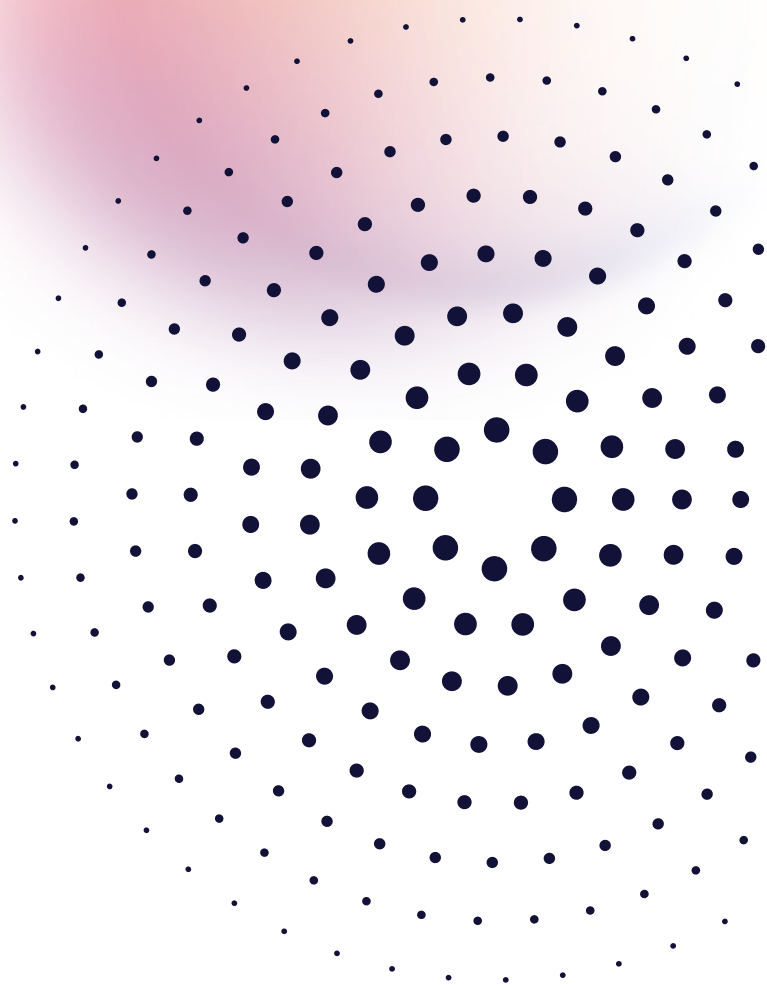


Agenda to advance research and global monitoring of unmet health and social care needs of older people

Working paper

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August 2023



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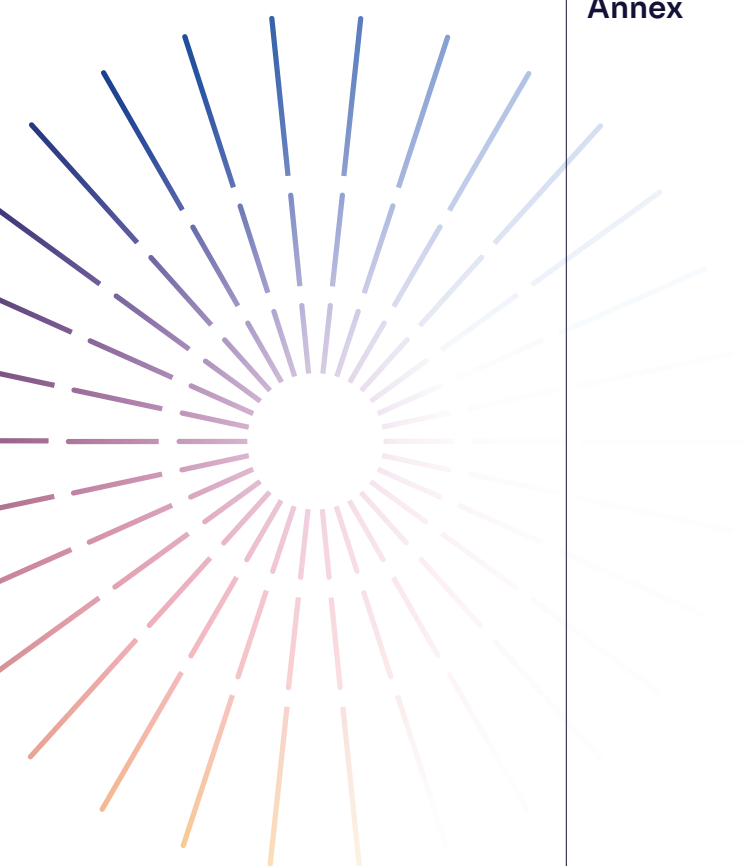
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Contents

Acknowledgements	1
Introduction	3
Development of the Agenda	5
Framing of the Agenda	8
The Agenda	9
Major research priorities	10
Priority domains	10
Key methodological issues	12
Implementation of the Agenda	14
Progressing the Agenda through CARE∞TRACK	16
Conclusion	16
References	17
Annex	18

Introduction

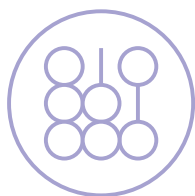
The “Agenda to Advance Research and Global Monitoring of Unmet Health and Social Care Needs of Older People” (Agenda) is designed to support the UN Decade of Healthy Ageing [1], and the WHO Global strategy on ageing and health [2], all of which recognize the importance of strengthening measurement and data on older persons for monitoring and evaluation of public health program, policies and interventions. The Agenda is also designed to support implementation and monitoring of the UN Sustainable Development Goals (SDGs), particularly SDG 3 on good health and well-being [3] and the Universal Health Coverage (UHC) agenda [4].

The UN Decade of Healthy Ageing addresses four interconnected areas of action:

- (i)** to change how we think, feel and act toward age and ageing;
- (ii)** to ensure that communities foster the abilities of older people;
- (iii)** to deliver person-centered integrated care and primary health services that are responsive to older people; and
- (iv)** to provide access to long-term care for older people who need it [1].

A UN resolution called upon the WHO to lead the UN Decade of Healthy Ageing’s implementation and monitor and evaluate progress against goals. The UN Decade of Healthy Ageing recognizes the need to strengthen data, research, and innovation to accelerate implementation of its objectives [1]. Further, the COVID-19 pandemic has provided a sharp reminder of the invisibility of older persons in publicly available data [5]. To ensure older persons are not left behind, there is a pressing need to strengthen measurement and data disaggregation, and address data gaps.

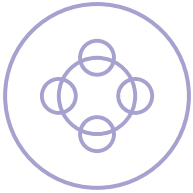
Actions within the Decade of Healthy Ageing are underpinned by the WHO Global strategy on ageing and health [2], which calls for the alignment of health systems to meet the needs of older populations, enabling access to affordable quality care, including long-term care, and improving measurement and monitoring of the needs of older people for health care and long-term care to ensure that they are being appropriately met.



The SDGs encompass a set of 17 global objectives aimed at addressing various socio-economic, environmental, and developmental challenges by 2030 [3]. To effectively track and monitor progress towards achieving these goals, a well-defined framework of indicators has been established. Relevant to this work, indicator 3.8 aims to achieve UHC, which encompasses various aspects essential to human well-being [3]. This indicator entails three key components:

- **Financial Risk Protection:** Ensuring that all individuals and communities have access to the necessary health services without facing financial hardship is a core aspect of UHC. This involves implementing mechanisms such as health insurance, social health schemes, and subsidies to shield people from excessive healthcare costs [3].
- **Access to Quality Essential Health Care Services:** UHC necessitates providing access to a comprehensive package of essential health services, encompassing preventive, promotive, curative, and rehabilitative care. These services should be of high quality, evidence-based, and tailored to meet the diverse needs of populations [3].
- **Access to Safe, Effective, Quality, and Affordable Essential Medicines and Vaccines:** To improve health outcomes and protect populations from preventable diseases, equitable access to safe, effective, and affordable essential medicines and vaccines is vital. This includes medications for various health conditions and vaccines to prevent infectious diseases [3].

Good data on unmet need for health and social care could fill an important gap in the metrics currently being used for global monitoring of progress toward SDG 3.8 on UHC and other related 2030 agenda.



Development of the Agenda

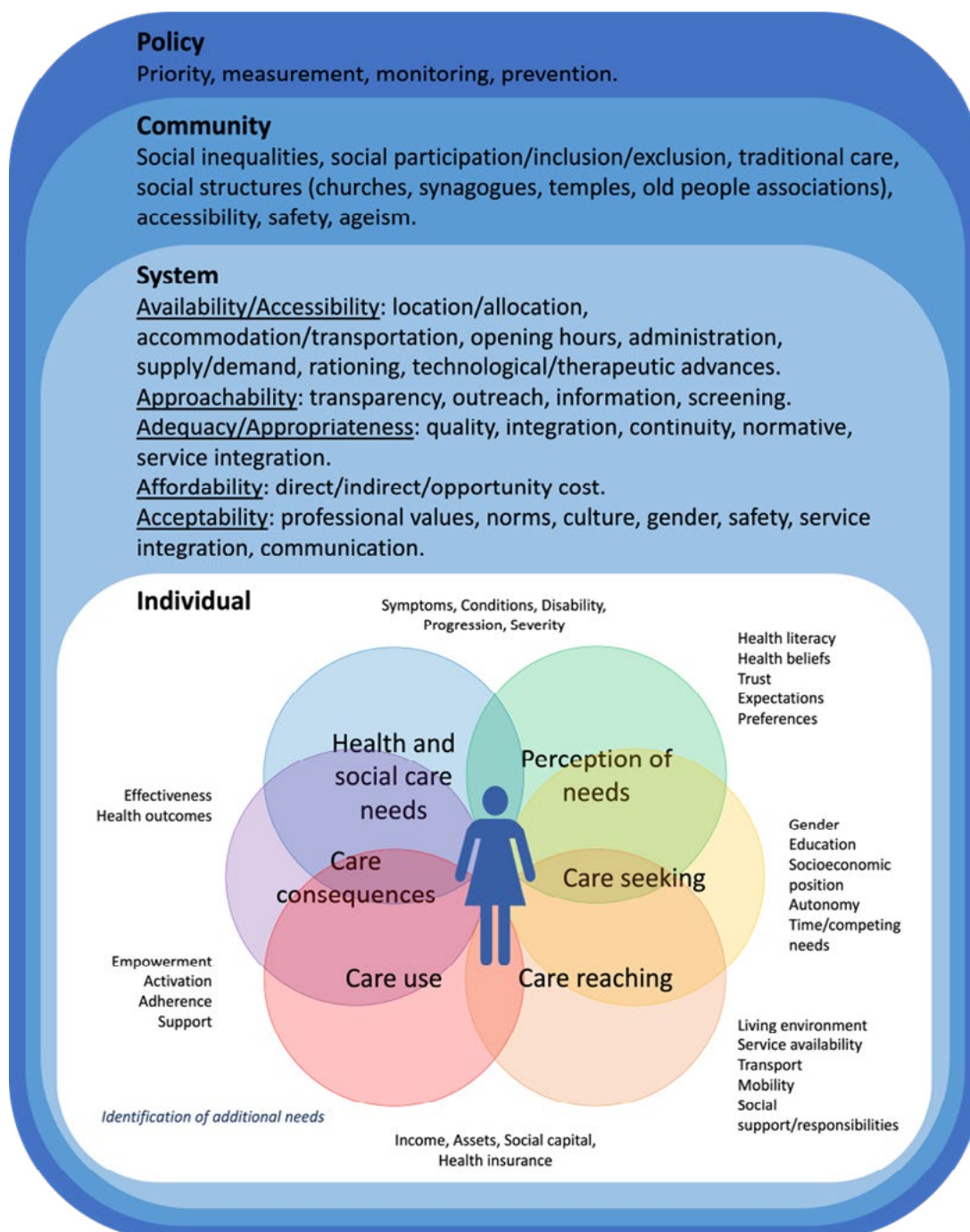
This Agenda identifies priorities related to research and data collection while simultaneously encouraging researchers to pursue studies in areas of ageing where the findings may have practical and realistic applications. The Agenda has been developed by experts in the field with the support of the World Health Organization Centre for Health Development (WHO Kobe Centre) in Japan. Since 2020, the WHO Kobe Centre, in partnership with other WHO departments and external experts, has conducted a series of studies to explore the issue of unmet need especially as it relates to older persons.

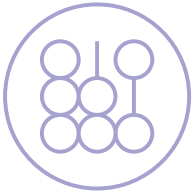
Foundational to this work, an initial scoping review had been conducted to synthesize knowledge about the theoretical and conceptual constructs that are key to understanding the care needs of older people and what equity in healthcare access would mean for them [6]. This review resulted in the production of a meta-framework and model which identified common concepts specific to equitable health and social care service coverage relating to older people, and the relationships between these concepts including:

- Personal and social resources;
- Service systems - availability, affordability, accessibility, acceptability and appropriateness; and
- Infrastructure and policy.

For this Agenda, we have adapted this framework, incorporating the work of Levesque et al [7] and recognising that meeting health care needs is not linear, but rather an iterative and continuous process (see figure 1).

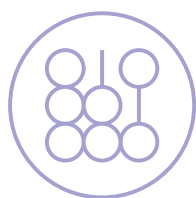
Figure 1. Conceptual model of care needs and services for older people





This conceptual model of care needs and services recognises the interaction between care systems and services and the needs and resources of the person requiring care. The model avoids a top-down concept of health care delivery, framed as if services are provided “on-tap” for whoever is connected, whenever they need them, without the person needing to make any conscious effort as to how that need will be met.

Importantly the person is placed at the centre of the model recognising their needs, circumstances, resources, and skills. These are all factors that will affect their health care needs and their health care use. The model also represents a cycle starting with needs and progressing through the perception and understanding of those needs, seeking health care to have the needs met, accessing (or reaching) a service, and actually using that service. In an ideal system this would result in resolution of the need and no further needs for care. However, this is rarely how health care works. Health care is a lifelong iterative process of constant surveillance of needs and use of health care to meet or mitigate those needs. So, the outcome of the health care encounter will effectively lead to a new level of need. In time, a new need may emerge or evolve, and the experience of the person’s previous encounter will affect their propensity to seek further care. They may have been educated through the previous encounter and gained health care seeking skills. They may have had a very satisfying encounter with good outcome and be therefore more likely to seek care for the next event. On the other hand, if they have had a negative encounter at any point along the cycle, they may be less likely to seek care next time. It is also true that health care demand can be driven by the health care system, for instance if the treatment requires ongoing monitoring or maintenance. In the Carroll model [6], these relationships are represented by the double headed arrow between the individual and service levels. The model also identifies that different factors will be important at different stages along the health care pathway, as identified in the Levesque model [7]. This is an important “testable” hypothesis which we can assess through secondary data analysis.



A second foundation to the Agenda was consideration of data on the prevalence of unmet health and social care needs among older people. The main sources were a systematic review and meta-analysis to estimate the prevalence of unmet health and long-term care needs among older people based on published statistics, mostly from high-income countries [8], and secondary analysis of available survey datasets covering 83 countries [9]. These pieces of research underscored the need to improve data and methods for measuring unmet need especially for older people and social care.

In 2022 the WHO Kobe Centre funded a project to advance methods, measures and metrics on older peoples' unmet health and care needs, gathering expert knowledge and input through a series of meetings and consensus processes. The information gathered from this process was used to inform this Agenda to advance measurement and monitoring of unmet health and social care needs of older people at a global level.

Framing of the Agenda

This Agenda is addressed to legislatures, governments and academia, as well as non-governmental organizations and aid agencies dealing with issues of unmet health and social care needs associated with population ageing. It is based on recognition of the diversity in societies at different levels of demographic, social and economic development. This Agenda is built on an already substantial body of knowledge and expertise assembled in gerontology and related fields over several decades. However, that international body of knowledge is not always fully accessible or relevant within the social and economic circumstances of countries with substantially fewer resources for conducting research and monitoring of unmet health and social care needs of older people. Moreover, there is no standard agreed measure or method of monitoring unmet health and social care needs that can be applied at a global level. This Agenda recognises the importance of this data gap and presents a way forward for developing policy relevant and culturally relevant, comparative measures that can be applied across countries and at a global level.

The Agenda identifies foci for operationalization, support and funding of its major elements. The Agenda, therefore, represents a unique initiative around unmet health and social care need in older populations, intended to contribute to the elaboration and implementation of public policies on ageing and influence the direction and priorities for the measurement and monitoring of these issues in the decades to come.

The Agenda

The Agenda consists of three sections - major research priorities, priority domains and key methodological issues. These sections are described below and linked to SDG indicators 3.8.1 and 3.8.2 (see table 1).

Table 1. Summary table of the Agenda against the relevant SDG indicators and targets

SDG indicator 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	Agenda to Advance the Research and Global Monitoring of Unmet Health and Social Care Needs of Older People		
	Major research priorities	Priority domains	Key methodological issues
<p>Indicator 3.8.1: Coverage of essential health services</p> <p>Indicator 3.8.2: Catastrophic health spending (and related indicators)</p> <p><i>Accurate and meaningful measurement and monitoring are indispensable for assessing the attainment of this objective.</i></p>	<p>Priority 1: Increase the monitoring of unmet health and social care needs in older people in diverse cultural, socio-economic and environmental contexts</p> <p>Priority 2: Standardize and calibrate measures and methodologies for monitoring and understanding unmet health and social care need specific for older populations</p> <p>Priority 3: Increase the knowledge base regarding unmet health and social care needs specific to older people</p>	<p>Minority/marginalized groups</p> <p>Low- and middle-income countries</p> <p>Social understanding relating to unmet health and social care needs in older populations globally</p>	<p>Normative needs for older people</p> <p>Perceived care needs of older people</p> <p>Care quality for older people</p> <p>Care access and use by older people</p> <p>Health outcomes for older people</p> <p>Definitions to describe the unmet health and social/support care needs of older people</p>



Major research priorities

Priority 1: Increase the monitoring of unmet health and social care needs in older people in diverse cultural, socioeconomic, and environmental contexts

This priority emphasizes the need for data collection methods and measurement items/instruments specifically designed for older populations. Monitoring should provide useful information, pragmatic data collection approaches, robust comparability across different locations and timeframes, and relevance to policy, practice, and health outcomes. It also highlights the importance of representative samples that allow for comparisons across diverse social strata, such as gender, class, and ethnicity.

Priority 2: Standardize and calibrate measures and methodologies for monitoring and understanding unmet health and social care needs specific to older populations

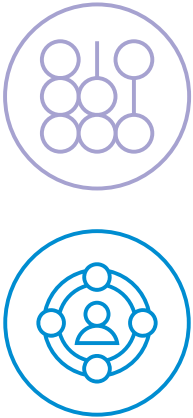
This priority emphasizes the necessity of establishing standardized measures and methodologies to ensure consistency and comparability in monitoring and understanding unmet health and social care needs. It calls for the development of a global measure of unmet health and social care needs for older people, along with regional/country-specific measures that capture the diversity of this population at different levels of demographic, social, and economic development.

Priority 3: Increase the knowledge base regarding unmet health and social care needs specific to older people

This priority emphasizes the need to expand the knowledge base concerning unmet health and social care needs in older populations. It underscores the importance of building research capabilities in low- and middle-income countries (LMICs) to explore and measure these needs. Collaboration with publishers and advancing research on key methodological areas are also vital in enhancing the understanding of unmet needs.

Priority domains

The Agenda recognizes three priority domains that require particular attention and integration within the major research priorities. These areas include minority/marginalized groups, LMICs, and the social understanding relating to unmet health and social care needs in older populations globally. Ensuring inclusivity, addressing disparities, and understanding the social dynamics surrounding unmet needs are essential for comprehensive research and effective policy development.



Minority/Marginalized groups

Research on unmet health and social care needs must account for the diverse experiences of minority and marginalized groups within older populations. This includes individuals from various ethnic, racial, cultural, religious, and socioeconomic backgrounds, as well as those facing discrimination or social exclusion. To address this critical research area, the major research priorities will incorporate representative sampling strategies and purposive sampling techniques. By including a diverse range of participants, researchers can obtain insights into the specific needs, challenges, and disparities faced by different subgroups. This knowledge can guide policymakers, commissioners, and providers in tailoring interventions to better meet the needs of marginalized older individuals.

Low- and middle-income countries

Recognizing the varying levels of demographic, social, and economic development across different countries, the Agenda emphasizes the need to focus on LMICs. These countries often face resource constraints, making it crucial to build research capabilities and provide support in exploring and measuring unmet health and social care needs in older populations. The major research priorities will include capacity-building initiatives, knowledge sharing, and collaboration with researchers and stakeholders from LMICs. By strengthening research infrastructure and promoting data collection efforts in LMICs, the agenda aims to improve the understanding of unmet needs and facilitate evidence-based policy formulation in these contexts.

Social understanding relating to unmet health and social care needs in older populations globally

In addition to the quantitative measurement of unmet needs, it is vital to explore the social dynamics and contextual factors that influence health and social care disparities among older populations globally. This critical research area calls for a deeper understanding of the social determinants of unmet needs and the impact of social factors on health outcomes. To address this, the major research priorities will encourage qualitative research methodologies, such as in-depth interviews, focus groups, and ethnographic studies. These qualitative approaches will provide insights into the lived experiences,



perspectives, and social contexts of older individuals with unmet needs, enabling a comprehensive understanding of the issue. By integrating qualitative and quantitative approaches, the Agenda aims to inform policy and practice with a nuanced understanding of the social complexities surrounding unmet health and social care needs in older populations.

Key methodological issues

The Agenda acknowledges several key methodological issues that are crucial for advancing the measurement and understanding of unmet health and social care needs of older people. Addressing these issues is essential to ensure the accuracy, comparability, and relevance of research findings, as well as to inform policy development and interventions. The key methodological issues include:

Normative needs for older people

Normative needs refer to the health and social care needs that are considered essential for maintaining a basic standard of living and well-being in older age. The Agenda aims to develop methodologies to identify and measure normative needs specific to older populations. This involves establishing consensus on the core elements of care and support that should be universally available to older individuals. Deliberative processes, expert consensus, and cross-cultural studies will contribute to defining normative needs and informing policy recommendations.

Perceived care needs of older people

The subjective experiences and perceptions of older individuals regarding their health and social care needs play a crucial role in understanding unmet needs. Research methodologies will emphasize the inclusion of older people's perspectives through surveys, interviews, and participatory approaches. By capturing the views and voices of older individuals, researchers can gain insights into their unique needs, preferences, and priorities, thus informing person-centered care and policy development.

Care quality for older people



Evaluating the quality of care provided to older people is essential to assess the extent to which their needs are being met. The Agenda recognizes the importance of developing robust methodologies to measure care quality, including the identification of relevant indicators and metrics. Research efforts will focus on exploring valid and reliable measures of care quality specific to older populations, considering factors such as safety, effectiveness, timeliness, person-centeredness, and equity.

Care access and use by older people

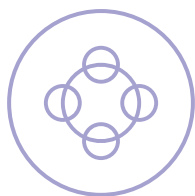
Understanding the barriers and facilitators to accessing and utilizing health and social care services among older populations is crucial for addressing unmet needs. Research will aim to identify and assess factors that affect care access and utilization, including geographical, financial, cultural, and structural barriers. Methodological approaches will include surveys, interviews, and utilization data analysis to capture the complexity of care access and use patterns among older individuals.

Health outcomes for older people

Measuring and monitoring health outcomes is vital for evaluating the impact of interventions and policies on older populations. The Agenda emphasizes the need to establish comprehensive outcome measures that reflect the multidimensional nature of health in later life. This includes capturing physical, mental, social, and functional well-being, as well as quality of life indicators. Longitudinal studies, standardized assessment tools, and mixed-methods approaches will be utilized to capture a broad range of health outcomes in older individuals.

Definitions to describe the unmet health and social needs

Establishing clear and consistent definitions of unmet needs is essential for comparability and understanding across studies and settings. The Agenda aims to develop agreed-upon definitions and frameworks that capture the concept of unmet health and social/support care needs in older populations. This will involve synthesizing existing definitions, consulting with experts, and conducting cross-cultural validation studies to ensure the applicability and relevance of the definitions across diverse contexts.



Implementation of the Agenda

This Agenda should be viewed as a ‘process’ and not simply a ‘product’.

1. As in any policy process, **accountability of government** should be matched by the **ethics of evidence** being obtained by researchers. The ideas of responsible governance should embrace the development of supporting evidence as a means to guide responsible policy action. These considerations are fully applicable in the process of implementation of the Agenda.
2. **Results and outcomes** of processes in operationalising the Agenda need to be clearly **demonstrated** to achieve ongoing commitment at all levels.
3. For the Agenda to achieve its stated goal of supporting the implementation of SDG 3.8, it must be **adopted** by stakeholders as an **essential tool** in the implementation process. Three major components in the implementation of the Agenda are: dissemination (of the agenda); integration (of policy and research); and monitoring and evaluation (of policy action and research activities on the global measurement and monitoring of unmet health and social care needs of older people).
4. The following recommendations and practical ideas are proposed to **sustain** the **implementation** and further development of the Agenda:
 - i. The Agenda should remain open for feedback and review from a broad participation of all interested parties, including UN Member States, research institutions, UN system bodies and organizations, the NGO community, and the private sector.
 - ii. The WHO Kobe Centre to contemplate a mechanism for a global commitment to research in the key priority areas identified in the agenda and to its implementation at all levels: global, regional, national and local.
 - iii. Ongoing measures must be undertaken to raise awareness of and support for the Agenda among all interested parties.



5. **Funding** must be secured, and in-kind support provided by way of expertise and training, particularly for international collaboration and exchanges that will support local research initiatives in LMICs and promote the exchange of research data between various countries. While the Agenda will reinforce the commitment of some of these foundations that already have a designated focus on healthy ageing, it should serve as a powerful stimulus to other more broadly based foundations to identify research on unmet health and social care needs of this population.
6. In the longer term, the Agenda should continue as an ongoing project with periodic **review**.



Progressing the Agenda through CARE∞TRACK

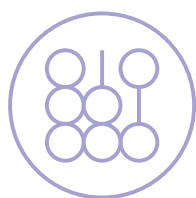
Operationalization of this Agenda is linked to the development of CARE∞TRACK (see <https://www.caretrack.online/>).

CARE∞TRACK is a multi-disciplinary global research consortium convened to progress research into the measurement and understanding of older persons' unmet needs for health and social care. By its nature and designation, the Agenda may be viewed, among its other functions, as a supportive tool for promoting, monitoring and updating the research agenda for the CARE∞TRACK consortium. At the same time, the Agenda will continue to be developed, reviewed, and revised as new knowledge and understanding emerge.

CARE∞TRACK, along with other international agencies that are well placed should assume these roles (UN agencies such as WHO and regional commissions, as well as leading international non-governmental organizations such as HelpAge International, and major private foundations).

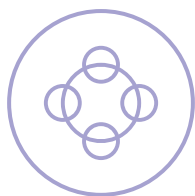
Conclusion

The “Agenda to Advance Research and Global Monitoring of Unmet Health and Social Care Needs of Older People” provides a comprehensive framework to guide research efforts in support of Universal Health Coverage, the UN Sustainable Development Goals and other 2030 policy agenda. By addressing major research priorities, priority domains, and key methodological issues, the Agenda seeks to enhance the understanding and measurement of unmet needs among older populations worldwide. Through collaborative efforts, this Agenda aims to influence policy, practice, and future research directions in the field of ageing and contribute to the wellbeing of older individuals in diverse social contexts.



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Annex

List of experts who contributed to the development of the “Agenda to Advance Research and Global Monitoring of Unmet Health and Social Care Needs of Older People”

Measurement and understanding of unmet health and social care needs for older people is multidimensional and requires a holistic approach that includes perspectives for the individual, their needs, and circumstances; the health care service, system, and setting; the overall fabric of society including values and attitudes to ageing, tolerance of inequity; and the general economic and political context. To ensure we identified potential members that can be considered experts in these areas, the project team used a variety of methods to identify these experts including searching authors of relevant scientific papers, searching staff lists of research or policy organizations/institutions/committees working on older people’s issues, and snowball sampling through existing professional networks. Identified experts were mapped by sector, speciality (i.e. social models of health and social care, health care policy, health needs of older people, long-term care for older people, health services research, health economics, measurement, evaluation, and psychometric methods, epidemiology/statistics, regional insights and representation), position (senior position/author, junior scholars/professionals, general), affiliations/memberships with institutes/organizations/committees that represent older people, gender, and geography/WHO region. A total of seventy-two experts were identified, with sixty-three agreeing to be involved in the production of this agenda (Table A.1).

Table A.1. Experts who contributed to the development of the “Agenda to Advance Research and Global Monitoring of Unmet Health and Social Care Needs of Older People” by gender, their affiliations, locations, WHO region, expertise, and other notable memberships or grants.

Name	Gender	Affiliations	Location	WHO Region	Expertise	Memberships/ research grants of note
Isabella Aboderin	Female	University of Bristol, School of Policy Studies	UK	African, European	Epidemiology	Perivoli Chair in Africa Research and Partnerships
Gershim Asiki	Male	African Population and Health Research Centre, Kenya	Kenya	African	Epidemiology	
Kofi Awuviry-Newton	Male	African Health and Ageing Research Centre, Winneba-Ghana Victoria University, Australia	Winneba-Ghana (based in Australia)	African	Gerontology	
Philip Bagshaw	Male	Canterbury Charity Hospital Trust, New Zealand	New Zealand	Western Pacific	Unmet health needs	
Brian Beach	Male	Kings College London United Kingdom	United Kingdom	European	Epidemiology	CO-CONVENER OF THIS PROJECT University College London (UCL). English Longitudinal Study of Ageing. International Longevity Centre UK (ILC). International Affairs office of AARP in Washington, DC.
Ivana Bóriková	Female	Comenius University Bratislava, Slovakia	Slovakia	European	Gerontology	
Julie Byles	Female	University of Newcastle, Australia	Australia	Western Pacific	Gerontology	CHAIR OF THIS PROJECT Head of the International Longevity Centre Australia, co-President of the International Longevity Centre Global Alliance, and Chair of the Social Research and Planning Sub-committee of the International Association of Gerontology and Geriatrics (Asia Oceania).
Janine Charnley	Female	University of Newcastle, Australia	Australia	Western Pacific	Public health	CO-CONVENER OF THIS PROJECT

Table A.1 (continued). Experts who contributed to the development of the “Agenda to Advance Research and Global Monitoring of Unmet Health and Social Care Needs of Older People” by gender, their affiliations, locations, WHO region, expertise, and other notable memberships or grants.

Name	Gender	Affiliations	Location	WHO Region	Expertise	Memberships/ research grants of note
Irina Cleemput	Female	Belgian Health Care Knowledge Centre, Belgium	Belgium	European	Health economics	
Adelina Comas-Herrera	Female	The London School of Economics and Political Science, United Kingdom	United Kingdom	European	Evaluation	Co-lead Strengthening Responses to Dementia in Developing Countries (STRiDE) project. Consultant for the Inter-American Development Bank's ageing and long-term care programme and for the World Health Organisation's Department of Ageing and Life Course
Robby De Pauw	Male	Sciensano and Ghent University, Belgium	Belgium	European	Epidemiology	
Joseph Dieleman	Male	University of Washington, United States	United States of America	Americas	Health metrics	
Paul Dugdale	Male	Australian National University, Australia	Australia	Western Pacific	Health and Medicine	CO-CONVENER OF THIS PROJECT Senior Specialist at Canberra Obesity Management Service, Canberra Health Services, and an Honorary Professor (Level E) of the College of Health and Medicine and Clinical Professor of the Medical School at Australian National University. 2000–2007: Chief Health Officer and Executive Director of Population Health for ACT Health, 2008–2019: Director of Chronic Disease Management for ACT Health, 2016 to 2020: Director of Clinical Services at Shoalhaven Hospital Group, Executive Director of Rehabilitation at Aged and Community Care, Director of Medical Services at Canberra Health Services, and Executive Director of Medical Services at Canberra Health Services.
Maria Evandrou	Female	University of Southampton, United Kingdom	United Kingdom	European	Gerontology	Director of the Centre for Research on Ageing
Qian Gao	Female	Kings College London, United Kingdom	United Kingdom	European	Unmet needs	
Robin Gauld	Male	University of Otago, New Zealand	New Zealand	Western Pacific	Health policy	

Table A.1 (continued). Experts who contributed to the development of the “Agenda to Advance Research and Global Monitoring of Unmet Health and Social Care Needs of Older People” by gender, their affiliations, locations, WHO region, expertise, and other notable memberships or grants.

Name	Gender	Affiliations	Location	WHO Region	Expertise	Memberships/ research grants of note
Thanh-Long Giang	Male	National Economics University, Viet Nam	Viet Nam	Western Pacific	Health economics	
Anna Glenngård	Female	Lund University, Sweden	Sweden	European	Health economics	
Michel Grignon	Male	Institut de Recherche et Documentation en Économie de la Santé, Canada	Canada	Americas	Health economics	Editor-in-chief of Health Reform Observer. Graduate Chair of the Department of Health, Aging & Society, Canada
Razak Gyasi	Male	African Population and Health Research Centre, Ghana	Ghana	African	Gerontology	
Hilda Harb	Female	Ministry of Public Health, Lebanon University of Bath, United Kingdom	Lebanon	Eastern Mediterranean	Health economics	Member of The UN Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG)
Susana Harding	Female	International Longevity Centre, Singapore	Singapore	Western Pacific	Aging	CO-CONVENER OF THIS PROJECT Senior Director for the International Longevity Centre Singapore at the Tsao Foundation. Honorary Secretary for the Centre for Seniors and the Gerontological Society of Singapore and Board Member for the Centre for Seniors
Sedighe Hosseini Jebeli	Female	Newcastle University, United Kingdom	Iran (based in UK)	Eastern Mediterranean	Health economics	Regional expert, Eastern Mediterranean
Shereen Hussein	Female	London School of Hygiene and Tropical Medicine, United Kingdom London School of Economics and Political Sciences, United Kingdom	Lebanon (UK based)	Eastern Mediterranean	Health and social care	Co-Director of the NIHR Policy Research Unit in Health and Social Care Systems and Commissioning. Founded the Middle East and North Africa Research on Health Ageing (MENARAH) network

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Name	Gender	Affiliations	Location	WHO Region	Expertise	Memberships/ research grants of note
Nasir Iqbal	Male	Pakistan Institute of Development Economics, Pakistan	Pakistan	Eastern Mediterranean	Health economics	
José Ricardo Jauregui	Male	Buenos Aires University, Tucuman University and Hospital Italiano de Buenos Aires, Argentina	Argentina	Americas	Gerontology and Geriatrics	IAGG president. Director of the Institute of Biology of Aging at University of Buenos Aires, Argentina
Dominika Kalánková	Female	Comenius University in Bratislava, Slovakia	Slovakia	European	Older patient unmet need	Regional expert, Eastern Europe
Sebasriana Kalula	Female	University of Cape Town, South Africa International Longevity Centre, South Africa University of Oxford, United Kingdom	South Africa	African	Geriatric Medicine	
Hongsoo Kim	Female	Seoul National University, South Korea	South Korea	Western Pacific	Health policy	
Laurence Kohn	Female	Belgian Health Care Knowledge Centre, Belgium	Belgium	European	Public health	
Meri Tuulikki Koivusalo	Female	Tempere University, Finland	Finland	European	Global health	Member of The UN Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG)

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Name	Gender	Affiliations	Location	WHO Region	Expertise	Memberships/ research grants of note
Paul Kowal	Male	Australian National University, Australia University of Newcastle, Australia	Australia	Western Pacific	Epidemiology	CO-CONVENER OF THIS PROJECT Regional Technical Lead for the UK FCDO Better Health Programme Southeast Asia, a Senior Research Manager at the Humanitarian Health Research Initiative at The Australian National University and consultant for a number of international organizations. co-principal investigator for the WHO Study on global AGEing and adult health (SAGE) and conjoint Senior Research Fellow at the University of Newcastle’s Research Centre for Gender, Health and Ageing in Australia
Nancy R Kressin	Female	Boston University, United States	United States of America	Americas	Health systems	
Barthélémy Kuate-Defo	Male	Université de Montréal, Canada	Canada	Americas	Epidemiology	
Alyse Kuspina	Female	McMaster University, Canada	Canada	Americas	Health metrics	
Gloria Lang’at	Female	African Health and Ageing research Centre, Winneba-Ghana University of Southampton, United Kingdom	Winneba-Ghana (based in UK)	African	Gerontology	
Jean-Frederic Levesque	Male	New South Wales Health, Australia	Australia	Western Pacific	Public Health	CO-CONVENER OF THIS PROJECT Adjunct Professor at the Centre for Primary Health Care and Equity at UNSW
Muriel Levy	Female	Belgian Health Care Knowledge Centre, Belgium Oxford University, United Kingdom	Belgium	European	Health economics	
Caitlin Littleton	Female	HelpAge International, Thailand	Thailand	South-East Asian	Health and social care	
Óscar Lourenço	Male	Universidade d Coimbra, Portugal	Portugal	European	Health economics	Member of the board of directors Portuguese Health Economics Association, Portugal

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Name	Gender	Affiliations	Location	WHO Region	Expertise	Memberships/ research grants of note
Charline Maertens	Female	Belgian Health Care Knowledge Centre, Belgium	Belgium	European	Health services	
Gintare Malisauskaite	Female	University of Kent, United Kingdom	United Kingdom	European	Applied economics	
Rosie Mayston	Female	Kings College London, United Kingdom	United Kingdom	European	Global health	
Courtney McNamara	Female	Norwegian University of Science and Technology, Norway Newcastle University, United Kingdom University of York, United Kingdom	Norway	European	Public health	
Nadia Minicuci	Female	University of Padova, Italy Italian National Research Council, Italy	Italy	European	Epidemiology	CO-CONVENER OF THIS PROJECT Senior Researcher at the National Research Council in Italy and an Adjunct Professor at the University of Padova. Italian Longitudinal Study on Ageing. Member of the Steering Committee for “COURAGE in Europe” and “WHO Study on global aging and adult health (SAGE)”, WP lead “Cross-national determinants of quality of life and health services for the elderly (CLESA)”
Nawi Ng	Male	Gothenburg University, Sweden	Sweden	European/ South East Asian	Public Health	CO-CONVENER OF THIS PROJECT Professor of Global Health at University of Gothenburg, Sweden. Guest Professor of Epidemiology and Global Health at Umeå University, Sweden. 2019–2022: Led four research projects on: Poverty, ageing and health care utilisation in Cambodia.
Silvia Perel-Levin	Female	International Network for the Prevention of Elder Abuse	Switzerland	European	Social policy	

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Name	Gender	Affiliations	Location	WHO Region	Expertise	Memberships/ research grants of note
Mukesh Poudel	Male	Epidemiology and Disease Control Division, Ministry of Health and Population, Kathmandu, Nepal	Nepal	South-East Asian	Epidemiology	
Matthew Prina	Male	Kings College London, United Kingdom	United Kingdom	European	Epidemiology	
Carlota Quintal	Female	University of Coimbra, Portugal	Portugal	European	Health economics	
Mizanur Rahman	Male	Hitotsubashi University, Japan University of Tokyo, Japan	Bangladesh	South-East Asian	Global health	Regional expert, Bangladesh
Megumi Rosenberg	Female	World Health Organization Centre for Health Development, Japan	Japan	Western Pacific	Gerontology	WHO SUPERVISOR OF THIS PROJECT
Claudia Schöenborn	Female	Université Libre de Bruxelles, Belgium	Belgium	European	Public health	
Eko Setiawan	Male	University of Queensland, Australia	Indonesia	South-East Asian	Public health	
Shamsul Azhar Shah	Male	Universiti Kebangsaan, Malaysia	Malaysia	Western Pacific	Public health	
Bjørn Heine Strand	Male	Folkehelseinstituttet, Norway	Norway	European	Epidemiology	
Aw Su	Female	National University of Singapore, Singapore International Longevity Centre, Singapore	Singapore	Western Pacific	Ageing	

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Name	Gender	Affiliations	Location	WHO Region	Expertise	Memberships/ research grants of note
Viroj Tangcharoensathien	Male	Secretary General of International Health Policy Program Foundation Advisor on Global Health to Ministry of Public Health, Thailand Advisory Committee member, WHO Centre for Health Development, Japan	Thailand	South-East Asian	Global health policy	Senior Advisor, International Health Policy Program (IHPP) Thailand. Senior Advisor on Global Health to Permanent Secretary Office, Ministry of Public Health, Thailand
Ewout Van Ginneken	Male	Berlin University of Technology, Germany	Germany	European	Health Policy	Coordinator of the Berlin hub of the European Observatory on Health Systems and Policies
Athina Vlachantoni	Female	University of Southampton, United Kingdom	United Kingdom	European	Social policy	Memberships: UK Social Policy Association, British Society of Gerontology, and the British Society of Population Studies. Member of the ESRC Peer Review College, Chair of the ESRC Grant Assessment Panel, Deputy Editor of Ageing & Society, and member of the Editorial Board for the Journal of Social Policy
Li Wang	Female	McMaster University, Canada	Canada	Americas	Health research methods	
Chek Hooi Wong	Male	Duke-NSU, Singapore	Singapore	Western Pacific	Health systems	Consult for the Department of Aging and Life course at the World Health Organization. Department of Health Systems Financing at the World Health Organization



