

# The Global Network for Age-friendly Cities and Communities

Looking back over the last decade, looking forward to the next







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# PREFACE

In 2015, the Sustainable Development Goals (SDGs) united the world on 17 ambitious objectives that seek to make the world a better place for everyone between now and 2030. In line with the SDGs, the *Global strategy and action plan on ageing and health* listed five key strategic objectives on which we need to take action in order to improve the ability of older people to be and do what they have reason to value.

Helping cities and communities everywhere to become age-friendly is critical if we want to achieve the SDGs and the *Global Strategy*. By making cities and communities age-friendly, we ensure that cities and communities are inclusive and equitable places that leave no one behind – especially the most vulnerable older people. Equitable societies, in turn, have benefits for everyone.

No government or ministry can achieve these outcomes working in isolation. It takes the whole community, working together to make environments age-friendly, harnessing innovation and imagination from all sectors and all actors. Initiatives must partner within communities, but we also can learn across communities. A global network of cities and communities can help to catalyze progress by providing the inspiration and support that can inspire change and motivate action in creative ways – ways that don't have to be costly.

This report gives a global overview of the progress that cities and communities have made over the last decade towards becoming more age-friendly, through the lens of the WHO Global Network for Age-friendly Cities and Communities. Among the notable achievements, membership in the WHO Global Network has increased four-fold in the last two and a half years and more affiliate organizations are supporting the Network in its mission than ever before. These outcomes highlight the recognition around the world, of the importance of WHO's systematic and inclusive approach to becoming more age-friendly, through political commitment, planning, action, and evaluation. This approach, which can be flexible, can have a huge impact - Through the examples provided in the report from cities and communities around the world, we can see the concrete ways that these initiatives benefit older people in their everyday lives.

We are very proud of the work done by all those within the Network over the last decade, and with this report we look with optimism at the next decade to come.

Dr John Beard  
Director, Department of Ageing and Life Course  
World Health Organization

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# ACRONYMS AND ABBREVIATIONS

<b>AFCC</b>	age-friendly cities and communities
<b>FENSA</b>	Framework for Engagement with non-State Actors
<b>FTE</b>	full-time equivalent
<b>GNAFCC</b>	Global Network of Age-friendly Cities and Communities
<b>GSAP</b>	Global strategy and action plan on ageing and health
<b>IDOP</b>	International Day of Older Persons
<b>IMSERSO</b>	Instituto de Mayores y Servicios Sociales
<b>MENTOR-AFE</b>	Age-friendly Environments Mentorship Programme
<b>RFVAA</b>	Réseau Francophone des Villes Amies des Aînés
<b>SDGs</b>	Sustainable Development Goals
<b>WHO</b>	World Health Organization



# BACKGROUND

## Age-friendly environments

Urbanization and population ageing are transformative trends that are changing the way we live, work, and experience our urban environments throughout our lives and into older age. By 2050, the world's urban population is expected to nearly double. Fifty-seven per cent of people 60 years and older live in towns and cities. Globally, the total number of people over 60 is set to double by 2050, rising from 1 billion to 2 billion, with 80% living in low- and middle-income countries.

While most people can expect to live to 60 years and beyond, there is little evidence to suggest that these extra years are spent in good health. Cities and other human settlements can affect health directly, or through barriers or incentives that affect opportunities, decisions, and behaviour.

The *World report on ageing and health* highlighted the need for cities and communities to deliver better outcomes for older adults such as help build older people's abilities to:

- meet their basic needs;
- learn, grow and make decisions;
- be mobile;
- build and maintain relationships; and
- contribute.

Age-friendly environments (such as in the home and community) foster healthy and active ageing by building and maintaining intrinsic capacity across the life-course and enabling greater functional ability in someone with a given level of capacity. In practical

terms, age-friendly environments are free from physical and social barriers, and are supported by policies, systems, services, products, and technologies that:

- promote health, and build and maintain physical and mental capacity across the life-course; and
- enable people, even when experiencing capacity loss, to continue to do the things they value.

In doing so, age-friendly cities and communities:

- recognize the wide range of capacities and resources among older people;
- anticipate and respond flexibly to ageing-related needs and preferences;
- respect older people's decisions and lifestyle choices;
- reduce inequities;
- protect those who are most vulnerable; and
- promote older people's inclusion in and contribution to all areas of community life.

Creating environments that are truly age-friendly requires action in many sectors – health, long-term care, transport, housing, labour, social protection, information and communication – by many actors – government, service providers, civil society, older people and their organizations, families and friends. Working to create cities and communities that are sustainable and accessible to all requires a process across the life-course that progressively improves the fit between people's needs and the environments in which they live.

# WHERE WE STARTED

In 2006, with support from the Public Health Agency of Canada (PHAC), the World Health Organization (WHO) led research in 33 cities in 23 countries to identify what actions cities and communities can take to encourage active ageing and hence be “age-friendly”. The study specifically asked older adults to describe the advantages and barriers they experience in eight areas of city living: housing, transport, information and communication, outdoor spaces and buildings, community support and health services, social participation, civic participation and employment, respect, and social inclusion.

In most cities, the reports from older people were complemented by evidence from focus groups of caregivers and service providers in the public, voluntary, and private sectors. The results from the research led to the development of the WHO age-friendly cities approach and a set of age-friendly city checklists, which are outlined in the WHO *Global age-friendly cities: a guide*. The approach quickly gained traction and, in response to demands from cities and communities for support, WHO established the Global Network of Age-friendly Cities and Communities (GNAFCC) in 2010.

## Involving older people

Older people must be involved at the start and at each step of the process. In the United Kingdom, **Manchester’s** “Older People’s Forums”, held at the city hall, are an annual consultative body for older people to voice their questions, concerns and give advice directly to decision-makers.

Older people also play an active role in Manchester’s age-friendly programme and take part in a mechanism called the “Age-Friendly Older People’s Board”. Established in 2004, this platform comprises up to 15 members from different backgrounds, neighbourhoods and organizations. Key responsibilities of this group include:

- being champions for older people in their communities and organizations;
- providing hands-on leadership to central areas of age-friendly work;
- agreeing to an overall Age-Friendly Manchester strategy; and
- bringing forward new priorities.

Through partnerships with a local university older people in Manchester have also played an active role as co-researchers investigating and improving the “age-friendliness” of their communities.





# STRATEGIC SHIFTS

In 2015, WHO released the *World report on ageing and health*. This set out a new conceptual understanding and operational framework for *Healthy Ageing* focused on the new concept of functional ability. *Healthy Ageing* is the focus of WHO's work on ageing between 2015 and 2030. *Healthy Ageing* replaces WHO's previous *Active ageing: a policy framework* developed in 2002 and is the basis for the *Global age-friendly cities: a guide*. *Healthy Ageing*, like *Active Ageing*, emphasizes the need for action across multiple sectors, and enabling older people to remain a resource to their families, communities and economies.

WHO's current work on age-friendly environments builds on WHO's approach to age-friendly cities and communities used during the past decade. Much of this work is built around key municipal-level services: transportation, housing and urban development, information and communication, and health and community services. Under the *Healthy Ageing* approach, WHO's focus is on enhancing functional ability

by actively encouraging all relevant sectors to work together. The approach is relevant for all sub-national levels of government, for any sector, public or private.

Global developments (see Box 1) suggest that creating age-friendly cities and communities is a priority. In September 2015, the United Nations General Assembly, after extensive consultation, adopted the **Sustainable Development Goals** (SDGs) – a set of 17 global goals of which 15 are relevant to ageing. Many of the goals, because they are integrated and indivisible, will require governments to develop cross-cutting approaches. Cities and local stakeholders are key to implementing the SDGs.

In May 2016, the Sixty-ninth World Health Assembly adopted a *Global strategy and action plan* (GSAP) to be implemented across the 15-year period of the SDGs. The **vision** of the Global Strategy is a world in which everybody can live long and healthy lives. **Goals** over the next five years include filling the **evidence gaps and establishing**

## Box 1. GLOBAL STRATEGIC SHIFTS

2015 – Sustainable Development Goals – 17 global goals set by the United Nations in 2015

2015 – *World report on ageing and health* updated WHO's conceptual and operational framework on Healthy ageing

2016 – WHO *Global strategy and action plan on ageing and health* and new WHO Framework for Engagement with non-State Actors

2016 – New Urban Agenda endorsed by the United Nations General Assembly

2017 – WHO priorities for action towards a Decade of Action on *Healthy Ageing* (2021–2030)

2018 – WHO's Thirteenth General Programme of Work – WHO's priorities for 2019–2023

**partnerships** to ensure a Decade of Action on *Healthy Ageing* from 2021 to 2030. The Global Strategy outlines a framework for action by Member States, the WHO Secretariat and international and national partners across five strategic objectives:

1. Commit to action.
2. Develop age-friendly environments, including through developing age-friendly cities and communities.
3. Align health systems to the needs of older populations.
4. Strengthen long-term care.
5. Improve measurement, monitoring and research.

Later in 2016, a broad range of stakeholders outlined a new urban agenda, which was adopted at the **Habitat III cities conference**

in Quito, Ecuador, in October. The *New Urban Agenda* represents an important opportunity to ensure that our growing cities respond to ageing urban populations with perspectives and policies that can build inclusive, sustainable, secure, and prosperous communities for all. In doing so, it guides the efforts around urbanization of a range of actors – nation states, city and regional leaders, international development funders, United Nations programmes, and civil society – for the next 20 years.

The *WHO 13th General Programme of Work*, which outlines WHO's strategic and operational priorities between 2019 and 2023, highlights the need to deliver on the *Global strategy and action plan on ageing and health* and the Decade of Action on *Healthy Ageing* (2021–2030), including the work on age-friendly cities and communities.

# WHERE WE ARE TODAY

The **vision** of the Global Network today is that every city and community strives to become increasingly age-friendly.

The **mission** of the Global Network is to stimulate and enable cities, communities, and other sub-national levels of government around the world to become increasingly age-friendly. This represents an expansion from the initial membership, which focused on cities. Today, all sub-national levels of government can join the Network, but the epicentre for change remains where people live in their communities and cities. The Network seeks to support members to become more age-friendly by:

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

## Members

While national governments are largely responsible for creating policies and strategies for healthy and active ageing, lasting change requires commitment at all levels of government. An age-friendly world will be built community by community, city by city, region by region. Members of the Global Network are communities, cities or other sub-national levels of government located in WHO Member States.

The requirements for membership were updated in 2017 (see Terms of reference: <https://extranet.who.int/agefriendlyworld/membership/>) and include a letter from the Mayor or municipal administration indicating a formal commitment to:

- undertake a continuous process of improvement (see Fig. 1);
- actively participate in the Global Network, including sharing at least one age-friendly practice per year.

Membership of the Global Network is not a designation but a commitment to making progress on the journey to becoming more age-friendly.

### Creating opportunities to learn

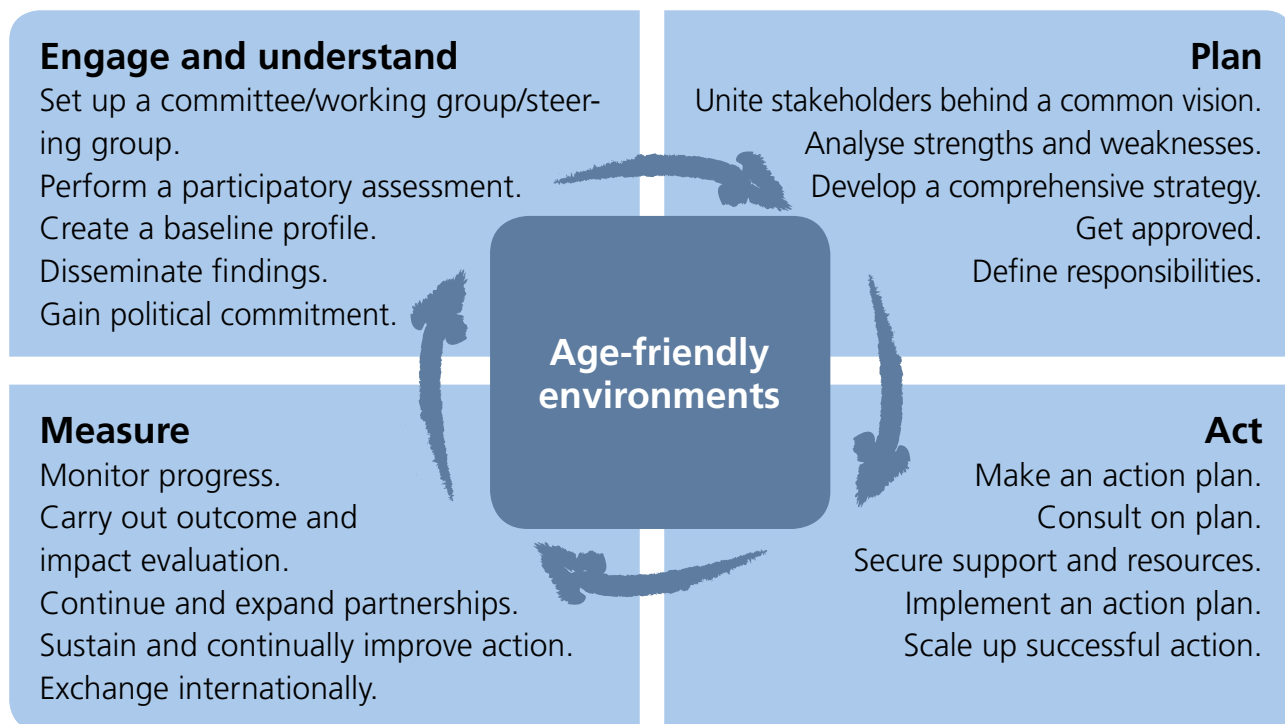
In **Hong Kong Special Administrative Region, China**, an “Elder Academy” scheme aims to promote access to learning opportunities in schools and university campuses for older people who had little or no education. This scheme allies with international ideas of the “University of the Third Age” (U3A) approach while optimizing the use of existing educational facilities. It has been successful in promoting both lifelong and even initial learning for older persons, encouraging participation, and helping to maintain physical and mental well-being.

The scheme also promotes civic education and intergenerational ties by engaging school and university students. Currently, some 125 elder academies in various districts and seven tertiary institutions offer a wide variety of courses.

Established in 2010 with 11 cities, membership grew to 760 communities and cities by September 2018. Fig. 1 shows the continuous process of improvement that members commit to on joining the Network. Fig. 2 shows membership growth. For information on members, see <https://extranet.who.int/agefriendlyworld/>.

Progress with regard to the continuous cycle of improvement is now made visible on the city/community profile pages on Age-friendly World and is used by WHO to assess if members meet the requirements. See Fig. 3 for a review of a random selection of 403 (i.e. 57%) members.

**Fig. 1. Cycle of continuous improvement**



### Building social connections

**Brussels** is growing quickly, and a study in 2012 with nearly 300 stakeholders on ageing identified people were losing their sense of community cohesion – neighbours felt they were not able to reach out for help when they needed it and the built environment was a big concern. To address this, Brussels created informal care networks, especially in poor neighbourhoods, where local volunteers take turns at helping out older people with tasks, for example, driving to get groceries or getting the mail. In addition, older volunteers were trained to perform home assessments in their and disadvantaged neighbourhoods to help other older people age more safely at home. These informal programmes help maintain a sense of community as the city grows and adapts to a new reality.



Fig. 2. Growth of Network membership, 2010–2018 (September 2018)

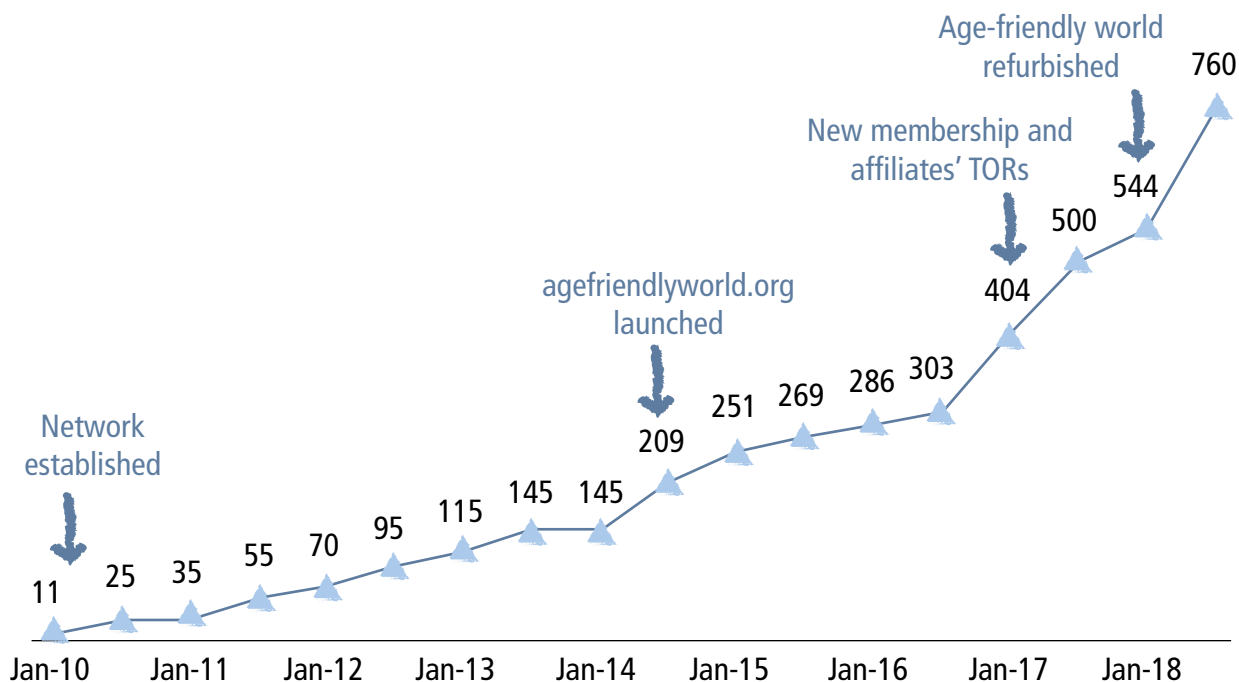
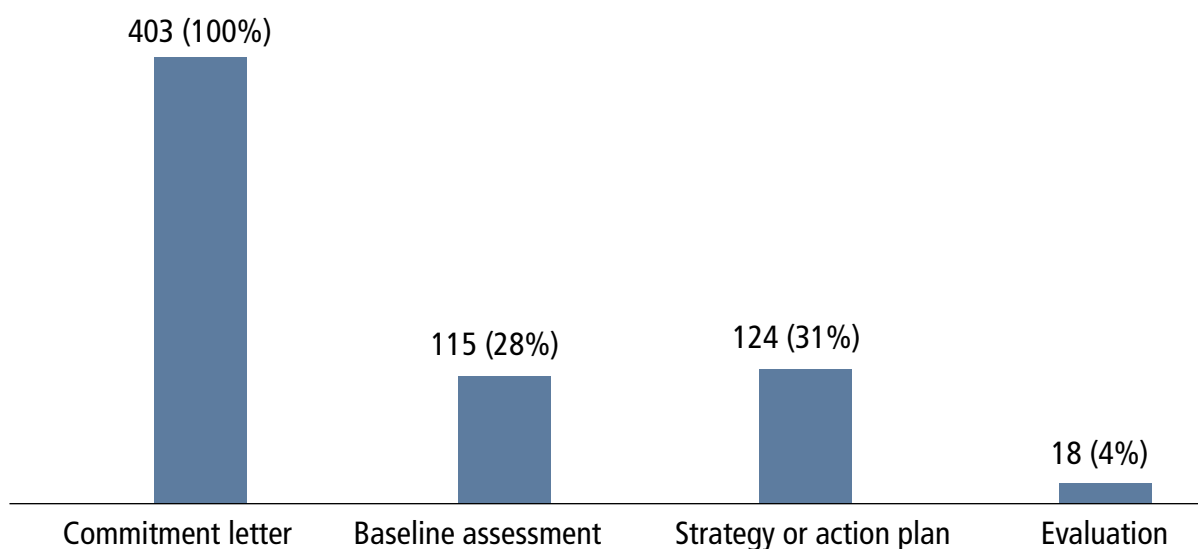


Fig. 3. Member progress on continuous cycle of improvement



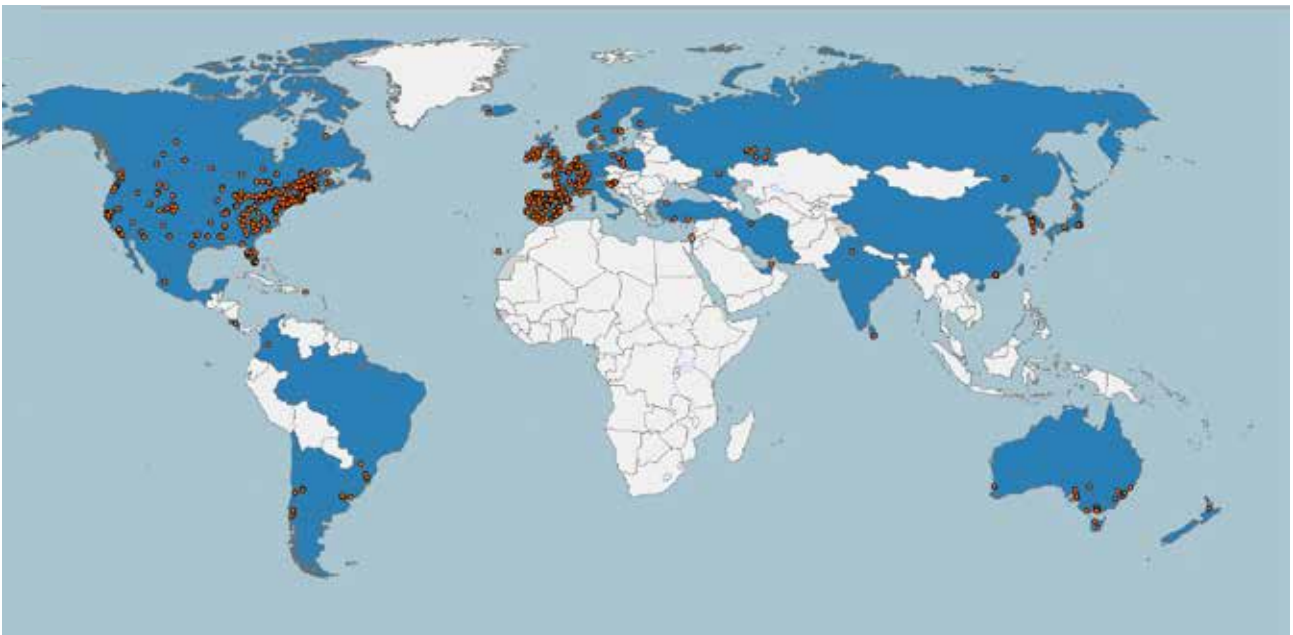
Source: Age-friendly world <https://extranet.who.int/agefriendlyworld/> (July 2017)

## Geographical and population coverage

The Global Network currently covers 39 (i.e. 20%) of the 194 WHO Member States. Africa is the only region with no members, despite the relevance of the approach (See Fig. 4 and Box 2.)

WHO country and regional offices report that other countries are also implementing programmes that are consistent with the activities of the Global Network (see Table 1). When taken together, age-friendly programmes are said to cover 100 (52%) of the 194 Member States.

**Fig. 4. Map of cities that are members of the Global Network**



Source: World Health Organization, map as of 1 September 2018

## **Box 2. Africa – untapped and unsupported**

A qualitative study was conducted in 2016 with older men and women, caregivers and service providers in Bamenda (Cameroon), Conakry (Guinea), and Kampala (Uganda) to identify key barriers to and opportunities for *Healthy Ageing* in the second half of life, and the relevance of the age-friendly cities and communities' approach to these settings. A number of common thrusts emerged, which have policy relevance for sub-Saharan settings, including the need:

- to adapt health systems to ensure older women's and men's access to services that will enable them to maintain their functioning as long as possible;
- to expand sustainable social protection, in particular, income security mechanisms for older and younger people with a specific focus on women;
- to build age-appropriate public toilets as well as toilets within/adjacent to older people's homes;
- to improve accessibility to public transport – in particular, through reduced fares, designated seating and designs to facilitate entry;
- to integrate information targeted at older adults in local radio and religious programmes;
- to develop support systems for older caregivers; and
- to foster attitudinal change to support an expansion of older people's social roles, including in intergenerational mentoring.

Missing dimensions of the age-friendly cities and communities (AFCC) framework included the importance of having one's basic needs met; in particular, with respect to access to food and financial security in old age. With a minority of participants having access to a pension, older people in African cities still strongly depend on income-generating opportunities. With employment opportunities limited, opportunities for self-employment were highlighted as well as a concern for the financial security of their children (on whom many also depend for their own livelihood). The importance of cities for all ages was stressed.

Table 1. WHO Member countries by WHO region working on age-friendly environments

WHO Region (total number of countries)	Countries with registered cities/communities in the Global Network	Countries reporting national programmes on age-friendly environments
African Region (15)		Benin, Burkina Faso, Cabo Verde, Congo, Côte d'Ivoire, Gabon, Gambia, Ghana, Guinea, Lesotho, Madagascar, Senegal, Seychelles, United Republic of Tanzania, Zimbabwe
Region of the Americas (19)	Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Mexico, United States of America, Uruguay	Antigua and Barbuda, Barbados, Belize, Bolivia, Cuba, Guatemala, Honduras, Paraguay, Peru, Saint Vincent and the Grenadines
South-East Asia Region (9)	India, Sri Lanka	Bangladesh, Democratic People's Republic of Korea, Indonesia, Maldives, Nepal, Thailand, Timor-Leste
European Region (38)	Andorra, Belgium, Finland, France, Germany, Iceland, Ireland, Israel, Italy, Netherlands, Norway, Poland, Portugal, Russian Federation, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom	Albania, Armenia, Austria, Bulgaria, Cyprus, Czechia, Estonia, Hungary, Latvia, Lithuania, Luxembourg, Malta, Monaco, Republic of Moldova, Former Yugoslav Republic of Macedonia, Romania, Serbia, Slovakia
Eastern Mediterranean Region (8)	Islamic Republic of Iran, United Arab Emirates	Bahrain, Iraq, Jordan, Libya, Qatar, Saudi Arabia
Western Pacific Region (10)	Australia, China, Japan, New Zealand, Republic of Korea	Cambodia, Malaysia, Mongolia, Singapore, Viet Nam

### Staying fit

**Ottawa** has modified its outdoor environment to enable older people to keep fit. Adding modified fitness equipment to recreation areas, removing tripping hazards from thousands of sidewalk curbs, creating accessible pedestrian signals and countdown timers, adding hundreds of benches, all help to make environments welcoming for older people to stay active. A fitness programme, Better Strength Better Balance, has seen the participation of over 2000 older people.



© Ottawa, Canada



Network members currently cover 217 million people. No country has universal coverage, with Member States' population coverage (all ages) ranging from 0.03% in Germany to 37.92% in Uruguay<sup>1</sup> (see Figs. 5 and 6). In countries where there are sub-national affiliates, population coverage is generally higher in the sub-regions than nationally – see Western Australia in Australia, Quebec in Canada and Kanagawa in Japan. Coverage for

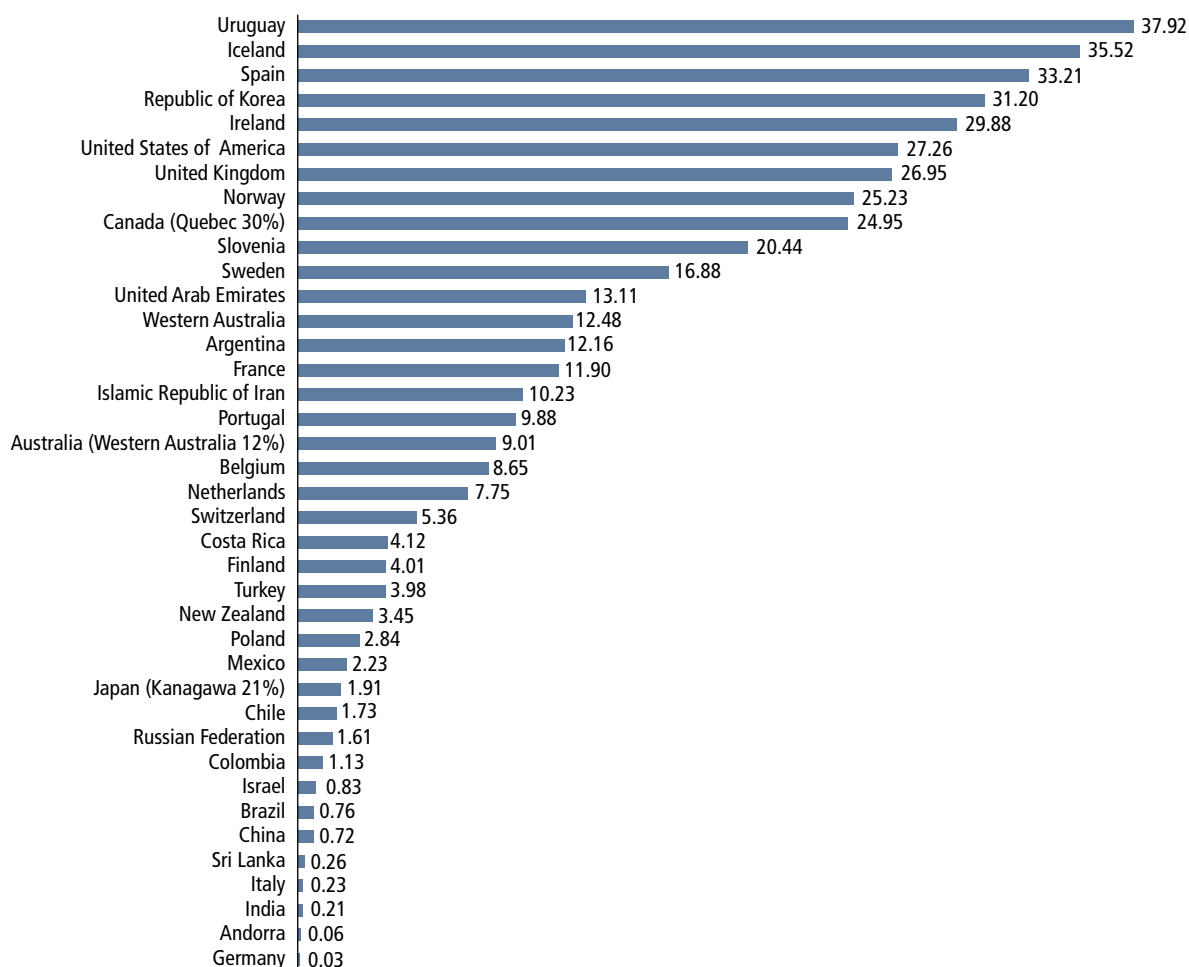
populations 60 years and over is similar to the level of coverage for all ages. More detailed analysis is needed to understand the level of inequities in member cities and communities, and who is most affected. For example, in cities and communities that were members of the Global Network in April 2018, just over 4 million of the 29 million people aged 60 years and over are in poor health. Nearly 3 million of these people are also poor.

### Bridging across generations

**Loncoche**, in Chile, has included intergenerational exchange as part of their county educational plan. Through this plan, programmes have connected older people with children in schools to help foster better connections between older and younger people, building positive social connections for all.

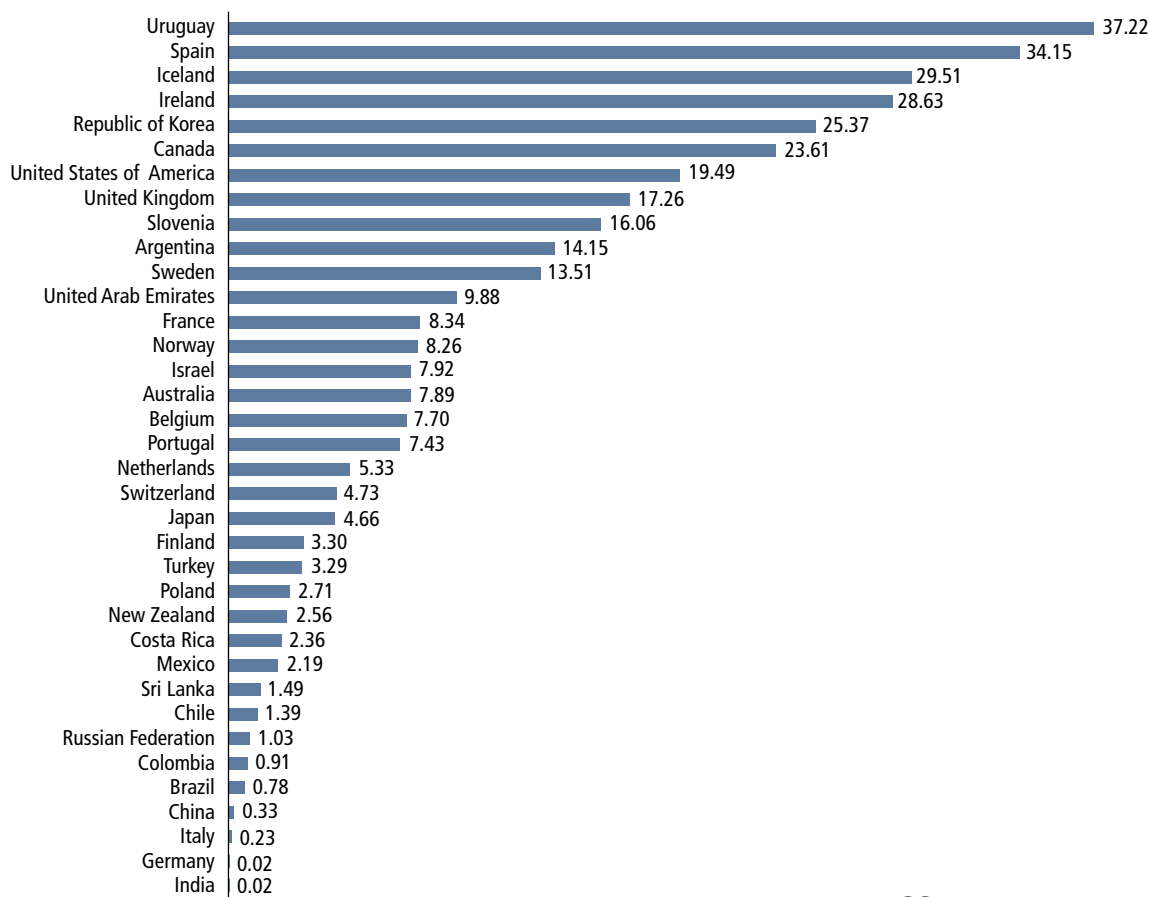


Fig. 5. Percentage of national populations covered by Network members



1 Uruguay has one member in the network – the capital city Montevideo.

**Fig. 6. Percentage of people 60 years and over covered by Network members (July 2018 – with data missing for Andorra and Islamic Republic of Iran).**



### Creating spaces for people with dementia

In **Melville**, Australia, a café owner dedicates staff and seating, and welcomes people living with dementia, and their carers and families for a monthly social catch-up. All staff at the café are trained in dementia awareness and provide an inclusive atmosphere. The trend has caught on, and several other cafés have also started offering something similar with support.



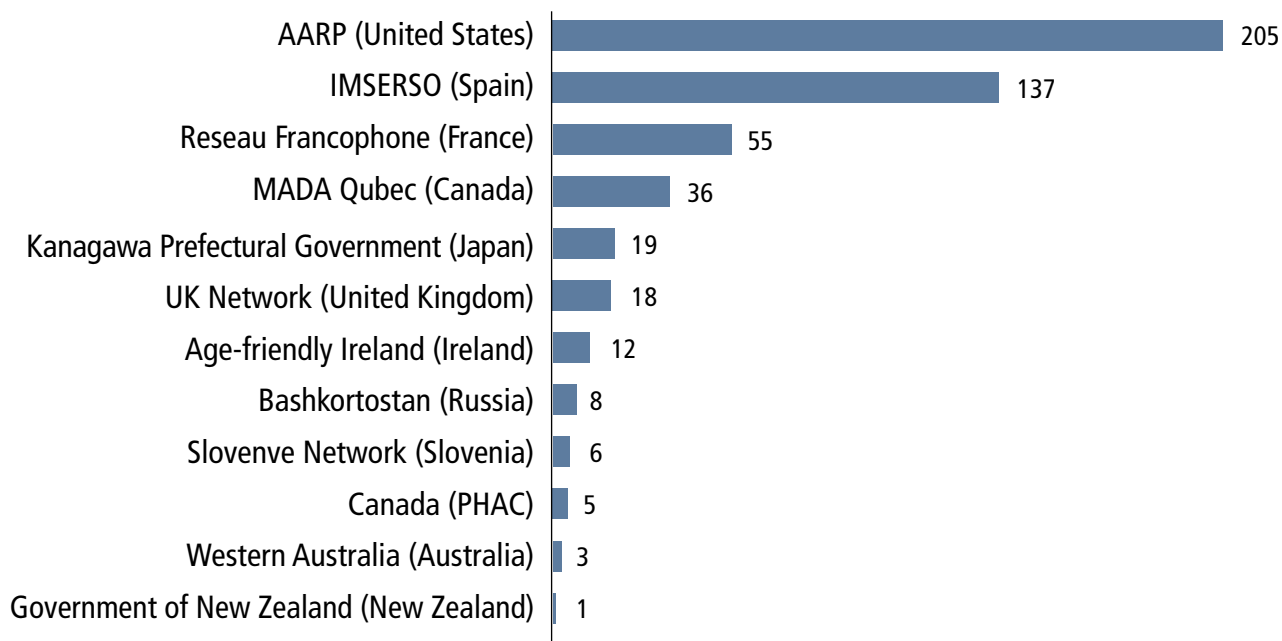
### Network affiliates and WHO collaborating centres

The Network currently has 15 affiliates from 11 countries that support 77% of the Network members (see Annex 1). Some members have recently joined, such as New Zealand, while others have had a long-standing relationship with WHO, such as the Public Health Agency of Canada. See member breakdown by affiliate in Fig. 7.

Network affiliates play an essential role in supporting the Network’s mission. They advocate for the work of the Network and, within their respective spheres of influence, advance knowledge and action on age-friendly environments.

Until the adoption of WHO’s *Framework of engagement with non-State actors* (FENSA) in 2016, the Network had worked informally with a range of government and non-State actors. Terms of reference for WHO’s relationships with affiliates were developed in

**Fig. 7. Number of Global Network members by affiliate**



Source: WHO Network database July 2018

2017, to align with FENSA, and require that all affiliates – government agencies and non-State actors – develop a collaborative plan with commitments to a minimum range of activities and details of additional activities.

A survey was carried out in 2018 with five affiliates that had been working for at least three years and with at least 30 cities to better understand the who, what and how of affiliates. Annex 2 provides an overview of the affiliate survey findings. Box 3 highlights some of the tools and resources that affiliates have invested in for their members.

**WHO collaborating centres** are institutions such as research institutes, parts of universities or academies, which are designated by the Director-General to carry out activities in support of the organization’s programmes. There are two collaborative centres that support Network activities (see Annex 1). Other potential strategic partnerships that are being explored are also mentioned in Annex 1.

*“It can be challenging to undertake the stakeholder engagement, community assessment, and strategic planning tasks necessary to work towards becoming an age-friendly community. Other age-friendly communities can provide some lessons learned, but the Network affiliate is in a good position to tailor their guidance to the context of each community and to see the community through from the concept phase to application for age-friendly recognition.”*

Member statement about affiliate

### **Box 3. Tools and resources developed and adapted by affiliates (taken from a survey of five affiliates)**

All affiliates have developed new resources and contextualized existing ones for their networks.

Réseau Francophone des Villes Amies des Aînés (RFVAA) has developed a *French guide of age-friendly cities*, and *Essentials of age-friendly France*, a series of books on themes that include information and communication, the silver economy, intergenerational guidance and reducing isolation. RFVAA has also created a range of training materials on processes to become age-friendly and other age-friendly themes.

AARP, as part of its hybrid approach to Livable Communities and Age-friendly Cities and Communities, is producing a series of “roadmap workbooks” on livability, community consultation, housing, economic development, and other topics. Its website has a wide range of other online resources – fact sheets, posters and infographics, an interview series with influential people, how-to guides and toolkits. It also maintains a weekly newsletter and its staff provides hands-on support and technical assistance.

Instituto de Mayores y Servicios Sociales (IMSERSO), with the support of its Age-friendly Cities Working Group, has developed an online course on how to become an age-friendly city, and has published several articles through Working Group members’ publications and IMSERSO’s own newsletter. It has also made available basic templates and recommendations for cities and communities, and has an online presence to collect and disseminate information to its network, including through social media.

The Public Health Agency of Canada (PHAC) has a number of tools and resources to assist communities, available on its website, including an evaluation guide and a set of indicators. Many provinces and communities have tailored tools and resources for their contexts.

## **NETWORK ACTIVITIES**

The Network’s activities enable it to activate age-friendly action around the world. In collaboration with affiliates and other partners, the Network seeks to inspire, connect and support members. These activities are largely carried out through the Network’s online platform – Age-friendly World.

This platform allows interested cities or communities to learn about the requirements of membership and apply directly through the

site. It enables existing members to profile their work and learn about other members, and find opportunities for exchange and collaboration. Members each have a profile page with details about their age-friendly programme and contact information visible only to other members, and a visual depicting the member’s progress along the age-friendly milestones. A *Global database of age-friendly practices*, and a library containing member-uploaded toolkits, publications, research updates and videos provide access to a range of resources.



In 2017, the website was upgraded to improve browsing, and new functions were added for managing the Network and viewing the *Global database of age-friendly practices*. Since the upgrade, visitors to the website have grown and are staying longer on the website. In a recent survey of members (see Annex 3), viewing member pages, and watching the videos in the resource library were the top reasons for visiting the site. The website is accessed 4000 times per month, an increase of 62% from the previous year.

## Global database of age-friendly practices

The *Global database of age-friendly practices* is a collection of concrete measures aimed at enabling *Healthy Ageing*. At present, the majority come from three regions: the WHO European Region, Region of the Americas and Western Pacific Region.

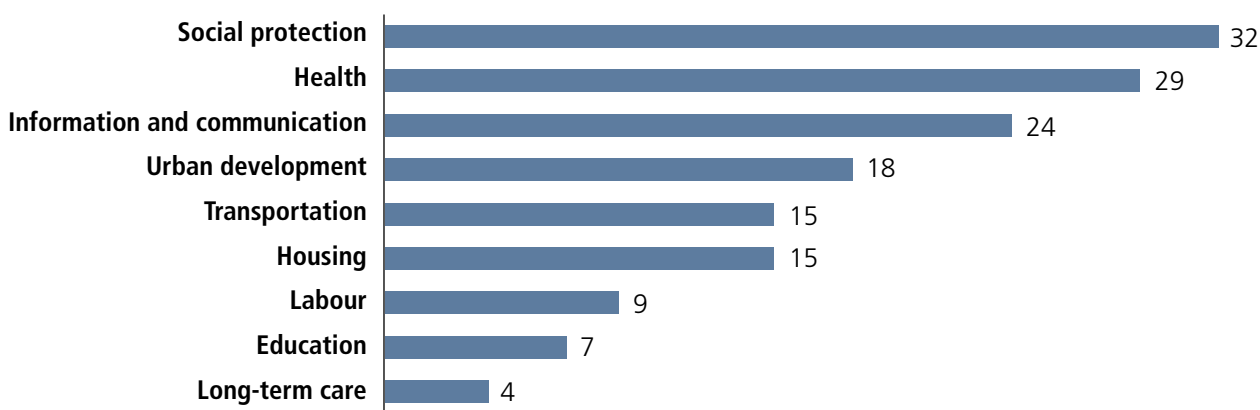
Practices typically aim to enable one or more of the functional abilities: meeting older people's basic needs; being mobile; building and maintaining relationships; learning, growing and making decisions; and contributing. Practices are written to allow a reader to gain an understanding of what was done (see Fig. 8), by

whom and how it was done. They indicate how older people and the wider community were included in the process, describe next steps and reflect on the lessons learnt. A search function allows users to refine the search by a number of values, including country, size of the community served, year initiated, desired outcome, issue addressed and whether the practice has been evaluated. Contact information is available to enable follow up.

In order to highlight key issues and gather practices around priority topics, the Network has launched several calls for practices. For the International Day of Older Persons 2016, WHO featured nine examples of practices from five countries on the 2016 International Day of Older Persons (IDOP) theme of Ageism. In May 2018, in collaboration with Grantmakers in Aging and with support from the International Federation on Aging, WHO issued a Call for Practices on Housing that resulted in 44 submissions from 15 countries. WHO has also collaborated with national practice databases to facilitate their inclusion in the global database – for example, practices from the Age Friendly Ireland database are being incorporated in the global database.

As of July 2018, the global database is one of the top three most accessed pages on [agefriendlyworld.org](http://agefriendlyworld.org) with 709 page views that month.

Fig. 8. Breakdown of age-friendly practices by sector



## Conferences

The Network has co-hosted/supported international conferences: Dublin, Ireland (2011), Quebec, Canada (2013), and the International Federation on Ageing conference in Brisbane, Australia (2016) and Toronto, Canada (2018). Conferences have provided an important opportunity to promote age-friendly information, allow for international exchange of information, and attract an increasing number of participants. The 2013 conference was attended by 700 people while the 2018 conference welcomed 1200 participants from 75 countries.

In addition to global conferences, the Global Network secretariat has also co-organized regional capacity-building conferences and workshops, including with Sharjah, United Arab Emirates and Kanagawa and Hyogo Prefectures, Japan.

## Newsletter

The age-friendly newsletter, issued monthly, communicates information about conferences, professional opportunities, calls to action, publications, celebrations, and other items relevant to the work of the Network. The age-friendly newsletter reaches 800+ subscribers (as of July 2018), including Global Network focal points, affiliates and other interested stakeholders.

## Mentorship programme

In 2018, WHO, in partnership with the International Federation on Ageing, launched a mentorship programme on age-friendly environments, MENTOR-AFE. The programme allows:

- emerging and established leaders of age-friendly communities to further develop their skills with the support of a mentor; and
- existing experts to share their knowledge and experience, and to develop mentees' skills to lead, influence and implement age-friendly environments. In doing so, they reinforce their own leadership and expertise.

The first call for applicants attracted 35 mentee applicants and over 50 mentor applicants. The first cohort of the programme is currently under way, with 16 mentorship pairs working together from September 2018 for one year.

## Webinar series

In order to build capacity on *Healthy Ageing* and age-friendly environments and foster dialogue, WHO, in partnership with the International Federation on Ageing, hosts a bi-monthly webinar series on important and emerging topics. These have ranged from an introduction to indicators for age-friendliness, to reducing inequities, to age-friendly environments in rural and remote contexts. Webinars regularly exceed 300 registrants.

# HOW DOES THE GLOBAL NETWORK COMPARE WITH OTHER NETWORKS?

In early 2017, a review was done by the City Leadership Laboratory at University College London comparing the Global Network to 200 other city networks (national, international and regional). These data relate to this review when the Global Network had 400 members.

Key findings at that time were as follows. The Global Network:

- In what was its seventh year, is a relatively recent addition to the global city diplomacy landscape, but brings a unique mix of focus and outreach.
- Had more member countries than the average, i.e. 37 compared to 15.
- Had lower city/state ratios than the average, i.e. 10.8 compared to the average 83.5. However, these were much deeper than others such as Polis, World Cities Culture Forum, and Strong Cities. This is likely to have improved, given that membership is expanding in existing countries, and may indicate a capacity to lobby more effectively with national governments and engage more meaningfully with local and national contexts.
- Was growing faster than many other networks, notably those operating at national or regional levels.
- Was, like the majority of city networks globally, centred on engaging directly with the mayor and the mayor's office of its cities. This makes for a top-heavy engagement with political legitimacy, but does it withstand electoral cycles and political shifts? Sixty-three per cent of city networks, as with the Global Network, flag time limits of city leaders as a key barrier to effective operations.
- Did not at the time of review subscribe to any of the ten most common required membership criteria globally (e.g. membership fees, political characteristics, reporting criteria), like a few other cases internationally (11%). This changed in 2017 with the introduction of membership reporting requirements.
- The budget (US\$ 250 000–500 000) was similar to 15% of other networks but on the lower side for an international network (average budget US\$ 1–5 million).

# GAPS AND CHALLENGES

## Knowledge gaps

With the 2015 publication of the *World report on ageing and health*, WHO released a new framework for action on *Healthy Ageing*, which builds on the active ageing framework and reflects the latest evidence. This new framework is strongly focused on creating age-friendly environments that enable older people to have the capabilities they say are important for well-being.

Based on the new framework, WHO's age-friendly cities approach needs to strengthen its focus on multisectoral action that delivers outcomes (i.e. enhancing older peoples abilities, meeting basic needs, being mobile, building and maintaining relationships etc.) in ways that reduce inequities. Guidance and tools are needed to support cities and communities to make decisions around which actions are most likely to ensure these outcomes and not leave any groups behind in the process of development.

## Language gaps

English is the main working language of the Global Network, such as for newsletters, most of the content on [agefriendlyworld.org](http://agefriendlyworld.org), including the database and resource library. Membership to the Network can now be accepted in three languages (English, French and Spanish) and profile pages are created in these languages.

Members of the Network represent populations that speak each of the six official UN languages, and many others beyond. As

### Forming new partnerships

**Akita City's** Age-friendly Partner Programme works with older adults and private sector companies to include older people in the workforce and find solutions for problems affecting older people. Simple solutions are often the best. For example, those delivering milk to shops now make a special stop at the homes of older adults who are isolated. Only by working with a very broad range of actors could this type of solution be developed.

such, language can be a major barrier to access to information and participation. As one example, [ciudadesamigables.imserso.es](http://ciudadesamigables.imserso.es), the Spanish-language site of IMSERSO, refers most visitors to [agefriendlyworld.org](http://agefriendlyworld.org), yet the main landing page for the Global Network and Global database of age-friendly practices is in English only. A few affiliates already provide valuable language support, for example, on translation of publications into members' local languages, and translating work from members into English.

## Geographical coverage

See Fig. 5, which illustrates important gaps in coverage by region. No country has all its cities and communities within the Global Network.

## Involving everyone

**Euskadi**, the Basque country of Spain, recognizes that no one actor can fill all the gaps and ensure that their cities and communities are age-friendly, and that challenges are best addressed through multisectoral work. The programme has focused on building a strong network of 50 local municipalities, and the public and private sectors. In this way, work is unified across Euskadi's diverse towns and villages, and with diverse stakeholders. A number of benefits of the programme have resulted for different stakeholder groups, including:

- the empowerment of older people and the promotion of social relations and active participation;
- the revitalization of older people's associations;
- awareness among business and local amenities about the implications of an ageing population; and
- improved dialogue between the city council and citizens.

## Creating hubs

In **Dijon**, La Maison des Seniors, or the Older People's House, provides a hub for older people to connect with each other, learn about local events, or host cultural or recreational programmes.



# VISION FOR THE FUTURE

Development of the Global Network is a priority within the *Global Strategy and Action Plan on Ageing and Health* and the related Decade of Action on *Healthy Ageing* (2021–2030). In August 2018, the Network convened a meeting of affiliates to review achievements since the Network's inception, and to identify what success will look like at the end of the next Decade of Action. Representatives from 14 regional, national and international organizations working on age-friendly programmes, in addition to academics from institutions working on age-friendly research, discussed the vision for the future (see Annex 4: List of participants).

## Combatting ageism

Real change will be achieved only if we change how we think, feel and act towards age and ageing. **Guadalajara** has been campaigning to change people's perceptions of older people in order to reduce prejudice and discrimination. It demonstrated the diversity that exists in the older populations, and emphasized the need for inclusion and developing awareness of the needs of different groups of older people.



## A. What should success look like in a decade?

**Impact.** The Decade of Action on *Healthy Ageing* should contribute to increasing **healthy life expectancy**. While men and women are living longer (increased life expectancy), the extra years are not necessarily healthy (i.e. healthy life expectancy). The next Decade should also contribute to reducing the **inequities** in both life expectancy and healthy life expectancy within and between cities and communities.

**Outcomes.** The next decade should see cities and communities making measurable changes in building and maintaining older people's **functional ability**. This has important implications for whether they can keep working, whether they are able to look after themselves or will need (and get) social care, or whether they can spend time with friends and family and maintain social relationships.

**Process.** The next decade will see **all countries developing age-friendly programmes**. Cities and communities – because these are where people live, work, play and grow older – can control those factors that influence a person's functional ability. Creating age-friendly cities and communities can go a long way in creating environments that both promote health and build and maintain physical and mental capacity across the life-course; and enable people, even when experiencing capacity loss, to continue to do the things they value.



## B. How will we achieve success?

### 1. Develop a baseline and understand who is benefiting and who is being left behind

A baseline is needed to provide an information base from which cities and communities can monitor their progress and assess the effectiveness of their age-friendly actions. An agreement on the nature of the *change* that cities and communities want to measure in terms of functional ability is required as well as details of relevant sub-groups – age, sex, education, language, rural/urban, etc. – to understand who is being left behind.

### 2. Make the Network more inclusive and ensure that nobody is left behind

Cities and communities recognize the great diversity in ability, culture, language, etc. that exist in older adults – knowing how to respond to that diversity and reach those who are not benefiting from age-friendly actions will be a focus of the next decade.

### 3. Strengthen the Network and build new partnerships

The Network will need to be strengthened and a range of strategies can facilitate this:

- **National-level governments.** Identify, through national ageing focal points, government interest in developing a national age-friendly cities and communities programme. Support the development of national affiliates/programmes that have the interest and capacity to support cities and communities interested in becoming more age-friendly.
- **City level.** Continue to be responsive to city/community leaders who are interested in making their cities more age-friendly. Link city leaders to relevant national affiliates/collaborating centres.

- **Develop specific projects within the existing Network.** For example, bring together megacities; have projects on specific priority themes that have been identified by Network members.
- **Transnational networks.** Collaborate with other transnational city networks for which addressing ageing will help advance their strategic priorities such as Healthy Cities, Smart Cities, Resilient Cities.
- **Non-State actors.** Identify other non-State actors – nongovernment organizations, philanthropic foundations or academic institutions that could support the objectives of the Network.

#### Committing to action

**Portland**, in the United States of America, has created public forums where political candidates share their views and plans related to ageing – this gets leaders talking about the issues, improves both transparency and accountability for Portland's residents, and helps them to address the challenges they face. In this way, future initiatives can be made taking the needs and wants of older people directly into consideration.

### 4. Develop global goods and adapt them to regions and countries to support local age-friendly programmes

**Investment case.** Develop a business case that could be shared with ministries of finance on the value of investing in age-friendly cities and communities.

**Training, mentoring and exchange.** Innovations in education, networking, and exchange are needed to ensure that all city leaders and potential focal points on age-friendly cities and communities can access

training and support that is useful to them to decide on and lead age-friendly programmes. A global multilingual training programme, an expanded mentoring scheme, and global and regional workshops are some ideas for how to provide this support.

**Monitoring and evaluation.** Evaluation methods need to be developed to support age-friendly research that might include comparative studies, building a theory of change for process and content, and more in-depth research into long-standing age-friendly communities, particularly those that have completed at least one age-friendly cycle.

**Thematic priorities.** Tools could be developed that respond to Member needs and are focused on one or more of the following:

- the domains of functional ability – i.e. what works in building and maintaining relationships;
- the processes: planning, monitoring, etc.;
- thematic priorities, such as ageism, elder abuse, and reducing care dependency;
- regional contexts, for example, ageing in Asia; or
- sectors such as housing or transportation.

Technical assistance and support as well as resources may be required to facilitate and support implementation. To build on what exists, a first step can be to collate existing resources and include these in the resource database on [agefriendlyworld.org](http://agefriendlyworld.org).

## 5. Recognize achievements

The next Decade should showcase success and celebrate those cities and communities that show results. Consider recognition programmes to reward and incentivize good work and continued investment.

## 6. Build the evidence base

Evidence gaps should be identified and filled in an inclusive and rigorous way. One way is through co-production, by working with older people and cities and communities to build tools that would work for them. This approach could build on case studies, videos, interviews or stakeholder consultations and other bottom up methods.

Institutional capacity to carry out research on age-friendly environments also needs to be strengthened across the Network. This could be done through a variety of mechanisms, including:

- having academic appointments within affiliates;
- improving collaboration between the Global Network and key research centres that take an interdisciplinary approach; and
- expanding the Global database of age-friendly practices. Put in place mechanisms for cities to know which ones have been evaluated and which are effective and for whom.

These suggestions will be further discussed with a broad range of stakeholders during the process of developing the proposal for the Decade of Action on *Healthy Ageing*.

# ANNEX 1. AFFILIATES, COLLABORATING CENTRES AND OTHER POTENTIAL PARTNERS

as of September 2018

Country/region/global	Name
<b>Affiliates</b>	
Argentina	Programa de Asistencia Médica Integral (PAMI)
Australia	Government of Western Australia
Canada	Municipalité Amie des Aînés (MADA)
	Public Health Agency of Canada, on behalf of the Pan-Canadian Age-friendly Communities Initiative
Europe	Covenant for Demographic Change
	AGE Platform Europe
France/French	Réseau francophone des villes amies des aînés
Global	International Federation on Ageing (IFA) <sup>2</sup>
Ireland	Age Friendly Ireland
Japan	Prefecture of Kanagawa
New Zealand	Government of New Zealand
Slovenia	Anton Trstenjak Institute
Spain	Spanish National Programme on Age-friendly Cities
United Kingdom	Centre for Ageing Better – UK network of age-friendly cities
United States of America	AARP Network of Age-friendly Communities
<b>Collaborating centres<sup>3</sup></b>	
Canada	Centre de recherche sur le vieillissement
United States of America	New York Academy of Medicine (NYAM)

## Other institutions/networks with whom collaboration is being explored

- Nordic network for age-friendly cities and communities
- Eurocities – active and healthy ageing working group
- 100 resilient cities
- Healthy Cities in Europe, Asia, and the Western Pacific
- Bloomberg Partnership for Healthy Cities

<sup>2</sup> IFA is also a nongovernmental organization in official relations, with a plan for collaboration that extends beyond the Global Network.

<sup>3</sup> Collaborating centres are academic institutions, approved by the WHO Executive Board, which have collaborative plans that include activities related to the Global Network.

# ANNEX 2. AFFILIATES – WHO ARE THEY AND WHAT DO THEY DO?

## Background

This annex summarizes findings from five of the Network affiliates (AARP, Age Friendly Ireland, IMSERSO, Réseau francophone, Public Health Agency of Canada). These affiliates were consulted because they had carried out work for at least three years, had a membership base of at least 30 cities and communities, represented a mix of perspectives of government and nongovernment organizations, and diverse geographical regions and languages. They were administered a questionnaire that sought examples of effective practices, lessons learnt and advice that would benefit potential or establishing Network affiliates. In addition, 14 cities or communities, three for each of the five affiliates who participated in the affiliates survey, participated in an additional survey about the successes and challenges of the support received from affiliates.

## Why affiliates became affiliates

The affiliates surveyed initiated work on age-friendly cities and communities between January 2005 and September 2012, primarily as part of social policy responses to unprecedented demographic changes. These organizations became affiliates both to unite national and international programmes on age-friendly environments and to provide a support mechanism for those programmes. Two affiliates had been actively involved with age-friendly cities and communities prior to becoming Network affiliates. Another added the age-friendly framework, or “lens”, to its

long-standing liveable communities work, having observed that older adults were continually excluded from planning and community decision-making (planning was focused on youth and family).

## Organizational focus

Three of the affiliates carry out work on age-friendly cities and communities as part of broader work programmes, which include:

- national policies and strategic plans;
- local government-led programmes;
- social security functions;
- general advocacy for older people’s social welfare; and
- part of a broad *Healthy Ageing* work programme.

Two affiliates – Age Friendly Ireland and RFVAA – focus solely on developing age-friendly environments.

All five affiliates maintain their own networks of cities and communities, and some also facilitate other networks such as local government-led multisectoral strategic alliances.

Affiliates’ vision and mission statements all centre around improving people’s quality of life, and/or supporting the development of a community network. Their vision and mission statements indicate that they work towards these goals through a range of processes, including:

- raising awareness of ageism and its impact, the need to transform how older people are

perceived, and create places that involve and care for people of all ages;

- promoting and advocating for *Healthy Ageing* and age-friendly cities and communities;
- guiding and supporting cities and communities to improve programme quality and impact;
- strengthening the age-friendly evidence base together with key stakeholders; and

- developing partnerships with influencers and decision-makers.

Vision and mission statements differed in scope, reflecting the affiliates' levels of independence and political priorities, their international and national coverage, whether age-friendliness was their singular focus, and capacity-related factors such as leadership and resource base.

## Functional support for cities and communities

All affiliates surveyed carry out a broad range of functions in line with the terms of reference for affiliates, and in support of communities:

**Table A1. Nature of support provided by the five affiliates to cities and communities working to become age-friendly**

Support function	Age Friendly Ireland	PHAC	AARP	IMSERO	RFVAA
Building an understanding of the age-friendly concept and age-friendly cities and communities	✓	✓	✓	✓	✓
Identifying key stakeholders and partners	✓	✓	✓	✓	✓
Building a team	✓	✓	✓		✓
Identifying and developing leadership	✓	✓	✓		✓
Establishing governance, management and advisory infrastructure	✓	✓	✓		✓
Facilitating community meetings	✓		✓	✓	✓
Using co-design, co-creation and other collaborative processes	✓		✓	✓	✓
Ensuring older people's participation	✓	✓	✓	✓	✓
Securing political support	✓	✓	✓		✓
Providing technical assistance and support (e.g. translating or adapting WHO documents) (see Box 3)	✓	✓	✓	✓	✓
Providing training or ongoing education	✓	✓	✓	✓	✓
Applying for membership with the GNAFCC	✓	✓	✓	✓	✓
Undertaking community assessments and determining priorities for change	✓	✓	✓		✓
Developing an action plan	✓	✓	✓		✓

Support function	Age Friendly Ireland	PHAC	AARP	IMSERO	RFVAA
Implementing the plan	✓	✓	✓	✓	✓
Providing project management or project coordination	✓		✓		✓
Securing funding	✓		✓		
Managing finances and information, and/or providing legal advice	✓				
Measuring impact and building a system of continuous improvement (e.g. collecting data, feedback, monitoring, researching, evaluating progress)	✓	✓	✓		✓
Communicating the age-friendly work to the wider community	✓	✓	✓	✓	✓
Sharing successes and lessons learned through, for example, the Age-friendly World website	✓	✓	✓	✓	✓
Connecting directly with other cities and communities	✓	✓	✓	✓	✓

Most of the communities surveyed about their connections with affiliates have been in operation for several years, some dating back to 2007 and 2008. Support needs vary significantly from community to community, and change over time. In the early stages of a community's journey to become age-friendly, affiliates had supported them in determining the need for and feasibility of proceeding. Several benefited from the guidelines and evidential support to generate a plan. In later stages of the journey, affiliates had been more of a reference point, and a resource if and when required, such as when communities and their work programmes need re-energizing. Some communities needed ongoing support and affiliate engagement, and noted that certain affiliate staff have been pivotal to the ongoing success of their age-friendly endeavours. In one community, a representative of the affiliate is a long-standing member of the community's steering group.

Over half of communities surveyed had received affiliate support in building their understanding of "age-friendly" through guidelines and other documents, applying for membership with the Global Network, connecting with other cities and communities, and celebrating and sharing success.

Fewer than half of the communities surveyed had received support in training and ongoing education, community needs assessments, identifying key stakeholders and partners, securing political support, governance and management, building a team, facilitation, collaboration, co-design and co-production processes. They were also supported in developing and implementing an action plan, gathering feedback and reflecting on operations, and collecting data, monitoring, researching, measuring impact and evaluating progress, funding, legal and financial advice, project management, project coordination and communications.



The nature of the support from affiliates that communities have found to be most helpful and/or effective vary widely but included:

- support for orientation;
- access to guidelines;
- recognition;
- networking events and peer exchange;
- financial support for their surveys and strategic plans; and
- having frameworks to focus consultations and provide direction, suggestions and inspiration.

Communities also noted the importance of support from other partners such as for communications, event funding, advice and practical resources.

## Most essential functions for Network affiliates

Reflecting on their experience, affiliates considered the following to be their most essential functions.

### Inspiring action

- Spreading the word about age-friendly cities and communities and the Global Network, with the aim of increasing the number of members, and promoting active and *Healthy Ageing*.
- Collecting and sharing knowledge, experiences and resources widely, including highlighting good initiatives, how communities have dealt with challenges and opportunities (methods), and critical success factors.

## Network development

- Working with WHO to increase Network membership and pool resources to increase capacity of the Network itself and individual members
- Growing and connecting communities locally, e.g. through national and regional conferences.

## Supporting cities and communities

- Assisting with community baseline assessments.
- Consolidating knowledge and advice on priority areas.
- Providing advice on how to develop implementable actions and measure their impact.
- Providing guidance, training and additional support to communities entering the network on key processes and success factors.
- Fostering relationships with the local government, and providing them with technical advice and tools, helping to align strategic policy thinking, and inspiring action at both the national and local levels.

Communities concurred with affiliates on broad essential functions. Specifically, they valued the following:

- **Global connections** – being able to access national and international information, experience and networks. For example, communities consider the role affiliates play in relation to gaining and retaining membership with the Global Network to be important, and providing prompts to ensure that they understand and can plan to meet the requirements.

- Potential for **cross-community** collaboration, comparison (e.g. through common indicators), sharing experiences and learning, and policy advocacy. For example, communities thought by having comparable information they can determine whether they are on the right track.
- Technical support that is either tailored to communities' **local needs** or helps them tailor their programme.

## Affiliates' resources and investment priorities

### Financial and human resources

Three of the five affiliates provided budget figures. Their budgets varied considerably, with activity funding ranging from US\$ 50 000 to US\$ 4 000 000 per annum.

Staff represents a significant investment for most affiliates. As you can see from Table A2, staffing ranges from 1.5 to 200 full-time equivalent (FTE) employees. Higher staffing levels are associated with programmes that

have dedicated and decentralized support at community level.

Affiliates noted a variety of skills needed, from community development/community planning, resource development, policy expertise, strategic planning, through to the practical skills of managing online communications. Communication skills are considered essential, including corporate and interpersonal communication, public speaking, and written communication, as well as being able to communicate in multiple languages or cultural contexts. Related to this, the ability to persuade and influence is key, and affiliate staff need to be able to encourage and motivate teamwork or collaborative work, inspire people to build strategic alliances, and help people to find opportunities and linkages to their own work and operational context. It is also an asset to have a background understanding of how cities and municipalities "work" (e.g. the responsibilities they hold and how decisions are made), have technical knowledge on ageing and what it takes to be age-friendly.

Table A2. Affiliates' staffing levels

Affiliate	Full time	Part time (0.5 full-time equivalent (FTE) or less)	Total FTE equivalent
Age Friendly Ireland	3	31	18.5
IMSERSO	2	5	4.5
AARP	200	-	200.0
RFVAA	3	1	3.5
PHAC	1	1	1.5

**Table A3. Functions on which affiliate staff spend most of their time**

Role and function	Age Friendly Ireland	IMSERSO	AARP	PHAC	RFVAA
Programme management and oversight	✓		✓		✓
Policy analysis and development		✓	✓	✓	
Development/adaptation of guidance and tools	✓		✓		✓
Support to communities (application process, member lists)	✓	✓	✓		✓
Advocacy and promotion	✓	✓			✓
Training		✓	✓		✓
Conferences	✓	✓	✓		✓
Knowledge exchange, e.g. sharing good practices	✓		✓	✓	✓
Networking/stakeholder engagement	✓		✓	✓	✓
Communications (blogs, websites, social networks, newsletters, requested articles)	✓	✓	✓		
Research			✓		✓
Fundraising					✓

## Priorities for investment

Investment decisions are driven by two considerations: the overall programme goals and community priorities. Affiliates identify community priorities by engaging directly with communities and in discussion with staff and volunteers.

When looking at what affiliates consider to be their most **successful** and **impactful investments**, five groups of activities were identified:

- **Raising awareness.** IMSERSO and RFVAA noted the importance of their translations for raising awareness of the age-friendly movement and its benefits, and growing the Network.
- **Training.** IMSERSO's online course had generated a lot of interest and engagement. RFVAA also noted that the training sessions they held have helped people to

go through the age-friendly cities methodology in depth and begin to apply it to their individual circumstances in a workshop environment.

- **Documenting age-friendly practices** and what works. RFVAA noted the popularity of their collection on the essentials of age-friendly cities and communities.
- **Creating opportunities for knowledge-sharing** to generate momentum. For Age Friendly Ireland, a stand-out achievement has been hosting an international conference in 2011, and subsequently acting as the custodians of the Dublin Declaration, which has international uptake. For RFVAA, their conferences have been successful in providing communities with opportunities to not only meet and exchange general information and ideas, but also to conduct focused sessions on specific themes. RFVAA also noted that the intercity visits

by politicians, professionals and residents energized the local network and residents' participation.

- **Supporting community change.** AARP highlighted the work they have done to embed an ageing lens into community planning as particularly successful for ensuring inclusive, comprehensive planning. They also noted an increasing number of enquiries about and enrolment of communities in the Global Network. The Public Health Agency of Canada considered the relationship it has with WHO in relation to the Pan-Canadian Age-friendly Cities (AFC) recognition programme to be "by far" its

most successful activity. This enables the Public Health Agency of Canada to work in concert with sub-national governments to connect communities to the Global Network. Both the recognition of age-friendly communities' work and the inclusion in the Global Network are highly valued by both communities and provinces.

Communication activities were considered to be a **cost-effective investment** for affiliates and have cross-cutting relevance for all the activities listed above.

# ANNEX 3. WHAT DO COMMUNITIES SAY ARE PRIORITIES?

In December 2017, a single-response survey was sent to 537 communities of the Global Network. Eighty-nine communities from 20 countries completed the survey (response rate of 16.6%) and a further 15 (response rate 19.3%) gave partial responses. The survey asked which topics and issues were most important to their age-friendly work for which they needed information and support. The survey also sought information on any challenges experienced by communities regarding key processes for developing, managing and sustaining age-friendly work programmes.

The feedback is summarized under the main objectives of the Network: inspiring, connecting and supporting.

## Inspiring

**Members find the online platform useful.** Members find the website an important source of resources, news and connection with other members. However, most find very little time to look at information on the platform – most members visit the site only once a month to every three months. They expressed a desire to spend more time using the site if they could fit it into their competing work priorities.

**Members want more information on age-friendly cities and communities.** Members particularly value information on other members, their age-friendly activities and their older populations. Looking for information on other members was cited as the top reason for visiting [agefriendlyworld.org](http://agefriendlyworld.org).

## Connecting

**Members value being connected with each other** and would like to have more discussion through an online forum. Online forums are useful when enough information is present to generate value for members.

**Members value being connected to WHO.** Members view that one of the key roles of affiliates is the ability to help them with the application process to the Network.

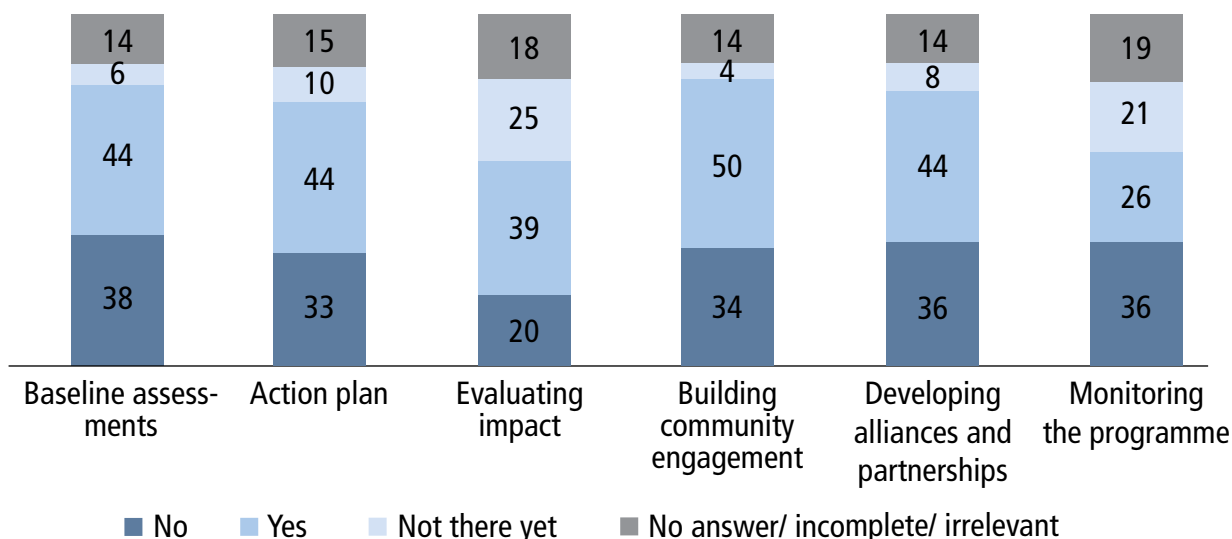
## Supporting

**Members want support on key issues...**

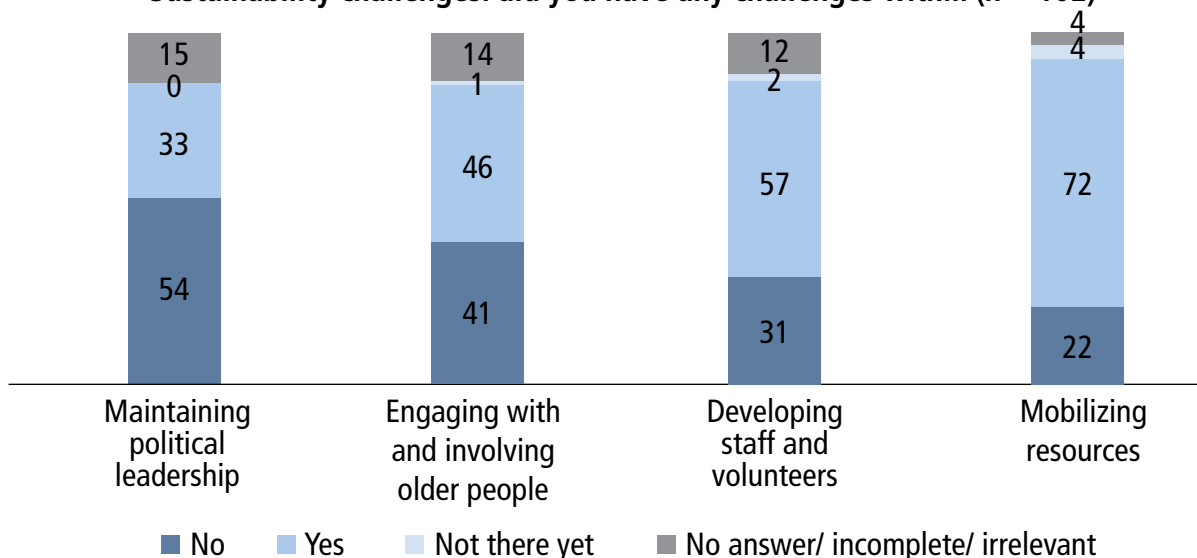
Members need more help the further along the age-friendly cycle they go – increasing support needed for baseline assessment → action plan → evaluation.

Resourcing (human and non-human) is a top challenge – nearly three in four members responded that mobilizing resources was a top challenge, and over half found that developing staff and volunteers was also a challenge.

### Process challenges: did you have any challenges with... (n=102)

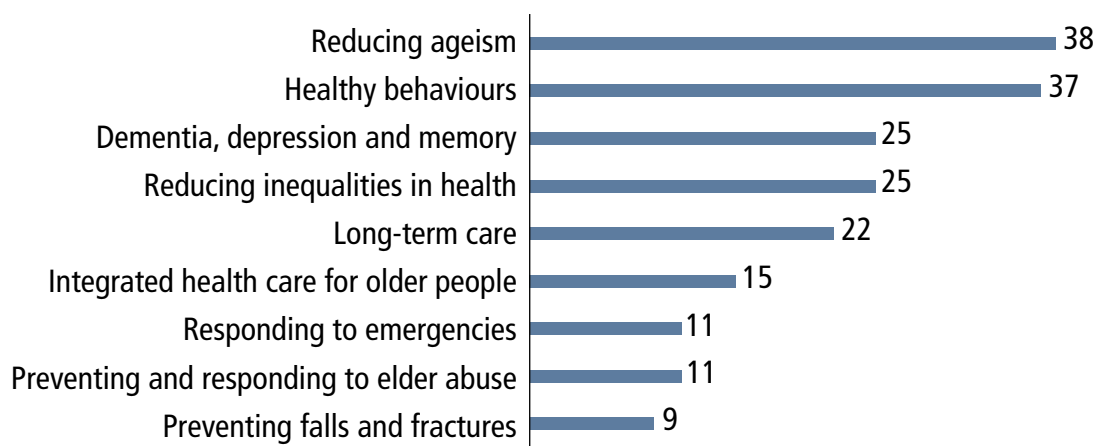


### Sustainability challenges: did you have any challenges with... (n = 102)



### Priority topics for communities

Frequency with which the topics below appeared in communities' top 3 ranks n=104





### **... and want this guidance in practical ways**

Members want practical advice and want it in formats that are easy to apply to their work. The top three ways in which members would like guidance delivered are case studies (33%), guides and toolkits (31%), and evidence summaries (13%). The second most common reason members visit agefriendlyworld.org is to gather information on the WHO age-friendly framework.

# ANNEX 4. LIST OF PARTICIPANTS

at a Meeting of Affiliates of the Global Network for Age-friendly Cities and Communities, August 2018

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