



# **Mid-term Evaluation: United Nations Decade of Healthy Ageing (2021–2030)**

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## INTRODUCTION

With the adoption of the United Nation's (UN) Decade of Healthy Ageing (2021–2030) by the 75th General Assembly on 14 December 2020, and by the 73rd World Health Assembly on 3 August 2020, countries have committed to 10 years of concerted and collaborative actions to improve the lives of the older people (defined as age 60 years and over), their families and the communities in which they reside. The goal of the Decade action plan is to optimize the functional ability of older people and contribute to the vision of long and healthy lives. The Decade addresses four, interconnected areas of action: a) change how we think, feel and act towards age and ageing, b) ensure that communities foster the abilities of older people, c) deliver person-centered integrated care and primary health services that are responsive to older people; and d) provide access to long-term care for older people who need it.

The UN resolution calls upon World Health Organization (WHO) to lead the implementation of the Decade, in collaboration with United Nations (UN) entities. The resolution invites the Secretary-General to inform the General Assembly about the progress of the implementation of the UN Decade of Healthy Ageing, on the basis of triennial reports to be compiled by WHO in 2023, 2026 and 2029.

To report on the progress, the global mid-term evaluation survey is undertaken by the WHO Department of Maternal, Newborn, Adolescent & Child Health; Ageing, Sexual and Reproductive Health; Human Reproduction Programme and Social Determinants of Health in consultation with several departments across WHO headquarters and regional offices. The questionnaire was peer-reviewed by the WHO Technical Advisory Group on Measurement of Healthy Ageing (TAG4MHA) and representatives from the Steering Committee for Measurement, Monitoring and Evaluation of UN Decade of Healthy Ageing (UNFPA, UNDESA, ILO, ITU, OHCHR, OECD, Eurostat) and the UN regional commissions.

The results of this survey will also inform the fifth review and appraisal of the Madrid International Plan of Action on Ageing (MIPAA), for which national reviews will take place in 2026, followed by regional reviews in 2027.

In 2020 and 2023, the WHO conducted baseline and process evaluation of UN Decade of Healthy Ageing. The results of these two rounds can be found here: <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/ageing-data>

We are now conducting a mid-term evaluation of the UN Decade of Healthy Ageing (2021-2030). Information collected during the previous wave of the survey is available within the current modules to support a holistic approach and is provided for your verification and, where relevant, updating or supplementation. This survey is conducted online using the WHO Integrated Data Platform (WIDP) in a modular format. This modular format allows multiple respondents to contribute, with one lead respondent whose responsibility is to ensure all modules have been completed.

We ask that, where a WHO Country Office is present, it facilitates the completion of this survey by coordinating an interview with the Ministry of Health and relevant UN agencies. In Member States without a WHO Country Office, we kindly request the designated national focal

point or responsible authority to ensure coordination. Staff with appropriate expertise should be assigned to complete each module. When possible, it is important to consult the focal point for ageing within the Ministry of Health or, where relevant, in other responsible ministries (e.g. ministries of social affairs or labor), as well as other relevant departments such as legal offices and national statistical institutions. We also recommend gathering relevant documents (e.g. policies, guidelines, laws) prior to completing the modules.

The online survey is formatted with automatic skips which should decrease the time for completion. Modules may be accessed and completed in any order. However, all mandatory questions must be completed in order to submit the survey. Prior to beginning the survey, we ask that you collect the following documents:

- National policies for the areas of ageing and health
- Most recent national standards, protocols, or regulatory documents relevant to health and long-term care for older persons (e.g., clinical guidelines, LTC legislation, LTC insurance frameworks)
- Latest available report from the national Health Management Information System (HMIS), with coverage of long-term care (LTC) data where applicable
- Details of the population surveys on ageing and health in the country
- Other relevant documents related to ageing at the national and subnational levels

If you have further questions or need assistance please contact Maria Varlamova at email address [TAGHA@who.int](mailto:TAGHA@who.int), Monitoring and Evaluation team, Ageing and Health Unit, Maternal, Newborn, Child, Adolescent Health and Ageing, World Health Organization, Geneva, Switzerland.

## DATA SHARING AGREEMENT

Please note that all data collected by WHO, excluding emergencies and clinical trials, from Member States requires the below statement in all data collection forms.

For more information on the data policy go to: <http://intranet.who.int/homes/spi/datasharing/> or outside of WHO: <http://www.who.int/publishing/datapolicy/en/>

Please specify the responsible governmental entity or other institution that provides concern for data sharing. \_\_\_\_\_

Please specify the country. \_\_\_\_\_

### ***Statement of policy on data sharing***

Data are the basis for all sound public actions, and the benefits of data sharing are widely recognized, including scientific and public health benefits. Whenever possible, WHO wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the previously named responsible governmental entity of the stated country:

Confirms that all data to be supplied to WHO hereunder have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons.

Agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of the stated country:

- To publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as “the Data”) and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
- To use, compile, aggregate, evaluate and analyze the Data and publish and disseminate the results thereof in conjunction with WHO’s work and in accordance with the Organization’s policies and practices.
- To share the Data with other relevant United Nations agencies involved in the Decade of Healthy Ageing for the purposes of facilitating inter-agency collaboration, reducing duplication of efforts, and improving the efficiency of data use, provided that such sharing shall be done in accordance with applicable WHO data protection standards and subject to the same terms of ethical, secure use, and non-commercial use only.

Except where data sharing and publication is required under legally binding instruments (IHR, WHO Nomenclature Regulations 1967, etc.), the previously named responsible governmental entity of the stated country may in respect of certain data opt-out of (any part of) the above, by notifying WHO thereof in writing at the following address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt-out. If you have further questions regarding data sharing agreement, don't hesitate to contact:

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## MODULE 1: BASIC INFORMATION

BQ1*. Country name _____	
BQ2*. Name of the person responsible for submitting the online survey _____	
BQ3*. Position title of the person submitting the survey online _____	
BQ3x1 Please, specify the name of the division/department/institution/unit, if applicable: _____	
BQ4*. Contact email _____	BQ5*. Telephone with country code _____
BQ6*. Mailing address _____	
BQ7. Date of completion of the survey Day____/ Month____/ Year_____	

## MODULE 2: LEADERSHIP AND COMMITMENT

LC1*. Does your country have a national focal point on ageing and health in the Ministry of Health or other equivalent government office?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>LC2*. Which ministry or government entity is responsible for developing plans and coordinating activities related to ageing and older persons? * (tick all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Family</li> <li><input type="checkbox"/> Social Policy/Social Welfare/Social Development/Social Affairs</li> <li><input type="checkbox"/> Health</li> <li><input type="checkbox"/> Finance</li> <li><input type="checkbox"/> Foreign Affairs</li> <li><input type="checkbox"/> Interior and Administration</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Economic Development</li> <li><input type="checkbox"/> Labor/Employment</li> <li><input type="checkbox"/> Urban Development/Cities/Housing</li> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Other not listed above (please specify)</li> </ul> <p>*indicate the profile of the ministry even if the name in your country differs from the proposed wordings</p>		
LC3*. Please rate the availability of resources to implement activities related to the four action areas of the UN Decade of Healthy Ageing		
<b>Programmatic areas</b>	<b>Scale</b>	
LC3x1 Combating ageism	No resources (0) – Substantial resources (10)	
LC3x2 Age-friendly environments, incl. age-friendly-cities and communities	No resources (0) – Substantial resources (10)	
LC3x3 Integrated & primary health care for older persons	No resources (0) – Substantial resources (10)	
LC3x4 Long-term care for older persons (community and institutions)	No resources (0) – Substantial resources (10)	



<p>LC4*. Overall, how would you rate the current level of political support for healthy ageing programs?</p> <table style="width: 100%; text-align: center;"> <tr> <td colspan="6"><b>No support</b></td> <td colspan="5"><b>Strong support</b></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>											<b>No support</b>						<b>Strong support</b>					0	1	2	3	4	5	6	7	8	9	10
<b>No support</b>						<b>Strong support</b>																										
0	1	2	3	4	5	6	7	8	9	10																						
<p>LC5. How would you rate the current allocation of national health or social care expenditures for the health and well-being of older persons?</p> <table style="width: 100%; text-align: center;"> <tr> <td colspan="6"><b>Inadequate allocation of budget</b></td> <td colspan="5"><b>Adequate allocation of budget</b></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> </table>											<b>Inadequate allocation of budget</b>						<b>Adequate allocation of budget</b>					0	1	2	3	4	5	6	7	8	9	10
<b>Inadequate allocation of budget</b>						<b>Adequate allocation of budget</b>																										
0	1	2	3	4	5	6	7	8	9	10																						
<p>AFROLC5. Which political structures in your country are the most responsive to the healthy ageing agenda? (Select all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Politicians/elected people's representatives at local levels.</li> <li><input type="checkbox"/> Local government structures or administrative bodies</li> <li><input type="checkbox"/> Ministries, departments, and agencies (MDAs)</li> <li><input type="checkbox"/> Legislative bodies (e.g. parliament)</li> <li><input type="checkbox"/> Executive branch (e.g. cabinet, presidency, prime minister's office)</li> </ul>																																

## MODULE 3: POLICY, STRATEGY & PLAN

<b>PL1</b>		
PL2*. Does your country have: a national policy on ageing and health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a national strategy on ageing and health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a national ageing and health programme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If all three <b>NO</b> : cross-cutting national policy, strategy, or programme that includes components on older persons' health and well-being	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>PL2x1-3x1 For each <b>YES</b> in PL2. (separately):</p> <p>The national policy/strategy/ programme on <b>ageing and health</b> (tick all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> has an action plan</li> <li><input type="checkbox"/> covers all four action areas of the UN Decade of Healthy Ageing*</li> <li><input type="checkbox"/> has a monitoring and evaluation plan</li> <li><input type="checkbox"/> has a dedicated budget</li> <li><input type="checkbox"/> is planned to be updated in _____(year)</li> </ul> <p>* 1) change how we think, feel and act towards age and ageing; 2) ensure that communities foster the abilities of older people; 3) deliver person-centered integrated care and primary health services responsive to older people; 4) provide access to long-term care for older people who need it</p>		
PL2.2.1 For each <b>NO</b> in PL2. (separately):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a government plan to develop a [national policy/ strategy/ programme] for ageing and health?		
PL3*. Does your country have a sub-national policy/ strategy/ programme on ageing and health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>PL4. Please indicate whether the following areas related to ageing and health are included in existing national legislation, policies, strategies, frameworks, plans or programs (yes/no/ I don't know)?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevention or response to ageism or discrimination on the basis of older age</li> <li><input type="checkbox"/> Prevention of abuse of older persons (elder abuse)</li> <li><input type="checkbox"/> Protection for the human rights of older persons</li> <li><input type="checkbox"/> Support for developing age-friendly outdoor spaces and buildings</li> <li><input type="checkbox"/> Support for age-friendly housing</li> <li><input type="checkbox"/> Support for accessible transportation and mobility for older persons</li> <li><input type="checkbox"/> Support for the implementation of age-friendly environments **</li> <li><input type="checkbox"/> Implementation of local disaster risk reduction strategies and measures in emergencies, inclusive and responsive to the needs of older persons</li> <li><input type="checkbox"/> Educational activities on age and ageing</li> <li><input type="checkbox"/> Promotion of intergenerational programmes</li> <li><input type="checkbox"/> Promotion of access to internet and digital technologies for older persons</li> </ul>		

- ☐ Pursuing literacy, including digital literacy, development of skills and lifelong learning among older persons
- ☐ Improving self-care and health literacy to empower older people, their relatives and voluntary support networks
- ☐ Encouraging social participation and inclusion
- ☐ Prevention of social isolation and loneliness
- ☐ Ensuring voice and meaningful engagement of older people, family and caregivers across relevant sectors
- ☐ Recommend or support provision of continuum of integrated care for older people in primary care \*
- ☐ Provision of assistive products for older persons from the WHO Assistive Product List
- ☐ Access to rehabilitation services for older persons
- ☐ Provision of long-term care for older people, including community-based services for chronic condition management
- ☐ Provision of mental health promotion, prevention and services for older persons (e.g. condition such as dementia)
- ☐ Disease prevention and management programmes targeting vulnerable older persons, including the oldest-old
- ☐ Encourage the involvement of older persons in the planning and design of goods and services
- ☐ Support for older persons' participation in income-generating activities
- ☐ Incentives or support for extended working life opportunities
- ☐ Ensuring access to social protection and social security for older persons
- ☐ Addressing the needs of older persons from underrepresented or vulnerable groups
  - If ticked:
    - indigenous older people
    - refugees
    - displaced older persons
    - LGBTQI+
- ☐ Assessment of individual risks of older people in relation to climatic disorders (e.g. heat waves, floods, displacement)
- ☐ Inclusion of older people in national adaptation and resilience strategies concerning climate change
- ☐ Developing research programmes specifically focusing on the health, inequalities and living conditions of older persons

\* For example, the Integrated care for older people (ICOPE)

\*\*For example, supporting the implementation of age-friendly cities and communities (AFCC) or national and subnational AFCC programs and networks.

**PL6** Please upload all of the documents you have used to complete this module (Policy and Law) and provide details on each by completing the table below.

S.no	(A) Title of document	(B) Date of publication	(C) Type of document		(D) Document language If available, please upload an English version of the document	(E) Upload document  If the document is unavailable for upload, please provide URL or provide a reason for why it is unavailable
01		_____ Record year	<input type="checkbox"/> Policy/ Strategy <input type="checkbox"/> Law <input type="checkbox"/> Programme	<input type="checkbox"/> Plan (if ticked – ask about end year) <input type="checkbox"/> Report <input type="checkbox"/> Guideline <input type="checkbox"/> Other, specify		
02		_____ Record year	<input type="checkbox"/> Policy/ Strategy <input type="checkbox"/> Law <input type="checkbox"/> Programme	<input type="checkbox"/> Plan (if ticked – ask about end year) <input type="checkbox"/> Report <input type="checkbox"/> Guideline <input type="checkbox"/> Other, specify		
03		_____ Record year	<input type="checkbox"/> Policy/ Strategy <input type="checkbox"/> Law <input type="checkbox"/> Programme	<input type="checkbox"/> Plan (if ticked – ask about end year) <input type="checkbox"/> Report <input type="checkbox"/> Guideline <input type="checkbox"/> Other, specify		

## MODULE 4: VOICE AND MEANINGFUL ENGAGEMENT

<p>VE1*. Does your country have a multi-stakeholder forum or steering committee on older persons, ageing and health?</p> <p>If <b>NO</b> -&gt; Skip to VE2</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>VE1x1* On which level is the multi-stakeholder forum or steering committee on older persons, ageing and health organized?</p>	<input type="checkbox"/> National	<input type="checkbox"/> Sub-national
<p>VE1x2 Which of the following stakeholders participate in the multi-stakeholder forum or steering committee on ageing and health? (tick all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Older persons</li> <li><input type="checkbox"/> Families and caregivers of older persons</li> <li><input type="checkbox"/> Representatives of government agencies</li> <li><input type="checkbox"/> Ministries</li> <li><input type="checkbox"/> Civic society: organizations, community leaders, activists</li> <li><input type="checkbox"/> Representatives of international organization (WHO, UNDESA, UNFPA, OHCHR, World Bank, others)</li> <li><input type="checkbox"/> Regional and local authorities</li> <li><input type="checkbox"/> Professional associations</li> <li><input type="checkbox"/> Health professionals</li> <li><input type="checkbox"/> Community leaders, parliamentarians and champions</li> <li><input type="checkbox"/> Donors and philanthropists</li> <li><input type="checkbox"/> Academia and research groups</li> <li><input type="checkbox"/> Media</li> <li><input type="checkbox"/> Private sector</li> <li><input type="checkbox"/> Organizations representing the interests of older persons</li> <li><input type="checkbox"/> Organizations for refugees and displaced population</li> <li><input type="checkbox"/> Environmental organizations</li> <li><input type="checkbox"/> Other (please specify)</li> </ul> <p>Skip to V3</p>		
<p>VE2 Is there a plan for establishing a forum/committee on older persons, ageing and health?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>VE3* Are there any mechanisms to ensure the consultation and involvement of older persons and their representatives in policy design — including political positions specifically designated for older people (e.g., as members of parliament, ministers, or local councilors)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>VE3x1 IF YES Please elaborate (<i>open ended</i>)</p>		

## MODULE 5: AGEISM

AG1* Does your country implement activities that support the Global Campaign to Combat Ageism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AG2*. Since 2023, did your country support activities or programs that foster intergenerational contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AG3*. Since 2023, did your country support activities or programs that improve knowledge and understanding of age and ageing to reduce ageism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AG4*. Since 2023, did your country support activities or campaigns to change the narrative around age and ageing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AG5*. Does your country collect data on ageism? If NO -> skip to HR1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AG7x1 Was the <u>WHO Ageism Scale</u> used in the data collection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HR1*. Does your country engage with human rights mechanisms dedicated to the promotion and protection of the rights of older persons, such as the UN Independent Expert on the enjoyment of all human rights by older persons, or the mechanisms of the Inter-American Commission on Human Rights (IACHR), or the Working Group on Rights of Older Persons of the African Commission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HR2*. Does the country have a national institution dedicated to protecting the rights of older persons (e.g. Ombudsperson for older people, national committee on the rights of older persons)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PAHOHR7 The Inter-American Convention on Protecting the Human Rights of Older Persons is currently the only binding international legal instrument focused on the rights of older persons. Could you indicate whether there are any current considerations, initiatives, or expressions of interest related to your country's potential signature or ratification?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My country has ratified the Convention	
PAHOHR8 Please describe any limitations or challenges your country faces in signing or implementing the Convention. <i>(open ended)</i>		

## MODULE 6: HEALTH CARE SYSTEM AND SERVICES

<p>IT1*. Are primary health care services organized to support the delivery of integrated care* for older persons?</p> <p>If <b>NO</b> -&gt; Skip to IT2</p> <p>* refers to a person-centered, integrated model of health and social care. It involves person-centered assessment (physical and mental capacities, underlying diseases, social and physical environment), personalized care planning, coordinated health and social services, multidisciplinary teams, and continuous care delivered primarily through primary care including in the community.</p>	<input type="checkbox"/> Yes, at national level	<input type="checkbox"/> Yes. In some regions or districts	<input type="checkbox"/> No
<p>IT1.2. Which of the following components are currently implemented in your country's approach to integrated care for older persons? (Select all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Actively engage older people, their families and caregivers and civil society in service development and delivery</li> <li><input type="checkbox"/> Offer caregivers support and training</li> <li><input type="checkbox"/> Undertake person-centred assessments when older people enter health or social care services and a decline in physical and mental capacities is suspected</li> <li><input type="checkbox"/> Support appropriately trained health and social care workers to develop personalized care plans</li> <li><input type="checkbox"/> Establish networks of health and social care providers to enable timely referral and multidisciplinary team-based service provision</li> <li><input type="checkbox"/> Deliver care through a community-based workforce, supported by community-based services</li> <li><input type="checkbox"/> Deliver care (with assistive products when needed) that is acceptable to older people</li> <li><input type="checkbox"/> Implement quality assurance and improvement processes for health and social care services</li> <li><input type="checkbox"/> Develop capacity in the current and emerging workforce (paid and unpaid) to deliver integrated care</li> <li><input type="checkbox"/> Structure financing mechanisms to support integrated health and social care for older people</li> </ul> <p>Make available the infrastructure (e.g. physical space, transport, telecommunications) that is needed to support safe and effective care deliver in the community</p> <p><a href="#">Integrated care for older people (ICOPE) implementation framework: guidance for systems and services</a></p>			
<p>IT3*. Is the WHO Integrated Care for Older People (ICOPE) programme being implemented at the primary care level in your country?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Partially / in pilots</p> <p><input type="checkbox"/> Don't know</p> <p>If <b>NO</b> - &gt; skip to IT2</p>			

IT3.1 At which administrative level(s) is ICOPE currently implemented? (Select all that apply). <input type="checkbox"/> National roll-out (all regions) <input type="checkbox"/> Sub-national / provincial <input type="checkbox"/> District / municipal <input type="checkbox"/> Individual primary-care facilities only <input type="checkbox"/> Pilot sites or research projects <input type="checkbox"/> Other — please specify: _____		
IT3.2 Do you have data on how many primary care facilities offer integrated care for older people according to the WHO ICOPE?  If <b>NO</b> - > skip to IT5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IT2*. Which of the following services are currently integrated into primary health care for older persons under Universal Health Coverage in your country? (Select all that apply) <input type="checkbox"/> Screening and assessment of physical and mental capacities (e.g. hearing impairment, visual impairment, cognitive impairment, depressive symptoms, undernutrition, mobility impairment) <input type="checkbox"/> Routine vaccination for older people (e.g., seasonal influenza) <input type="checkbox"/> Health promotion and prevention: provision of healthy lifestyle advice (e.g., physical activity, prevention of CVD risk factors, healthy diet) <input type="checkbox"/> Nutrition services (e.g., diet advice, oral supplemental nutrition) <input type="checkbox"/> Medication review to manage inappropriate medication <input type="checkbox"/> Provision of assistive products (e.g., hearing aids, reading spectacles, mobility aids, memory aids) <input type="checkbox"/> Management of chronic diseases (e.g., diabetes, hypertension) <input type="checkbox"/> Management of geriatric syndrome (urinary incontinence, falls, frailty, delirium, pain, undernutrition etc.) <input type="checkbox"/> Rehabilitation services for vision, hearing, mobility impairment, cognitive impairment and depressive symptoms <input type="checkbox"/> Psychological intervention (e.g., psychoeducation, structured psychological intervention) <input type="checkbox"/> Cognitive stimulation therapy, cognitive training <input type="checkbox"/> Home environment adaptation <input type="checkbox"/> Provision of social support and services for the older person and their caregivers <input type="checkbox"/> Respite care (e.g., day care centre) <input type="checkbox"/> Other (please specify): _____		
IT4. At the national level, what percentage of primary-care facilities provide WHO ICOPE package of services?	_____ %	
IT5. Are Dual-energy X-ray Absorptiometry (DXA) scans available in public health facilities in your country (at the primary, secondary, or tertiary level)? If <b>NO</b> - > skip to GT1	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IT5x1 On a scale from 0 to 10, how accessible are DXA scans for patients across the country? 0 = Not accessible at all, 10 = Fully accessible [Scale: 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10]		
GT1.* Does your country have capacity-building plans to strengthen the geriatric and gerontology workforce as part of overall health and social	<input type="checkbox"/> Yes	<input type="checkbox"/> No



workforce planning for ageing populations?			
GT2.1.* Is geriatrics included in the curricula of training of health and social care workers?	<input type="checkbox"/> Health workers	<input type="checkbox"/> Social care workers	<input type="checkbox"/> None
GT3.* Are there any national competency frameworks for geriatric (older adults) care workers?	<input type="checkbox"/> Health workers	<input type="checkbox"/> Social care workers	<input type="checkbox"/> None

## MODULE 7: LONG-TERM CARE

LTC1*. Which government ministry or agency has primary oversight for long-term care? <ul style="list-style-type: none"> <li><input type="checkbox"/> Ministry of Health</li> <li><input type="checkbox"/> Ministry of Social Affairs / Social Development / Welfare</li> <li><input type="checkbox"/> Ministry for Older Persons / Ageing / Senior Citizens</li> </ul> Other (please specify): _____		
LTC2*. Does your country have a formal long-term care system that is publicly funded or uses national budget to provide long-term care? If NO -> skip to LTC7	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC3*. Considering all long-term care services (both home-based and institutional), what proportion of total LTC expenditure in your country is covered by each of the following financing sources? (Percentages should sum to 100 %.)		
<ul style="list-style-type: none"> <li>Publicly paid (general taxation, social insurance, subsidies)</li> </ul>	( )%	<input type="checkbox"/> Do not know
<ul style="list-style-type: none"> <li>Privately paid (private insurance, user fees)</li> </ul>	( )%	<input type="checkbox"/> Do not know
<ul style="list-style-type: none"> <li>Unpaid informal care (family or community-provided care)</li> </ul>	( )%	<input type="checkbox"/> Do not know
LTC3.1 (if provided in LTC3) Please cite the data source or methodology (e.g. national health accounts, household expenditure survey, actuarial report) used to estimate each share		
LTC4*. What share of your country's gross domestic product (GDP) was accounted for by publicly funded long-term care expenditure in the most recent fiscal year?	( )%	<input type="checkbox"/> Do not know
LTC8. For each of the following long-term care delivery modes, please indicate:		
LTC service type	Publicly funded	Estimated share of total public LTC budget
Home-and community-based care	<input type="checkbox"/> Yes <input type="checkbox"/> No	( )%
Residential/facility-based care	<input type="checkbox"/> Yes <input type="checkbox"/> No	( )%
LTC5*. Is access to any form of long-term care a legal right (entitlement) for older persons? If NO -> skip to LTC6	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC 5.2 Which of the following criteria determine access to publicly funded LTC services (in-kind benefits and/or cash benefits)? Select all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessed care needs (e.g. level of dependency or disability)</li> <li><input type="checkbox"/> Age threshold (e.g. minimum or maximum age)</li> <li><input type="checkbox"/> (Legal) Residency status (in a country or province)</li> <li><input type="checkbox"/> Scheme membership (e.g. contributor to a social protection programme)</li> </ul>		

<input type="checkbox"/> Means test (income and/or assets) <input type="checkbox"/> Availability of informal care (e.g. family or community support) <input type="checkbox"/> Prior service use limits (e.g. caps on duration or frequency) <input type="checkbox"/> Other (please describe): _____		
LTC6*. Does your country have data on older persons receiving long-term care, at home, community-based or residential care settings? If <b>NO</b> -> skip to LTC7	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC6.1. How many older persons received long-term care at their home or community-based care settings over the most recent available year?	Enter value in thousand (approximately) _____ Year _____	
LTC6.2. How many older persons received long-term care at facility settings over the most recent available year?	Enter value in thousand (approximately) _____ Year _____	
DI4.1. Are data on older persons in long-term care facilities disaggregated by: Age Sex Location (rural/urban)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
DI4*. Are long-term care services monitored at the national or subnational level (e.g., via routine reporting systems, audits, surveys, inspections, or digital monitoring tools)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC7*. Please indicate the type of long-term care settings that are available in your country (Select all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Home-based care and support</li> <li><input type="checkbox"/> Day care/community centers</li> <li><input type="checkbox"/> Day hospice centers</li> <li><input type="checkbox"/> Assisted living facilities</li> <li><input type="checkbox"/> Residential care facilities (old age homes, care homes)</li> <li><input type="checkbox"/> Nursing home or skilled nursing facilities</li> <li><input type="checkbox"/> Specialized care facilities (e.g., rehabilitation, psychiatric)</li> <li><input type="checkbox"/> Other types</li> </ul> If others, specify _____		
LTC9.1 For each of the following formal LTC worker categories active in home- and community-based care, please provide:		
	Number of active workers	
Nurses		
Nursing/care assistants		
Personal care workers (home aides)		
Community health workers / outreach workers		

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Social workers	
Volunteers	
Other (specify):	
LTC9.2 For each of the following formal LTC worker categories active in residential or institutional settings, please provide:	
	Number of active workers
Nurses	
Nursing/care assistants	
Personal care workers	
Social workers	
Generalist medical doctors (GPs)	
Specialist doctors (e.g. geriatricians, psychiatrists)	
Physiotherapists	
Occupational therapists	
Speech and language therapists	
Dietitians / nutritionists	
Psychologists / counsellors	
Other (specify):	
LTC10*. Is there a legal definition of unpaid, informal (family) carers of older persons in your country, and are they entitled to any formal support? If NO -> skip to LTC11	<input type="checkbox"/> Yes <input type="checkbox"/> No
LTC10.1 Select all types of formal support provided	
<input type="checkbox"/> Cash benefits <input type="checkbox"/> Psychosocial support <input type="checkbox"/> Respite care <input type="checkbox"/> Training in care provision <input type="checkbox"/> Training in other occupations <input type="checkbox"/> Other types, specify _____	
LTC 10.3 Please provide your best estimate of how many people are providing unpaid, informal care to older persons in your country:	Total carers: ____ (thousands)
	Of whom, women: ____ (thousands)
LTC11. Which of the following service types are included under your formal LTC system (publicly funded or insured, or subsidized)?	
<ul style="list-style-type: none"> <li>Health care (e.g. interventions to address cognitive decline, mobility, falls, nutrition, sensory functions, mood disorders, polypharmacy, pain, urinary incontinence, infections, oral conditions)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<ul style="list-style-type: none"> <li>• Social care and support (e.g. support in daily activities, community participation, accessibility, assistive products)</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• Palliative care (physical, psychological, social and spiritual)</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC13*. Do all individuals receiving long-term care services undergo a formal, standardized assessment of their care needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC14*. Is there national legislation, regulation or strategic guidance that explicitly addresses the quality of long-term care services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC12*. Are there nationally mandated quality criteria or minimum service standards for LTC providers, with a system of regular monitoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC15*. Are there formal, accessible procedures for registering and addressing complaints of abuse, neglect, harassment or violence against older persons in long-term care settings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC16*. Has your country undertaken a national review or evaluation of long-term care policies or programmes during or following the COVID-19 pandemic? If NO -> skip to PAHOLTC13 or EULTC21	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LTC16.1 Select all domains in which reforms were implemented as a result of that review: <ul style="list-style-type: none"> <li><input type="checkbox"/> Governance (e.g. new national coordinating bodies, strengthened user-provider feedback mechanisms, enhanced care-recipient representation)</li> <li><input type="checkbox"/> Financing (e.g. new public funding schemes or budget allocations, revised eligibility or benefit levels)</li> <li><input type="checkbox"/> Workforce (e.g. increased staffing ratios, hazard pay or bonuses, accelerated training programmes, improved working conditions, support for unpaid/informal/family carers)</li> <li><input type="checkbox"/> Service delivery (e.g. integrated care coordination, expansion of home- and community-based services, residential facility upgrades, infection prevention measures)</li> <li><input type="checkbox"/> Data &amp; information systems (e.g. digital care registries, enhanced reporting on outbreaks or infection prevention &amp; control compliance, real-time monitoring dashboards)</li> <li><input type="checkbox"/> Regulations &amp; quality standards (e.g. updated licensing standards, strengthened inspections or audits, new quality-indicator requirements)</li> <li><input type="checkbox"/> Other (please describe): _____</li> </ul>		
PAHOLTC13. At PAHO's 2024 Directing Council, a Policy on Long-Term Care was approved for implementation from 2025 to 2034. Are there national plans or actions in place to support its implementation? If NO -> skip to PAHOLTC14	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PAHOLTC13. Please, describe the plans or actions being taken		
PAHOLTC14. What technical cooperation materials or support would be most helpful for implementing the Policy on Long-Term Care?		
EULTC21. For each of the following services or interventions, please indicate whether it is primarily covered by public sources (health or LTC insurance or social protection) or not publicly covered (private out-of-pocket, private insurance, or unpaid care).		
EULTC21.1. <b>Health care needs</b>	<b>Publicly covered</b>	<b>Not publicly covered</b>

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Cognitive decline		
Limited mobility / Falls		
Malnutrition		
Visual impairment		
Hearing impairment		
Polypharmacy		
Pain management		
Urinary and fecal incontinence		
Skin pressure injury		
<b>EULTC21.2. Social care and support for older people</b>		
Support and assistance with personal care (i.e. Activities of Daily Living such as bathing, getting dressed, eating, getting in and out of bed)		
Support and assistance with household maintenance (i.e. Instrumental Activities of Daily Living, such as housekeeping, cleaning, shopping, managing finances)		
Accessibility and transport		
Preparing/delivering meals (meals-on-wheels)		
Support for social /cultural participation		
Management of transitions between care settings		
Access to assistive products/ technology for care		
Home adaptations to improve accessibility		
<b>EULTC21.3. Social care and support for informal/ family carers</b>		
Psycho-social support		
Respite care		
Training/education		
<b>EULTC21.4. Palliative care needs</b>		
Management of symptoms and pain		
Psychological, social and spiritual needs		

DI6\* Please upload all of the documents you have used to complete this section and provide details on each by completing the table below

S.no	(A)	(B) Year of Enactment or	(C)	(D) Upload document	(E)

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	Title of Law or Regulation	Last Amendment	Type of Document (e.g., legislation, regulation, policy directive)	If the document is unavailable for upload, please provide URL or provide a reason for why it is unavailable	Include the article or page is applicable
<b>If LTC5 is Yes</b> → Please upload the law or social protection scheme defining the access to any form of long-term care as a legal right (entitlement) for older persons.					
<b>If LTC10 is Yes</b> → Please upload the law or regulation that defines “unpaid, informal (family) carer” and outlines their entitlements to formal support.					
<b>If LTC12 is Yes</b> → Please upload the document that sets out the quality criteria or minimum service standards and their monitoring mechanisms for LTC providers.					
<b>If LTC16 is Yes</b> → Please upload the COVID-19-related national review or evaluation of long-term care (e.g., official review report, legislative amendment, strategy update).					
Please also provide any other laws, regulations, policy documents, reports, or official communications that were referenced or used in this section but not yet submitted above.					

## MODULE 8: AGE-FRIENDLY CITIES AND COMMUNITIES

AF1*. Does your country have a programme for age-friendly cities and communities?	<input type="checkbox"/> Yes, at national level	<input type="checkbox"/> Yes, only at the regional / provincial / state level	<input type="checkbox"/> No
AF2*. Does your country allocate budgetary or financial resources specifically for age-friendly cities and communities?	<input type="checkbox"/> Yes, at national level	<input type="checkbox"/> Yes, only at the regional / provincial / state level	<input type="checkbox"/> No
AF3*. Does your country have a designated coordinating body or formal coordination mechanism for age-friendly cities and communities (e.g. dedicated committee, inter-ministerial group, national network)?	<input type="checkbox"/> Yes, at national level	<input type="checkbox"/> Yes, only at the regional / provincial / state level	<input type="checkbox"/> No
AF4*. Does your country have a monitoring and evaluation framework in place to collect, analyze, and use data on age-friendly cities and communities?	<input type="checkbox"/> Yes, at national level	<input type="checkbox"/> Yes, only at the regional / provincial / state level	<input type="checkbox"/> No
AF5*. Is there a training programme (online or in-person) on age-friendly cities and communities in your country?	<input type="checkbox"/> Yes, at national level	<input type="checkbox"/> Yes, only at the regional / provincial / state level	<input type="checkbox"/> No
AF6*. What proportion of cities, towns, and rural areas in your country are committed to becoming age-friendly?  <b>If “Do not know”, skip AF6.1 to AF6.4.</b>	____%	<input type="checkbox"/> Do not know	
AF6.1. What proportion of the older population (60+) in your country lives in areas committed to becoming age-friendly?	____%	<input type="checkbox"/> Do not know	
AF6.2. In their current age-friendly journey, among the areas committed to becoming age-friendly, what percentage have:			
AF6.2.1 completed a baseline assessment?	____%	<input type="checkbox"/> Do not know	
AF6.2.2 developed a strategy and action plan?	____%	<input type="checkbox"/> Do not know	
AF6.2.3 completed an evaluation?	____%	<input type="checkbox"/> Do not know	

## MODULE 9: DATA & INFORMATION SYSTEM

<p>DI1*. Does your country have a system for regular collection, recording, reporting and analysis of <b>health facility data</b>? This system may be referred to as a health management information system (HMIS).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> In development	<input type="checkbox"/> No
<p>DI1.1 Is the system primarily:</p> <p><input type="checkbox"/> Electronic</p> <p><input type="checkbox"/> Paper-based</p> <p><input type="checkbox"/> A combination of electronic and paper-based</p> <p><input type="checkbox"/> Others, specify _____</p>			
<p>DI2*. The following questions assess how ready an HMIS is to monitor healthy ageing using an integrated digital data ecosystem. Please rate the current status across facilities in the country using the scale below:</p> <p>1 = Not in place, 2 = Early stage, 3 = Partially in place, 4 = Mostly in place, 5 = Fully in place, 6 = Unknown.</p> <ol style="list-style-type: none"> <li>1. Electronic medical records (EMR) or electronic health records (EHR) cover <math>\geq 60</math> % of primary-care facilities.</li> <li>2. The HMIS uses a single unique patient identifier across all systems.</li> <li>3. Interoperability standards (e.g., HL7 FHIR – Health Level Seven Fast Healthcare Interoperability Resources) are adopted and applied across facility systems.</li> <li>4. A secure, national health data centre or certified cloud is available for hosting new applications.</li> <li>5. A data protection law (comparable to the GDPR – General Data Protection Regulation) is enforced and explicitly covers health data generated by connected devices.</li> <li>6. Do health facilities have consistent electricity supply, including reliable backup power systems (e.g., generators, battery backup) to ensure continuous operation of clinical and communication equipment?</li> <li>7. Health facilities have reliable internet (<math>\geq 90</math> % uptime) and Wi-Fi for clinical use.</li> <li>8. The HMIS can store and process automatic readings from connected medical devices (e.g., blood pressure, step count).</li> <li>9. A standard API or integration mechanism exists to connect third-party applications and devices to facility HMIS systems.</li> <li>10. A regulatory pathway exists for class IIa medical software/devices used in health facilities, with approval from national or sub-national health authority.</li> <li>11. Health facilities receive funding for hardware and software through a dedicated line in the Ministry of Health budget or other equivalent government source.</li> <li>12. The Ministry of Health currently has the capacity to generate dashboards or reports from routine HMIS data within one month.</li> <li>13. Health facilities routinely use mobile applications or connected digital devices in care delivery.</li> </ol>			
<p><i>The following questions refer to general data collection efforts, not limited to Health Management Information Systems (HMIS). Please consider all relevant sources, including national surveys, statistical office initiatives, and other data collection systems involving older persons.</i></p>			
<p>DI5. Is there a national protocol or ethical guideline for collecting data among older persons?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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<p>D16*. Does your country conduct cross-sectional surveys with nationally representative samples of older persons?*</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>D17*. Does your country conduct longitudinal surveys with nationally representative samples of older persons?*</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Please provide the name and the description of the available population data sources:</p> <p>D16.1 Title of the survey _____</p> <p>D16.2 Which entity collects the data? _____</p> <p>D16.3 What topics does the survey cover? (tick all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demographics</li> <li><input type="checkbox"/> Social networks and social support</li> <li><input type="checkbox"/> Physical health</li> <li><input type="checkbox"/> Behavioral risk factors</li> <li><input type="checkbox"/> Cognitive function</li> <li><input type="checkbox"/> Mental health</li> <li><input type="checkbox"/> Health care</li> <li><input type="checkbox"/> Vaccination</li> <li><input type="checkbox"/> Long-term care</li> <li><input type="checkbox"/> Violence</li> <li><input type="checkbox"/> Social Isolation and loneliness</li> <li><input type="checkbox"/> Employment</li> <li><input type="checkbox"/> Activities and social participation</li> <li><input type="checkbox"/> Ageism</li> <li><input type="checkbox"/> Housing and assets</li> <li><input type="checkbox"/> Transport/travel</li> <li><input type="checkbox"/> Biomarkers (blood-based and non-blood-based)</li> <li><input type="checkbox"/> other _____ (please specify)</li> </ul> <p>D16.4. The survey is representative:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> at the national level</li> <li><input type="checkbox"/> at the subnational level</li> <li>_____ (please specify)</li> </ul> <p>D16.5. Is it a repeated survey? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>D16.6. How often is it conducted? every _____</p> <p>D16.7. Is it a longitudinal survey? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>D16.8. What are the age limits (lower and upper) for the inclusion of the respondents in these surveys? _____</p>		

DI6.9. Is the institutionalized population included in the survey? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know DI6.10. Are some 'hard-to-reach' older persons (older prisoners, older homeless, older indigenous, older migrants and internally displaced, remote rural etc.) included in the survey? <input type="checkbox"/> Yes, please specify _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know DI6.11. Were older persons consulted in the design of the surveys? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know DI6.12. Is data publicly available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know DI6.13. Does the government use the data for policy analyses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
AFRODI7. Does your country have a dedicated research agenda or strategy that addresses the health and well-being of older persons, in alignment with the Healthy Ageing programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In development <input type="checkbox"/> Don't know	
AFRODI7.1 If yes or in development - Please briefly describe its scope, responsible institutions, and main thematic areas:		
AFRODI8. Has your government conducted a comprehensive national assessment of older persons' needs (e.g., health, social, and economic), based on primary data collection and analysis, independent of routine health information systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned <input type="checkbox"/> Don't know	
AFRODI8.1 If yes or planned, please provide details on the year(s) of implementation, leading agency, and type of data collected:		

\*Please note that there are five criteria to meet: 1) representative data from a single point in time or multiple points in time for longitudinal follow-up; 2) data on older persons and their health status, social and economic situation and needs; 3) collected since 2021; 4) anonymous individual-level data; 5) and in the public domain.

DI6\* Please upload all of the documents you have used to complete this section and provide details on each by completing the table below

S.no	(A) Title of survey	(B) Last year of data collection	(C) Type of document	(D) Upload document
				If the document is unavailable for upload, please provide URL or provide a reason for why it is unavailable
01		Record year	<input type="checkbox"/> Protocol/methodology <input type="checkbox"/> Survey questionnaire <input type="checkbox"/> Report HIS	

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02		<hr/> Record year	<input type="checkbox"/> Protocol/methodology <input type="checkbox"/> Survey questionnaire <input type="checkbox"/> Report HIS	
03		<hr/> Record year	<input type="checkbox"/> Protocol/methodology <input type="checkbox"/> Survey questionnaire <input type="checkbox"/> Report HIS	

**G1.** Are there particular programs, associations, or other projects that should be highlighted within the reporting representing extra-ordinary national or sub-national efforts to implement the United Nations Decade of Healthy Ageing? Please provide a short description of these initiatives and a link where relevant.

## GLOSSARY

**Age-disaggregated data** – data split into 5- and 10-years groups.

**Age-friendly cities and communities:** cities, towns, or rural areas that have formally committed to creating more age-friendly environments. Such commitment is demonstrated either by becoming a member of the WHO Global Network for Age-friendly Cities and Communities (GNAFCC), or by participating in a national or subnational programme affiliated with the WHO Global Network. The full list of members and affiliated programmes is available on the WHO Age-friendly World platform.

**Age-friendly journey:** structured process that cities and communities undertake to become more age-friendly. It includes three main stages: engaging and understanding the needs of older people (such as through a baseline assessment), planning and implementing strategies and actions to improve age-friendliness and evaluating progress. This process is described in detail in the WHO guidance and is reflected in the online profiles of members of the WHO Global Network for Age-friendly Cities and Communities.

**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

**Ageism** refers to stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) towards others or oneself based on age.

**Assisted living (facility):** a type of LTC service that provides housing, hospitality services and personal care for persons who can live independently and make decisions on their own behalf but require a supportive environment due to decreased functional ability and who are at risk living in their own home without any support. The care user may purchase and occupy a room, an apartment unit within a dedicated building, or a private home within a retirement community and benefit from additional support services in accordance with their care needs and their evolution with time.

**Behavioral risk factors:** actions, habits, and choices at the individual level that increase the likelihood of poor health outcomes, such as physical inactivity, unhealthy diets, and exposure to harmful substances. These risks are shaped by personal health literacy as well as by living environments and public policies, making them a key focus for health promotion, prevention, and intervention strategies.

**Caregivers/Carers (informal, unpaid, family):** people in the social environment of the individual needing LTC, who provide care but are not employed as a formal care worker. They may be a partner, child, parent or other person who provides occasional, regular or routine care, or is involved in organizing care delivered by others – most often without pay and always outside the remit of an employment or service-provision agreement

**Cash benefits:** financial payments of a fixed or varying amount paid to an individual based on need for care, which they can use to purchase care services.

**Certified cloud** refers to cloud computing services provided by third-party vendors that have undergone rigorous certification processes, meeting specific standards related to security, privacy, regulatory compliance, and data protection. Certification ensures that the cloud infrastructure meets national or international standards (e.g., ISO, HIPAA, GDPR, or local government requirements), enabling healthcare organizations to confidently host sensitive healthcare applications and patient information.

**Class IIa Medical Software/Devices:** Medical devices or software categorized as Class IIa typically represent medium-low risk. Classification is based on potential risk levels posed to patients or users. Common characteristics include: A) Moderate risk, B) Require formal approval based on evidence of safety, quality, and effectiveness. Examples include certain diagnostic software, patient-monitoring software/apps, digital therapeutic tools, or specific clinical decision-support software. (Note: Classification follows international standards such as the EU Medical Device Regulation (EU MDR) or similar national guidelines.)

**Clinical guidelines:** statements that include recommendations intended to optimize patient care.

**Community-based (long-term) care:** formal LTC provided and organized at community level; for example, in the form of adult day care centers, day hospice centers, recreational or community centers.

**Comprehensive health assessment:** the detailed complex examination that includes an investigation of social and behavioral influences, health risks, social and cultural needs, preferences, strengths and limitations of patients and/or families/caregivers.

**Community health workers (CHWs)** provide health services including health education, in partnership with health workers in health care facilities and referrals for a wide range of services, and provide support and assistance to communities, families and individuals.

**Chronic disease** is defined as being of long duration, generally slow in progression and not passed from person to person.

**Dashboard** is a visual tool or interface that displays important information or key performance indicators (KPIs) in an organized, interactive, and easily understandable format. It often includes charts, graphs, maps, tables, and summary indicators to help users quickly monitor, analyze, and interpret large volumes of data, identify trends, and support informed decision-making.

**Day care/community centers:** centers providing a type of community-based care, including services for people who require assistive and supportive services during the day, usually on a regular basis, or need opportunities to socialize. They are mostly located within the community, close to people's homes, and do not offer accommodation services.

**Day hospice centers:** centers offering a type of community-based care designed for individuals with palliative care needs being cared for in the community. They can be based within hospitals/hospices/ palliative care units or in other health care facilities but do not offer accommodation services.

**Formal LTC (settings):** care provided by professional LTC workers in various formats, including home care, community-based or residential/facility-based care.

**(Formal) LTC workers/Care workforce:** individuals who are paid within the remit of an employment contract, often holding professional qualifications or having received basic training for the roles they fulfil, which are usually associated with formal LTC service delivery (by certified or accredited providers) for people with care needs. Common care worker categories include personal care workers, home care aides and care assistants, as well as physicians, social workers, nurses, physiotherapists, personal assistants, and so on. In the scope of the data-collection instrument, regular childcare duties are not included, while the additional care needed for a child with disabilities would be included.

**Geriatric (older persons') care:** provision of care for older persons that focuses on the quality of life, control of disease and other distressing symptoms, and provides attention to the psychosocial, emotional and spiritual needs of patients and their families.

**Global Campaign to Combat Ageism:** an initiative that aims to tackle ageism by changing how we all think, feel and act towards age and ageing, which was supported by the 194 Member States of the World Health Organization, and integral to the UN Decade of Healthy Ageing (2021-2030).

**Health data center** is a specialized, centralized facility designed to securely store, process, manage, and protect electronic health data. It includes advanced infrastructure, security controls, backup systems, and compliance protocols to ensure confidentiality, integrity, and availability of sensitive patient information.

**Healthy ageing programme:** national programme aimed at ensuring healthy ageing and improving the lives of older persons, their families and communities.

**Health management information system:** an information system specially designed to support planning, management and decision-making in health facilities and organizations.

**HL7 FHIR (Health Level Seven Fast Healthcare Interoperability Resources)** is a modern, widely-adopted interoperability standard developed by Health Level Seven International (HL7). It leverages web-based technologies and modular "resources"—structured sets of health data—to simplify and accelerate the secure sharing of electronic health information. FHIR facilitates real-time data integration, improving coordination, clinical decision-making, patient engagement, and health system efficiency.

**Home-based care/Home care:** formal LTC services provided in the recipient's private home by one or more professional LTC workers.

**Inpatient care visits:** medical care provided on the base of a hospital or other type of inpatient facility.

**Integrated care for older people** is a model of care aimed at ensuring a continuum of integrated care by reorienting health and social services toward more person-centered and coordinated delivery. This approach is characterized by : A person-centered approach that prioritizes individual needs, preferences, and goals—rather than focusing solely on specific diseases—through the coordinated delivery of health and social care services ; the development and implementation of personalized care plans; service delivery through multidisciplinary teams with trained health and care workers, also with and in support of (unpaid) carers;; continuity of care across the ageing trajectory over time; and the reorientation of service provision towards primary care, including community-based delivery.

**Interoperability standards** are established guidelines and technical specifications designed to facilitate the seamless exchange, interpretation, and use of healthcare information between different systems, organizations, or entities.

**ICOPE:** WHO's approach to provide a continuum of integrated care with the goal of optimizing the intrinsic capacity of older people—such as locomotor capacity, cognition, vitality (nutrition), vision, hearing, and psychological capacity—and supporting their functional ability to meet basic needs, make decisions, be mobile, maintain relationships, and contribute to society. Implementing ICOPE as a part of Universal Health Coverage is one of the action areas of UN Decade of Healthy Ageing (2021-2030).

**LGBTIQ+:** people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+). The plus sign represents the vast diversity of people in terms of sexual orientation, gender identity, expression and sex characteristics (SOGIESC). The LGBTIQ+ acronym is dynamic and can vary depending on the region or country, highlighting the multitude of LGBTIQ+ communities across cultures.

**Long-term care (LTC):** services that include traditional health services (e.g., management of chronic geriatric conditions, rehabilitation, palliation, promotion, preventative services) as well as assistive care (caregiving and social support) that enable older persons, who experience significant declines in capacity, to receive the care and support that allow them to live a life consistent with their basic rights, fundamental freedoms and human dignity. Long-term care can be provided in many settings, including the home, the community, or a nursing home.

**Long-term care beds:** beds accommodating patients requiring long-term care due to chronic impairments and a reduced degree of independence in activities of daily living. They include beds in long-term care departments of general hospitals, beds for long-term care in specialty (other than mental health and substance abuse) hospitals, and beds for palliative care. Beds for rehabilitation are not included (along with the OECD definition).

**Longitudinal survey:** a research method in which data is gathered for the same subjects repeatedly over a period of time.

**National Policy on Ageing:** a policy sets out the government's vision, values, and long-term commitments for older persons; it frames ageing as a public-interest issue that cuts across sectors. Note that policy can be at the national or subnational levels depending on the political structure of the country.

**National Strategy on Ageing:** a strategy is the roadmap for delivering the policy: concrete priorities, measurable targets, budgets, roles, and time frames. Note that strategy can be at the national or subnational

**Number of active workers:** the total number of individuals currently employed and actively working in the specified category in home- and community-based settings, regardless of full-time or part-time status. Only include paid workers with recognized qualifications, contracts, or roles in the formal care system.

**Nursing homes or skilled nursing facilities:** a type of LTC facility that provides 24-hour medical care and skilled nursing support in addition to residential care, usually for people with severe sensory, cognitive, behavioral, nutritional and mobility problems, and/or bowel and bladder incontinence, which result in high levels of dependency. Such care facilities may be used for shorter periods, usually following hospital discharge, or for extended periods of time by people with permanent or irreversible declines in functioning.

**Outpatient care:** primary and specialist health care in the community, also called ambulatory care, a contact with a health professional such as physicians (both generalists and specialists), nurse, midwife, dentists, etc., and is not admitted to any health care facility and does not occupy a hospital bed for any length of time.

**Palliative and end-of-life care:** care services that ensure dignity and improve quality of life for people (and their families) who are facing life-threatening illness. This includes the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.

**Primary care:** primary care is at the heart of the services component of PHC that supports first-contact, accessible, continuous, comprehensive and coordinated care, often provided in primary care facilities (polyclinics, walk-in clinics), homes, community health centers, health posts, mobile clinics and through outreach services.

**Primary health care (PHC)** is a whole-of-society approach to the organization of health systems that includes health promotion, disease prevention, treatment and management, as well as rehabilitation and palliative care. It is care for all at all ages and addresses the majority of a person's health needs throughout their lifetime. This includes physical, mental and social well-being.

**Preventive care:** routine health care counselling to prevent illnesses, diseases, or other health problems

**Quality of LTC (services):** the degree to which care services contribute to preventing, restoring as far as possible, stabilizing and compensating for declines in functioning, while maximizing well-being and quality of life and increasing the likelihood of personal and health outcomes that are consistent with individual preferences, human rights and dignity of both care users and their caregivers.<sup>1</sup>

**Recreational or community centers (for people with care needs):** a type of community-based care service located in local community buildings, aiming to improve and maintain the physical and mental capacities of people with care needs, as well as to provide opportunities for them to connect with community resources.

**Rehabilitation services:** part of the universal health coverage that addresses the impact of a health condition on a person's everyday life by optimizing their functioning and reducing their experience of disability in interaction with their environment. Rehabilitation expands the focus of health beyond preventative and curative care to ensure people with a health condition can remain as independent as possible and participate in education, work and meaningful life roles.

**Regulatory pathway:** An official and structured process, typically set by a national or regional regulatory body (e.g., FDA in the US, EMA in Europe), for evaluating, approving, and monitoring medical products (devices or software). It includes defined steps such as application submission, review, validation, testing, evaluation, and approval or rejection.

**Residential care:** all LTC services and interventions delivered in facilities that provide 24-hour accommodation services and various levels of care and support services commensurate with users' care needs, available on a full-time residential basis. These may include assisted living facilities, nursing or

residential care homes, intermediate care facilities and other health or social facilities. Use of the term residential or facility-based care presupposes that care users reside in a protected and supported environment; however, it does not imply that their control over their own lives and their freedom to choose should be restricted.

**(Residential) Care homes:** formal LTC is provided to people residing and receiving care services in an LTC facility. These residential care homes provide 24-hour personal care and support for people who need help with daily tasks, but do not necessarily need skilled nursing care. The aim is to provide a safe and supportive environment, adapted to an individual's care needs, where people can lead a meaningful life.

**Respite care:** a type of formal LTC service that provides short-term relief for informal carers, giving them time to rest, travel, or spend time with other family and friends. Respite care may last anywhere from a few hours to several weeks at a time and can be provided in the care users' home, or in a residential care or community-based care setting (e.g. an adult day care centre)

**Stakeholders** (health) refers to an individual, group or organization that is interested in the organization and delivery of health care.

**Standard:** an established, accepted and evidence based technical specification or basis for comparison.

**Standard API or integration mechanism** implies that various health information systems—such as electronic medical records (EMRs), laboratory information systems, pharmacy systems, and public health databases—can securely and efficiently communicate and exchange data using agreed-upon technical standards. API (Application Programming Interface): A set of clearly defined methods, protocols, or tools allowing distinct software applications to interact, request, share, and retrieve information seamlessly. Integration Mechanism: A structured approach or method enabling multiple systems to connect, exchange, and interpret data effectively and reliably.

**Selective enquiry** refers to direct or indirect investigation on suspicion or concerns that someone is experiencing abuse or meet certain criteria indicating additional vulnerability to abuse.

**Resources:** for the purpose of this survey, resources are defined as financial, human, and administrative sources of supply and support for the implementation of healthy ageing programme.

**Repeated survey** means a survey that is repeated on a regular basis but does not necessarily follow the same individuals.

**Universal health coverage (UHC)** means that all individuals and communities receive the health services they need when and where they need them without suffering financial hardship.

**Unique patient identifier (UPI)** is a distinct, standardized code or number assigned to an individual patient to ensure accurate identification, tracking, and management of their health information across different healthcare settings. It facilitates continuity of care, improves patient safety by reducing errors, prevents duplicate medical records, and enhances the interoperability and efficiency of health information systems.