recognizes that there is no point in being rigid in a collaboration.
A person with strong political acumen is conscious of the politics within and between agencies and the political environment of the government.

Source: Adapted from *Sustainable multicultural collaboration to address social determinants of health, equity and well-being: practical guidance based on Health in All Policies approaches* (in preparation)

Building capacity for combating ageism, including towards oneself, should also be a priority for national AFCC programmes, as ageism imposes barriers in policies and programmes in various sectors and influences the way problems are framed, the questions asked and the solutions offered. Thus, condoning ageism can perpetuate inequity and be particularly harmful to groups who may already be marginalized (e.g. older women and older people with disabilities), especially when ageism is added to other forms of discrimination, such as racism, misogyny, xenophobia, ableism and homophobia. National AFCC programmes should prevent and respond to ageism by implementing effective interventions, including policy, education and intergenerational approaches. For example, activities can be included in all types and levels of education, while intergenerational community projects can be developed to nurture meaningful relationships and understanding among people of different ages in order to reduce ageism. National advocacy campaigns may help raise awareness *(3)*.

Personnel and practitioners require knowledge and skills in facilitating participatory approaches that enable older people their families and communities to express their views and be meaningfully engaged in decisions that affect their lives. These capabilities are fundamental to ensure that AFCC programmes fill the government's leadership role in ensuring meaningful engagement of older and civil society. National AFCC programmes can create the structures and conditions necessary for capacity-building in which older people co-develop and co-design age-friendly programmes with AFCC staff and all the practitioners involved. This will also ensure that seldom-heard voices are recognized and become more central to the development of age-friendly programmes. Concrete examples can start in academia, where the new generation of students and researchers can be supported in work in this area and, with older people, can perpetuate the logic of collaborative work as they advance in their careers (Box 9). Mechanisms are necessary for collaborative knowledge generation and joint training of various stakeholders and for co-creation of training to improve the experience of ageing in cities and communities.

Personnel and practitioners also require technical expertise in specific activities and functions. National AFCC programmes will benefit from previous mapping and engagement with networks and partnerships and identification of institutional resources to improve technical capacity for action on AFCC. For instance, architectural qualifications are necessary to build an age-friendly housing complex and account for the wide heterogeneity of older people; and skills in community health and care are required to develop a personalized,

integrated care plan for an older person (Box 10) *(61, 62)*. It is important to assess the extent of expertise required in each AFCC area. This will vary substantially by country and by region within countries. Opportunities could include development of curricula for specific areas of expertise (e.g. health, care, architecture, engineering, media), capacitation of or support to communities to organize themselves and hold those responsible for AFCC programmes accountable, collaboration with professional associations to develop and deliver dedicated training, collaboration with academic institutions to review and adapt existing training programmes to be more sensitive to healthy ageing and AFCC issues and fostering the development of communities of practice on specific topics and subjects. A good example is provided by the Centre for Ageing Better in the United Kingdom, which regularly hosts virtual training sessions[7] on several aspects relevant for AFCC, including for each stage of the WHO programme cycle. National AFCC programmes can also create conditions to support local AFCC programmes and other institutions and networks in conducting similar activities.

A national AFCC programme is developed within a complex system, and, as illustrated in Figs 9 and 10 above, involves stakeholders in many sectors. A complex systems approach allows inclusion of the myriad political, economic, environmental, interpersonal and individual factors that comprise AFCC. Better understanding of and training in systems thinking and complex systems approaches, adapted to user needs and priorities, is also an important step in the development of AFCC, as for, e.g. noncommunicable disease prevention policies *(63)* and physical activity *(64)*. Such training can improve competence in understanding systems and how diverse organizations and groups can form meaningful partnerships to address shared goals, including effective development, management and maintenance of stakeholder networks. It can also help identifying which organizations are connected and how, determine the quality of such connections, and help strengthen ties.

AFCC programmes are powerhouses of innovation and good examples. Communities appreciate learning from one another through peer-to-peer exchange, sharing of knowledge, good practices and failures, and also charting the progress of the programmes and practices and the solutions found to overcome challenges. National AFCC programmes can promote exchanges among cities and communities within and outside the country through various initiatives. These can include “knowledge & action” platforms and regular thematic meetings on, for example, domains of action (e.g. transport, housing, health and social services), the support required for cities and communities to engage in regional and international fora to learn from others (such as the GNAFCC), initiation of joint projects and activities such as territorial projects or mentoring schemes and matching cities and communities with expertise and experience in becoming more age-friendly. National AFCC programmes can also enable local AFCC programmes to foster learning and exchange among their communities and groups, according to their specificity, scale and location. This is particularly relevant for rural and remote communities, which are often less well connected and have fewer opportunities for learning and exchange than communities in cities or towns *(65)*.

7 https://www.youtube.com/c/CentreforAgeingBetter/playlists

Box 9. Meaningful engagement: Learn to share, share to learn – older people and universities in partnership to create lifelong learning opportunities for all

Several initiatives and networks have been created over the past few decades to provide educational opportunities and lifelong learning for older people, while involving them in the co-production and delivery of capacity-building activities. A remarkable example is the University of the Third Age, an international movement of universities in many countries. Over the years, the University has taken different formats or even names (e.g. "lifelong learning institutes"), depending on the local context, but with the underlying principle of bringing together older people to share and learn.

In Gdynia, Poland, thousands of students can choose from a wide range of courses, including psychology, genealogy, music, dance, theatre, literature and foreign languages *(66)*. In Montclair (NJ), USA, at the Institute for Lifelong Learning, created in spring 2016, interest in classes rose rapidly, despite little marketing. A round-table, consisting of students and partner organizations, meets regularly to respond to the changing needs of the programme *(67)*.

Many universities are opening their doors to older people, so that they can participate in academic activities, fostering intergenerational learning and sharing. The Universidade de São Paulo, Brazil, created the USP 60+ *(68)*, which offers older people the opportunity to join courses and cultural and sports activities with younger students. In 2012, Dublin City University (Ireland) developed the Ten Principles of an Age-friendly University in a framework for institutions of higher education to ensure age-friendly practices. The principles range from combating ageism to the promotion of personal and career development of older people and encouragement of the participation of older people in all activities of the university, such as educational and research programmes, some of which are led by the university's retired staff *(69)*.

Box 10. Lessons from the field: Building capacity to integrate primary health care for older people in communities – an example from Cambodia

The needs of older people for health and care are changing and are as diverse as the communities in which they live. Strengthening primary health care at community level can benefit older people by helping them to access relevant services and resources. To this end, Cambodia's Ministry of Health and community partners are promoting person-centred care for older people. In December 2021, the Royal University of Phnom Penh introduced social prescribing for older people, connecting health and other community services to meet their unique needs. The work, including a course on social prescribing, benefited from training materials and supportive guidance from the WHO Regional Office for the Western Pacific and is available on the OpenWHO platform *(70)*, with an implementation toolkit *(71)*.

Since April 2022, community health-care and long-term-care facilities have been teaching a national curriculum on integrated care for older people (ICOPE), which increases use of existing community assets for integrated care tailored to the local context. The ICOPE guidance for person-centred assessment and pathways in primary care *(72)* helps community health and care workers to apply the recommendations in the ICOPE guidelines *(62)*, including developing a personalized care plan that accounts for changes in the environment and the person's requirements for health and social care.

Key steps in ensuring capacity-building are listed in Key steps for element 4.

▷ Key steps for element 4: Capacity-building

- ☑ **Create the conditions for staff and practitioners to develop new or refine processes and view government business and activities towards AFCC differently.**
- ☑ **Develop AFCC-relevant knowledge, skills, capabilities and practice for programme staff and the broader community.**
- ☑ **Develop the capability necessary for successful multisectoral activities, programmes and initiatives.**
- ☑ **Build capacity for combating ageism within governments and among stakeholders, including self-directed ageism.**
- ☑ **Ensure that the technical expertise required for each activity and function is available, either among programme staff or through partnerships.**
- ☑ **Foster exchanges among cities and communities within and outside the country through initiatives for peer-to-peer exchange, mentoring and sharing knowledge, good practices and lessons.**
- ☑ **Enable local AFCC programmes to foster learning and exchange among their own communities and groups.**
- ☑ **Develop and establish opportunities for cross-sectoral learning, peer support and joint problem-solving.**

"The main things you need to have as an age-friendly leader are great networking skills, and you also need a broad knowledge. And then at an organisational level you need the cross sectorial platforms because this is cross sectorial work in nature. You need to have those platforms or working groups put together from different sectors, private and public, and you need to have the sectors there, also at the national level. When they come at it from a different background and have a broad knowledge and good networking skills, that's really where they're able to succeed."
Anne Berit Rafoss, *Project manager, Directorate of Health/Centre for an age-friendly Norway, Norway*

"In order to create a strong network, we believe that it is important to find key persons in each stakeholder group, the leaders that are very enthusiastic about age-friendly cities and communities. Network mapping and leadership training are much needed. This is a finding that we have gained in the course of revitalizing communities in our prefecture."
Midori Masuda, *Kanagawa Prefecture, Japan*

3.5 Element 5: Knowledge, research and innovation

Creating AFCC requires multidisciplinary knowledge, research and innovation in many sectors, not merely as an academic or intellectual exercise but to trigger societal action, evidence-based policy and practical solutions. Fostering an appropriate knowledge base to inform actions for AFCC calls for strengthening appropriate research and innovation. Research should address the health dynamics and outcomes of diverse settlements and communities. The research should provide detailed understanding of the place-specific drivers of health and well-being (place based and beyond) in older age. A body of robust science and a carefully constructed science–policy interface can encourage dialogue on pressing collective concerns, as demonstrated by the Intergovernmental Panel on Climate Change. It can also build the evidence base that is required for communities, cities and countries that are underrepresented in the scientific literature (including smaller and secondary cities) and for relatively neglected but important AFCC-related concerns. National governments can create the structures, provide funding and promote joint research and scientific exchange among relevant national and international institutions, including research councils, practitioners, academic societies, research funding bodies and national and international networks.

Academia, universities and other knowledge centres are important for supporting AFCC by providing evidence for policy-making and guiding policy implementation and to enable the meaningful engagement of older people in co-development of research. Co-development and collaboration, as mentioned in Element 2, are vital to meet the requirement for evidence from many disciplines and types of research, including qualitative and quantitative methods and knowledge translation. Academia should not only conduct research on the "whats" and "whys" of AFCC but should also evaluate collaborations and policy outcomes. Research should be conducted in particular on the development and implementation of political agendas for AFCC in different contexts. There are several examples of effective two-way partnerships between local governments, national AFCC programmes and academic institutions for "living labs" and knowledge-to-action for AFCC. For example, Age Friendly Ireland is supported by a research partnership with Maynooth University. In Chile, a number of universities were invited to measure the impacts of age-friendly interventions. In Canada, academic researchers assisted in development of evaluation indicators and conducted a scoping review to document age-friendly initiatives in various cities and communities in the country. In Brazil, academic institutions support age-friendly cities and communities to perform their baseline assessments.

Knowledge centres can also serve as the convening or hosting institution to initiate a national AFCC programme. For instance, the United Kingdom Network of Age-friendly Communities was developed on the basis of an initiative of the United Kingdom Urban Ageing Consortium, a collaborative partnership between Manchester City Council, the University of Keele and the Beth Johnson Foundation *(73)*. In France, the Réseau Francophone des Villes Amies des Aînés was initiated at a meeting of the Réseau d'Études International sur l'Âge, la Citoyenneté et l'Intégration Socio-économique in 2012, and strong, complementary links persist between the two networks, including through research to evaluate implementation of the age-friendly approach in French municipalities *(74)*.

National AFCC programmes can also foster collaboration for research and partnerships in many ways, including through funding, development of an AFCC research agenda or encouraging data-sharing and research involving people, governments and national and international research institutions. In response to the growing interest of researchers in the USA in learning from age-friendly community initiatives, reflected in the number of academic papers and special issues about age-friendly communities in the country, AARP convened an Age-friendly Academic Researchers Learning Collaborative to encourage research and academic consultancy with members of the AARP Network of Age-friendly States and Communities *(74)*.

Data on demographics, urban planning, socioeconomics, human settlements, health, society and operations are often collected and stored separately in different sectoral silos, making them difficult to access and integrate. To develop a socioecological model of health and well-being, in which outcomes are explored in relation to the wider determinants of health, it is important to bridge data systems so that data can be integrated across sectors (see Element 6). This will improve capacity for research, as factors related to AFCC that can contribute to healthy ageing can be better researched, understood and targeted for intervention, while ensuring monitoring of the impact of AFCC interventions in all domains. Factors that may limit integration of sectoral datasets include variations in how data are collected, organized and managed at different levels. In addition, the collection of data on cities is often not standardized, limiting comparisons of cities or neighbourhoods. Furthermore, low- and middle-income countries may not have the information systems necessary for regular collection of nationally representative data.

Every country or subnational government should recognize the current and potential challenges to integration of data (both quantitative and qualitative) across sectors and

identify context-specific opportunities for overcoming the challenges. Ensuring the interoperability of datasets, creating geospatialized data and covering a wide range of research will not only allow development of a multiscale M&E system (see Element 6) but also strengthen the capacity to think strategically on the basis of the available evidence. Good observation of age-friendly cities is also essential for effective, coordinated global action, as comparable international data will enable open dialogue, encourage lesson-sharing, and assist in identification of challenges and risks. This is reflected in the design of the global framework and reference guide on age-friendly cities by an international collaboration, the Global Age-friendly Cities Project, which included 33 cities around the world, and resulted in the *Global age-friendly cities: a guide (7)*.

National AFCC programmes can also inspire and support a national research agenda for AFCC, which can influence the areas and topics investigated, the way in which research is performed and allocation of resources for research and innovation. Programmes should also attempt to influence national research funding bodies to ensure that age friendly work is included in calls and topics for funding and ensuring representation to national research policy-makers on areas of common interest. A well-defined, well-funded research agenda can result in research that better reflects a particular context and supports creation of knowledge and action initiatives to ensure uptake of evidence-based ways of developing and sustaining AFCC. There are several methods for developing a research agenda, and the choice should be made and the research agenda guided by specific principles. The guiding principles of the WHO urban health research agenda *(76)* are shown as an example in Box 11. When the principles are decided collectively and, ideally, gaps or areas to be strengthened are identified, data and methods can be harmonized and provide robust, timely evidence for context-specific, multisectoral interventions for AFCC. National AFCC programmes can also refer to regional and global exercises for research prioritization, such the WHO public health research agenda for managing infodemics *(77)*, the urban health research agenda *(76)*, and the global priority research agenda to improve access to high-quality, affordable assistive technology *(78)*. Meaningful engagement of older people in prioritization is essential and should be enabled and secured.

Box 11. Guiding principles of the WHO Urban Health Research Agenda

The following principles guided identification of priorities for the Urban Health Research Agenda and will continue to steer research and action to promote health in urban areas, including specific regional and local research, as appropriate.

1. **A systems approach:** Research should focus on finding actionable means for systems change, with priority for transformative and transdisciplinary research and results that can be implemented and replicated at several scales and in low-resource settings.

2. **Co-production of knowledge:** Rather than static, siloed research, co-production of knowledge should be prioritized, grounded in community participation and collaboration, particularly with stakeholders who are often underrepresented in decision-making (Box 12).

3. **Equity as a transversal element:** Research on urban health should address unequal burdens of disease and mortality and promote the health of vulnerable populations, such as residents of informal settlement, children and adolescents, informal workers, migrants, refugees and older people. Data should be disaggregated to monitor inequities, and mechanisms should be found to engage citizens in research.

4. **Cost–benefit and cost–effectiveness:** The costs, benefits and effectiveness of interventions to promote health among urban populations should be considered, and research on those considerations should be prioritized.

5. **Sustainability:** Research that could result in sustained impact over longer periods and benefit future generations should be prioritized.

6. **Environmental impact:** Research should be environmentally friendly and sustainable. It should promote local and regional environmental benefits that improve planetary health.

National AFCC programmes, with local programmes, can form networks and create a forum for knowledge exchange, discussion and collaboration on age-friendly issues to be deliberated and included in the research–policy nexus for action on the AFCC domains of action. National programmes could also build on their catalytic role in establishing research networks and collaborations and fostering innovation for both soft technology (e.g. innovative participatory processes) and hard technology (e.g. a new assistive device for older people with disabilities), including collaboration with communities (Box 12), local and regional governments, funding agencies and the private sector (Box 13).

Box 12. Meaningful engagement: The benefits of co-research

Co-research is done with or by older adults rather than about or for them *(79)*. Co-research with older people comprises many approaches for enabling their meaningful engagement in knowledge production. Co-research also offers an opportunity for critical reflection and learning by both older people and researchers *(80)*.

A systematic review of the literature *(81)* identified published studies in which older people were involved in more than one stage of the research cycle, the ways applied to involving them and the ethical, methodological and practical challenges encountered in such research. The study found that co-research with older people improved understanding of the issues being studied, contributed to more inclusive, responsive policies and services and ensured involvement of marginalized groups of older people. They also identified four means for improving and extending co-research, which includes diversifying the structure of involvement; providing support for co-researchers; ensuring rigour in the process; and ensuring co-ownership of the results.

Experience in co-research can be rewarding to those involved, improve the quality of academic research and, in the mid to longer term, improve policy and practice. Co-research should be designed carefully to ensure ethical, meaningful participation of all groups of older people, as illustrated by Porter in co-research in rural areas of the United Republic of Tanzania *(82)*.

Box 13. Lessons from the field: Cross-sectional partnership to foster innovation and advance digital inclusion of older people in China

Digital inclusion is increasingly recognized as a social determinant of health. Digital technologies are powerful means for enabling healthy ageing, as technologies for the health of older adults have both immediate and long-term benefits for health outcomes, health systems, society and the economy. A multisectoral approach is required to promote best practices in the design and deployment of technologies, involving academia, government and the private sector, which can share experiences and approaches for overcoming barriers and ensuring age-friendly technologies. This technological future should be designed with older people, not just for them. Older people are users, customers, innovators and social agents with diverse needs and preferences and should be consulted throughout development, and governments and the private sector should advocate for inclusive technologies and provide an enabling environment for development and deployment.

The Avatar for Global Access to Technology for Healthy Ageing, co-developed by the WHO Regional Office for the Western Pacific and the China Academy of Information and Communications Technology, exemplifies co-development of technology with older people, which resulted in a versatile, age-friendly platform for health promotion to be used by national AFCC programmes. Older people were engaged in discussions from the design stage, and their feedback changed the original concept of the Avatar for Global Access to Technology for Healthy Ageing as a chatbot with limited topics to a digital coach on healthy ageing to educate older people through lessons and quizzes.

Sources: WHO Regional Office for the Western Pacific ***(83)*** and China Academy of Information and Communications Technology ***(84)***.

Key steps in ensuring knowledge, research and innovation are listed in Key steps for element 5.

▷ Key steps for element 5: Knowledge, research and innovation

- ☑ **Collect, compile and share appropriate knowledge to design action to strengthen appropriate research and innovation on AFCC.**
- ☑ **Embrace, advocate for and encourage co-research with older people, including those in marginalized groups, ensuring their meaningful engagement in knowledge production.**
- ☑ **Fund or influence allocation of funds and resources for research relevant to AFCC.**
- ☑ **Promote joint research and scientific exchange among relevant national and international institutions, including AFCC programmes.**
- ☑ **Create mechanisms and partnerships to facilitate academic evaluation of collaborative research, practice and policy for AFCC.**
- ☑ **Initiate and support the development of a national research agenda for AFCC, and use regional and global efforts for research prioritization that are relevant for AFCC.**
- ☑ **Foster innovation in both soft and hard technology, including in collaboration with communities and the private sector.**

> "Age-friendly is not a siloed single issue, it's multidimensional, system wide and very place based. And it requires both institutionally and personally a kind of comfort with cross cutting, and a place for cross cutting, vague feeling, hard to measure, kind of work."
>
> ***Natalie Turner,*** *Deputy Director of Localities, Centre for Ageing Better, United Kingdom*

3.6 Element 6: Monitoring and evaluation

Monitoring should be continuous, including collating data to analyse progress in implementing activities. Evaluation comprises monitoring and assessment of whether the desired results of a national plan or programme are being achieved.[8,9] A robust M&E system is essential for AFCC programmes, including day-to-day management, tracking progress in implementation and evaluating their impact as compared with the action or programme plan. It can also be used to ensure accountability and reporting to stakeholders – particularly the direct beneficiaries: older people and their families – on allocation and use of resources and on the results achieved or on knowledge and data that can be used to improve the design and performance of strategies, plans, programmes or activities. A robust M&E system is also crucial for making decisions, from programme design and direction to resource allocation and planning.

Systems for monitoring, assessing and reporting on the progress and the impact of programmes for AFCC are, however, either absent or fragmented among several sectors or are not aligned with local, regional, national or global M&E frameworks, including that used for the UN

8 World Health Organization, United Nations Population Fund, International Labour Organization, Office of the High Commissioner for Refugees, International Telecommunication Union, Organization for Economic Co-operation and Development. National toolkit for monitoring and evaluation of the UN Decade of Healthy Ageing (2021–2030) (in preparation)

9 Sustainable multisectoral collaboration to address the social determinants of health, equity and well-being. Practical guidance based on health in all policies approaches. Geneva: World Health Organization (in preparation).

Decade of Healthy Ageing, obviating well-coordinated M&E of AFCC programmes throughout government. Often the data do not include older people or are aggregated only for people over a certain age, with insufficient detail or resolution not only on age but also on locally relevant strata of inequality, including sex, disability, degree of urbanization, location or neighbourhood, socioeconomic status and ethnicity. The data obtained are not always analysed, published or otherwise publicly available. When they are, they may not ensure anonymization and protection (e.g. sufficient aggregation of individual data to a small area) in order to prevent personal information from being available to the public.

National governments can create or strengthen M&E systems for AFCC programmes by ensuring enabling environments for M&E at national, subnational, municipal and community levels, building on guidance such as the plan of action for the UN Decade of Healthy Ageing *(44)*, based on the Decade's vision and action areas, which builds on the indicators of progress agreed on for the global strategy, extends other WHO and UN global policy instruments to include older people and is also closely linked to the four enablers of the action plan. Extensive guidance is available on monitoring and assessing local AFCC programmes that could be used for a national M&E system *(33, 85)*. For instance, the WHO report *Measuring the age-friendliness of cities: a guide to using core indicators (33)* offers a framework that could be used in developing a national M&E system (Fig. 14) and concrete guidance on developing and selecting indicators from a list by domain of action.

Fig. 14. General framework for measuring the age-friendliness of cities

Source: Adapted from WHO (33).

> "The general framework shows how certain resources and structures (the inputs) enable interventions in the form of policies, services and programmes (the outputs) that help improve the age-friendliness of the physical and social environment (the outcomes), which, in turn, contribute to improving the health and wellbeing of older residents and of the population as a whole (the impact). It also places equity at the core, as a cross-cutting principle, to highlight the importance of ensuring equity in the distribution of inputs, outputs, outcomes and impact." *(33)*

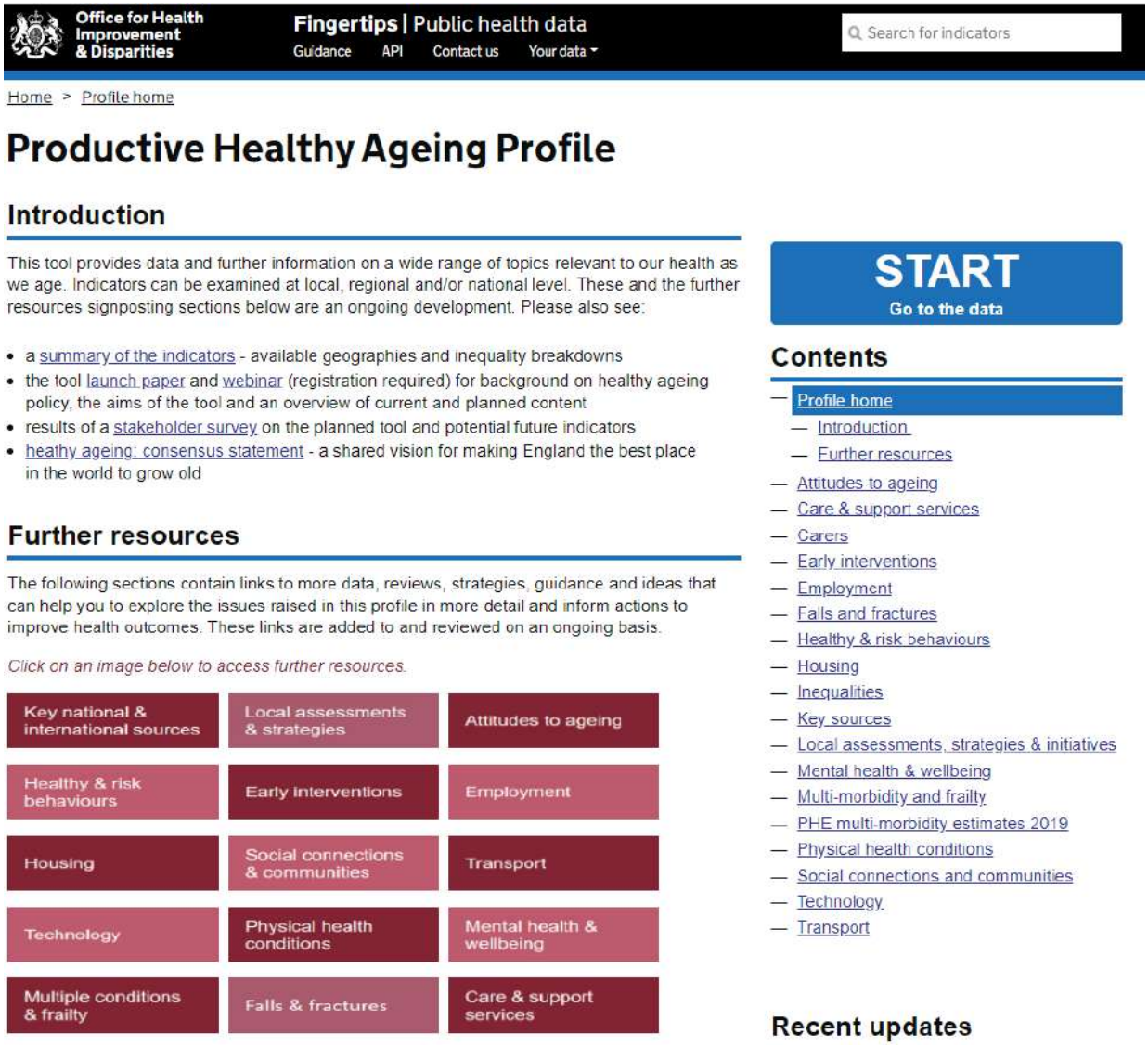
Common indicators could be determined at national level, when possible, while respecting the specificities of each community and of marginalized groups (such as older people with disabilities, living in rural areas and women). Alignment of local, national and global M&E can help reduce the reporting burden and resource allocation for M&E, encourage acceptance and alignment from people involved in local and national AFCC programmes and avoid a top–down approach in which cities and communities are asked to report on indicators that do not reflect their priorities or respect their agreed participatory process (Box 14). In addition to guidance, there are also robust international data that can be used by governments to strengthen their M&E of AFCC programmes, including monitoring of implantation of the MIPAA and the SDGs, which are already being collected by national governments and, in many cases, local governments. For example, achievement of SDG 11 is monitored by 15 indicators reported annually by countries at the High-level Political Forum on Sustainable Development. At least six of those indicators are directly relevant to AFCC, covering topics such as adequate housing, access to transport, municipal waste, deaths during disasters, disruption of basic services and air quality *(86)*. Furthermore, the 2030 Agenda explicitly calls for monitoring that is disaggregated by relevant variables, such as geographical scale or degree of urbanization. Thus, many countries also report indicators by city, town and rural areas, using a harmonized method, which facilitates international statistical comparisons and classification of a country by urban and rural residence *(87)*.

National governments can foster political commitment and direct funding and develop legislation, strategies, plans and policies for M&E. For instance, national statistical and surveillance systems covering health, labour, social services and others can ensure disaggregation of the collection, collation, analysis and reporting of data from different sources (e.g. 5-year age brackets throughout adulthood) by agreed methods. Data and information can be disaggregated to small areas in and among cities and communities, so that such programmes are monitored nationally, thus allowing cross-city or cross-community comparisons and also national reporting for global agendas, such as the SDGs and the UN Decade of Healthy Ageing. Such disaggregation is also useful for national governments in reviewing implementation of international action plans on ageing, in monitoring progress, and in identifying areas for improvement. For instance, the Productive Healthy Ageing Profile tool of the Office for Health Improvement and Disparities in the United Kingdom *(88)* provides data and information on a wide range of topics relevant to healthy ageing, with indicators at local, regional and/or national level (Fig. 15). National activities around M&E can be performed or supported by a national AFCC programme.

Development of (or support for) an M&E plan can also be advanced by a national AFCC programme[4] in order to monitor implementation of a national plan, strategy, or programme related to the UN Decade of Healthy Ageing – in this case, those related to AFCC, ideally in conjunction with other action areas of the Decade. The main aim of the M&E plan is to support countries in generating, analysing and using relevant, accurate, timely, affordable information from various sources for monitoring progress and impact in action areas nationally and subnationally.[4] The plan should be developed in collaboration with all relevant stakeholders and focus on areas for which information is required (and not what can be measured or is already available), indicators and targets for inputs, outputs, outcomes and impacts, the data sources that can be used and who is responsible for what and by when (i.e. responsibilities and timeframes). The M&E plan should be reviewed and updated regularly with regards to its scope and resource requirements, the availability of staff and funding, and demands on stakeholders. Ideally, the plan should be based on a comprehensive assessment of the readiness of the country with regards to several critical factors for M&E (organizational roles, responsibilities, capabilities, incentives and demand for such a system), which will help to determine whether the country has the necessary requirements for a monitoring system. Some of these aspects will have been considered in identifying the existing partnerships and stakeholders in the country (see Element 1).

For assessment of AFCC programmes, a number of tools and examples have been developed *(23,31)*, including the Vancouver Protocol, which became available at the time of conceptualization of the AFCC framework *(7),* and the list of domains of action, in collaboration with 33 cities globally *(7,89)*. The Vancouver Protocol, which has been used widely in various contexts and at various scales, requires few resources, departs from a bottom–up approach, places older people at the core of assessment and is based on a standardized method for assessing a community's age-friendliness *(89)*. For integrated health-care, for instance, the

Fig. 15. Snapshot of the Productive Healthy Ageing Profile tool



Source: Office for Health Improvement and Disparities (88).

WHO ICOPE guidance for person-centred assessment of care *(72)* outlines the care pathways in community and primary care for identifying loss of intrinsic capacity and underlying diseases and conditions, providing a person-centred, holistic assessment, including of physical and social environments, and developing a personalized care plan.

National AFCC programmes can help cities and communities to identify the most appropriate tools for assessing their context, priorities and support, including partnerships with universities and research centres and urban and public health observatories (Box 25). Such partnerships can also create structures and mechanisms for regular, timely evaluation of specific age-friendly practices, building on the experience and evaluations in the WHO Global database of age-friendly practices *(19)*, such as the Art and Movement Project of the municipality of Irati (Brazil) *(90)* and the Age Friendly Melville Assistance Fund in Australia *(91)*.

As mentioned under Element 1, networks of governance evolve over time, and their configuration can influence whether and how a network achieves its missions and goals and the extent to which its members can access and use the resources in the network. An M&E plan must therefore include regular assessment of the structure and function of the network to determine whether it could be made more conducive for collaboration and to maximize its benefits to its members. Such assessments can be based on aspects of network theory and analysis in order to monitor not only the number and quality of the relationships among members

but also the role of members in the operation of the network and barriers and facilitators for collaboration, for instance.

This guide will benefit from the guidance on data collection and other data considerations included in development of an M&E framework for the UN Decade of Healthy Ageing. This will include a toolkit for countries to use in building a sustainable system for monitoring, assessing and reporting on progress and impact in the action areas endorsed by the Member States, including age-friendly environments to ensure that communities foster the abilities of older people. The toolkit will also offer guidance on adapting the global M&E framework and plan to the national context and using the system for aggregating, analysing and reporting data *(92)*.[4]

Box 14. Meaningful engagement: Hard data and rich stories – community data on slums from the Know Your City campaign

"We don't need others to collect information on our settlements. We can do it ourselves!" *(93)*. In many parts of the world, slum dwellers are collecting data and information on their informal settlements by and for themselves through Know Your City, a global campaign of Slum Dwellers International, United Cities and Local Governments of Africa and Cities Alliance. Data from nearly 8000 slums in more than 200 cities are available *(94)*, are owned by communities and have become the basis of a unique social and political argument and an informed, united voice of the urban poor. It is one of the largest repositories of data on informal settlements in the world, which are used by researchers, policy-makers and local and national governments.

The Know Your City initiative makes the living conditions of older people in slums visible and also engages them in co-production of data and knowledge about the environments they live in. It serves as a platform for community organization, participatory local governance, partnership building and collective action to enhance inclusive community planning and management.

Data and official records on the history of slums and informal settlements are rare. Knowledge of their past allows better understanding of their present and planning for a better future. The oral history archive of Muungano wa Wanavijiji, a social movement of slum residents and urban poor in Kenya *(95)*, tells the history in film and text of the first 20 years (1996–2016) in the words, memories and stories of 47 slum dwellers, activists, professionals and civil society partners at various stages.

Box 15. Lessons from the field: Municipalité Amie des Aînés supports cities and communities in Québec in monitoring progress and reporting results

Québec (Canada) has one of the fastest ageing populations in the world, posing challenges for municipalities, regional counties and First Nation communities. As municipal authorities are close to citizens and because of their areas of responsibility, they can mobilize local actors and seniors in their area to build more inclusive environments for people at all ages of life. Increasing support for municipalities is a government priority. Of the many activities of the Municipalité Amie des Aînés [Friend of Older People Municipality] – a WHO GNAFCC affiliate – is to support municipalities in strengthening M&E. Its *Guide d'accompagnement pour la réalisation de la démarche Municipalité amie des aînés (2e* édition*) et sa boîte à outils* [Accompanying guide for becoming a Friend of Older People Municipality (2nd edition) and its toolbox] *(96)* provides comprehensive guidance to cities and communities in Québec on advancing age-friendliness, including monitoring progress and assessing the impacts of their age-friendly practices and activities. The guide also presents concrete, directly applicable examples of organizing consultations, survey questions, sources of data, information and templates with indications for summarizing initial findings, the characteristics of the older population, agreed indicators, timelines and the results achieved. The guide and tools include editable Word documents for adaptation and use by cities and communities.

Source: reference *97*.

Key steps in monitoring and evaluation are listed in Key steps for element 6.

▷ Key steps for element 6: Monitoring and evaluation

- ☑ **Assess the country's readiness in relation to several critical factors for M&E (organization, responsibilities, capabilities, incentives and demand for such a system).**
- ☑ **Develop or support development of an M&E plan to generate, analyse and use relevant, accurate, timely, affordable information from various sources for monitoring progress and impact in action areas nationally and subnationally.**
- ☑ **Create or strengthen M&E systems for AFCC programmes, building on existing guidance and structures.**
- ☑ **When possible, ensure alignment of local, national and global M&E frameworks.**
- ☑ **Encourage and guide data prioritization to produce a minimum set of data on inputs, outputs, outcomes and impacts that can be used for comparisons, standardized monitoring and review, and scaling up interventions.**
- ☑ **Develop or support development of harmonized methods for collection, collation, analysis and reporting of disaggregated data in all sectors.**
- ☑ **Ensure appropriate disaggregation of data by age, gender, disability, degree of urbanization and locally relevant strata of inequality.**
- ☑ **Advocate for and ensure that data and information are regularly analysed, published and otherwise made publicly available.**

> "Grassroots organized communities can trigger the development of both local and national movements for age-friendly cities and communities, especially where there is limited action. They can also hold local and national governments accountable to their commitments to ensure that communities foster the abilities of older people."
> ***Noxolo Kabane,*** *Eastern Cape, South Africa*

Concluding remarks

Development of national AFCC programmes is a critical step in meeting the aspiration of the UN Decade of Healthy Ageing to improve the lives of older people, their families and communities by improving the environments in which they live. These programmes can help to ensure that communities foster the abilities of older people and contribute to changing how people think, feel and act towards age and ageing; to deliver person-centred, integrated care, primary health services responsive to older people and long-term care for those who need it. In many countries, they also complement and strengthen many efforts already in place, by older people themselves, civil society organizations or age-friendly programmes in their cities and communities. National AFCC programmes will remain relevant beyond the Decade, as trends in population ageing and urbanization will continue during coming decades. These programmes can also play a role in the much-needed transformation of living environments for a healthier, more just, resilient and sustainable future for all.

It is to be hoped that during this decade all countries will develop a national AFCC programme to address the challenges faced by current and future generations of older people. The framework and guidance provided in this document are designed to support all countries in that respect. National AFCC programmes can create the conditions for cities and communities to become more age friendly, creating environments to both promote health throughout the life-course and enable people who lose intrinsic capacity to continue to do the things they value. Such environments determine whether older people can continue to work or study, can look after themselves or will require (and receive) social care, can meet their basic needs or can spend time with friends and family and maintain social relationships.

The resources and timeline for development of a national AFCC programme depend on the initiatives already in place, the resources available for the initial steps (e.g. mapping existing networks and stakeholders, assessing readiness for M&E), and how long the participatory and consultative processes take to reach common goals and a shared vision. The most important step is to ensure that all the critical aspects of the development of a national AFCC programme are clear, including the direction to be taken, the priorities and the actions at different government levels and relevant sectors, with meaningful engagement of older people at every step. National AFCC programmes can also enable meaningful engagement and inclusion of marginalized groups to ensure that the initiatives address inequality and inequity.

While much remains to be done, particularly with regards to the national elements of the AFCC agenda, the global community working on AFCC has already provided a strong basis for action, as witnessed in the depth and breadth of the examples, experiences and existing tools within GNAFCC and beyond. National AFCC programmes are powerhouses of innovation as seen in the affiliate programmes of GNAFCC, which provide resources, guidance, inspiring examples and opportunities for collaboration and exchange. WHO and other relevant UN agencies have compiled and developed comprehensive guidance on AFCC and on aspects relevant to creating AFCC – from physical activity to prevention of falls, from climate change and the environment to economic development, from urban planning to housing and transport – all of which can be used at each step in the development, strengthening and sustainment of national AFCC programmes.

Cities and communities are where policy meets people and the most radical experience of humankind in transforming its own reality. Any discussion of future cities or communities is therefore intrinsically linked to questions about the society to which humans aspire *(98,99).* The hope for the future is that people will transform themselves by transforming the environments in which they live, work, play and grow older through the exercise of collective power and a common vision of making their cities and communities good places in which to grow older, for this and future generations.

"A good way to get started is to have peer-to-peer exchange where people can understand the trajectory others took and what has worked or not worked for them. We should also not try to build everything at once but bring all our resources and start step by step, as one, together."
Federico Batista Poitier, *United Cities and Local Government*

"So those national networks, the joining together with people… quite often it's one person in the local authority that does the day-to-day work, and being able to meet other people that do the same it's pretty important, it makes you feel like you're part of a movement, that you're part of something over and above going to that meeting on a Tuesday morning when you've got a room of people who aren't that interested in the agenda. You feel kind of empowered as an officer."
Paul McGarry, *Head, Greater Manchester Ageing Hub, United Kingdom*

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