



**University of  
Zurich** <sup>UZH</sup>



## **Annual Meeting of the World Health Organization Collaborating Center Plus Network for Healthy Ageing (WHO CC+)**

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Academy of Humanities and Social Sciences, Bern

### **Meeting Report – SHORT VERSION**

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## 1. Summary

This summary captures a two-day meeting to develop a work plan for the World Health Organization Collaborating Center Plus Network for Healthy Ageing (WHO CC+; named *the new WHO CC+ Network* in the following sections) with three main objectives:

- (1) Develop a consensus on the key aims, strategies and tasks of the new WHO CC+ Network to support the implementation of the WHO Global Strategy and Action Plan on Ageing and Health (GSAP).
- (2) Shared understanding on the relation between the new WHO CC+ Network and current terms of reference of existing WHO Collaborating Centers (WHO CCs), and other platforms, such as the International Consortium of Metrics and Evidence, etc.
- (3) Develop a clear work plan for the new WHO CC+ Network from 2019 to 2020 in line with WHO's mandate, in particular a multi-country study to inform a baseline report for the Decade of Healthy Ageing.



The main results include consensus on the mission of the new WHO CC+ Network and a work plan for 2019-2020. Participants also recognized topics that required further discussion, such as the organization of the new WHO CC+ Network and steps beyond 2020.

## 2. Background

The background of this annual meeting is fully documented in the meeting concept note (Annex 1).

Thus, the new WHO CC+ Network has been developed to build up and channel research to implement the GSAP following two prior meetings (i.e., International Consortium on Metrics and Evidence for Healthy Ageing: 27 - 31 March 2017 at WHO; high-level strategic meeting "Building a Global Research Agenda for Healthy Ageing": 5 - 6 October 2017 at WHO) which recommended the development of a consortium to facilitate a systematic process to develop a new research and evidence network for Healthy Ageing.

The GSAP sets out two overarching goals: (1) build up more evidence on what can be done during 2016-2020; and (2) develop a platform and partnership for a subsequent Decade of Healthy Ageing from 2020 to 2030. In order to achieve the two overarching goals of the GSAP, the WHO secretariat is mandated to release a new WHO Report on Healthy Ageing (named *the new report* in the following sections) by October 2020, including an overview to the 73rd World Health Assembly in May 2020. This meeting is convened to move towards a work plan until 2020 to inform the new report, particularly on developing one or more multi-country studies.

## 3. Network Members and Pre-Workshop Interviews

Heads of the following four types of institutions were invited to attend this two-day meeting:

- (1) **All WHO CCs with direct or indirect relevance to ageing and the healthy ageing framework** put forth in the GSAP (informed by the database of WHO CCs: <http://apps.who.int/whocc/>);

- (2) **Existing WHO CCs and other institutions recommended by WHO senior staff within the Department of Ageing and Life Course**, the regional focal points on ageing and health in each of WHO's six regional offices, and the WHO Centre for Health Development in Kobe, Japan;
- (3) **Relevant institutions** carrying out jointly planned activities with WHO and seeking to become a WHO CC; and
- (4) A selection of **research councils and funding agencies**.

Prior to the meeting, WHO commissioned URPP Dynamics of Healthy Ageing, University of Zurich (UZH), to conduct telephone interviews with all heads of institutions to understand existing research activities, to begin to identify added value of the new WHO CC+ Network, and to shape the agenda of the meeting.

Key themes emerging from the pre-workshop interviews were documented in detail in the meeting concept note (Annex 1) and were used to inform the agenda of the two-day meeting.

## 4. Proceedings

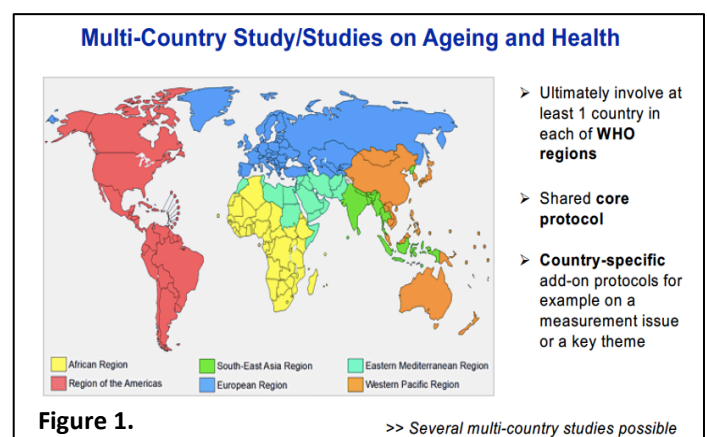
### 4.1 Baseline (Status) Report and Multi-Country Studies

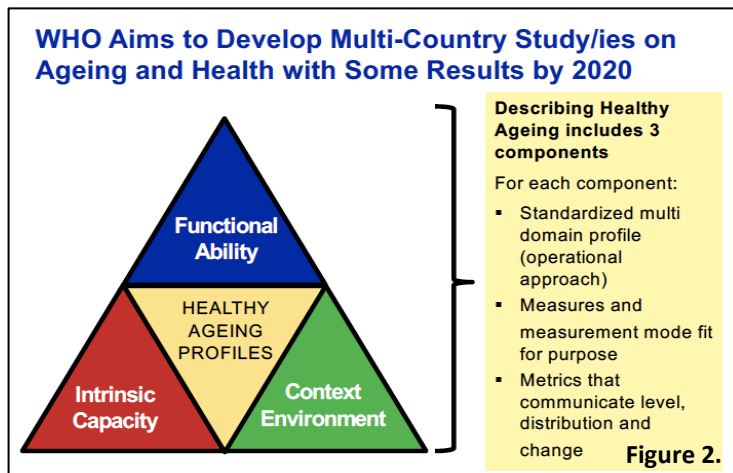
WHO has the mandate to develop the new report by October 2020 and submit an overview to the 73rd World Health Assembly in May 2020. The new report will serve as a baseline (status) report against which initiatives taken during the Decade of Healthy Ageing (2020-2023) will be evaluated. The report shall include standards and metrics and new evidence on actions that can be taken in each strategic area. It will include projections and alternative scenarios illustrating what can be achieved by 2030 with different resources and scale of activities. Annex 3 displays the conceptual outline of the report.

In order to inform the new report, the International Consortium on Metrics and Evidence for Health (27-31 March 2017) agreed on milestones to be achieved from 2017-2020 (Annex 4) and recommended to set up one or more multi-country studies on ageing and health with the following criteria:

First, the planned multi-country studies should span all six WHO regions as shown in Figure 1, with at least one country in each of the regions.

Second, there should be a shared and agreed-upon protocol to describe and analyze healthy ageing (i.e., “the process of developing and maintaining the functional ability that enables wellbeing in older age”) and describes its three operational components intrinsic capacity (IC), functional ability (FA) and environmental contexts (EN; Figure 2). A multi-country study should include core measures and indicators of each component and can be extended by country-specific, additional sub-protocols that tackle particular measurement, operational or conceptual questions. See Annex 5 for some additional background information.





As can be seen in Figure 2, standardized protocols and measures across countries and sites of the three Healthy Ageing components can then serve as the basis for person-specific profiles. Third, the particular research design and measurement approach must match the particular question and research purpose (i.e., clinical research requires different measures and designs than non-clinical research; population-based research questions require different approaches than

person-level diagnostics). That being noted, sometimes the specific questions or assessment tests used might be the same. Important for all multi-country studies is a choice of metrics that ideally allow conclusions not only about the level, but also the distribution (i.e., interindividual differences) and change (i.e., intraindividual trajectories) in IC and FA characteristics and the corresponding EN.

## 4.2 Three Small-Group Discussions

Across group discussions, there was a common call for clarification of the definition of IC, FA, and EN, and how healthy ageing is operationalized along those three key constructs.

### 4.2.1 Conduct two multi-country studies

In order to establish valid evidence to inform the new report, two multi-country studies involving new data collection were proposed:

- a. **Collection of new data in an integrative and comprehensive multi-country study protocol on healthy ageing profile assessments, covering IC, FA, and EN.** One major step toward this new multi-country study is to develop a research protocol that can be applied in various countries and is based on the collection and comparison of existing protocols across regions. It will include innovative and non-invasive technology-based assessments of all three types of indicators that allow for micro-longitudinal high-density assessments.
- b. **If feasible, a second study refers to a qualitative multi-country study to clarify, in the eye of the beholder, what healthy ageing means across different contexts** (e.g., between various age groups, regions, countries, communities, etc.). One challenge identified is to make sure on a measurement and analytic level to collect meaningful and comparable data across contexts.

### 4.2.2 Use existing datasets to inform the new data collection

A second major approach planned is to identify existing datasets and map IC, FA, and EN indicators to the healthy ageing framework. The results will inform about which (new or suitable) measures to be included in new data collection. Representatives from the University of Virginia and the University of Southern California offered to contribute to the mapping. Furthermore, sharing methods for sampling data analyses, and measurement approaches was suggested. Moreover, a wide range of existing data resources were suggested for reference: administrative data, such as Medicare; data bases from other institutions such as OECD and World Bank data; longitudinal surveys, such as the Health and Retirement Study family of surveys (referring to the mapping at USC) and the German Socio-Economic Panel (SOEP); as well as specific national and subnational surveys,



such as the spatial and social economic data in The Netherlands, or other data in Mexico, India, Hong Kong, US (Chicago), Spain, Kenya, Switzerland, and South Africa.

#### 4.2.3 Build economic case for healthy ageing

Care dependency and physical inactivity are costly. Promoting healthy ageing trajectories will have an impact on reducing disease burden: maintaining high functional populations, delaying functional declines, and minimizing care dependence. Reduction of care dependency is key (and also a new indicator that WHO will measure in all countries). Documenting economic benefits under different scenarios from 2020 to 2030 will help convey urgency and what investments are required. Additionally, older adults within a value chain can educate younger people on useful skills. The outcomes of the economic case should be communicated at a simple and easy level, backed by a peer review paper in a scientific journal.

### 4.3 Timeline of the New World Report

Initial submission of the new report to the 73rd World Health Assembly is due in May 2020, therefore WHO proposed the following timeline of the preparation of the new report and clarify related roles of the new WHO CC+ Network:

By March 2019	Concept for studies and re-analyses (global baseline regarding IC, FA, EN)
In 2019	Study / analyses
By Oct 2019	Preliminary results to be shared at a Consortium meeting of contributors to the baseline report, planned for 10-11 October in Geneva
By Feb 2020	Key results and scientific manuscripts

Roles of the new WHO CC+ Network include: (1) establish a common protocol to analyse existing data; (2) improve metrics; and (3) define an outcome measure (i.e., common metric).

### 4.4 Immediate Next Steps by 2020

To support WHO in preparing the new report, participants have identified four main tasks of the new WHO CC+ Network until 2020 and have agreed on a work plan:

#### 4.4.1 An overview of concepts of IC, FA, EN in the healthy ageing framework (WHO)

- Conduct a 4-level peer review exercise to operationalize the three Healthy Ageing Concepts (within the core investigators, with core ageing and health staff, across WHO experts, and with external experts) by December 2018
- Submit a leadership article that clarifies healthy ageing, three operational components, its sub-domains related to WHO norms, standards, and the World Report on Ageing and Health, and example measures and tests by June 2019

#### 4.4.2 A multi-country study of healthy ageing profile assessment (UZH)

- *Collect and assess existing protocols* to map IC, FA, EN + activities (existing variables and new variables that can be added to existing protocols or ongoing data collection) with partners in the following countries: **Switzerland** (UZH: protocol of “Mobility, Activity and Social Interactions Study [MOASIS]), **Mexico, Hongkong, India, South Africa, Australia, US** → **by May 2019**
- *As of June 2019: Data collection in three countries (CH, Mexico, Hongkong) will be completed or advanced in three countries by October 2019*





#### 4.4.3 A qualitative multi-country study (if feasible)

- *Establish functional ability identification pipeline*, i.e., define what healthy ageing means in different contexts (e.g., regions, countries, communities, cultures) to define context-adequate healthy aging measurement, particularly for people who have not been typically included.  
**Responsible institution & timeline (suggestion): Mexico with South Africa and India by Summer 2019**

#### 4.4.4 Use of existing datasets (WHO with partners)

- *Identify datasets and map indicators to the healthy ageing framework* (e.g., find links across studies / identify common variables / ask data producers for key variables / inquire which studies are geo-coded); find the data sets which are most encompassing + identify scope of existing datasets:

Phase 1 – health and retirement studies: **WHO and USC – September 2018**

Phase 2 – other data sources, e.g., IALSA (<http://www.ialsa.org/>) and subnational data sources (e.g., in Switzerland: DO-HEALTH (<http://do-health.eu/wordpress/>); ActiLaus and others (<https://www.colaus-psycholous.ch/>) in US: subnational data from California, collect others):

**WHO, UZH and other partners – September 2019**

- Map existing indicators to IC, FA and EN → Identify gaps (recommend adding new variables/markers)

Phase 3 (WHO coordinates):

- Develop analytical plan (incl. resources needed, who is in charge, who takes on which task): for example, testing constructs, cross sectional and longitudinal: **UVA and WHO, by May 2019** and plan for (possible) data linkage: **tbd (partner & timeline)**

## 4.5 Some Other Tasks and Discussion Points for Steps until 2020

### 4.5.1 Other tasks identified and requiring follow-up discussions

- Organizational issues of the new WHO CC+ Network, such as meeting schedule of the annual meetings, repository for shared documents, and website
- Further elaboration of tasks of the new WHO CC+ Network beyond 2020
- Seeking opportunities to collaborate regarding use of data/evidence to inform policy.
- Clearly make investment case (benefits and costs) → high-impact paper needed!

### 4.5.2 Open issues for possible consideration in task implementation and writing new report

- Understanding what contributes to healthy ageing, from clinical to population-based interventions (preventive, promotive, treatment, rehabilitation and palliation), to broader determinants of health (social, economic, environmental); clarify how health care contributes to optimizing IC or FA.
- Consider security / safety of older adults in some regions as an essential aspect of quality of life; what does healthy ageing mean in the different cultures?
- Clarify how Amartya Sen's capability approach fits with the definitions of healthy ageing put forth in the new WHO nomenclature and concept definitions
- How to integrate within-person variability with standardized measures?



#### 4.6 Longer-term Steps 2020+

- Develop guidance papers and time-coordinated papers covering regional healthy ageing issues
- Use community-driven approaches or age-friendly cities for systematic assessment of experiences etc. (e.g., see New York Academy of Medicine initiatives)
- Identify ideal interdisciplinary focus of HA research capacity
- Consider training next generation of ageing researchers, including minority groups (map existing initiatives and their accessibility etc.)
- Involve funders for targeted calls; contribute to preparation of linked call during 2021

#### 5. Closure

The meeting ended with a review of the agreements during the two-day meeting as well as an overview of next steps. The meeting objectives were achieved in full.