

Community healthy ageing approaches and older people's indispensable role



HelpAge International

This briefing provides an overview of HelpAge's community healthy ageing approaches, that deliver integrated health and care for older people, and highlights key learning and programme gaps.

It is important to consider the diversity of older people when designing policies and programmes for “older” populations

The global population is rapidly ageing. By 2050, one in six people worldwide will be aged 65 or over, with over 80% living in low- and middle-income countries. This rapid demographic transition will continue to affect all aspects of society in the coming decades¹ and is placing increasing pressure on health systems that are often not designed to respond to the complex and long-term care needs of older populations.

In many parts of the world, mortality risks, health status, type and level of activity, physical and mental capacity, and other socioeconomic characteristics of older persons have also changed significantly. In recognition of these changes, new measures and indicators of population ageing have been developed, which provide a more nuanced perspective of what population ageing means in different contexts, rather than the predominant measure, solely based on people’s chronological age.²

Population ageing is to be celebrated. The diverse roles and contributions of older people, support their families, communities, and societies, in multiple ways as demonstrated by the achievements of older people’s associations (OPAs) and other community organisations, discussed in this briefing. Increased longevity has the potential to bring new opportunities for older people, their families, and societies. Yet the extent of these opportunities and contributions depends heavily on health. Concerningly, wide inequities in health status and longevity are found between different social and economic groupings, and between individual older people, influenced by the effects of cumulative advantages or disadvantage across their life cycle.³ It is important to consider this diversity of older people when designing policies and programmes for ‘older’ populations. Social policies based on chronological age alone can be discriminatory and counterproductive to wellbeing in older age.⁴

1. United Nations, Department of Economic and Social Affairs, Population Division, *UN World Population Ageing Highlights*, 2019, <https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf>

2. Ibid.

3. World Health Organization, *UN Decade of Healthy Ageing 2020–2030*, <https://www.who.int/initiatives/decade-of-healthy-ageing>

4. World Health Organization, *Active Ageing: A Policy Framework*, 2002, <https://apps.who.int/iris/handle/10665/67215>

5. World Health Organization, *Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013–2020*, <https://www.who.int/publications/i/item/9789241506236> and *Implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030*, <https://www.who.int/teams/noncommunicable-diseases/governance/roadmap>

6. HelpAge International, *Global Age Watch Insights: The right to health for older people, the right to be counted*, 2018, <http://globalagewatch.org/global-agewatch/reports/global-agewatch-insights-2018-report-summary-and-country-profiles/>

To make progress for healthy ageing there is the need for the development of comprehensive, integrated, and inclusive, people centred primary health care approaches

The current decade 2020–2030 is a pivotal period for the global community to make progress on upholding the rights of older people to lives of dignity and wellbeing. There is increased political momentum to achieve results for older people through the implementation of several global initiatives, which are closely aligned with the healthy ageing agenda, such as: the Sustainable Development Agenda (Sustainable Development Goals), the Astana Declaration on Primary Health Care 2018, the operational framework for Primary Health Care 2020 (WHO), Universal Health Coverage, Global action plan for the prevention and control of NCDs 2013–2030,⁵ the UN Decade of Health Ageing (2020–2030) alongside the WHO’s Integrated Care for Older People Approach (ICOPE).

A strong primary health care (PHC) system is the cornerstone for achieving universal health coverage (UHC) and the Sustainable Development Goals (SDGs). Meeting the diverse health and care needs of older people, including the prevention and management of non-communicable diseases (NCDs), within PHC and UHC is essential if we are to ensure no one is left behind. Yet, health systems in low- and

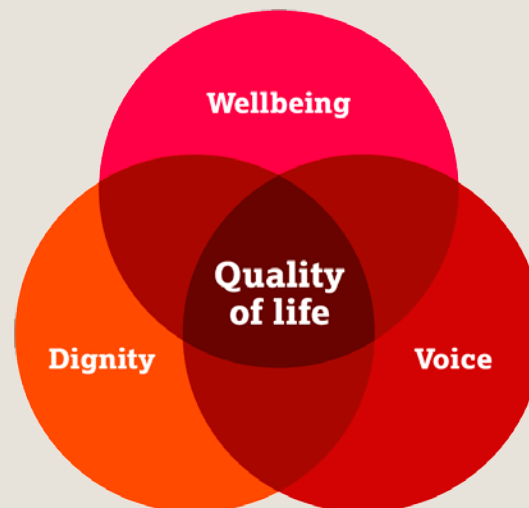
middle-income countries are largely unprepared to respond to the needs of an ever-increasing number of older people with more complex and chronic conditions, or in provision of a people centred and integrated continuum of services. The reality is that older people's right to health and to live independently is not being realised. Older people face multiple challenges in accessing services, with most of the care giving responsibilities falling on family members, especially women.⁶ Recent programme learning highlights that addressing these gaps requires a dual approach: strengthening community-based systems to identify and respond to needs, while simultaneously supporting governments to improve the readiness, accessibility and age-friendliness of health facilities.

In line with the Decade of Healthy Ageing, HelpAge is committed to promoting and supporting comprehensive, people centred, primary health care approaches that can prevent, slow or reverse declines in older people's capacity. HelpAge puts people and communities at the centre of health systems, and recognises older people as leaders and active participants. Self-care is an essential part of healthy ageing.⁷

HelpAge International's strategy

HelpAge International's strategy 2020–2030 promises that 'by 2030, millions of the older people will enjoy a better quality of life, through improved wellbeing, dignity and voice.'

Our understanding of 'healthy ageing' aligns with the WHO Framework for Healthy Ageing. Healthy ageing is the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional ability comprises the health-related attributes that enable people to be and to do what they have reason to value. An older person's functional ability is determined by their intrinsic capacity—their physical and mental capacities—and their interactions with their environment.



Source: Ageing in a just world – HelpAge International 2030 strategy

7. World Health Organization, *UN Decade of Healthy Ageing 2020–2030*, <https://www.who.int/initiatives/decade-of-healthy-ageing>

Community associations provide a sustainable platform for promoting healthy ageing

Across regions and countries HelpAge and network members implement community-level interventions in collaboration with community-based groups. Older people's associations (OPAs) are one important example of how older people organise collectively to support health, wellbeing and social connection. Alongside other community-based actors such as active ageing clubs, community health workers, volunteers and local organisations, OPAs play an important role in delivering and shaping health and care at community level. For this briefing, the term OPAs will be used, with the understanding that there are many models, but that all will be inclusive of and engage with older people.

The multi-functional OPAs conduct a wide range of activities that respond to older people's needs. Livelihood support and access to microcredit are often the initial attraction for new members. Most OPAs also implement health promotion and health care activities. Once they have joined, members report social connection as an essential reason for their continued involvement. With this foundation, community led development and civic engagement is facilitated, including providing community services and care for the most at-risk older people.⁸

Increasingly, OPAs and other community based approaches bring together multiple actors to deliver integrated health and care, adapted to different contexts. Most groups encourage older people to engage in health-promoting activities and provide them with health information. OPAs may also facilitate access to health services by organising health checks by health care providers and helping with the costs of healthcare or linking to health insurance schemes. Some conduct regular screening for NCDs such as blood pressure and weight measurement. Some groups include home visits and home care services among their activities, which can reduce social isolation and risks of being homebound.

In several countries, OPAs have come together at local or national level to form federations or join with others as part of national platforms on ageing. Coming together in this way can enable OPAs to scale-up their work and ensure older people's meaningful participation and voices, using locally generated data to advocate on the issues that matter to them. For example, community-based



8. HelpAge International, *Older People's Associations: a briefing on their impact, sustainability and replicability*, 2020, <https://www.helpage.org/download/58c140ef79978>

accountability groups and older citizens' monitoring initiatives have been supported to engage with local authorities and health providers, tracking service quality and advocating for improvements. This has contributed to more responsive and age-friendly services.

HelpAge and network members have developed various materials and tools to support health and care work across programmes and the wider network. These include practical resources such as community- health worker and self-care guides, caregiver training manuals, and tools to strengthen linkages between communities and health systems. The availability of these resources and regular cross-sharing and learning through communities of practice and the healthy ageing platform, will contribute to strengthening, efficient, effective, and sustainable community level healthy ageing approaches.

Case study

Health Nest Uganda (HENU), a HelpAge International network member, is demonstrating how integrated health and care can be delivered through strong links between older people's community groups and primary health care services. HENU supports older people's groups in Entebbe, Kampala and Mukono, each with elected leaders and trained members who coordinate health promotion, peer support and referrals. Together, group chairpersons form the HENU Older Persons Forum, creating a channel for sharing community needs with HENU and receiving updates on government programmes and health initiatives.

At community level, HENU has trained group members to screen for hypertension and diabetes, provide health education, support treatment adherence and promote healthy ageing. Each group is equipped with a blood pressure machine, enabling regular monitoring during weekly meetings and home visits. When high readings or other health concerns are identified, members use referral forms to connect older people to nearby health facilities. This helps bridge the gap between community-based prevention and primary health care.

HENU also collaborates with Entebbe Hospital's community department to deliver outreach services, bringing screening and treatment closer to older people who may struggle to reach facilities. This integrated approach has improved awareness, early detection and monitoring of non-communicable diseases, while strengthening social connection through peer support, group exercise and home-based care.

By positioning older people as active agents in their own health, HENU shows how community groups can extend the reach of primary health care, support continuity of care and make services more responsive to older people's needs.

HelpAge International community approaches for healthy ageing promote the rights, inclusion, equity, voice and wellbeing of older people

Our community approaches promote older people's role in healthy ageing. We implement evidence-based interventions for self-care and access to quality health and care services.

We work with government, UN agencies, researchers and other civil society to support OPA and health system development. Community-based groups become equal partners in two areas (i) the design, implementation, monitoring and evaluation of community healthy ageing approaches, that fit with their needs and context, and (ii) their active participation in advocacy activities to increase their access to people centred, integrated, age friendly health services, including health promotion, disease prevention, treatment, rehabilitation, long-term care and palliative care services.

The underlying principles of our community healthy ageing approaches are:

- Governments, as duty bearers, are responsible for delivering health and care services that ensure their citizens right to health. Therefore, services delivered through community-based groups are not intended to replace or compete with formal health and care systems, nor do they remove the responsibility of governments as duty bearers, for the right to health.
- Older people meaningfully participate in the design of community-based interventions, that fit their context, are sustainable and replicable, and aim at wide-scale coverage.
- Inclusion of all older people, irrespective of age, sex, gender identity, ethnicity, religion, level of ability, location, or any other characteristic, ensuring non-discrimination and equity in access to services.
- Older people engage in advocacy for: person-centred, affordable, integrated care and primary health services, that are responsive to their needs, are non-discriminatory and provide quality care.
- Promote a 'whole of society' approaches to healthy ageing and leverage the potential of health information and communications technologies (ICT).



Examples of our successful community healthy ageing approaches

The documentation and dissemination of learning from our community health ageing approaches is a continuing process, which will inform the design and adaptation of future programmes and projects.

The ALIGN programme (2025–2026): The ALIGN programme in Ethiopia, Tanzania, Pakistan and Ukraine has been testing how health and care services for older people can be delivered more effectively at community level, bringing services closer to where people live while strengthening links with formal health systems. Across diverse country contexts, the programme has supported community health workers, volunteers and older people's groups to identify needs, promote self-care and deliver basic health and care support, while improving referral pathways to primary health care services. Community platforms such as OPAs play an important role in linking older people with formal health systems. The programme has also delivered initiatives to strengthen the services available at the primary health care level.

This community-level delivery has been central to improving early identification and management of non-communicable diseases (NCDs), maintaining intrinsic capacity utilising and piloting the WHO 'Integrated Care for Older people Approach' (ICOPE), strengthening continuity of care, and increasing access for older people who face barriers to reaching health facilities. At the same time, ALIGN has worked with Ministries of Health to ensure these approaches are embedded within existing health systems, including through the adoption of tools, integration into training frameworks, and alignment with national primary health care priorities.

By piloting and adapting these models in different contexts, ALIGN has generated practical evidence on what can be delivered at community level, under what conditions, and how these approaches can successfully link with formal services as well as what the biggest barriers are to achieving change. This has helped shift the focus towards more person-centred, accessible systems—where older people are not only reached more effectively but also play an active role in shaping how care is delivered. The ALIGN project has generated additional evidence on how community-based approaches can be integrated with health systems to deliver person-centred, coordinated care. Learning from ALIGN highlights the importance of investing in both community capacity and health system strengthening to achieve sustainable improvements in older people's wellbeing.

The SANA Project Phase II (2018–2021): Improving the wellbeing of older people, their families, and their communities in Asia, through resilient and self-sustaining community-based organisations and improved social protection was implemented in Bangladesh, Cambodia, and Indonesia. The project has worked to (i) improve health, opportunities for income generation and more effective care for older people and other members of OPAs/CBOs and (ii) enhance the dignity of older people through the increased coverage and adequacy of social pensions. The project involved introducing an intergenerational and multi-functional OPA model in targeted villages in Bangladesh, Cambodia, and Indonesia. Vietnam was engaged in the project to share their model and experience of replication of OPAs in Vietnam.

Informed by learning from a study conducted in Vietnam to inform strategies to strengthen linkages between OPA's health and care activities with the national health and social welfare systems, the SANA project in Bangladesh and Cambodia, in collaboration with HelpAge and consultants conducted research to (i) identify strategies for the appropriate integration of health and care activities of OPAs into health and social welfare systems, to increase their positive impact on health of older people and their communities and (ii) to develop and record the methodology used in Bangladesh and Cambodia for future use in other countries. When the research was complete, partner offices/NGOs and the researchers met to review the



HelpAge International Vietnam

findings and co-create the recommendations for strengthening healthy ageing activities of OPAs and linkages with systems and policies. This was an important process, as the end-users of the findings are the OPAs and the government and NGO entities that help to establish and support them. In addition to individual country reports with recommendations for the partner offices/NGOs, a toolkit with the research methodology was also created, so that other organisations can replicate this method for the strengthening of their own OPA models.⁹

The Scaling up Non-Communicable Disease Interventions in Southeast Asia (SUNI-SEA Project) 2019–2022, is an operational research project implemented in Vietnam, Myanmar, and Indonesia, through a consortium of partners, including research institutes based in Europe and Vietnam, Indonesia, and Myanmar. The aim of the project is to inform policy and strategy for evidence based, effective, efficient, and feasible scale up of non-communicable disease interventions (NCDs) to reach more people. The project works in close collaboration with governments, and across sectors, and builds on the existing work of the government. Community NCD interventions are implemented by OPA volunteers in Vietnam and Myanmar. Following skills building, the OPA volunteers conduct community level screening for NCDs, plan and facilitate health promotion sessions, motivate people for peer support and self-care activities, refer people at risk of NCDs to the health facility and monitor, report and evaluate their activities. Monitoring and supportive supervision to the OPAs is provided by the National Association of the Elderly in Vietnam, who are responsible for replication of the OPA model in Vietnam. At the primary health care facility level, the project activities are implemented by government partners with support from the in-country research institutes. Activities include quality strengthening of NCDs care and treatment services, through health centre management training, and health staff capacity building, update of service guidelines and development of user-friendly job aids and supportive supervision. Development of culturally sensitive capacity building materials and job aids and mechanisms to strengthen the linkages between the community and local health facility are key components of the project.

9. HelpAge International, *Research Toolkit: Linking the OPA model with health and care systems, 2021*, <https://helpage.sharepoint.com/:b:/r/sites/HealthandCare/Publications1/Healthy%20Ageing%20OPA%20model%20Toolkit>

The Better Health for Older People in Africa Project (BHOPA) 2019–2021, is a comprehensive health system strengthening project implemented by HelpAge Kenya and HelpAge Mozambique in collaboration with network members. The aim of the project is to contribute to the better health and wellbeing of older women and men living with chronic diseases. The project's specific objective is to make health systems more inclusive, responsive, and accountable to the needs of older people,

particularly those with chronic diseases and disabilities. Activities include strengthening integration and coordination between formal and informal health care systems. This is achieved by capacity building of the health workforce, both at health system level (clinical officers, nurses) and at community level (home-based care volunteers and community health workers, using WHO standard training materials for integrated care for older people. At the community level the focus is on capacity building of OPAs and older people's monitoring groups (OPMGs) to strengthen their leadership, participation skills and voice, and to strengthen their skills for promoting healthy ageing, monitor the quality of health services and advocate for more inclusive age friendly services.

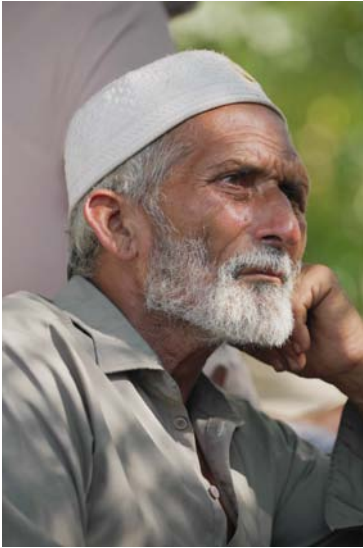
The BHOPA project aims to influence national and regional policy development and adoption related to older people's health and universal health coverage, particularly the WHO Global Strategy and Action Plan on Ageing (GSAP). At regional level, the focus of the policy and advocacy work will be on the African Union Protocol on the Rights of Older People in Africa. In addition, the project will generate evidence through completing a longitudinal study, and regular joint monitoring and data collection, to inform advocacy messages and policy briefs. And to inform policy and guidelines for health system strengthening, and health service quality within the project countries, and in other countries in the region.

These are three of many projects by HelpAge and partners and they highlight important elements of the HelpAge community approach for healthy ageing: participatory design of approaches with collaboration between a variety of key stakeholders and partners; alignment of the approach with national and community priorities; skills building for health ageing activities at health facility and community level; community interventions led by OPAs; locally generated data utilised by older people for advocacy purposes; cross learning and sharing of promising practices and materials across countries; multi-level advocacy with OPA's involvement, for improved services for integrated, good quality, people centred, age friendly services, and dissemination of research activities to inform healthy ageing interventions in other regions and countries.

Lessons learnt

The importance of promoting the genuine participation and leadership of older people's associations in the design, implementation, and evaluation of healthy ageing approaches

The OPA's have capably demonstrated their ability, willingness, and commitment to take on healthy ageing activities, that are meaningful, relevant, and feasible for their community, such as community screening for non-communicable diseases and intrinsic capacity using the ICOPE framework, participation in advocacy events for the improvement of services, and adopting new technology such as using tablet phone apps for local data entry. Older people volunteers report increased motivation and confidence when they learn and apply new skills that contribute to improve the health of older people. To ensure that healthy ageing interventions are relevant and feasible for the context, OPA members need to be closely involved from the beginning in the design of healthy ageing approaches for their community; and that HelpAge network members continue consulting OPAs about their workload, considering that OPA's implement a range of multi-functional initiatives, and have additional roles and responsibilities within their family and community. Volunteers should not be replacements for services that should be delivered by Government. In addition, there is a need to identify and test innovative approaches for the provision of lifelong learning and sharing of learning between OPAs.



The need to strengthen linkages, collaboration, and coordination between older people's associations, primary health care providers, social services, and other cross sector departments as relevant

HelpAge and partners have long recognised the importance of health and care activities within the wider older people's associations approaches. For many years, these types of activities were done as standalone activities by OPAs, but now we are focusing on the important role of linkages between OPAs and primary health care centres and beyond, to extend health and care services including community health education, health promotion and disease prevention, screening, referrals, and counter-referrals between OPAs and health facilities. This requires not only strong community-based approaches, but also effective linkages with primary health care facilities and broader health systems. Experience from recent programmes shows that strengthening the capacity of health facilities, improving referral pathways, and supporting coordination between community actors and formal providers are critical to delivering integrated, person-centred care for older people. The ongoing learning from this work will inform improved practices for developing and nurturing these important linkages and relationships in the long term. The tools developed and tested in the ALIGN and SANA projects for delivering integrated health and care and assessing and strengthening linkages between the health and social care services will provide a valuable tool for other countries to move this effort forward. The older people's monitoring groups in the BHOPA project also provides valuable learning and tools that can inform other countries approaches to strengthen older people's skills and agency to advocate and hold duty bearers accountable. There are additional opportunities for increasing collaboration and linkages between OPAs and various sector departments depending on the OPAs multi-functional activities and needs such as income generation activities and climate change actions, etc.

Build on and strengthen multi-level, multi-sector strategic partnerships to advance the healthy ageing agenda

Strategic partnerships for making progress on healthy ageing initiatives have proved a huge value-added asset, including supporting the continued strengthening of the OPAs. Examples of this are the high-quality technical inputs and mentoring provided by research institutes partners, government departments and UN agencies, for the updating and development of evidence-based training materials and job aids, support for design and implementation of research and strengthening monitoring and supervision systems.

Priority Gaps

The lack of disaggregated data continues to result in the exclusion of older people in local, national, and international policies and laws, and contributes to violations of older people's right to participate, have their voice heard and access essential services

A persistent lack of age-disaggregated data continues to limit how effectively health systems respond to the needs of older people and invest in services fit for ageing populations. Without reliable and visible data, older people's health needs—particularly in relation to non-communicable diseases, functional ability and long-term care—remain under-recognised in planning, financing and service delivery. This gap also weakens accountability, making it more difficult for older people and civil society organisations to advocate for inclusive and responsive health systems. The COVID-19 pandemic highlighted these challenges, as

responses often lacked adequate consideration of older people's specific vulnerabilities and care needs, reflecting broader systemic data gaps rather than a one-off omission.

There is some growing progress to address this issue, including efforts to strengthen the inclusion of age-related indicators within national surveys and health management information systems (HMIS), for example in Tanzania where the ALIGN project was able to drive forward these conversations. This and similar initiatives are important opportunities to institutionalise data collection and ensure that older people are systematically included in health system planning and decision-making. Strengthening data systems remains a key advocacy priority across HelpAge and its partners to enable more equitable and responsive health and care systems.

The need for improved ways of working to increase synergies and maximise the resources of multiple sectors to contribute to progress on healthy ageing

Cross sector work is essential to support progress on healthy ageing in areas such as: social protection, age friendly communities, adult education, income generation, etc. Integrated health and care approaches that meet the full needs of older people from health promotion through to palliative and end of life care are best delivered with joined up approaches from health, social, and finance ministries, for example. More evidence is needed on how best to achieve cross sector synergies for healthy ageing, both within the government sector, private sector, and civil society organisations. There is also a gap for inclusion of healthy ageing targets and indicators in cross sector strategies and plans, and increased awareness across sectors about population ageing, healthy ageing, and ageism. With many countries developing 'whole of society' approaches to healthy ageing, there is a good opportunity to strengthen synergies across sectors.

Evolving system pressures and priorities for healthy ageing

Health systems in many LMICs continue to face significant and overlapping pressures, including increasing demand driven by the rising burden of non-communicable diseases, and constraints in workforce capacity, financing and service delivery. These challenges limit access to essential services, particularly for older people, who often require ongoing, coordinated care.

The COVID-19 pandemic highlighted and intensified these gaps, exposing weaknesses in service continuity and the inclusion of older people in health responses. However, these challenges are not unique to the pandemic and reflect longer-term structural gaps. Older people continue to face barriers related to mobility, affordability and access to appropriate, person-centred care.¹⁰

At the same time, competing priorities—such as food insecurity, economic instability and conflict¹¹—risk slowing progress towards universal health coverage and social protection, with disproportionate impacts on older people. This reinforces the importance of strengthening services closer to communities to ensure continuity of care in constrained settings.

Learning from the HelpAge network, including the case studies included here, highlights the value of community-based approaches that can identify needs early, support self-care and strengthen links with formal health services, alongside more adaptive and resilient systems.



YAKKUM Emergency Unit

10. HelpAge International, *Bearing the brunt: The impact of COVID-19 on older people*, 2021, <https://www.helpage.org/what-we-do/healthy-ageing/covid-19-guidance/bearing-the-brunt/>

11. HelpAge International, *Food, fuel and finance crisis*, <https://www.helpage.org/what-we-do/income-security/food-fuel-and-finance-crisis/>

Conclusions

Community based approaches such as older people's associations provide a sustainable platform which can transform communities and society. The leadership, participation, commitment and resources of older people are essential for strong impact on healthy ageing. They also have an important role to play in coordinating with and extending the impact of health and social services and in shaping stronger national and local policies and strategies for healthy ageing.

HelpAge's community-based healthy ageing approaches have been evolving based on the experience of OPAs, network members and other partners in many countries. Learning continues about how OPAs can strengthen and sustain linkages with primary health care centers, social care, and other relevant sectors to effectively leverage these resources for older people's improved wellbeing. Government and international strategies should include support for OPAs and other community-based organisations as key actors in transformation of ageing societies.

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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