HEALTHY LONGEVITY: IMPLICATIONS FOR RESEARCH, POLICY AND PRACTICE

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INTRODUCTION
CONSIDERATIONS

LIFECOURSE
- Early
- Adult
- Later

FRAMEWORK
- Socio-Ecological Model
  - Person
  - Interpersonal
  - Community
  - Institutional
  - Environmental
  - Policy

Determinants
- Biological
- Psychological
- Social
- Economic
- Political
- Cultural
- Religious
- Occupational
- Environmental
- Geographic
- Technological

Interventions
- Biomedical
- Psychological
- Behavioural
- Social
- Structural
- Policy
- Faith-based

Actors
- Person
- Provider
- Policy-maker
- Politician
- Employer (tailored)

Outcomes
- Minimise biological, behavioural and environmental risk
- Increase opportunity, access and quality
- Reduce inequity and inequality

Live longer, healthier, purposeful, empowering, and dignifying lives
HEALTHY LONGEVITY

• Principle 1 – Early Interventions
• Principle 2 – Complex Interventions
• Principle 3 – Enduring Interventions
• Principle 4 – Empowering Interventions
• Principle 5 – Dignifying Interventions
PRINCIPLE 1 – EARLY INTERVENTIONS

If we accept that risks in early life carry negative effects over into later life, then we should intervene as early as possible in life for positive effects later in life, and thereby adopt a life-course perspective of life stage interventions with intended long range effects for the younger generation, medium range effects for the adult generation, and residual short-term benefits for the young, adult and older generations.
PRINCIPLE 2 – COMPLEX INTERVENTIONS

If we accept that the risks of poor healthy life-expectancy and quality of life are wide-ranging, then appropriate interventions should by design have multiple components, implemented simultaneously in a non-fragmented manner, by diverse teams from multiple disciplines and sectors, and outcomes measured for respective pathways of effect each component, as well as their combined and synergistic effects.
PRINCIPLE 3 – ENDURING INTERVENTIONS

If we accept that effective healthy longevity interventions will take time to implement, and even longer to observe positive outcomes and impacts, then these interventions need to be designed and positioned such that they can stand the ‘test of time’, and should be managed through structures that are resilient to shifts in political winds and financial downturns, and should ultimately be majority–owned by communities.
PRINCIPLE 4 – EMPOWERING INTERVENTIONS

If we accept that successful interventions will involve the ability to seize opportunities, improve one’s circumstances, maximise use of services available and fulfil one’s needs, then interventions should endeavour to identify, mitigate and eliminate vulnerabilities among beneficiaries, and further seek to empower individuals, families, communities and societies to initially cope with, and eventually, overcome vulnerabilities – and achieve such outcomes as autonomy and ownership.
PRINCIPLE 5 – DIGNIFYING INTERVENTIONS

If we accept that cultures, values and beliefs are central to the meaning people attach to a balanced life of purpose, essential to healthy longevity, then interventions should be personally-meaningful and socially-integrated, accommodating of personal needs and circumstances, free of stigma and discrimination, as well as adaptable enough to enable people to contribute meaningfully to diverse contexts and societies in which they live across the globe.
THANK YOU