International Labour Organization

ILO brief

Social Protection Spotlight

October 2024

Universal social protection for healthy ageing

Key points

- Social protection policies can support **addressing some of the social determinants of poor health** throughout the life cycle that influence the loss of functional abilities and intrinsic capacities in old age. Therefore universal social protection systems play an important part in fostering healthy ageing.
- **Universal social protection** guarantees that people have effective access to health care without hardship and income security throughout the life cycle. This approach is needed in order to comprehensively address some of the social determinants of health in old age.
- **Gender-transformative social protection is needed**. While women live longer than men, they are also less likely to have income security in old age, which in turn affects their ability to stay healthy longer. Similarly, women are disproportionately represented among the people forgoing care owing to financial barriers. These eventually impact on women's ability to stay healthy as they age.
- **Effective access to health care without hardship** across a wide range of services comprising health promotion, prevention, rehabilitation and early detection throughout the life cycle makes a crucial contribution to fostering healthy ageing and addressing the determinants of poor health in old age through a life cycle approach.
- **Income security** through a range of cash benefits can also contribute to supporting healthy ageing and shaping its determinants along the life cycle. Having income security guaranteed during maternity, sickness, recovery and rehabilitation (including after occupational injuries) is a crucial element in making individuals more resilient and restoring and preserving their health throughout their lives.
- **Coordination between social protection and employment policies** to ensure a smooth transition into retirement can make an important contribution to healthy ageing. People who start working earlier or who perform hazardous or physically demanding work should be able to retire sooner, while others who are still able to work and wish to do should be enabled to stay longer in full or partial activity.

Introduction

The world's population is ageing at a time when an increasing number of countries are going through a demographic transition. Thus, fertility rates are decreasing while in many countries mortality rates are declining or stagnating (Wang et al. 2020). In 2019, half of the world's countries and territories had below-replacement fertility, meaning that the policy challenges associated with ageing populations are now becoming extremely acute for many countries. This phenomenon is emerging more rapidly in low- and middle-income countries than in high-income countries. Thus, two out of three older persons today live in low- and middle-income countries and it is projected that by 2050 this proportion will increase to four out of five older persons (UN 2019). These changes are occurring in a context of economic and institutional development that tends to be less favourable than in the era when high-income countries were at the beginning of their demographic transition.

Leading causes of disability[1] in populations above 50 years of age include cancer, chronic kidney conditions, hearing impairment, dementia and falls (Vos et al. 2020). Likewise, non-communicable diseases (NCDs)[2] are on the rise globally. Their prevalence increases with age and they have major consequences for the loss of functional abilities and intrinsic capacities in old age. They also impact the balance between disability[3] and death within the global burden of diseases; for, disability accounts for a greater share of the global disease burden and requires a larger allocation of health expenditure than in the past. The implication of this is that people tend to suffer less from early death but more from long-term conditions. The incidence of multiple comorbidities in older adults is often higher than for other population groups, which affects their functional abilities and often requires chronic disease management. Moreover, the effects of NCDs on older adults make them particularly vulnerable to certain impacts of climate change, such as rising temperatures and the increased frequency and intensity of adverse weather events (McDermott-Levy et al. 2019).

A large proportion of NCDs can be prevented or limited through early detection and appropriate management. Leading risk factors can be mitigated through a healthy diet, physical exercise and avoidance of smoking and drinking, all of which are closely associated with socio-economic conditions (Murray et al. 2020). For example, physical exercise reduces the risk of falls for older persons – falls that are often responsible for rapid degradation of health status, resulting in earlier dependency and hence increased needs for LTC. Furthermore, the long-term impacts on health of many conditions can be contained through early detection and rehabilitation. Supporting people throughout their lives to prevent illness and disability in old age is therefore contingent upon addressing the factors likely to stand in the way of them adopting desirably healthy behaviours, maintaining their health and getting the professional support they need to monitor it (Heikkinen 2003). It is in this area that social protection policies can, and should, make an important contribution.

The COVID-19 crisis is a wake-up call for countries to take urgent action and develop appropriate policies. In December 2020, the United Nations General Assembly adopted the UN Decade on Healthy Ageing through resolution A/RES/75/131 (see box 1). The resolution calls on Member States to take "action to prevent, monitor and address the disproportionate effects of the COVID-19 pandemic on older persons, including the particular risks that they face in accessing social protection and health services".

[1] Within the framework of the global burden of disease, years of healthy life lost owing to disability is a time-based measure that represents years of life lost as a result of time lived in states of less than full health.

[2] According to the WHO, "Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCD are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. NCDs disproportionately affect people in low- and middle-income countries where more than three quarters of global NCD deaths – 31.4 million – occur." (Allen et al. 2017).

[3] Understood in the context of the global burden of diseases as time lived in states of less than full health.

▶ Box 1: What is the UN Decade of Healthy Ageing?

The UN Decade of Healthy Ageing is a global initiative adopted by the UN General Assembly (UNGA) through its resolution A/RES/75/131. It brings together diverse stakeholders such as governments, civil society, international organizations, professionals, academic institutions, the media and the private sector to improve the lives of older people, their families and their communities. Four strongly interconnected action areas constitute the focus of the Decade, namely: "changing how we think, feel and act towards age and ageing; developing communities in ways that foster the abilities of older people; delivering person-centred integrated care and primary health services responsive to older people; and providing older people who need it with access to long-term care."

Activities conducted within the Decade come under four action areas and include tackling "the current challenges that older people face, while anticipating the future for those who will journey into older age" and focusing "on older adults, while recognizing that the environments in which we are born, grow, work and live strongly influence the opportunities available to each of us as we age."

Source: Decade of healthy ageing, n.d.

Social protection systems have an important role to play in providing support to healthy ageing and LTC policies and this role may take different forms depending on the country context. International social security standards (ISSS) rooted in the principles of universality, solidarity and non-discrimination can provide guidance in developing such policy frameworks. Universal social protection that is characterized by a rights-based approach to universal population coverage and by comprehensive and adequate protection offers a solid basis for this.

In particular, the ILO Social Protection Floors Recommendation, 2012 (No. 202) calls for the urgent establishment of national social protection floors accessible to all and guaranteeing that people have effective access to health care without hardship and income security through a life cycle approach (see box 2). This approach is needed in order to comprehensively address some of the social determinants of health (Commission on Social Determinants of Health 2008).

▶ Box 2: Universal social protection throughout the life cycle

Universal social protection (USP) is firmly grounded in the international human rights framework and international social security standards (ISSS) and is encompassed by the Universal Declaration of Human Rights; the International Covenant on Economic, Social and Cultural Rights; the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Social Protection Floors Recommendation, 2012 (No. 202). USP refers to comprehensive, sustainable and adequate protection throughout the whole duration of the life cycle and comprises three core dimensions:

- Universal coverage as applicable to persons protected – All should have effective access to social protection throughout the life cycle, if and when needed.
- Comprehensive protection with regard to the social risks and contingencies that are covered – This includes access to health care and income security. Thus, the Social Security (Minimum Standards) Convention, 1952 (No. 102) sets out nine contingencies that every person may face over the course of life. These are the need for medical care and the need for benefits in the event of: sickness; unemployment; old age; employment injury; family responsibilities; maternity; invalidity; and survivorship (where the death of a breadwinner results in surviving dependants). This comprehensive protection also includes protection against new and emerging risks, such as needs related to LTC.
- Adequate protection – Benefits provided need to be set at a level that effectively prevents poverty, vulnerability and social exclusion, maintains decent standards of living and allows people to lead healthy and dignified lives.

Source: ILO 2021a.

Access to health care without hardship, including rehabilitation, as a key contributor to maintaining and restoring health

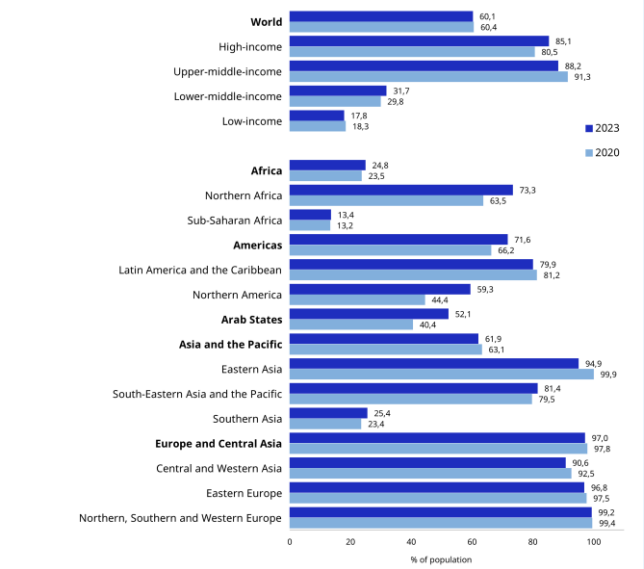
In accordance with the objective of universal health coverage, social protection systems are expected to guarantee access to health care services satisfying the

criteria of availability, accessibility, acceptability and quality without hardship. In removing financial barriers to accessing a comprehensive range of quality health interventions, social health protection contributes to improving continuous access to health care throughout the life cycle. ILO Recommendations and Conventions on social health protection, in particular, the Medical Care Recommendation, 1944 (No. 69), the Social Security (Minimum Standards) Convention, 1952 (No. 102), the Medical Care and Sickness Benefits Convention, 1969 (No. 130), and the Medical Care and Sickness Benefits Recommendation, 1969 (No. 134) require that such health services be comprehensive and emphasize the need to include prevention, screening, which is crucial for early detection, and support to behavioural changes over the life course.

Securing effective access to health care without hardship across a wide range of services comprising health promotion, prevention, rehabilitation and early detection throughout the life cycle makes a crucial contribution to fostering healthy ageing and addressing the determinants of poor health in old age through a life cycle approach. It ensures that people have access to health and care services early on in order to prevent severe health outcomes. For example, access to early rehabilitation treatment by patients while they are in intensive care units reduces the risk to them of severe health outcomes and helps them to regain independence sooner (Anekwe et al. 2020).

While international social security standards (ISSS) have long called for universality of coverage, significant social health protection coverage gaps persist. As illustrated by figure 1, while almost two thirds of the global population is protected by a social health protection scheme, this proportion is respectively only 17.8 and 31.7 per cent in low- and lower-middle-income countries (ILO 2024b). This absence of social protection, combined with insufficient public health expenditure more generally, impacts on catastrophic out-of-pocket (OOP) spending on health by households, which is on the rise globally. Indeed, the number of people incurring catastrophic OOP health spending (classified as expenditure exceeding 10 per cent of their household consumption or income) rose from 940 million in 2015 to 1.3 billion in 2019 (WHO and World Bank 2023). Available survey data reveals significant disparities across age of the household head and household age composition more generally. Households headed by older persons and households composed only of older persons have a significantly higher incidence of catastrophic health spending (WHO and World Bank 2023). Various factors are at play, including both higher needs for acute and potentially high cost care in the last years of life and lower income in old age.

▶ **Figure 1: Percentage of the population protected by a social health protection scheme (protected persons), by region, subregion and income level, 2020 and 2023**



Source: (ILO 2024b).

While ILO social security standards stipulate that the range of services covered should be comprehensive (see box 3), in practice, specific services are often excluded from benefits packages, such as dental and optometry care. Thus, a recent review of social health protection in Asia and the Pacific found that these services were excluded from social health protection entitlements in Cambodia, China, Lao People's Democratic Republic and Viet Nam (ILO 2021a). Such health care interventions can in fact be essential for enabling individuals to perform daily activities and hence demand for them tends to increase with age. They can moreover be crucial for the maintenance of general health; thus, poor dental health, for instance, can lead to malnutrition among older persons (Ástvaldsdóttir et al. 2018). Similarly, though rehabilitation is key to the prevention of long-term loss of functional capacities, it is given less prominence than other services in the design of many social health protection schemes (Stucki, Bickenbach and Frontera 2019).

▶ Box 3: ILO social security standards on social health protection

Universality and coverage extension: In 1944, the Medical Care Recommendation (No. 69) introduced the principle of universality, setting out that access to healthcare services without hardship should be secured for all members of the community, "whether or not they are gainfully occupied" (Para. 8).

Population coverage: As a priority, coverage should be extended to the entire population across four basic guarantees, one of which is essential healthcare without hardship as per ILO Social Protection Floors Recommendation, 2012 (No. 202) (ILO 2021a; 2017; 2019).

Adequacy of coverage: Countries should progressively improve the comprehensiveness and level of healthcare benefits, thereby ensuring higher protection. ILO standards establish a minimum level of benefit to be guaranteed by law. The benefit level encompasses two dimensions:

(a) the range of healthcare services effectively accessible: while social protection floors should at least include the provision of "essential healthcare" as defined nationally (including free prenatal and postnatal care for the most vulnerable), countries should progressively move towards greater protection for all, as reflected in Conventions Nos 102 and 130, which require the provision of a comprehensive range of services guaranteed in national law. To be considered adequate and in line with human rights compliance monitoring mechanisms, health services need to meet the criteria of availability, accessibility, acceptability and quality (Recommendation No. 202, Para. 5(a)) (UN 2000); and

(b) the financial protection against the costs of such services: ILO instruments provide legal entitlements to healthcare "without hardship". Out-of-pocket payments should not be a primary source for financing healthcare systems. The rules regarding cost sharing must be designed to avoid hardship, with no or limited co-payments and free maternity care.

Financing and institutional arrangements: ILO standards promote collectively financed mechanisms recognizing recourse to a range of taxes and contributions made by workers, employers and governments. Likewise, the standards recognize a range of institutional arrangements, namely national health services, by which public services deliver affordable health interventions and national health insurance through which an autonomous public entity collects revenues from different sources to purchase health services from public providers only, from both public and private providers or from any combination of such institutional arrangements.

Access to a wide range of inter-disciplinary services as well as assistive products is needed. It is recommended that social health protection schemes include such services and products in order to increase access and utilization and tackle impoverishment in line with ILO Conventions Nos 102 and 130. Indeed, in the case of people with disability, there is evidence that not only are they more likely to require rehabilitation services, they are also significantly more likely to experience catastrophic health expenditures (Mitra et al. 2017). Covering the costs of rehabilitation services and products should optimally be seen as an investment since they are "associated with increased participation in labour markets and education, longer independent living and fewer or shorter hospital admissions". Adopting such a preemptive approach may accordingly allow patients to return to work after an episode of accident or illness instead of having to rely for instance on a temporary invalidity pension. However, in some contexts very little attention is given to these preventive strategies, potentially impacting the need for LTC in older age and the overall costs to the social protection system in the long run (see box 4).

▶ **Box 4: Rehabilitation: a priority**

Rehabilitation has been defined by the WHO as "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions (such as disease, disorder, injury or trauma, pregnancy, ageing, stress, congenital anomaly or genetic predisposition) in interaction with their living and working environment" (WHO 2017). There is evidence that access to rehabilitation can improve quality of life, though globally there is a conspicuous lack of a robust monitoring system for the availability of rehabilitation services.

Coordination between the ministry of health and other relevant sectors, such as social welfare, education and labour, is crucial for providing the kinds of rehabilitation services needed by the population in medical facilities as well as in the community and in the home.

Even when social health protection entitlements are comprehensive, further barriers persist to the effective access and utilization sought in the indicators under SDG target 3.8 on achieving universal health coverage (WHO and World Bank 2021). These obstacles take the form of informal payments, geographical distances and gaps in service availability and quality. More particularly, recent analysis shows that access and utilization of health interventions – measured by the universal health coverage service coverage index – increased between 2000 and 2019, but non-communicable disease (NCD)-related interventions showed lower gains than other sub-indexes (WHO and World Bank 2021).

Lastly, gaps in social health protection affect women and men differently, especially in older age. Women are more likely to need LTC as they tend to live longer than men – often in poor health – and face higher rates of disability or chronic health problems. The proportion of women increases with age and globally older women constitute almost two thirds of those aged 80 years or over (UN Women 2022). Being more likely to have a lower average income, older women tend to be more marginalized and disadvantaged than older men, with higher rates of poverty present among older women in both developed and developing countries. At the same time, older women are also more likely to live alone (higher life expectancy means they are more often widows) and not to be able to rely on support from other household members. LTC always comes with costs, even if it is provided by family members on an unpaid basis. It is therefore paramount to find ways to share these costs more equitably across society (UN Women 2017).

Income security throughout the life cycle as a policy lever to address the social determinants of healthy ageing

As per ILO Recommendation No 202, social protection systems should ensure not only financial protection against healthcare costs but also income security throughout the life cycle, from pregnancy, childhood, and working age to old age. In particular, Convention No. 102 identifies eight contingencies in addition to access to health care that all individuals may face over their life course: sickness, unemployment, old age, employment injury, family responsibilities, maternity, invalidity and survivorship (where a breadwinner dies leaving dependants). Effective access to a range of benefits can specifically contribute to supporting healthy ageing and shaping its determinants along the life cycle through three main entry points:

- An adequate standard of living,
- Resilience to contingencies and shocksand
- A smooth transition between work and retirement.

Adequate standard of living, including in old age

Having income security impacts positively on households' financial ability to adopt a healthy diet, maintain appropriate housing, access education and partake in social and physical activities that are crucial to staying healthy. Child benefits, benefits in active age and old age pensions, if set at an adequate level, can all contribute as key enablers in this respect. For instance, there is evidence that adequately designed child benefits can have an impact on nutrition and early childhood development (Alderman 2015; ILO and UNICEF 2019). Moreover, such positive impact on nutrition has also been identified with well-designed old age pensions (Duflo 2003; Ko 2019; Zheng, Fang and Brown 2020). Similarly, access to social protection is identified as being closely related to good self-reported health in Europe, underlining the mutually reinforcing relationship between them (WHO 2019).

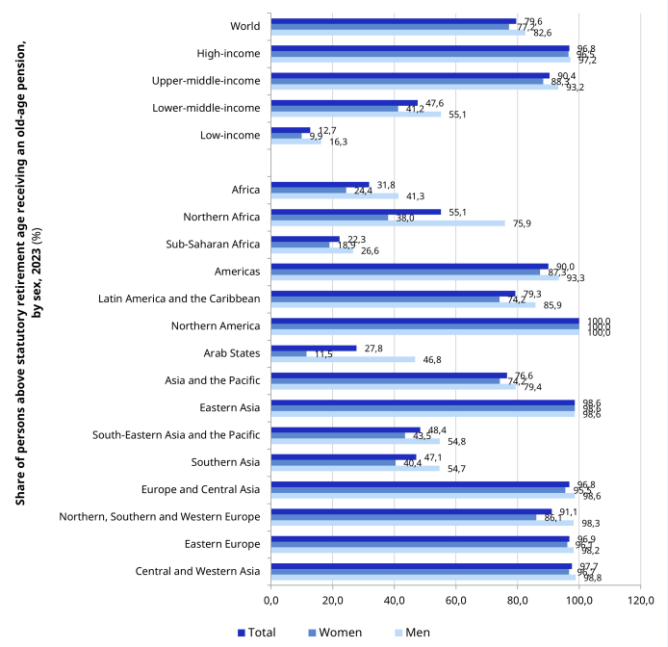
Regrettably, income security along the life cycle is not yet a universal reality. Just above half of the world's

population is effectively covered by at least one social protection cash benefit along the life cycle, with large disparities across and within countries (ILO 2024b). Only 12.7 and 47.6 per cent of older persons in low- and lower-middle-income countries respectively, enjoy effective pension coverage as indicated by figure 2. Furthermore, the majority of the labour force is not contributing to a social insurance scheme to accumulate rights to an old age pension in the future. This can be because such schemes are not in place or because narrow eligibility criteria and poor enforcement preclude their extension.

Adequate protection in old age remains a challenge for many workers, such as women, people in low-paid jobs, those in precarious employment situations, people working in agriculture and on digital platforms, as well as migrants. Of particular importance is the fact that pension coverage gaps do not affect men and women equally. Globally, less than half of the women in the labour force today are legally protected by a mandatory social insurance scheme or a non-contributory scheme for their old age pension (see figures 2 and 3).

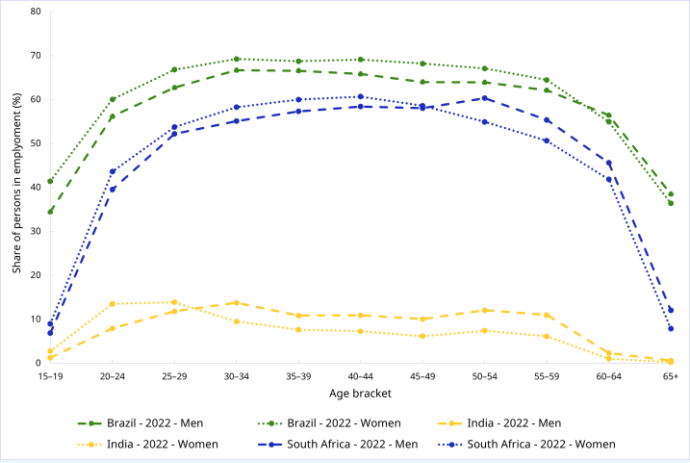
This is compounded by important differentials in pension adequacy, with pension levels reflecting the gender pay gap in many regions as well as unequal labour market participation. Indeed, because they have to shoulder most of the care responsibilities in the home, women experience more interruptions in their careers and tend to have less access to decent work opportunities and to be disproportionately represented in the informal economy (European Commission 2021; ILO 2021b). This means that while women live longer than men, they are also less likely to have income security in old age, which in turn affects their ability to stay healthy longer.

▶ **Figure 2: Proportion of older persons receiving a pension: the ratio of persons above statutory retirement age receiving an old age pension (including contributory and non-contributory) to persons above statutory retirement age, by sex, 2023**



Source: (ILO 2024b).

▶ **Figure 3: Share of persons in employment who contribute to a pension scheme, by sex and age, selected countries, latest available year (percentage)**



Source: (ILO 2024b).

Resilience to shocks

At its 109th Session in 2021, the International Labour Conference (ILC) recalled that the role of social protection is to bolster resilience of individuals, families and societies alike (ILO 2021c); for, having access to social protection impacts people's ability to face shocks and contingencies throughout their lives. Moreover, being assured of the security to be able to meet basic needs in a crisis situation has implications for preserving a person's mental health and meeting immediate physical needs (Cappelletti et al. 2015). Crisis situations at the individual and collective levels can be triggered by covariate and idiosyncratic risks.

Both demographic and epidemiological trends are influenced by, and interact with, other megatrends such as climate change, which is expected to bring about more adverse weather events and natural disasters, as well as to influence the emergence of new diseases (Romanello et al. 2021; Watts et al. 2015). Looking ahead, then, it is anticipated that people are likely to be confronted with such adverse events more often and possibly with greater intensity. In this context, there is strong evidence that social protection contributes to cushioning the socio-economic impact of a crisis, such as that induced by the COVID-19 pandemic and prior pandemics (ILO 2020).

More generally, the ability to have time to recuperate properly from periods of maternity, illness or injury without loss of income contributes to ensuring that people do not experience preventable adverse health impacts in the long run. Having income security guaranteed during maternity, sickness, recovery and rehabilitation (including after occupational injuries) is therefore a crucial element in making individuals more resilient and restoring and preserving their health. In this respect, some countries, such as Sweden, have adopted a universal social insurance approach to sickness benefits to ensure that people have income security and can afford to take the time they need to recover from illness (ILO 2021d).

Similarly a number of countries have progressed towards providing adequate social protection benefits to persons with disabilities. Even with such progress, coverage of disability benefits remains globally at only 38.9 per cent of persons with severe disabilities receiving a disability benefit. In the cases of Africa and Asia, the coverage is respectively 8.1 per cent and 30.7 per cent. This fact is of particular significance when considering the climate crisis our planet is experiencing and its catastrophic effects and implications; the global mortality rate of persons with disabilities, including older persons, during disasters is estimated to be four times higher than for the rest of the population. Disasters similarly disrupt access to health and support services and emergency response measures – including social protection benefits – and are often not sufficiently tailored to accommodate the difficulties that persons with disabilities experience with mobility, communication, hearing and sight (ILO 2024b). Furthermore, a detailed analysis shows that disability benefits are skewed towards individuals of working age with insufficient consideration given to the fact that disability also affects children and older persons (ILO 2024a). Securing healthy ageing for all therefore requires disability-sensitive social protection systems.

Smooth transitions between different phases of life

Coordination between social protection and employment policies to ensure a smooth transition into retirement can make an important contribution to healthy ageing. Indeed, it is crucial not only for people who can no longer perform a professional activity to be able to retire from working and enjoy a pension, but also that people who can, and wish to, continue working, possibly under more flexible modalities, be enabled to do so. There is evidence that the continued pursuit of a level of professional activity by older persons who have the capacity and desire to do so can have positive effects on health outcomes (WHO 2021). At an early stage, international social security standards (ISSS) made provisions to ensure that social security systems could be adapted to give due regard to the working ability of older persons in each country (ILO Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No.128) , Article 15). This consideration may also impact the aggregate demand for old age pensions and their financial sustainability.

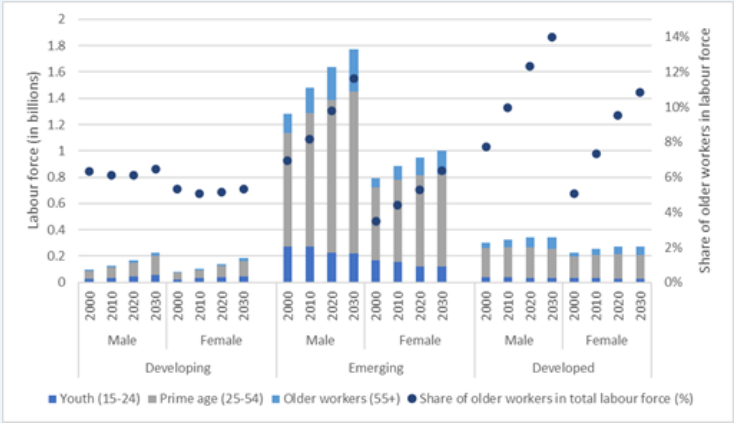
Mindful of this aspect of ageing and work, some countries have reformed their pension systems with a view to ensuring greater equity in access to an old age pension, while simultaneously enabling people who start working earlier or who perform hazardous or physically demanding work to retire sooner while also supporting others who are still able to work and wish to do so to stay longer in full or partial activity (ILO 2013). Thus, in Viet Nam, although the pensionable age is 60, early retirement five to ten years earlier is allowed by the social insurance system for certain categories of workers, including workers who have been employed in hazardous activities

for more than 15 years (Nguyen et al. 2021). Similarly, in many European countries reforms that push back, or delay, the retirement age uniformly have gradually been adapted. Some countries are tending to opt for flexible measures that give scope for the specificities of workers' occupations and their physical capacities. In 2018, for example, Belgium extended the flexi-job status to pensioners; Greece has lowered from 70 per cent to just 30 per cent the pension reduction that was applied to pensioners who maintain professional activity (European Commission 2021).

Some countries have implemented policies to meet the needs of older people while helping them to remain independent. For example, in Azerbaijan, the Agency for Sustainable and Operational Social Security (DOST) operates a policy that aims to support isolated older people with the activities of daily living. The Agency has developed initiatives to enhance the provision of social security for older persons, including helping to improve their quality of life and promote their active participation in society, such as through offering volunteering opportunities to give peer support at DOST service centres (DOST 2022).

Pension systems will also need to closely coordinate and align with wider employment policies. Indeed, globally, the proportion of older workers aged 55 to 64 years in the total labour force has been increasing and is expected to continue to rise significantly and extend beyond the age of 65. This trend will be particularly marked in emerging and developed countries, where it is expected that between 2000 and 2030, the share of older workers in the labour force will have increased by 76 per cent in developed economies and by 80 per cent in emerging countries, as illustrated by figure 4. To enable the continued participation in the labour force of older workers who are both able and wish to go on working, workplaces will need to adapt in terms of occupational safety and health, working hours and work organization. International Labour Standards, in particular ILO Older Workers Recommendation, 1980 (No. 162), provide guidance in this respect with a view to ensuring that older workers are not prey to discrimination and that workplaces and working conditions are adapted (Paragraphs 3, 6 and 11). Active policies to sustain the employability of older workers will be needed, particularly targeted retraining, reskilling and upskilling (Harasty and Ostermeier 2020).

▶ **Figure 4: Composition of the labour force (in billions) and share of older workers, by sex and income group, 2000–2030**



Source: calculations based on ILO LFEP database, July 2019 update (Harasty and Ostermeier 2020).

Conclusion

Social protection policies therefore have an important role to play in countries' efforts to foster healthy ageing. In this respect, countries should view universal social protection as an essential investment for countering current trends of disease and disability in old age, at a time when people are living longer but may fall sick earlier or more frequently in life. Ensuring healthy ageing responds to the aspirations of older persons and their families and is integral to avoiding escalating health and LTC costs, as well as the overall societal costs of unhealthy ageing patterns.

References

Alderman, Harold. 2015. "Leveraging Social Protection Programmes for Improved Nutrition: Summary of Evidence Prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs, 2015". Rome: Secure Nutrition. http://www.securenutrition.org/sites/default/files/resources/attachment/english/Alderman%20-%20Global%20Forum%20Summary%20of%20Evidence%20-%202016_0.pdf.

Allen, Luke, Julianne Williams, Nick Townsend, Bente Mikkelsen, Nia Roberts, Charlie Foster, and Kremlin Wickramasinghe. 2017. "Socioeconomic Status and Non-Communicable Disease Behavioural Risk Factors in Low-Income and Lower-Middle-Income Countries: A Systematic Review". *The Lancet Global Health* 5 (3): e277–89. https://doi.org/10.1016/S2214-109X(17)30058-X.

Anekwe, David E., Sharmistha Biswas, André Bussières, and Jadranka Spahija. 2020. "Early Rehabilitation Reduces the Likelihood of Developing Intensive Care Unit-Acquired Weakness: A Systematic Review and Meta-Analysis". *Physiotherapy* 107:1–10.

Ástvaldsdóttir, Álfheiður, Anne-Marie Boström, Thomas Davidson, Pia Gabre, Lars Gahnberg, Gunilla Sandborgh Englund, Pia Skott, Katri Ståhlnacke, Sofia Tranæus, and Hanna Wilhelmsson. 2018. "Oral Health and Dental Care of Older Persons—A Systematic Map of Systematic Reviews". *Gerodontology* 35 (4): 290–304.

Cappelletti, Erika R., Matthew W. Kreuter, Sonia Boyum, and Tess Thompson. 2015. "Basic Needs, Stress and the Effects of Tailored Health Communication in Vulnerable Populations". *Health Education Research* 30 (4): 591–98. https://doi.org/10.1093/her/cyv033.

Commission on Social Determinants of Health, WHO. 2008. "Closing the Gap in a Generation – Health Equity through Action on the Social Determinants of Health – Commission on Social Determinants of Health Final Report". WHO. https://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf?sequence=1.

DOST (Agency for Sustainable and Operational Social Security). 2022. 'DOST: Social Protection for 65+'. International Social Security Association (ISSA). 2022. https://ww1.issa.int/gp/217272.

Duflo, Esther. 2003. "Grandmothers and Granddaughters: Old-age Pensions and Intrahousehold Allocation in South Africa". *The World Bank Economic Review* 17 (1): 1–25.

European Commission. 2021. *2021 Pension Adequacy Report: Current and Future Income Adequacy in Old Age in the EU. Volume 2, Country Profiles*. LU: Publications Office of the European Union. https://data.europa.eu/doi/10.2767/765944.

Harasty, Claire, and Martin Ostermeier. 2020. "Population Ageing: Alternative Measures of Dependency and Implications for the Future of Work". ILO Working paper. http://www.ilo.org/employment/Whatwedo/Publications/working-papers/WCMS_747257/lang--en/index.htm.

Heikkinen, Eino. 2003. "What Are the Main Risk Factors for Disability in Old Age and How Can Disability Be Prevented?" Copenhagen: WHO Europe. http://www.euro.who.int/document/E82970.pdf.

ILO (International Labour Organization). 2013. *Employment and Social Protection in the New Demographic Context (Report IV, International Labour Conference, 102nd Session)*. Geneva: International Labour Office. https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_209717.pdf.

——. 2017. *World Social Protection Report 2017–19: Universal Social Protection to Achieve the Sustainable Development Goals*. Geneva. International Labour Organization. https://www.ilo.org/wcmsp5/groups/public/---dgreports/--- dcomm/---publ/documents/publication/wcms_604882.pdf.

——. 2019. *Universal Social Protection for Human Dignity, Social Justice and Sustainable Development: General Survey Concerning the Social Protection Floors Recommendation, 2012 (No. 202). ILC.108/III/B.* https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_673680.pdf.

——. 2020. *Social Protection Responses to the COVID-19 Crisis: Country Responses and Policy Considerations*.

Social Protection Spotlight. https://www.social-protection.org/gimi/RessourcePDF.action?id=56044.

——. 2021a. *Extending Social Health Protection: Accelerating Progress towards Universal Health Coverage in Asia and the Pacific*. ILO. https://www.social-protection.org/gimi/ShowRessource.action?id=38425.

——. 2021b. *Extending Social Security to Workers in the Informal Economy: Lessons from International Experience.* ILO. https://www.social-protection.org/gimi/Media.action?id=16990.

——. 2021c. Resolution and conclusions concerning the second recurrent discussion on social protection (social security). International Labour Conference ILC.109/Resolution III. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_806099.pdf.

——. 2021d. *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future*. ILO. https://webapps.ilo.org/wcmsp5/groups/public/@ed_protect/@soc_sec/documents/publication/wcms_817572.pdf.

——. 2024a. *Disability Schemes and Programmes around the World: Design and Compliance with International Social Security Standards*. ILO. https://www.social-protection.org/gimi/Media.action?id=19403.

——. 2024b. *World Social Protection Report 2024-26: Universal Social Protection for Climate Action and a Just Transition*. ILO. https://www.ilo.org/media/593496/download.

ILO and UNICEF (United Nations Children's Emergency Fund). 2019. *Towards Universal Social Protection for Children: Achieving SDG 1.3.* https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_669336.pdf.

Ko, Hansoo. 2019. "Intergenerational Effects of Old-age Pension on Children's Health and Well-being". *The International Journal of Health Planning and Management* 34 (2): e1208–14.

McDermott-Levy, Ruth, Ann Marie Kolanowski, Donna Marie Fick, and Michael E. Mann. 2019. "Addressing the Health Risks of Climate Change in Older Adults". *Journal of Gerontological Nursing* 45 (11): 21–29.

Mitra, Sophie, Michael Palmer, Hoolda Kim, Daniel Mont, and Nora Groce. 2017. "Extra Costs of Living with a Disability: A Systematized Review and Agenda for Research". *Disability and Health Journal* 10 (4): 475–84.

Murray, Christopher J L, Aleksandr Y. Aravkin, Peng Zheng, Cristiana Abbafati, Kaja M. Abbas, Mohsen Abbasi-Kangevari, Foad Abd-Allah, Ahmed Abdelalim, Mohammad Abdollahi, and Ibrahim Abdollahpour. 2020. "Global Burden of 87 Risk Factors in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019". *The Lancet* 396 (10258): 1223–49.

Nguyen, Mai, Fiona Webster, and Stephanie Rosseau. 2021. "Vietnam Begins to Phase in Increased Retirement Age" Mercer. 16 March 2021. https://www.mercer.com/our-thinking/law-and-policy-group/vietnam-begins-to-phase-in-increased-retirement-age.html.

Romanello, Marina, Alice McGushin, Claudia Di Napoli, Paul Drummond, Nick Hughes, Louis Jamart, Harry Kennard, et al. 2021. "The 2021 Report of the Lancet Countdown on Health and Climate Change: Code Red for a Healthy Future". *The Lancet* 398 (10311): 1619–62. https://doi.org/10.1016/S0140-6736(21)01787-6.

Stucki, Gerold, Jerome Bickenbach, and Walter Frontera. 2019. "Why Rehabilitation Should be Included in International Healthy Ageing Agendas". *American Journal of Physical Medicine & Rehabilitation* 98 (4): 251–52.

Tessier, Lou, Nathalie De Wulf, and Yuta Momose. 2022. *Long-term Care in the Context of Population Ageing: A Rights-based Approach to Universal Coverage*. ILO Working Paper No. 82. Geneva: International Labour Organization. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_858784.pdf

UN (United Nations). 2000. *Toolkit on the Right to Health. Office of the High Commissioner for Human Rights*. https://www.ohchr.org/EN/Issues/ESCR/Pages/Health.aspx.

——. 2019. *'World Population Prospects 2019'. Online Database*. United Nations Department of Economic

and Social Affairs Population Dynamics. 2019. https://population.un.org/wpp/.

UN Women. 2017. "Long-Term Care for Older People: A New Global Gender Priority". UN Women Headquarters. 1 December 2017. https://www.unwomen.org/en/digital-library/publications/2017/12/long-term-care-for-older-people.

——. 2022. "Gender, Age, and Disability: Addressing the Intersection". UN Women Headquarters. 2022. https://www.unwomen.org/en/digital-library/publications/2022/06/brief-gender-age-and-disability.

Vos, Theo, Stephen S. Lim, Cristiana Abbafati, Kaja M. Abbas, Mohammad Abbasi, Mitra Abbasifard, Mohsen Abbasi-Kangevari, Hedayat Abbastabar, Foad Abd-Allah, and Ahmed Abdelalim. 2020. "Global Burden of 369 Diseases and Injuries in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019". *The Lancet* 396 (10258): 1204–22.

Wang, Haidong, Kaja M. Abbas, Mitra Abbasifard, Mohsen Abbasi-Kangevari, Hedayat Abbastabar, Foad Abd-Allah, Ahmed Abdelalim, Hassan Abolhassani, Lucas Guimarães Abreu, and Michael RM Abrigo. 2020. "Global Age-Sex-Specific Fertility, Mortality, Healthy Life Expectancy (HALE), and Population Estimates in 204 Countries and Territories, 1950–2019: A Comprehensive Demographic Analysis for the Global Burden of Disease Study 2019". *The Lancet* 396 (10258): 1160–1203.

Watts, Nick, W. Neil Adger, Paolo Agnolucci, Jason Blackstock, Peter Byass, Wenjia Cai, Sarah Chaytor, et al. 2015. "Health and Climate Change: Policy Responses to Protect Public Health". *The Lancet* 386 (10006): 1861–1914. https://doi.org/10.1016/S0140-6736(15)60854-6.

WHO (World Health Organization). 2017. *Rehabilitation in Health Systems* https://www.who.int/publications/i/item/9789241515986

——. 2019. *Healthy, Prosperous Lives for All: The European Health Equity Status Report*. Copenhagen: World Health Organization – Regional Office for Europe. http://www.euro.who.int/en/publications/abstracts/health-equity-status-report-2019.

——. 2021. *Decade of Healthy Ageing: Baseline Report*. 2021. https://www.who.int/publications-detail-redirect/9789240017900.

WHO and World Bank. 2021. *Tracking Universal Health Coverage: 2021 Global Monitoring Report*. World Bank.

——. 2023. *Tracking Universal Health Coverage: 2023 Global Monitoring Report*. Geneva: World Health Organization. https://www.who.int/publications/i/item/9789240080379.

Zheng, Xiaodong, Xiangming Fang, and Derek S. Brown. 2020. "Social Pensions and Child Health in Rural China". *The Journal of Development Studies* 56 (3): 545–59.

Decade of healthy ageing

The United Nations Decade of Healthy Ageing (2021–2030) aims to give everyone the opportunity to add life to years, wherever they live. The Decade is a transformative collaboration of diverse sectors and stakeholders that focuses on changing how we think, feel and act towards ageing; cultivating age-friendly environments; creating integrated and responsive health care systems and services; and ensuring access to long-term care for older people who need it. www.decadeofhealthyageing.org

This policy brief was prepared by Lou Tessier and Yuta Momose. It builds on the joint ILO-ISSA working paper: "Long-term care in the context of population ageing: a rights-based approach to universal coverage" (Tessier et al. 2022).

The Editor of the Social Protection Spotlight brief series is Shahra Razavi, Director, Universal Social Protection Department.

Contact information
International Labour Organization
Route des Morillons 4
CH-1211 Geneva 22
Switzerland

T: +41 22 799 7239
E: socpro@ilo.org
W: www.ilo.org
www.social-protection.org

DOI: https://doi.org/