

Framework to implement a life course approach in practice



From Evidence to Action:
WHO's 2025 Framework for Life Course
Health

8 January 2026

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Are we on course to ensure good health at all ages?

MAY 25TH 2024

Cash for kids: Why policies to
boost birth rates don't work

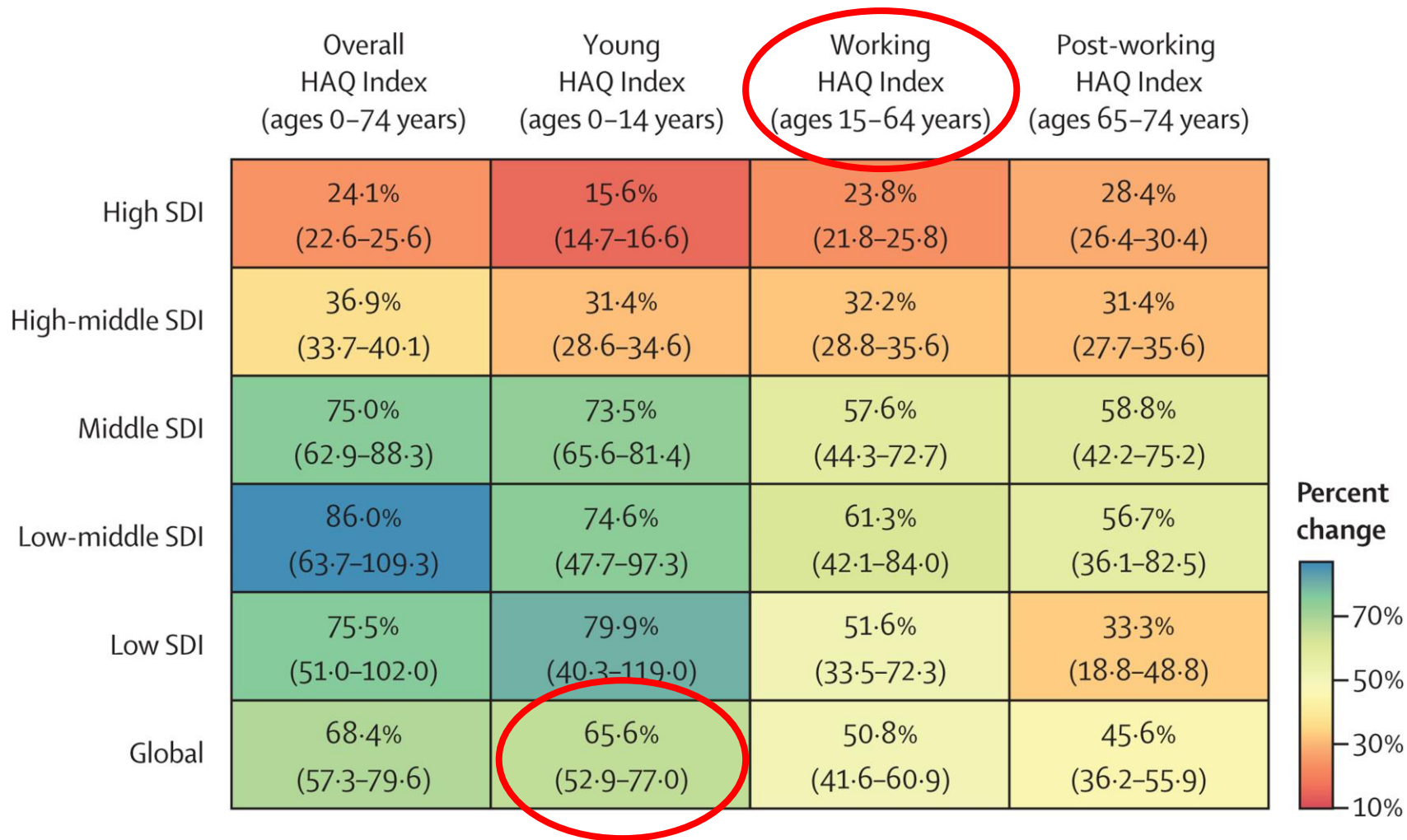


Apr 18th 2024

The dark side of growing old



Percent change in Healthcare Access and Quality (HAQ) by age groups and Socio-demographic Index (SDI), global estimates, 1990-2019



Key message:
During 1990 to 2019, HAQ Index increased more for Young people than for Working and Post-Working people.

Overall, less funding for NCD care; less robust PHC; limited continuum of care; nor addressing needs across life course.

To achieve equal access to quality care, we must ensure that health improvements in adults catch up to those in children.

Need real, disaggregated data for each country.

Key message:

Analysis of longitudinal country studies over a 10-year period (about ages 60 – 70) documents three typical trajectories

- 71.4% high and stable level
- 3.4% rapid deterioration from high to low levels
- 25.2% low stable level

Older age is shaped by a life time of exposures

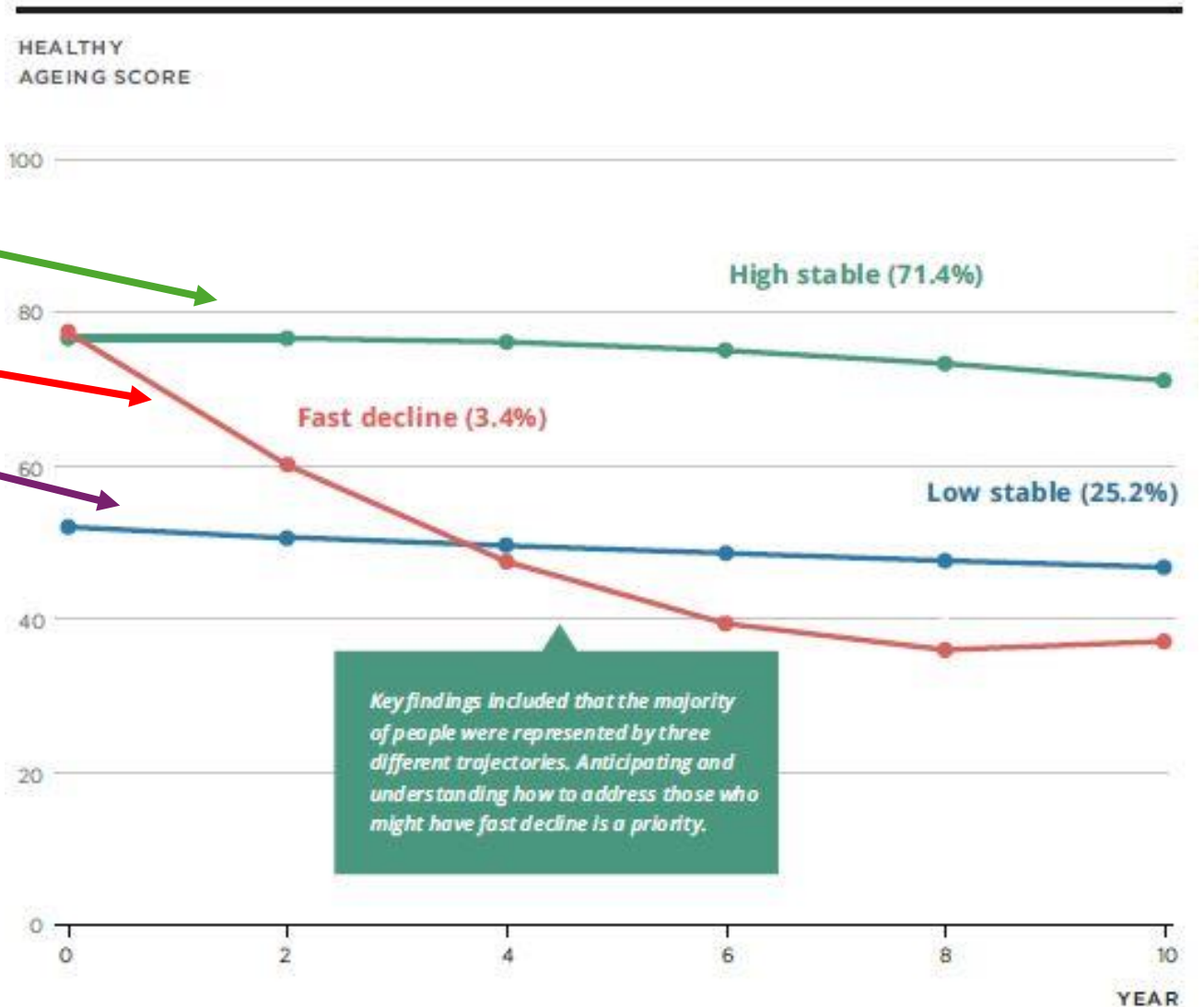
During older age, we can still make a difference.

Moreno-Agostino et al. 2020

WHO Decade of Healthy Ageing: Baseline report (Figure 2.7)
<https://apps.who.int/iris/handle/10665/338677>

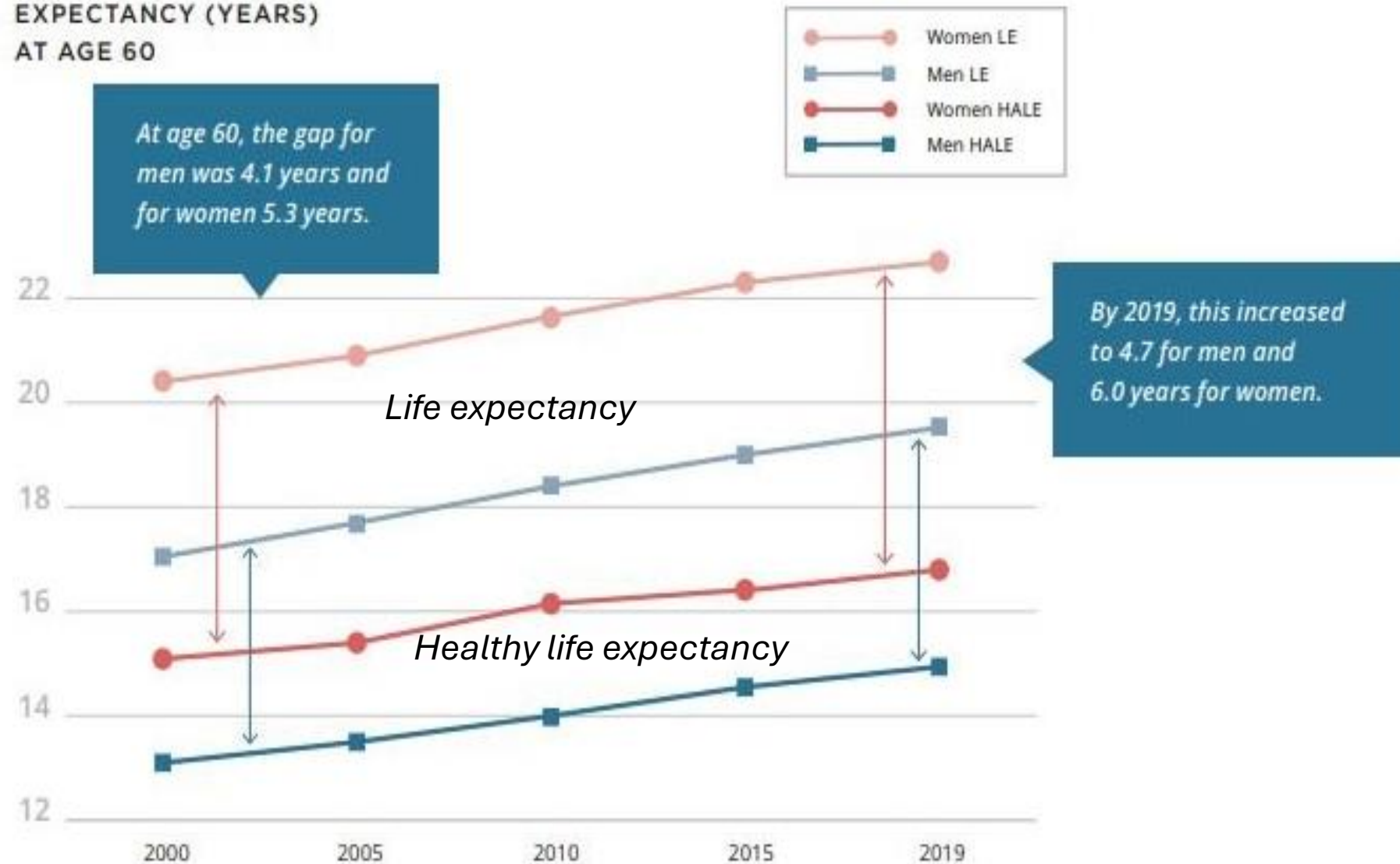
Three types of healthy ageing trajectories in 26 countries

This represents some 130 500 older people in longitudinal studies that collected data over 10 years.



Gap increases between life expectancy and healthy life expectancy at age 60, 2000-2019¹⁴⁷

EXPECTANCY (YEARS)
AT AGE 60



Framework to implement a life course approach in practice



“A life course approach includes a good start to life, optimal development (of infants, children, adolescents and youth), adult health and well-being, healthy ageing and a dignified death at any age.

This framework considers how to put a life course approach into practice.”

Objectives

- **Awareness of the framework and what it contains, including evidence summaries and annexes**
- **Approach to support practical implementation - what could be done differently in developing policies or action plans**
- **Discussion – relevance to your work, what is needed to support practical use, interest to collaborate**

Section 1

Setting the scene

Key actions:

- Align UHC and PHC investments with life stage-specific needs and transitions.
- Prioritize early life interventions, in each life stage, with high long-term returns.
- Reorient services toward person-centred, holistic care models.



Focus on whole person – Table 2.2

HEALTH CAPACITIES	ABILITIES FOR WELL-BEING	ENVIRONMENT
<ul style="list-style-type: none">• Cognition• Physical movement - locomotion• Psychological• Sensory – hearing, vision, etc.• Thriving & Vitality• Sexual and reproductive capacity - from adolescence• Other areas in the WHO IFC	<ul style="list-style-type: none">• Agency and resilience• Basic needs (food, security, housing, health care)• Contribute to families, communities, society (paid and unpaid work, volunteer, cultural, conservation, etc.)• Learn, increase competencies• Mobile, go places• Relationships and connectedness• Other areas in diverse strategies	<ul style="list-style-type: none">• Natural or built environment• Governance and economy• Social norms, beliefs and values includes individual attitudes• Human-caused events with detrimental impacts• Assistance provided by others• Products, equipment, technologies that facilitate well-being• Policies, services and systems that shape health and well-being

WHO International Classification of Functioning, Disability and Health (WHO, 2002) and various Global Strategies on health and well-being (women, children, maternal, newborn, healthy ageing, NCDs, vaccines, HIV, etc.)

Section 2

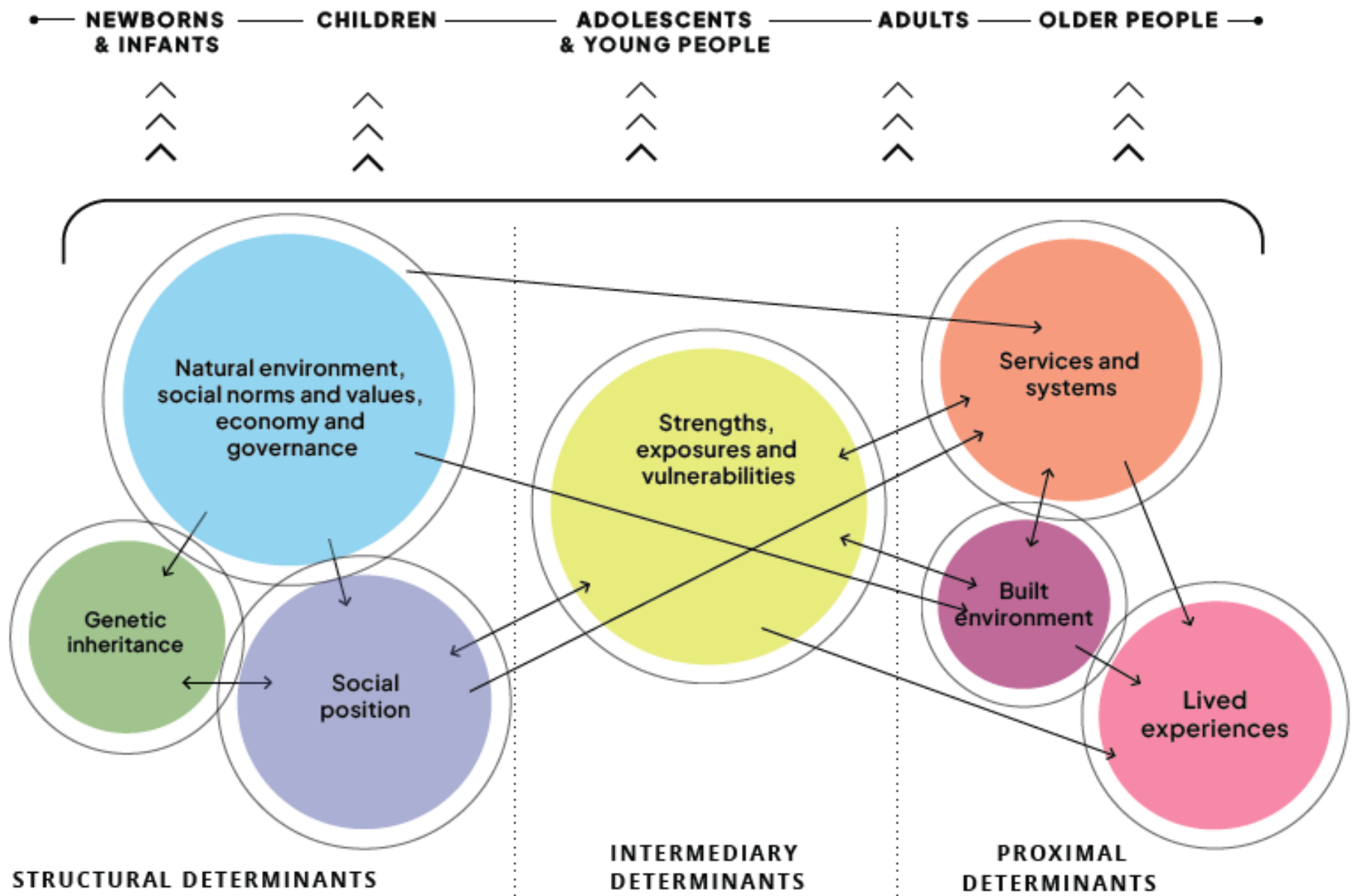
The life course approach to health and well-being

Key actions:

- Identify critical periods and transitions to prioritize targeted interventions.
- Integrate insights from multiple disciplines to track and shape health trajectories.
- Ensure disaggregated data collection across life stages, sex and status or risks.



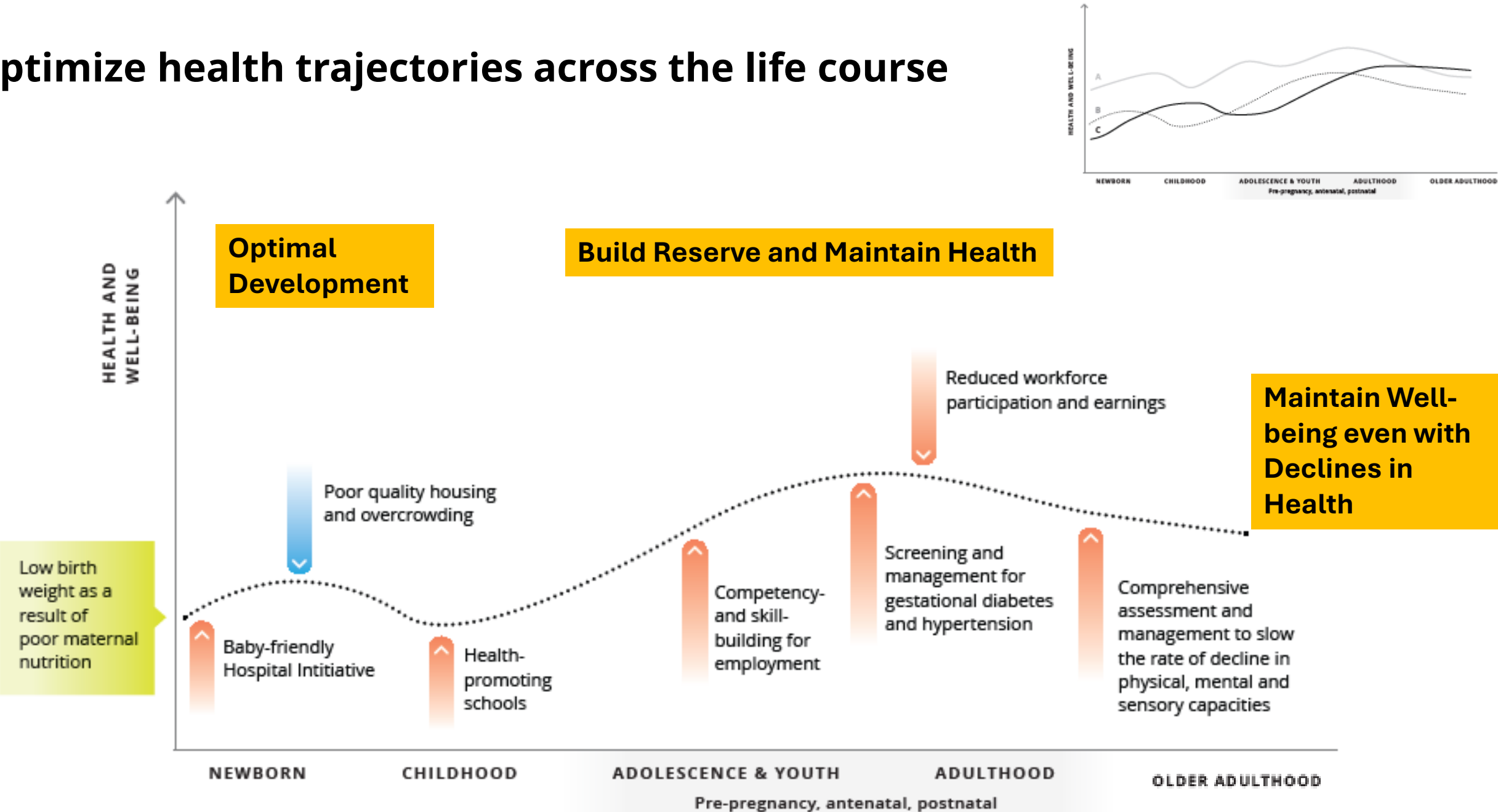
Framework for Life Course Action



GOAL

- Optimize health trajectories across the life course
- Increase people's capacities in each life stage
- Enable people's well-being

Optimize health trajectories across the life course



Critical and Sensitive periods across the life course

Life course models

Fig. A3.1

Life course models proposed by Kuh et al. (2003) – Models A–D

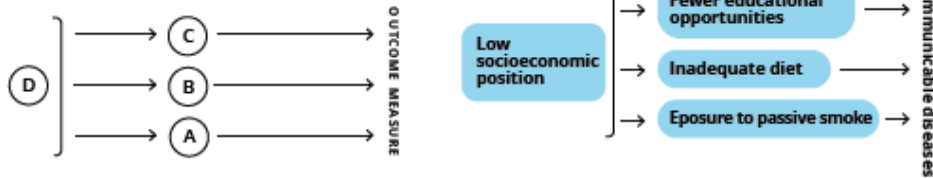
MODEL A

Accumulation of risk with uncorrelated exposures



MODEL B

Accumulation of risk with correlated exposures



MODEL C

Chain of risk additive model



MODEL D

Chain of risk trigger model

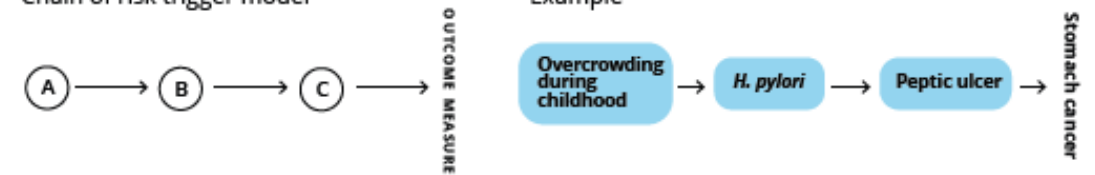
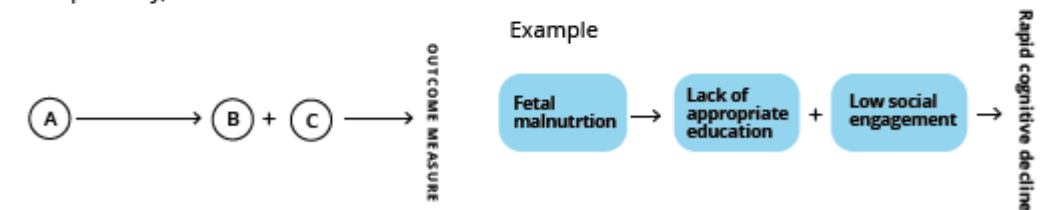


Fig. A3.2

Life course model integrating sensitive and critical periods, and plasticity with later effect modifiers – Model E

MODEL E

Life course epidemiology models, with an appreciation of sensitive and critical periods, and plasticity, with later effect modifiers



Section 3

Enabling health and well-being across the life course for all

Key actions:

- Apply the six life course principles in health system design and policy development.
- Build mechanisms for intergenerational and cross-sector collaboration.
- Develop tools to prioritize life stage entry points and critical transitions.



Criteria for a life course approach in practice

WHO 2025



Focus on the whole person



Promote health equity



Enable early, evidence-based action



Put in place appropriate evidence-based action that is impactful in local context



Ensure evidence-based actions are taken together (with other sectors and people of all ages)



Ensure actions connect all life stages and critical, sensitive periods

Table 3.2

Promoting health and well-being across the life course through multisectoral interventions

Prevention and promotion

Examples of multisectoral Interventions in different or multiple life stages

Children, including newborns	Adolescents and young people	Adults, including before and during pregnancy	Older people	Multiple life stages
<ul style="list-style-type: none">• Promote nurturing care for early childhood development.• Regulate the marketing of sugar-sweetened beverages (200).	<ul style="list-style-type: none">• Promote health-promoting schools (201).• Prevent STIs and sexual violence through good-quality information about sex and sexuality for boys and girls.	<ul style="list-style-type: none">• Promote occupational safety and workplace interventions (202).• Develop and disseminate clear, culturally appropriate, trustworthy health information, while fostering critical thinking skills, empowering people to make informed decisions (202).	<ul style="list-style-type: none">• Promote falls prevention and balance training.• Reduce tobacco and harmful use of alcohol, promote physical activity and healthy diet (46).• Establish early warning systems, creating public awareness campaigns about heat risks and implementing urban planning measures such as increased green spaces.	<ul style="list-style-type: none">• Social assistance programmes, safe housing, child-friendly urban planning, workplace safety laws.• School nutrition policies, access to sexual and reproductive health services, disaster preparedness strategies.

Section 4

What is currently being done to operationalize a life course approach

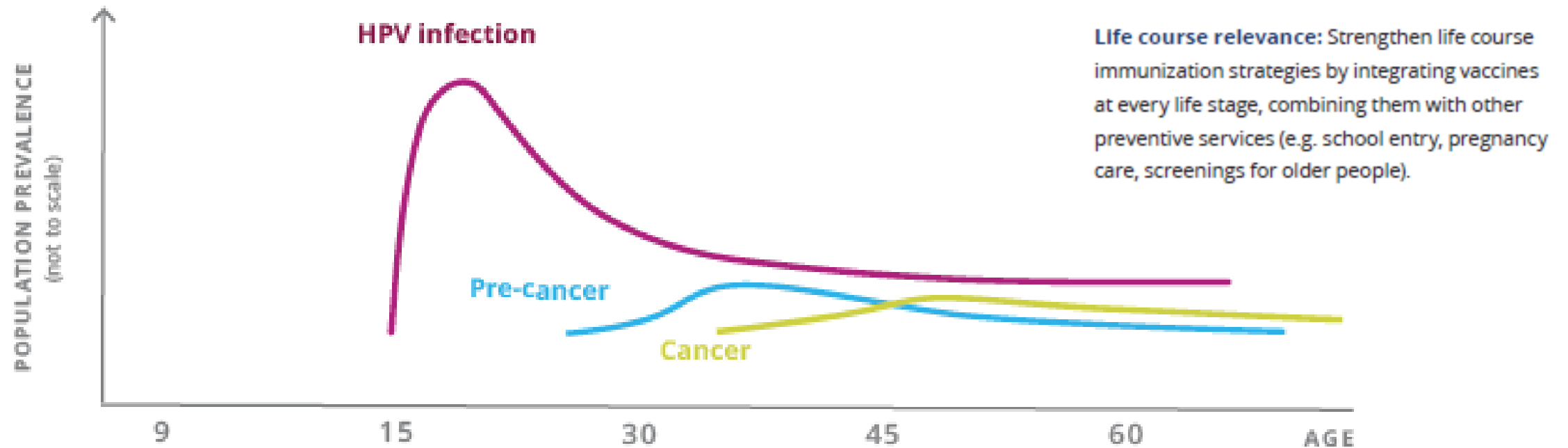
Key actions:

- Collect and share country case studies for mutual learning and adaptation.
- Integrate health promotion and prevention into disease-based programmes.
- Use implementation experiences to inform global tools and guidance.



Fig. 4.1

Life course model to prevent and treat HPV infection and cervical cancer and pre-cancerous lesions



Primary prevention

Girls 9–13 years

Secondary prevention

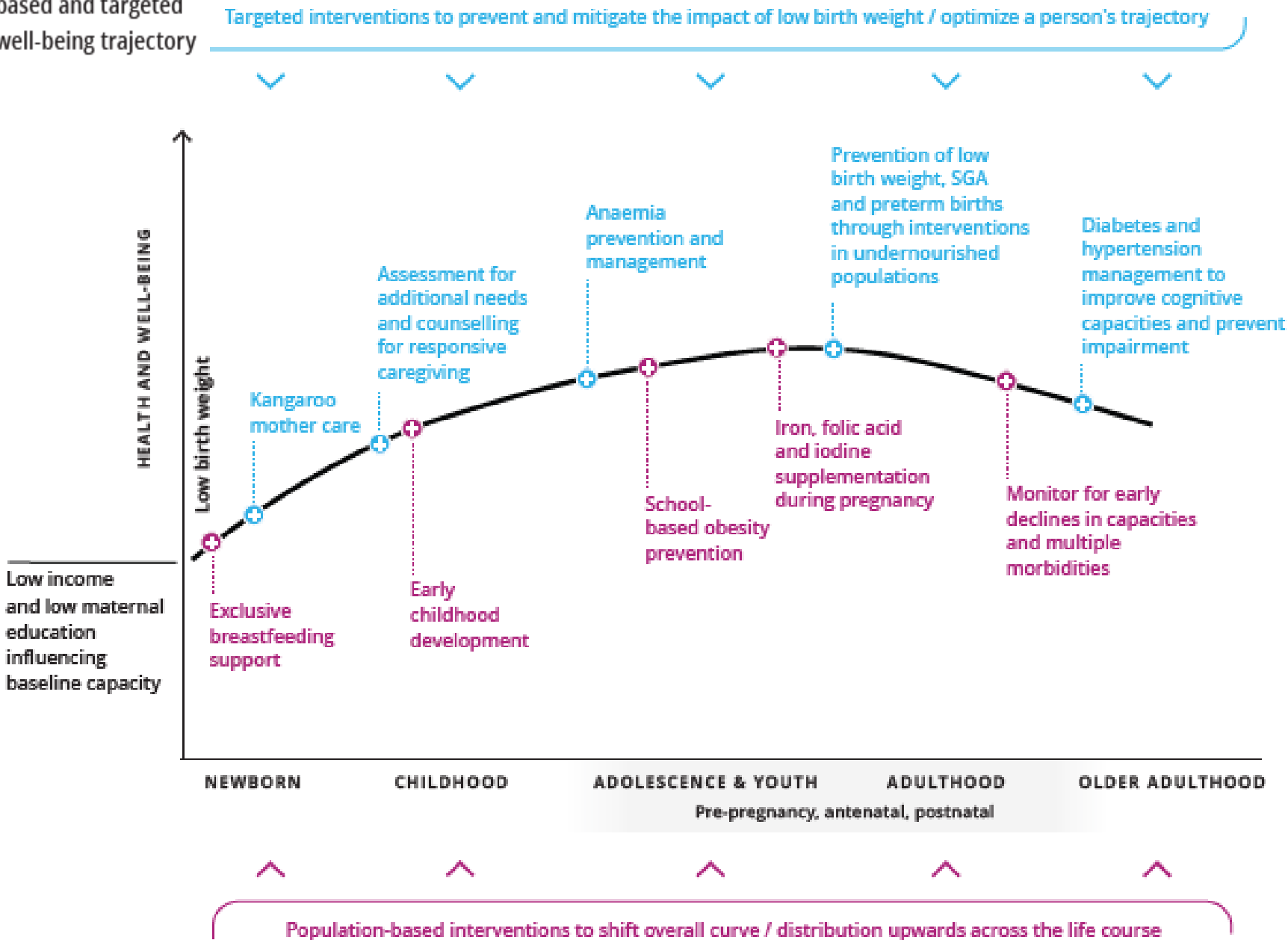
Women > 30 years of age

Tertiary prevention

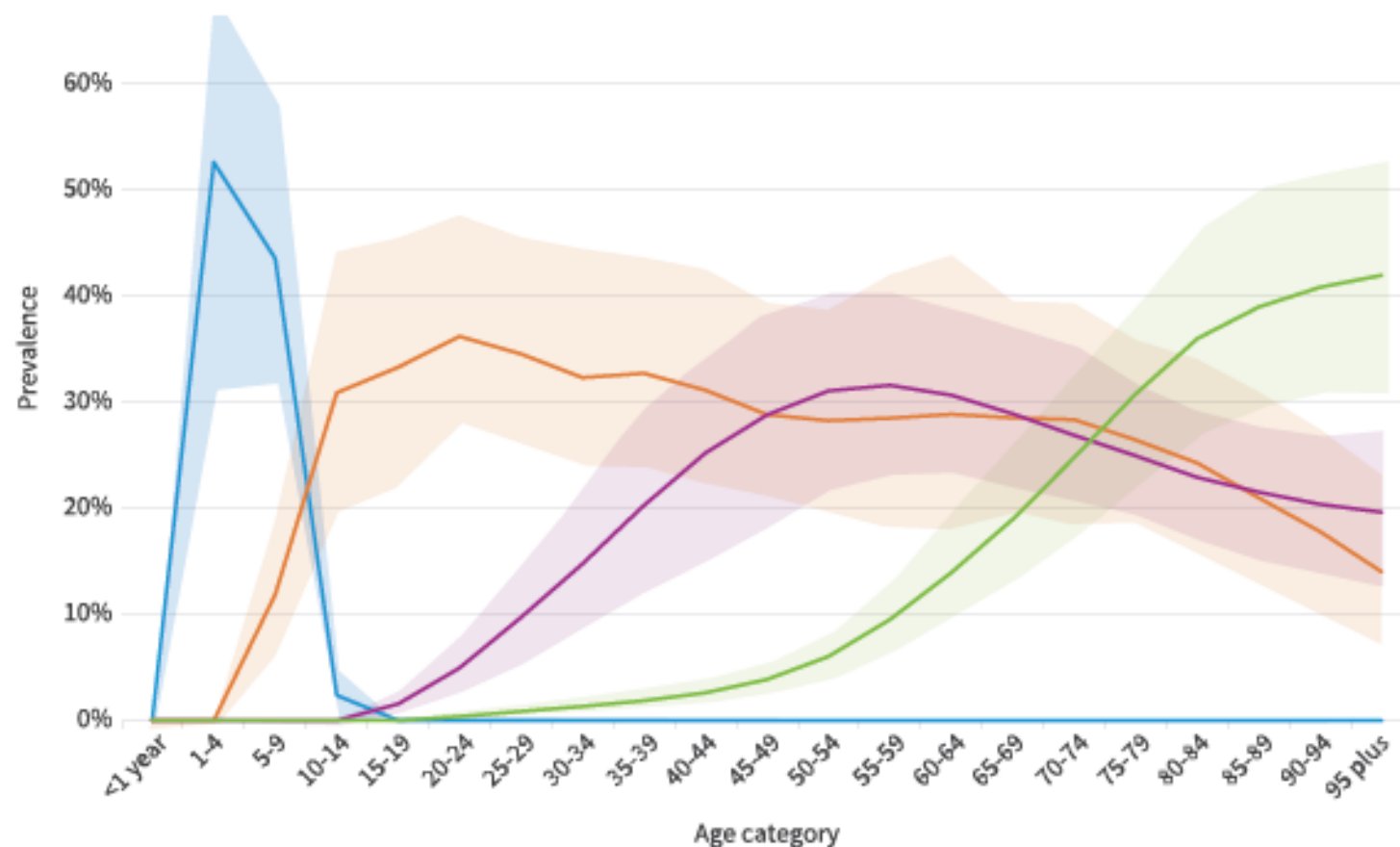
All women, as needed

Fig. 4.2
Example of using a combination of universal, population-based and targeted interventions for high-risk groups to improve health and well-being trajectory across the life course of low birth weight infants

Life course relevance: Implement early interventions targeting maternal health before and during pregnancy, and extend growth, nutrition and NCD prevention services throughout the life course.



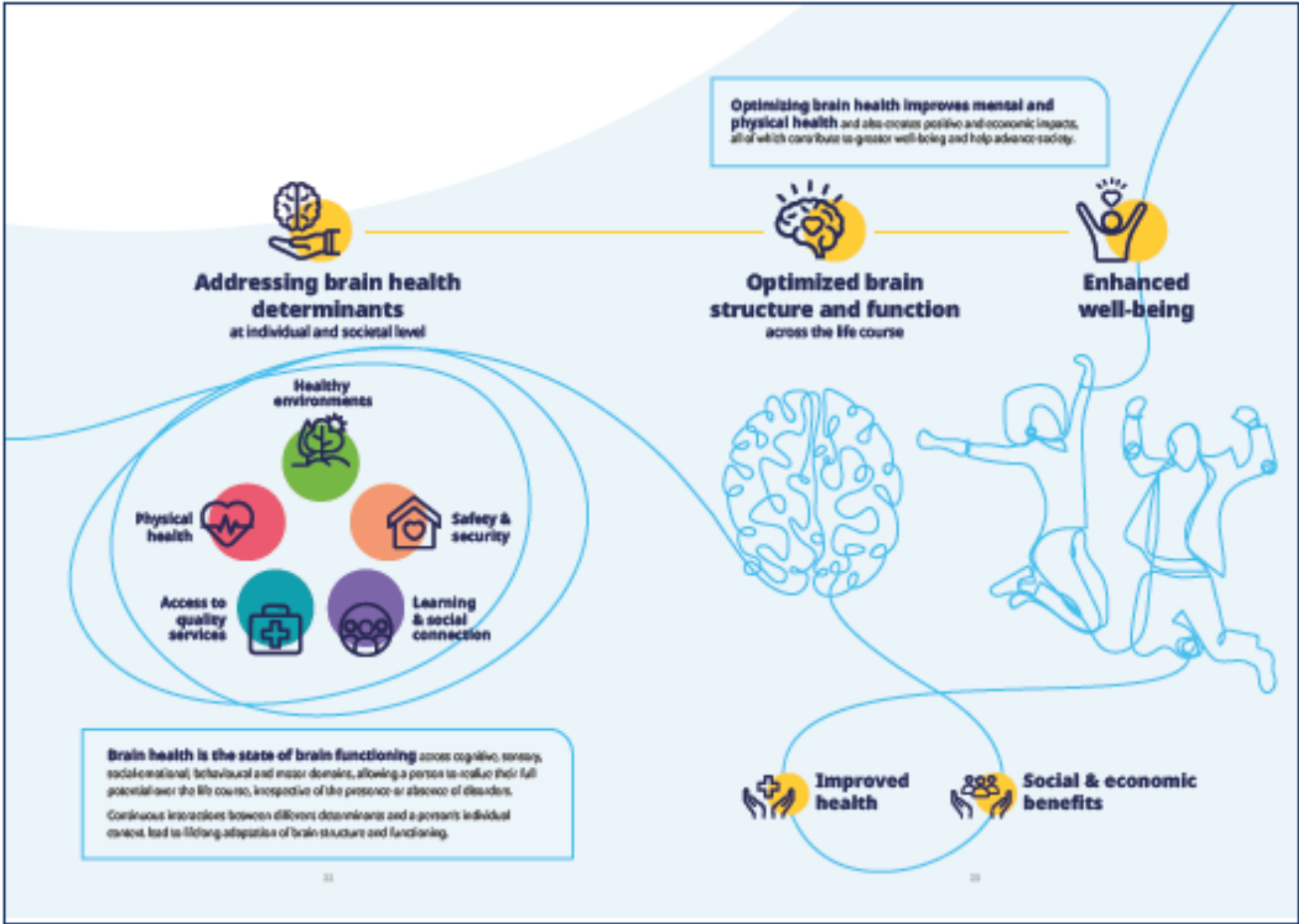
Prevalence rates of four major oral diseases over the life course



Source: GBD 2019 data cited in WHO; 2022 (235).

Life course relevance: Embed oral health promotion and prevention in schools, workplaces and services for older people to support nutrition, cognitive health and social participation throughout life.

Framework for brain health optimization



Life course relevance: Promote brain health early by linking education, mental health and healthy ageing strategies, ensuring prevention, care and rehabilitation are integrated across sectors and life stages.

1. Cognitive capacity across the life course

	Childhood, including newborn	Adolescence	Adulthood before and during pregnancy		Older adulthood
Why is this important?	Cognitive capacities influence school achievement and future adult economic productivity (252).	Cognitive capacity in adolescence is significantly associated with physical and mental health in adulthood (253).	Physical and cognitive capacities are associated with employment and voluntary work (254).	Cognitive adaptations during peripartum period and during parenthood can have lasting effects on parents' cognition, and on children's cognitive reserve later in life (255).	Variation exists in cognitive capacity (e.g. delayed word recall) for every age, indicating that declines are not determined. Declining trajectories of cognition are associated with dementia (256).
What can be done?	Integrated early childhood initiatives aimed at nutrition, cognitive, language and motor development (19,124).	Multisectoral Interventions aimed at supporting positive behaviours/increasing resilience (e.g. positive school environment school health, hygiene, nutrition) (176).	Interventions are aimed at maintaining cognitive capacities, such as physical activity or promoting healthy behaviours (e.g. alcohol cessation) (140,232).	Interventions to address nutritional gaps (e.g. supplementation) have been studied but most studies have shown no significant effect on cognitive outcomes (79, 257).	Lifestyle strategies targeting multiple domains (diet/ nutritional, cognitive training, physical exercise, social activity and vascular risk management intervention) (205,233).
How this impacts well-being	Childhood cognitive development (e.g. language skills, problem-solving skills, education) have an impact on adult economic productivity and lifelong learning.	Improved executive functions (e.g. decision-making and impulse control) fosters a sense of agency and resilience.	Important for forming and sustaining meaningful relationships, contributing to social connectedness.		Cognitive decline influences ability to meet basic needs.

For each of the six health capacities

-Summaries of WHO evidence

-Departure point for further in-depth research and translation

6. Sexual and reproductive capacity – for appropriate life stages and ages

	Factors contributing to this capacity: childhood (including newborn)	Adolescence	Adulthood		Older adulthood
				before and during pregnancy	
Why is this important?	Low socioeconomic status and poor nutrition and obesity have been linked to early menarche and menopause (289,290,291,292).	Risky sexual behaviour, such as unprotected sex, increases the risk of STIs and early pregnancy (293). with risks for maternal and newborn health.	Smoking and obesity has been linked with early menopause in women (78,289) and sperm quality in men (150,295).	The ability to reproduce and engage in sexual activity is an integral part of overall well-being across the life course, encompassing the right to a satisfying and safe sexual life, the capability to reproduce for those who intend to, and the freedom to decide if, when, and how often to do so.	Early menopause increases risk of osteoporosis and cardiovascular disease, and poor cognitive function, but lowers risk of reproductive cancers (289).
		Reproductive conditions, like polycystic ovarian syndrome causes, hormonal imbalances, irregular periods and excess androgen levels (294).	Sexuality and intimate relationships are vital to adult health; however, societal norms may discourage open discussions, contributing to poor sexual health outcomes.		Older adults often face increased vulnerability to STIs due to physiological changes and low condom use.
		Violence against women and girls has consequences for their physical including sexual and reproductive health and mental health.			
What can be done?	Integrated early childhood initiatives aimed at nutrition (63)	Interventions (school health, hygiene, nutrition, comprehensive sexual education, contraceptive counselling, preventing adolescent pregnancy including child marriage and	Ensuring access to contraception, fertility evaluation and treatment, and STI screenings supports individuals in their reproductive choices and goals (e.g.	Diagnosis and treatment for male and female infertility with access to artificial reproductive techniques (300).	Sexual health support through therapy and lifestyle changes and prevention of STIs (302).
	Preventing and reducing child maltreatment (296).			Psychological and	Cancer screening and prevention for reproductive organs

Example, practical actions in countries from all WHO regions



- 1-Sierra Leone
- 2- Colombia
- 3-India
- 5-Iraq/Jordan/Syria/
Palestine
- 6-Ireland

Section 5

What needs to be done to operationalize a life course approach

Key actions:

- Refine PHC and UHC benefit packages based on life stage and health trajectory data and needs.
- Address data, evidence and financing gaps for full operationalization.
- Embed the life course lens in national and global development planning.



Section 5

What needs to be done to operationalize a life course approach

Key actions:

- Refine PHC and UHC benefit packages based on life stage and health trajectory data and needs.
- Address data, evidence and financing gaps for full operationalization.
- Embed the life course lens in national and global development planning.

5.6

Proposed next steps for interested countries

Step 1

Align policies and investments with life course needs

Step 2

Design integrated, person-centred service packages that address and connect each life stage

Step 3

Strengthen systems for multisectoral collaboration

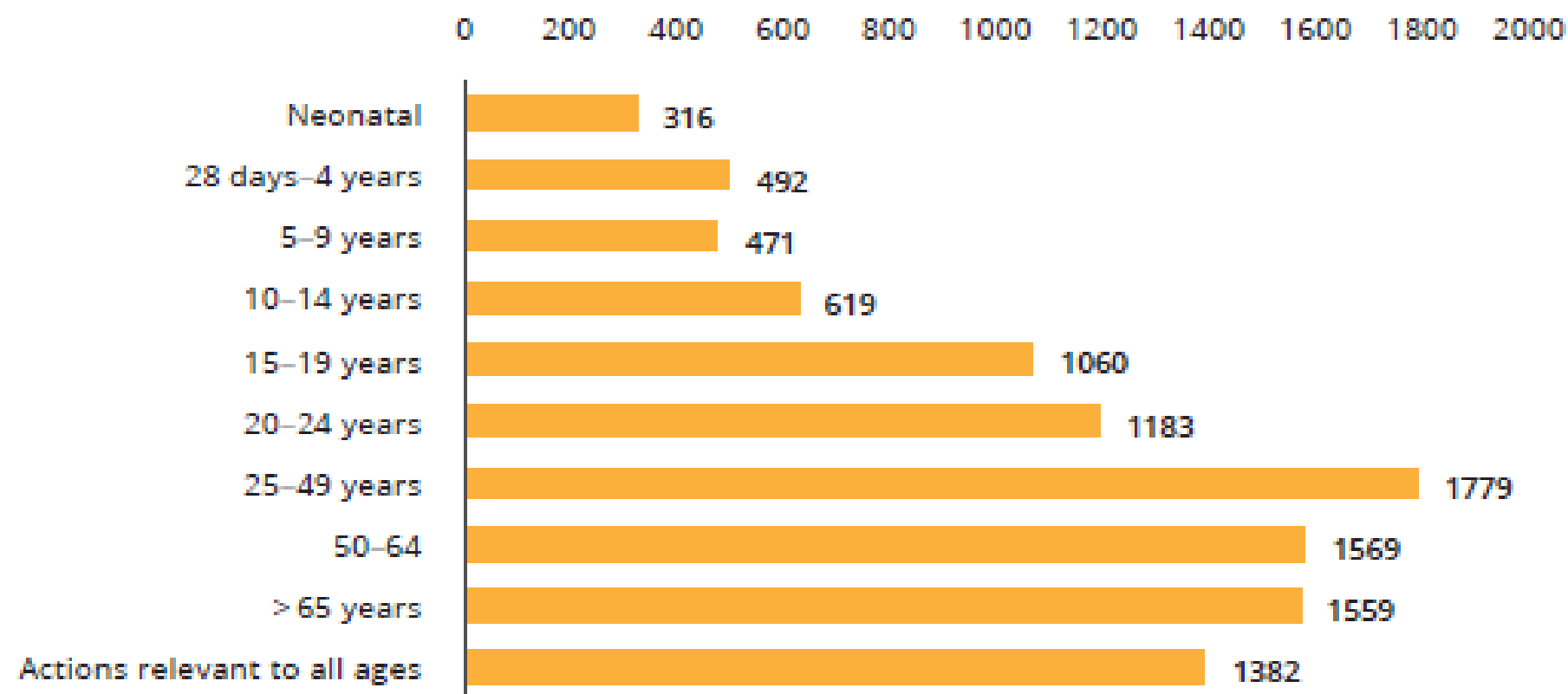
Step 4

Enhance measurement and accountability

Step 5

Invest in capacity building and financing

WHO UHC global repository of interventions and actions, 2024, disaggregated by age groups



How this framework could be used

- **Support implementation of existing strategies calling on a life course approach**
- **Identify evidence-based services for each life stage that promote better health in each life stage and in subsequent life stages.**
- **Contribute to strengthening all objectives of UHC. This includes expanding coverage of services for people of all ages**
- **Shape investments and other support within the health sector and beyond to optimize health trajectories considering where people live.**

Objectives

- **Examples of initial applications and unsolicited interest**
 - Gates Foundation (World Health Summit, Oct)
 - Government of Egypt (Global health and Development Conference, Nov)
 - WHO Traditional Medicines (Global Conference, Dec)
- **Awareness of programme of work that produced the document with open working groups on intervention evidence and measurement of impact**
 - WHO Life Course Network - 200 experts and 20+ research institutions – 10 year work programme, 2 phases, currently starting year 4 of phase 1
 - Most recent annual virtual meeting – 5-6 November 2025
 - Country engagement

Discussion

- **How can ideas and evidence in framework catalyze further thinking to support**
 - **research to fill in evidence gaps**
 - **operational research to put in practice what global evidence suggests is effective**
 - **tools to enable thinking and making decisions together**
 - **on what to do**
 - **on how to finance or resource**
 - **on ways to align actions across health – education – labor – social protection – housing – transport etc**
- **What integration examples can you share – where disease-based programmes and capacity/person centered outcomes, come together**
- **What type of practical / technical support would be enhanced given what you do to support national-regional-local action**

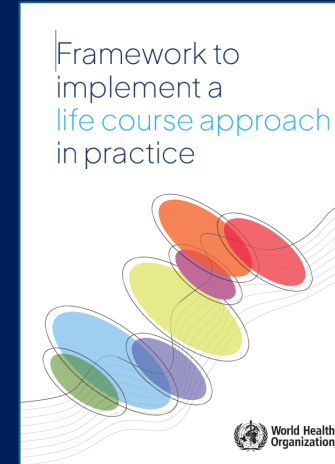
Thank you



Further information on the UN Decade of Healthy Ageing (2021-2030), WHO's work on older people, ageing and health and on life course implementation, are available at:
<https://www.who.int/initiatives/decade-of-healthy-ageing> and
<https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>.

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Access Framework

