Scaling Integrated Care for Older People (ICOPE) nationally: from pilots to health systems

Yuka Sumi, Older People Health (OPH)

World Health Organization

We are living longer, but not (yet) healthier

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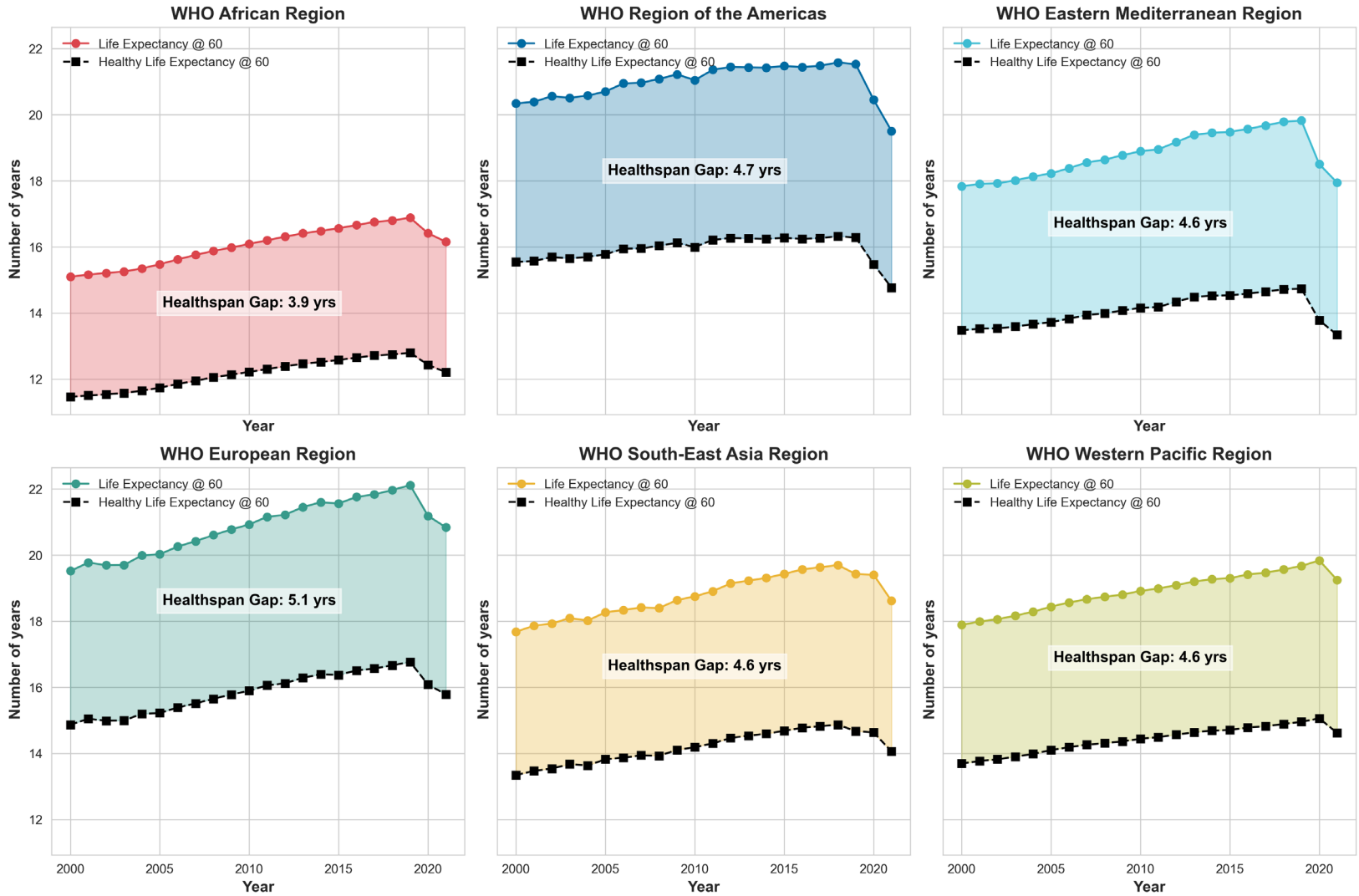

Adding life to years

Source: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-ghe-hale-healthy-life-expectancy-at-age-60WHO Global Health Estimate 2024

UN Decade of Healthy Ageing (2021–2030)

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- A global collaboration of governments, civil society, international agencies, professionals, academia, media and the private sector;
- Four action areas: combat ageism; age-friendly environments; integrated care in primary care; and long-term care;
- Integrate care for older people approach (ICOPE) helps countries put integrated care into practice, as part of universal health coverage;
- At the Decade's midpoint, the priority shifts from pilots to national delivery at scale;
- The task now: turn what pilots taught us into national policy and person-centred services.

Decade of healthy ageing

Integrated care for older people approach (ICOPE)

WHO's approach to provide a **continuum** of integrated care that helps to reorient **health and social services** towards more **person-centred and coordinated** care.

Declines in intrinsic capacity

Cognitive decline

Loss of mobility

Malnutrition

Vision impairment

Hearing loss

Depressive symptoms

Key factors in older people's health

Social care and support

Carer support

Urinary incontinence

https://iris.who.int/handle/10665/380175

Strengthening primary health care to deliver ICOPE

- No two health systems are alike: settings, workforce, financing and referral pathways all differ;
- Integrate ICOPE into existing health and social care services rather than running it in parallel;
- Strengthen primary care capacity so services become more person-centred and coordinated;
- Multidisciplinary teams are essential to meet the diverse needs of older people.

@ Ethiopia

@ Cambodia

Meaningful engagement of communities

- Scale happens where older people live: communities extend ICOPE beyond health facilities;
- Trained community stakeholders can carry out basic intrinsic capacity: assessment, support follow-up and referral, making care sustainable and accessible;
- Age-friendly cities and communities link health care with community services and support;
- Engaging older people builds trust, uptake and equity

From pilots to systems: what happens next

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- Policy-makers: embed ICOPE in national strategies, financing and UHC benefit packages for older people;
- Health programme managers: build workforce capacity and define models of care;
- Health and care workers: apply ICOPE in routine care and work in multidisciplinary teams;
- Researchers: generate implementation evidence including health financing, and monitor intrinsic capacity at scale;
- Communities and older people: co-design services and support care beyond facilities

Together: no single actor can scale ICOPE