

DOI: <https://doi.org/10.17816/humeco643568>

EDN: VTADZ



National Aging Policies in the Context of the United Nations Decade of Healthy Ageing (2021–2030)

Elena Yu. Golubeva¹, Andrey G. Soloviev², Nidhi Mishra³

¹ Northern (Arctic) Federal University named after M.V. Lomonosov, Arkhangelsk, Russia;

² Northern State Medical University, Arkhangelsk, Russia;

³ Gandhi Institute of Technology and Management, Visakhapatnam, India

ABSTRACT

Population ageing is one of four major global demographic trends, alongside population growth, urbanization, and international migration. Despite the increasing prominence of demographic ageing, most countries remain insufficiently prepared to effectively respond to the emerging challenges and to harness the opportunities associated with changing population age structures. The implementation of healthy ageing policies requires coordinated efforts from intergovernmental organizations—primarily the United Nations and the World Health Organization—as well as from national governments, guided by a comprehensive understanding and consideration of the diverse needs of older populations.

This review presents the system of key activities of the United Nations Decade of Healthy Ageing (2021–2030), based on an analysis of reports from the World Health Organization and national healthy ageing policies implemented across various countries.

The paper examines the evolution of normative documents shaping conceptual approaches to healthy ageing, key trends in national ageing policies taking into account regional specificities of demographic ageing, and the integration of ageing-related topics into national programs and strategic documents of the United Nations. Interim results of the implementation of the United Nations Decade of Healthy Ageing (2021–2030) in 2021–2023 are analyzed.

The review emphasizes substantial differences in planning instruments used at various international, national, and regional levels within the framework of the United Nations Decade of Healthy Ageing (2021–2030). It is established that most national ageing policies have been developed in alignment with the priority areas of the Madrid International Plan of Action on Ageing (2002), whereas also significantly overlapping with the main goals and objectives of the United Nations Decade of Healthy Ageing (2021–2030).

Keywords: population ageing; global ageing trends; healthy ageing; national gerontological policies; United Nations Decade of Healthy Ageing (2021–2030).

To cite this article:

Golubeva EYu, Soloviev AG, Mishra N. National aging policies in the context of the United Nations Decade of Healthy Ageing (2021–2030). *Ekologiya cheloveka (Human Ecology)*. 2024;31(12):851–862. DOI: 10.17816/humeco643568 EDN: VTADZ

Submitted: 30.12.2024

Accepted: 28.04.2025

Published online: 02.06.2025

DOI: <https://doi.org/10.17816/humeco643568>

EDN: VTADZ

Национальные политики старения в фокусе реализации Декады здорового старения Организации Объединённых Наций 2021–2030

Е.Ю. Голубева¹, А.Г. Соловьёв², N. Mishra³¹ Северный (Арктический) федеральный университет имени М.В. Ломоносова, Архангельск, Россия;² Северный государственный медицинский университет, Архангельск, Россия;³ Gandhi Institute of Technology and Management, Вишакхапатнам, Индия

АННОТАЦИЯ

Старение населения — один из четырёх глобальных демографических трендов наряду с ростом численности населения, урбанизацией и международной миграцией. Несмотря на нарастающую выраженность процессов демографического старения, большинство стран мира остаются недостаточно подготовленными к эффективному реагированию на возникающие вызовы и к использованию потенциала, обусловленного изменяющейся возрастной структурой населения. Реализация политики содействия здоровому старению требует скоординированных усилий со стороны межправительственных организаций — прежде всего Организации Объединённых Наций и Всемирной организации здравоохранения, — а также национальных правительств, ориентированных на комплексное понимание и учёт разнообразных потребностей пожилого населения.

В настоящем обзоре представлена система ключевых мероприятий Декады здорового старения Организации Объединённых Наций 2021–2030 гг., основанная на анализе отчётов Всемирной организации здравоохранения, а также национальных политик в области здорового старения, реализуемых в разных странах мира.

Рассмотрены эволюция нормативных документов, формирующих концептуальные подходы к здоровому старению, ключевые тенденции национальных политик старения с учётом региональных особенностей демографического старения, синергия тематики старения в национальных программах и стратегических документах Организации Объединённых Наций. Проанализированы промежуточные итоги реализации Декады здорового старения Организации Объединённых Наций 2021–2030 гг. за период с 2021 по 2023 год.

Подчёркнута значительная разница инструментов планирования на различных международных, национальных и региональных уровнях Декады здорового старения Организации Объединённых Наций 2021–2030 гг. Установлено, что большинство национальных политик разработано в соответствии с приоритетными направлениями Мадридского международного плана действий по проблемам старения (2002 год), при этом наблюдают значительное пересечение с основными целями и задачами Декады здорового старения Организации Объединённых Наций 2021–2030 гг.

Ключевые слова: старение населения; тенденции старения регионов мира; здоровое старение; национальные геронтологические политики; Декада здорового старения Организации Объединённых Наций 2021–2030.

Как цитировать:

Голубева Е.Ю., Соловьёв А.Г., Mishra N. Национальные политики старения в фокусе в реализации Декады здорового старения Организации Объединённых Наций 2021–2030 // Экология человека. 2024. Т. 31, № 12. С. 851–862. DOI: 10.17816/humeco643568 EDN: VTADZ

DOI: <https://doi.org/10.17816/humeco643568>

EDN: VTADZ

聚焦联合国《Decade of Healthy Ageing 2021–2030》倡议的国家老龄化政策

Elena Yu. Golubeva¹, Andrey G. Soloviev², Nidhi Mishra³¹ Northern (Arctic) Federal University named after M.V. Lomonosov, Arkhangelsk, Russia;² Northern State Medical University, Arkhangelsk, Russia;³ Gandhi Institute of Technology and Management, Visakhapatnam, India

摘要

人口老龄化是与人口增长、城市化和国际迁徙并列的全球四大人口趋势之一。尽管人口老龄化进程日益显著，世界大多数国家仍未做好充分准备，难以有效应对由此带来的挑战，也未能充分开发因人口年龄结构变化而产生的潜在发展资源。推进健康老龄化政策的实施，亟需联合国、世界卫生组织等政府间组织与各国政府在全面理解并系统纳入老年人多样化需求方面开展协调一致的努力。

本文基于世界卫生组织的报告及多个国家正在实施的国家层面健康老龄化政策，梳理并分析了联合国《Decade of Healthy Ageing 2021–2030》的核心行动体系。

文中回顾了构建健康老龄化概念框架的规范性文件的演变过程，分析了在考虑各地区人口老龄化特征的基础上，各国老龄化国家政策的主要发展趋势，并探讨了老龄议题在联合国国家项目和战略文件中的协同融合情况。文中还分析了联合国《Decade of Healthy Ageing 2021–2030》倡议在2021年至2023年期间的阶段性实施成果。

指出在联合国《Decade of Healthy Ageing 2021–2030》倡议框架下，不同国际、国家及地区层面在规划工具的使用上存在显著差异。研究发现，大多数国家的老龄化政策以《Madrid International Plan of Action on Ageing》（2002年）为基础，并在目标和任务上与联合国《Decade of Healthy Ageing 2021–2030》的重点方向高度一致。

关键词：人口老龄化；全球区域老龄趋势；健康老龄化；国家老龄政策；联合国《Decade of Healthy Ageing 2021–2030》。

引用本文：

Golubeva EYu, Soloviev AG, Mishra N. 聚焦联合国《Decade of Healthy Ageing 2021–2030》倡议的国家老龄化政策. *Ekologiya cheloveka (Human Ecology)*. 2024;31(12):851–862. DOI: 10.17816/humeco643568 EDN: VTADZ

收到 30.12.2024

接受: 28.04.2025

发布日期: 02.06.2025

INTRODUCTION

Population ageing is the result of declining birth and death rates, leading to increased life expectancy, one of the major trends of the 21st century. Over the past two decades, the global population has made significant progress in longevity as the overall life expectancy has increased by 6.5 years and healthy life expectancy has increased by 6 years. However, the healthy life expectancy gap between World Health Organization (WHO) regions and between high- and low-income countries is as much as 13 years. The greatest difference is observed between countries with the highest rates (Japan and Singapore, 74 years) and the lowest rates (Lesotho and the Central African Republic, 44–46 years), which amounts to 28–30 years [1].

Despite the rapid growth in the proportion and absolute number of the elderly population worldwide, we have insufficient scientific data on the life activities of this age group, their contribution to society, and the services and resources required to ensure healthy longevity [2, 3]. Population ageing is accompanied by a slow and ineffective government response to emerging challenges and insufficient exploitation of the opportunities provided by the changing demographic situation and the ongoing focus of the WHO on this issue [4, 5].

Implementing policies to promote healthy ageing requires active efforts by governments to understand the diverse needs of elderly populations. Supporting the implementation of the United Nations (UN) Decade of Healthy Ageing 2021–2030 through information, scientific and educational actions allows us to consider the relevant issues of healthy ageing policy in the context of various international and national strategies for the elderly population based on cultural and socio-cultural differences. Each stage has key points and describes the actions to achieve its goals. As part of the UN Decade of Healthy Ageing 2021–2030, WHO manages and implements a set of global actions aimed at improving the quality of life of the elderly population, their families, and the communities where they live. These actions involve policies and systemic strategies in cooperation with national and international partners [6].

Despite the fact that the beginning of the UN Decade of Healthy Ageing 2021–2030 is associated with major global challenges, such as the COVID-19 pandemic, the global economic crisis, and international conflicts, some states have made significant progress in achieving its goals [7]. To successfully continue this work, researchers need to communicate with other stakeholders, who can synergistically influence the implementation of research; it is also required to involve the elderly population in this process [8].

The review describes key actions of the UN Decade of Healthy Ageing 2021–2030 and the analysis of its initial results.

METHODS

We used the method of comprehensive analysis of WHO's UN Decade of Healthy Ageing 2021–2030 progress reports. The information sources of the paper include official statistics and UN and WHO analytical reports.

EVOLUTION OF ADOPTED APPROACH DOCUMENTS ON POPULATION AGEING

In 2002–2020, key documents were adopted that define the action areas and principles of the ageing policy, including the Madrid International Plan of Action on Ageing (MIPAA) [9] and the WHO Global Strategy and Action Plan on Ageing and Health [10]. Despite the fact that there are various approach documents on the elderly population and their implementation tools, some authors emphasize the insufficient protection of the elderly. The main reason is that the proposed mechanisms are not binding. In this regard, additional action is required to reduce age discrimination and protect rights of this age group [6, 11, 12].

The WHO strategy included implementing evidence, filling gaps, and fostering the partnerships to build a solid foundation for the implementation of the UN Decade of Healthy Ageing 2021–2030 [10]. The WHO's 2015 World Report on Ageing and Health proposed the first framework for healthy ageing based on supporting the elderly and senile populations, maintaining and strengthening their functional ability using the "ageing in place" approach. It highlights the connection between the physical and cognitive human abilities and interaction with the microcommunity [13].

There are various definitions of healthy ageing, but in the literature it is conceptualized as a process of multisectoral changes aimed at ensuring well-being in old age [8, 14, 15]. The WHO Global Strategy and Action Plan 2016–2020 on Ageing and Health defines Healthy Ageing adopted at the 69th World Health Assembly (on May 24, 2016) defines healthy ageing as "the holistic process of developing and maintaining the functional ability that enables well-being in older age. It combines all elements and components of existence and life valuable for people" [10].

The UN Decade of Healthy Ageing 2021–2030 is a policy document that provides guidance to governments and coordinates the efforts of civil society, international organizations, and other actors, including professionals, academic institutions, the media, businesses, families, etc., to address the challenges of population ageing. The initiative is based on the global trend of increasing life expectancy in all countries; it aims to ensure active and healthy longevity with a high quality of life [15]. Healthy ageing involves multi-level interventions that go beyond disease prevention and health promotion. Healthy ageing strategy includes four key action areas:

- Combating ageism;
- Creating age-friendly environments;

- Delivering person-centered, integrated care;
- Delivering primary health services and the long-term care system [15].

To implement its objectives, the Decade provides a set of guiding principles and is aligned with 11 of 17 UN Sustainable Development Goals (SDGs). SDGs are based on five core values:

- People (thriving society);
- Prosperity (prosperous economy);
- Planet (healthy ecosystems and environments);
- Peace (ethics and justice);
- Partnership (cooperation and collective action) [16].

They apply to all global and national commitments, including the UN Decade of Healthy Ageing 2021–2030. The Preamble highlights “a spirit of strengthened global solidarity, focused in particular on the needs of the poorest and most vulnerable and with the participation of all countries, all stakeholders and all people” [17]. Connections between the above documents are expressed in the following provisions:

- Many systemic inequities limit prosperity and intersecting discrimination, including according to age;
- Without a healthy planet, healthy ageing will be difficult to achieve for people in the second half of their lives and for the generations that follow. Climate change is already widening existing wealth- and age-related divides;
- Partnerships that go beyond the usual coalitions and strengthen global solidarity are essential for attaining the SDGs;
- Actions to foster healthy ageing will contribute to building more inclusive, just, peaceful societies [16, 17].

As part of the integration of the UN concepts of healthy ageing and sustainable development, various governments have recognized that population ageing will affect the achievement of the SDGs. In particular, this is reflected as the increased demand for basic services, the need to adapt the physical environment to the needs of older people, and the increased burden on social security, pensions, and health-care systems. However, ageing policies and priorities are still poorly integrated into national sustainable development strategies and plans in many countries [6].

The UN Decade of Healthy Ageing 2021–2030 outlines actions for each responsible body, including member states of international organizations, national and international partners, and governance and accountability components of the action plan [18]. The key actions of the UN Decade of Healthy Ageing 2021–2030 include:

- Tools and guidance for a minimum package of long-term care as part of universal health coverage;
- Online resources for caregivers as part of their capacity-building (friends, family, and other informal caregivers);
- Improve the working conditions of care workers;

- Assess the health impact of social protection programs, including pensions;
- Provide technical support for national situation analyzes of long-term care [18].

KEY FEATURES OF NATIONAL AGEING POLICIES

Regional Aspects of Ageing

The number of people aged ≥ 60 years worldwide is expected to increase from 1.1 to 1.4 billion by 2030. According to the WHO's Decade of Healthy Ageing: Baseline Report, between 2000 and 2019, the expected gap between life expectancy and healthy life expectancy has increased from 7.3 to 8.3 years for men and from 9.7 to 11 years for women [5]. In addition, the gap between life expectancy and healthy life expectancy at age 60 increased from 4.1 to 4.7 years for men and from 5.3 to 6 years for women. According to Decade of Healthy Ageing: Baseline Report, in 2020, 105 Member States (54%) reported having national plans in place aligned with the principles of healthy ageing [5]. According to FPA Analytics research,¹ by November 2023, 141 (73%) UN Member States had at least one targeted national or subnational strategy, plan or law on ageing (see Fig. 1).

The report analyzes various plans, policies, programs, and strategies implemented by states in response to population ageing. It is noted that eight states have no national laws, policies, or strategies on ageing. However, in addition to national initiatives, several states have developed and implemented regional (provincial) actions. Each WHO region has specific characteristics [19].

Southeast Asia: Southeast Asia, which accounts for over 25% of the global population, is the region with the highest percentage of strategies and laws on ageing. 10 out of 11 countries have some sort of mainstreaming mechanism. By 2050, those 11 countries will account for more than 22% of the world's population over age 65.

The Americas: 89% of countries in the region have developed national plans highlighting a quick ageing—a total of 31 out of 35 countries. It is expected that one in six people will be over age 60 by 2030. However, the rate of ageing is not consistent across the region. While Canada and the United States are rapidly becoming “super-aged” societies, Latin America and the Caribbean are ageing at slower paces, with only 13 percent of Latin America's population currently age 60 or older.

Europe: The WHO Europe region, which includes EU and non-EU countries in Europe and Central Asia, has the oldest regional population in the world and the longest history of developing policies and plans to support older persons. As of

¹ FP Analytics, AARP. *Planning for aging societies. an analysis of governmental plans for healthy aging from around the world* [Internet]. Washington: The Slate Groupe. 2023–. URL: <https://www.aarpinternational.org/resources/healthy-aging/national-plans>. Accessed on March 13, 2024.

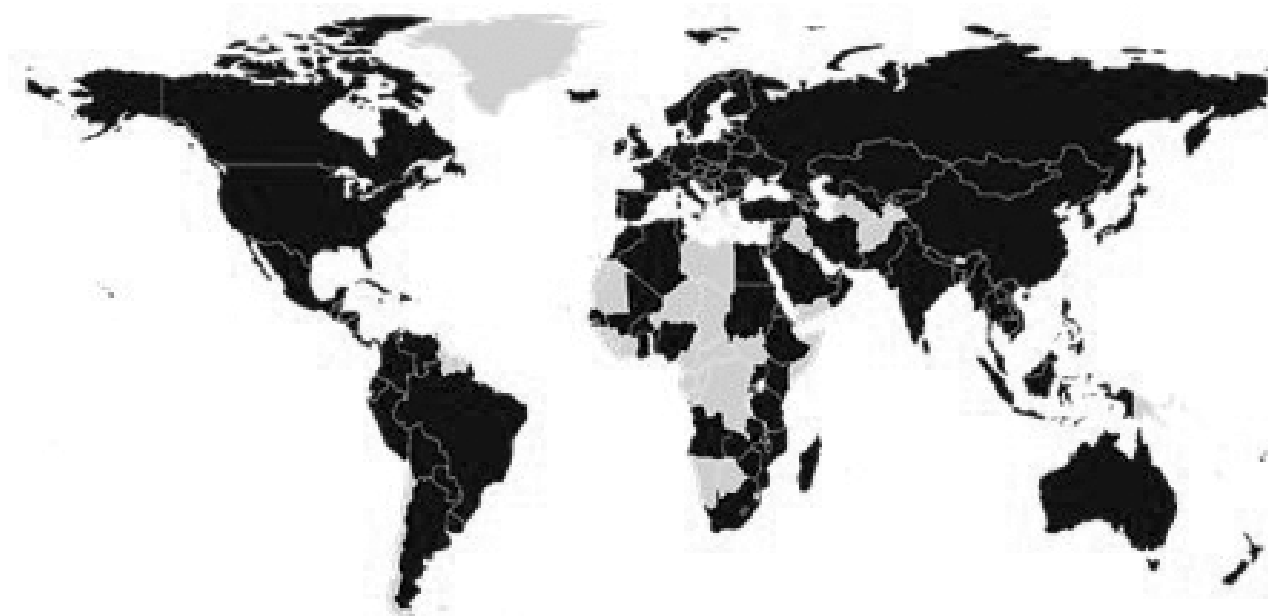


Fig. 1. Countries with national programs (plans) related to population ageing (highlighted in blue). Image adapted from ¹. © AARP, 2023. All rights reserved.

2023, 87% of Europe's 53 countries have adopted a national plan.

Eastern Mediterranean: The Eastern Mediterranean region is young, compared to the rest of the world, with approximately two-thirds of the region's population under age 35. However, governments in the region are increasingly identifying ageing as a policy priority: 14 of the region's 20 countries, or 70%, have at least one strategy, policy, or law on ageing.

Africa: The Africa region, which is the second-largest region at 47 countries, has the lowest percentage of national plans, with only 24 countries (51%) possessing a plan on ageing. In sub-Saharan Africa, approximately 70% of people are younger than 30.

Western Pacific: Although 34% of the world's older people currently live in the Western Pacific region—a population that is expected to double in the next three decades—only 16 of the region's 27 countries, or 59%, have developed a plan or strategy on ageing.

Ageing in National Policies in the Context of the United Nations Strategies

AARP report¹ stated that countries' income levels are associated with the development and adoption of national strategies around population ageing. A comparison of the World Bank's Income Classification for 2023 against countries with national strategies on ageing reveals that countries with higher incomes are more likely to possess a national plan, policy, or strategy on ageing. According to data, the following countries possess a national plan, policy, or strategy on ageing:¹

- 83% of higher-income countries;
- 79% of upper-middle-income countries;

- 70% of lower-middle-income countries;
- 44% of lower-income countries.

Overall, higher-income countries tend to have older populations and higher life expectancies, necessitating more immediate planning around population ageing, as well as greater allocation of resources to formalize and institutionalize plans.¹

These plans, policies, and strategies were assessed with regard to 18 key themes addressed within MIPAA's three pillars and across the UN Decade of Healthy Ageing's action areas¹ (see Table 1).

While the approach of the UN Decade of Healthy Ageing highlights four key policy action areas and promotes multi-sectoral action for ageing populations, MIPAA has acted as a foundational resource and norm-building framework for countries seeking to mainstream the needs of older persons across a wide range of policy areas since its publication in 2002 [9]. Every five years, an MIPAA review is conducted by United Nations Regional Commissions. These reviews take stock of country progress toward MIPAA goals as defined in their respective MIPAA Regional Implementation Strategies. 62% of strategies explicitly mention MIPAA as being an inspiration for their national principles as it directly supports the goals and themes laid out in MIPAA. MIPAA is also the most mentioned international policy document across 50 plans, followed by the United Nations Principles for Older Persons (1991). The policies adopted by Barbados, Chile, Eritrea, New Zealand, Panama, and Turkey were the only ones that directly mentioned the UN Decade of Healthy Ageing 2021–2030. For 12 plans developed after it was effected, 1/4 of the countries referenced it.¹

Across 50 national plans and supporting documents on ageing reviewed in the baseline report, only a few MIPAA

themes or UN Decade Action Areas were present in every single plan. The most prevalent were [5]:

- Addressing non-communicable diseases;
- Training care providers and health professionals;
- Social protection and financial security;
- Education and training.

The first MIPAA pillar recommends that governments act to ensure that older persons share equitably in the benefits of a country's economic development. Seventy-six percent of plans included targets around providing education and training and 64% included targets to build intergenerational solidarity. Plans tend to reflect the national context and issues of greatest concern and priority. For example, Bulgaria's plan, the National Comprehensive Strategy for Active Ageing (2016–2030), has a heavy emphasis on employment—particularly on retraining and retaining older adults in the workforce, as the country will soon experience the world's steepest decline in working-age population.¹

The AARP Report¹ provides the summary and analysis of national strategies to support ageing populations and their priorities. Many countries have a strong focus on social development and protection of the elderly population, often through filial support laws. These laws require close family members—most often adult children—to provide financial and material support to ageing relatives [11, 20]. In many countries, laws stipulating that family members have a legal duty to care for relatives effectively shift to a larger extent the responsibility and funding for care from the state to families, particularly in the Asia Pacific and Southeast Asia regions, as policymakers drew upon cultural norms of filial piety and reciprocity to fill gaps in care. For example, Cambodia's National Ageing Policy identifies intergenerational connection and joint family structures as a hallmark of Khmer society.¹ Many European governments have long relied on families to fill gaps in care, and now they are working on providing expanded support to informal caregivers [21] and acknowledging caregivers as essential stakeholders of healthy ageing agendas. In many regions, informal caregivers still bear the brunt of long-term care, yet only 16% of low-income countries provide them with training, support, and enhanced social protection [8]. The acknowledgment of caregivers has driven the inclusion of caregiver support in healthy ageing strategies. This seeks to shore up and support traditional familial mutual support systems by providing educational and training opportunities to informal caregivers and respite services. New Zealand and the United States have community-based care programs, and more holistically improving household income and well-being to build the economic capacity of the family.¹

Of the three MIPAA pillars, the second one, “Advancing health and well-being into old age,” was least prioritized in most national plans. All of the plans have at least one health-related target, but many are not comprehensive across the spectrum of MIPAA's health-related themes. Targets relating to noncommunicable diseases and the health

care workforce were the most common MIPAA policy issues to be included in the national plans. Moreover, 82% of the countries have plans with targets to prevent noncommunicable diseases, which are the leading causes of death and disability worldwide, and 78% of the countries have plans with targets to train care providers and health professionals. Two of the United Nations Decade action areas—improving access to and quality of long-term care and integrated care—are themes that are relevant to the MIPAA and included in 60% of the plans. This emphasis is important because it can reduce the burden of care on families and allow older adults to choose how and where they wish to grow old, which in turn can improve older persons' well-being. This approach is consistent with previously adopted documents and noted by some authors [22–24].

The third MIPAA pillar emphasizes the promotion of enabling and supportive environments, corresponding with a key UN Decade of Healthy Ageing action area promoting “Age-friendly environments” and aligning closely with the WHO's Age Friendly Cities and Communities program [25]. Supporting enabling environments for older persons includes ensuring access to quality housing and infrastructure as well as tackling ageism, neglect, and abuse, which can shape how older persons function and their overall well-being, both physically and mentally [26]. Elder abuse is prevalent globally, with one in six people over the age of 60 reporting abusive behavior in a nursing home or community setting. Abuse can all too often occur in home care situations and 66% of the plans identify the provision of

Table. 1. Overlapping Key Themes of the United Nations Policy Papers on Population Ageing (2002–2021)

Pillar	Key areas
Madrid International Plan of Action on Ageing (2002)	
Pillar 1: Older Persons and Development	Work and labor; Rural development; Education and training; Social protection and financial security; Intergenerational solidarity; Emergency response and disaster.
Pillar 2: Advancing Health and Well-being into Old Age	Training care providers and health professionals; Mental health; Disability; Noncommunicable disease prevention and nutrition; HIV/AIDS.
Pillar 3: Ensuring Enabling and Supportive Environments	Housing; Support for informal caregivers; Transport and public spaces; Neglect, abuse, and violence.
United Nations Decade of Healthy Ageing (2021)	
—	Combating ageism; Long-term care; Primary health services and integrated care

additional support to caregivers, many of whom are family members, to combat caregiver burnout and lessen the incidence of abuse.¹

Eradicating ageism is another key target included in 56% policies. Roughly, half of the world’s population holds ageist attitudes [26]. Plans that included a focus on combating ageism generally recommended the creation of positive-images-of-ageing campaigns as well as legislation that prohibits discrimination based on age. To combat abuse and ageism, many national strategies aim to address and improve the quality of life of older persons holistically, as well as focusing on the protection of older persons and improving intergenerational solidarity. 72% plans identified improving housing availability, quality, and affordability, and expanding older persons’ access to transport and public spaces as priorities. For example, New Zealand’s, Slovenia’s, and Malta’s strategies are focused on providing an option for older persons to remain independent and age in place in their home communities, including a free transportation service, which assists older people in independently conducting daily activities and errands.¹

Thus, the analysis shows that national planning to mainstream ageing is a key pathway to facilitate healthy ageing. It is also crucial for societies to prepare for and cope with demographic changes. According to WHO, by 2020, 141 UN Member States had developed national or subnational policies or programs on ageing, marking significant progress compared to 105 countries three years before. However, 54 member states lack any sort of broad strategy related to ageing. Resource limitations and data gaps, especially sex- and age-disaggregated data, present significant barriers to developing plans on ageing and informed management decision-making [5, 19].

**FIRST PHASE OF THE UNITED NATIONS
DECADE OF HEALTHY AGEING 2021–2030:
PROGRESS**

Despite the challenges of the COVID-19 pandemic, significant progress had been made in first phase of the implementation of the UN Decade of Healthy Ageing 2021–2030 to promote its key action areas [8, 27]:

- New long-term and integrative care strategies to promote access to the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care throughout life;
- Systematic approach to involve older people in attaining the objectives of the UN Decade of Healthy Ageing 2021–2030;
- New mechanisms, including online platforms and databases, to collect and monitor data on healthy ageing;
- New multistakeholder partnerships.

Key actions in the action areas of the UN Decade of Healthy Ageing 2021–2030 are shown in Table 2 [8, 27].

Implementing the next phase of the Decade will require coordinated efforts to support healthy ageing in low- and middle-income countries, where 80% of the world’s older population will live by 2050 [19]. Priority will be given to low-income countries, which often lack national policies, strategies, and plans targeting the elderly population. The next phase of the Decade will be focused on the engagement of older persons, who are key to attaining the objectives of the UN Decade of Healthy Ageing 2021–2030. However, resources required to promote healthy ageing are limited, necessitating a consistent action plan and significant investment [8].

Table. 2. First Phase of the United Nations Decade of Healthy Ageing 2021–2030: Progress

Action area	Summary of actions (2021–2023)
Changing how we think, feel, and act toward age and ageing	More countries have national legislation to prevent discrimination related to age, and effective strategies to combat ageism; 60% of countries have mechanisms to promote and protect the rights of older people and specific legal, administrative and other effective means to protect older people who have been subject to discrimination.
Ensuring that communities foster the abilities of older people	The percentage of countries with national programs to support the activities of the WHO Global Network for Age-Friendly Cities and Communities has increased.
Delivering person-centered, integrated care and primary health services responsive to older people	More countries had national policies to support comprehensive assessments with older people in 2022 than in 2020. This approach has generated wide interest among Member States, and many have undertaken pilot projects to initiate training of health and care workers; Challenges in providing integrated care, including human resource constraints.
Providing access to long-term care for older people who need it	National and regional initiatives have been conducted to strengthen long-term care for older people, including national policy development; Recognition of the human resource challenges in relation to long-term care, including the reliance on family care, usually provided by women, many of whom are older; Need for timely vaccination of older people and development of a multi-level system of long-term care with an emphasis on family and community care (microcommunity).

CONCLUSION

Population ageing is a major global socio-demographic issue. It requires stronger national strategies to provide adequate resources to improve the quality of life of the elderly population. The UN and WHO analytical reports emphasize the diversity of planning approaches and priorities included in national and regional programs based on demographic trends in individual countries, the legal framework, and socio-cultural norms. Most national policies are developed in accordance with the pillars of the Madrid International Plan of

Action on Ageing (MIPAA) (2002); however, they significantly overlap with the main goals and objectives of the UN Decade of Healthy Ageing 2021–2030. Despite significant progress in developing national policies (plans, strategies, programs), disparate approaches are observed in UN Member States. National policies in this area vary significantly and there is still no unified global agenda. The next report, scheduled for 2026, will involve collecting data to monitor progress in each action area of the UN Decade of Healthy Ageing 2021–2030, consulting with countries on statistics of healthy ageing, and assessing it in the context of the SDGs.

ADDITIONAL INFORMATION

Author contributions: E.Yu. Golubeva: conceptualization, writing—review & editing, supervision; A.G. Soloviev: conceptualization, writing—original draft; N. Mishra: literature review, writing—original draft, writing—review & editing. All authors approved the version of the manuscript to be published and agree to be accountable for all aspects of the work, ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Ethics approval: Not applicable.

Funding sources: No funding.

Disclosure of interests: The authors have no relationships, activities, or interests for the last three years related to for-profit or not-for-profit third parties whose interests may be affected by the content of the article.

Statement of originality: No previously published material (text, images, or data) was used in this study or article.

Data availability statement: The editorial policy regarding data sharing does not apply to this work.

Generative AI: No generative artificial intelligence technologies were used to prepare this article.

Provenance and peer review: This paper was submitted unsolicited and reviewed following the standard procedure. The peer review process involved two external reviewers, a member of the editorial board, and the in-house scientific editor.

ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ

Вклад авторов. Е.Ю. Голубева — концепция работы, финальное редактирование и утверждение рукописи; А.Г. Соловьёв — концепция работы, подготовка первого варианта текста рукописи; N. Mishra — поиск и анализ литературных данных, написание и редактирование текста рукописи. Все авторы одобрили рукопись (версию для публикации), а также согласились нести ответственность за все аспекты работы, гарантируя надлежащее рассмотрение и решение вопросов, связанных с точностью и добросовестностью любой её части.

Этическая экспертиза. Неприменимо.

Источники финансирования. Отсутствуют.

Раскрытие интересов. Авторы заявляют об отсутствии отношений, деятельности и интересов за последние три года, связанных с третьими лицами (коммерческими и некоммерческими), интересы которых могут быть затронуты содержанием статьи.

Оригинальность. При создании настоящей работы авторы не использовали ранее опубликованные сведения (текст, иллюстрации, данные).

Доступ к данным. Редакционная политика в отношении совместного использования данных к настоящей работе не применима.

Генеративный искусственный интеллект. При создании настоящей статьи технологии генеративного искусственного интеллекта не использовали.

Рассмотрение и рецензирование. Настоящая работа подана в журнал в инициативном порядке и рассмотрена по обычной процедуре. В рецензировании участвовали два внешних рецензента, член редакционной коллегии и научный редактор издания.

СПИСОК ЛИТЕРАТУРЫ | REFERENCES

1. Syndyashkina E. Healthy life expectancy in the context of the United Nations Decade of Healthy Ageing. *Analysis and Forecasting. IMEMO Journal*. 2022;(1):40–53. doi: 10.20542/afij-2022-1-40-53 EDN: CNQOPV
2. Vorobyev R, Korotkova A. Analytical review of healthy ageing in the who european region countries and russian federation. *Social Aspects of Population Health*. 2016;(5):1–20. doi: 10.21045/2071-5021-2016-51-5-3 EDN: XBHKPX
3. Formosa M. The Madrid International Plan of Action on Ageing: Continental and Western Europe 20 years later. In: Formosa M, Shankardass MK, editors. *The United Nations Madrid International plan of action on ageing: global perspectives (1st ed.)*. New Delhi: Routledge India; 2023. doi: 10.4324/9781003300724
4. Cacchione PZ. World Health Organization leads the 2021 to 2030-Decade of Healthy Ageing. *Clinical nursing research*. 2022;31(1):3–4. doi: 10.1177/10547738211065790
5. World Health Organization. *Decade of healthy ageing: baseline report. Summary*. [Internet]. Geneva: World Health Organization; 2021 [cited 2021 Mar 12]. Available from: <https://iris.who.int/bitstream/handle/10665/341488/9789240023307-eng.pdf?sequence=1>
6. Bosco A, Consiglio A, Di Masi MN, Lopez A. Promoting geropsychology: a memorandum for research, policies, education programs, and practices for healthy aging. *International Journal of Environmental Research and Public Health*. 2024;21(9):1172. doi: 10.3390/ijerph21091172 EDN: UUICAV
7. Wong BLH, Siepmann I, Rangan A, et al. Involving young people in healthy ageing: a crucial facet to achieving the Decade of Healthy Ageing (2021–2030). *Frontiers in Public Health*. 2021;9:723068. doi: 10.3389/fpubh.2021.723068 EDN: MHWLTE
8. The Lancet Healthy Longevity. The Decade of Healthy Ageing: progress and challenges ahead. *Lancet Healthy Longev*. 2024;5(1):e1. doi: 10.1016/s2666-7568(23)00271-4 EDN: XSIMIQ
9. United Nations. *Political declaration and Madrid international plan of action on ageing* [Internet]. New York: United Nations; 2002 [cited 2021 Sept 12]. Available from: <https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-ru.pdf>
10. World Health Organization. *Global strategy and action plan on ageing and health*. [Internet]. Geneva: World Health Organization; 2017 [cited 2021 Mar 12]. Available from: <https://iris.who.int/bitstream/handle/10665/329960/9789241513500-eng.pdf?sequence=1>
11. Golubeva E, Emelyanova A. Policy Initiatives on Healthy Ageing in Russia from 2010–2020. *European Journal of Mental Health*. 2020;15(2):93–110. doi: 10.5708/EJMH.15.2020.2.2 EDN: SQTFYF
12. Howell BM, Seater M, McLinden D. Using concept mapping methods to define “Healthy Aging” in Anchorage, Alaska. *Journal of Applied Gerontology*. 2020;40(4):404–413. doi: 10.1177/0733464819898643 EDN: DWYRIM
13. World Health Organization. *World report on ageing and health* [Internet]. Geneva: World Health Organization; 2015 [cited 2024 Mar 12]. Available from: http://apps.who.int/iris/bitstream/handle/10665/186463/1/9789240694811_eng.pdf
14. Golubeva EY, Soloviev AG. The WHO Decade of Healthy Ageing 2020–2030: a policy conception review in the gerontology context. *Ekologiya cheloveka (Human Ecology)*. 2023;30(7):499–508. doi: 10.17816/humeco568625 EDN: RHMUSR
15. Rudnicka E, Napierata P, Podfigurna A, et al. The World Health Organization (WHO) approach to healthy ageing. *Maturitas*. 2020;139:6–11. doi: 10.1016/j.maturitas.2020.05.018 EDN: WCKJTM
16. World Health Organization. *The 2030 Agenda for sustainable development and the UN Decade of Healthy Ageing 2021–2030* [Internet]. Geneva: World Health Organization; 2021 [cited 2024 Mar 12]. Available from: <https://cdn.who.int/media/docs/default-source/2021-dha-docs/decade-connection-series-agenda2030.pdf>
17. Stibbe D, Prescott D. *The SDG partnership guidebook: a practical guide to building high impact multi-stakeholder partnerships for the Sustainable Development Goals*. [Internet]. Oxford: The Partnering Initiative, New York: United Nations; 2020 [cited 2021 Mar 12]. Available from: https://sustainabledevelopment.un.org/content/documents/26627SDG_Partnership_Guidebook_0.95_web.pdf
18. FP Analytics, AARP. *Innovation and leadership in healthy aging innovation and leadership in healthy aging. Global insights to inform policy and enhance the well-being of older adults* [Internet]. Washington: The Slate Groupe; 2021 [cited 2021 Mar 12]. Available from: <https://www.aarpinternational.org/File%20Library/Healthy%20Aging/InnovationInHealthyAgingReport.doi.10.26419-2fint.00050.001.pdf>
19. Greer SL, Lynch JF, Reeves A. The politics of healthy ageing: myths and realities. [Internet]. Geneva: World Health Organization; 2022 [cited 2021 Mar 12]. Available from: <https://iris.who.int/bitstream/handle/10665/356910/Policy-brief-1997-8073-2022-1-eng.pdf?sequence=1>
20. Shankardass MK. The Madrid international plan of action on ageing and South Asia: assessing the progress. In: Formosa M, Shankardass MK, editors. *The United Nations Madrid International plan of action on ageing: global perspectives (1st ed.)*. New Delhi: Routledge India; 2023. P. 153–164. doi: 10.4324/9781003300724
21. Patyan L, Golubeva EY, Szeman Z, Robert MA. Risks of social exclusion in the interaction of the state and the family in the elderly care system. *Ekologiya cheloveka (Human Ecology)*. 2020;27(1):42–49. doi: 10.33396/1728-0869-2020-1-42-49 EDN: JKLJLH
22. Sinyavskaya OV. From active to healthy longevity. What can be the model of social policy in the interests of older citizens in modern Russia. *Sotsiodigger*. 2022;3(5-6):45–51. (In Russ.) EDN: QVGTIJ
23. Dey AB, Bajpai S, Pandey M, et al. Healthcare policies and programmes for older persons: Exploring awareness among stakeholders. *Journal of Healthcare Quality Research*. 2020;35(6):391–401. doi: 10.1016/j.jhqr.2020.06.010 EDN: ESYKLG
24. Howell BM, Seater M, Davis K, McLinden D. Determining the importance and feasibility of various aspects of healthy ageing among older adults using concept mapping. *Ageing and Society*. 2020;42(6):1403–1421. doi: 10.1017/S0144686X20001580 EDN: OHXHRO
25. World Health Organization. *National programmes for age-friendly cities and communities: a guide* [Internet]. Geneva: World Health Organization; 2023 [cited 2024 Mar 12]. Available from: <https://iris.who.int/bitstream/handle/10665/366634/9789240068698-eng.pdf?sequence=1>
26. World Health Organization. *Tackling abuse of older people: five priorities for the United Nations Decade of Healthy Ageing (2021–2030)* [Internet]. Geneva: World Health Organization; 2022 [cited 2024 Mar 12]. Available from: <https://iris.who.int/bitstream/handle/10665/356151/9789240052550-eng.pdf?sequence=1>
27. World Health Organization. *Progress Report on the United Nations Decade of Healthy Ageing, 2021–2023* [Internet]. Geneva: World Health Organization; 2023 [cited 2024 Mar 12]. Available from: <https://iris.who.int/bitstream/handle/10665/374192/9789240079694-eng.pdf?sequence=1>

AUTHORS' INFO

*** Elena Yu. Golubeva**, Dr. Sci. (Biology), Professor;
address: 17 Naberezhnaja Severnoy Dviny st, Arkhangelsk, Russia,
163002;
ORCID: 0000-0002-4791-258X;
eLibrary SPIN: 7637-5730;
e-mail: e.golubeva@narfu.ru

Andrey G. Soloviev, MD, Dr. Sci. (Medicine), Professor;
ORCID: 0000-0002-0350-1359;
eLibrary SPIN: 2952-0619;
e-mail: ASoloviev1@yandex.ru

Nidhi Mishra, Ph.D, Associate Professor;
ORCID: 0000-0002-8830-4839;
e-mail: nmishra@gitam.edu

ОБ АВТОРАХ

*** Голубева Елена Юрьевна**, д-р биол. наук, профессор;
адрес: Россия, 163002, Архангельск,
ул. Набережная Северной Двины, д. 17;
ORCID: 0000-0002-4791-258X;
eLibrary SPIN: 7637-5730;
e-mail: e.golubeva@narfu.ru

Соловьёв Андрей Горгоньевич, д-р мед. наук, профессор;
ORCID: 0000-0002-0350-1359;
eLibrary SPIN: 2952-0619;
e-mail: ASoloviev1@yandex.ru

Mishra Nidhi, доцент;
ORCID: 0000-0002-8830-4839;
e-mail: nmishra@gitam.edu

* Corresponding author / Автор, ответственный за переписку