

From Frameworks to Action: Localizing Global Health for Older People Through Community Training

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In 2022, the National Academy of Medicine (NAM) published *The Global Roadmap for Healthy Longevity*, a set of evidence-based recommendations that describes how challenges can be translated into opportunities to promote healthy longevity across the life course and around the globe (NAM, 2022). The Global Roadmap sets forth a realistic vision of healthy longevity that could be achieved by 2050, presenting a set of overarching principles and corresponding goals across four domains: the longevity dividend (i.e., work, volunteering, and education), social infrastructure, physical environment, and health systems. The vision embraces full inclusion of people of all ages, regardless of health or functional status, in all aspects of society, and societies characterized by social cohesion and health for all. The Global Roadmap is an important resource that presents a comprehensive, all-of-society approach to maximize the benefits and minimize the burdens of population aging.

Around the world, lifespan has increased, but those gains in life expectancy have not translated to gains in the number of years spent in good health. Not only do older people needlessly suffer when social, health, and long-term care systems are not responsive to their needs, but whole societies, communities, and families miss out on the important contributions that older people make when they enjoy good health and well-being.

The NAM's Global Roadmap, like other global initiatives (e.g., the UN Decade of Healthy Ageing) offers actionable recommendations for

governments, health systems, service providers, civil society organizations, and others to rethink and redesign the complex systems that influence health and social outcomes from birth to death. The Global Roadmap takes a life course approach, emphasizing the importance of social, technological, and policy innovations.

When it comes to meaningfully implementing frameworks like the Global Roadmap and translating them to varied country and community contexts, older people should be central to those efforts. In the context of the Global Roadmap, HelpAge USA and its global partners are collaborating with the NAM to help facilitate this. Specifically, older people in seven countries shared relevant insights into their own health needs and which solutions proposed in the Global Roadmap resonate in their particular situations. This kind of community engagement can also create a feedback loop that enables adaptations as health priorities and challenges evolve over time.

From Global Framework to Location Action

The HelpAge Global Network consists of 199 members across 90 countries, all dedicated to the dignity and well-being of older people. Building on HelpAge's existing training resources designed to amplify older people's advocacy power, or "voice," HelpAge co-developed with the NAM a new community engagement module called *Voice and Healthy Longevity* (HelpAge International, 2025b). Partners' feedback also

informed refinements to the module. The module integrates the Global Roadmap's key messages and aims to spark conversations at the community level, encourage action, and identify specific steps and recommendations for improving health and well-being of older people.

The process of implementing the module began with selecting partners experienced in health and “voice” advocacy work. After an online “training of trainers” on the module, partners rolled out the training in their communities. The module was piloted in workshops in Cambodia, Lebanon, and Rwanda in 2023. Additional workshops took place in late 2024 and early 2025 in South Africa, Thailand, Zambia, and Zimbabwe.

Workshop Content and Key Themes

The *Voice and Healthy Longevity* workshops centered on key enablers of healthy longevity outlined in the Global Roadmap—volunteering and work, social infrastructure, health care, and long-term care systems—as well as ageism as a barrier. The trainings explored these themes through interactive sessions, with participants reflecting on each topic's relevance. The workshops highlighted clearly the gap between some of the aspirations of the Global Roadmap and the lived realities of older people in low- and middle-income countries.

Volunteering as an Enabler of Healthy Longevity

Volunteering was a theme that resonated with workshop participants, demonstrating the dual benefits for both individual health and community well-being. Evidence shows that formal volunteering in later life enhances an older person's sense of meaning and purpose, provides financial and social value to society, and improves health outcomes (NAM, 2022).

However, volunteering opportunities differ widely across countries, reflecting varying social, economic, and cultural contexts. For instance, in some settings, volunteering may involve struc-

tured roles within organizations, while it may take the form of informal, community-driven activities in others.

Older People's Associations (OPAs) emerged as a strong example of community-led initiatives that often rely on volunteers (HelpAge International, 2025a). OPAs vary in structure and formality but share the common goal of improving the lives of older people. In Thailand, HelpAge's partner, Foundation for Older Persons' Development, runs training with community-based homecare volunteers who engage in a range of activities, including monitoring older community members' health and sharing health-related concerns with officials. Other OPA members monitor government services (e.g., pensions or health services) to ensure accountability and fairness.

Work as an Enabler of Healthy Longevity

The decision to work or retire is deeply personal, shaped by individual health, socioeconomic circumstances, and cultural norms. The Global Roadmap underscores the importance of safe, meaningful work in promoting healthy longevity, noting its role in enhancing cognitive and physical health while fostering social engagement and sustained income.

Feedback from participants in workshops in Lebanon underscored the need to contextualize these global ideas to local realities. Lebanon lacks a comprehensive social protection system, leaving 90 percent of older people without pensions. This forces many older people to continue working longer than they would like and beyond retirement age, with 29 percent of those aged 70–75 still in the workforce (Abi Chahine, 2022; Center for Studies of Aging et al., 2020). For these individuals, work is not a choice but a necessity, often undertaken in precarious conditions that undermine their health and well-being.

Island Hospice and Healthcare in Zimbabwe held a *Voice and Healthy Longevity* workshop with 25 older people. Some recounted their experiences

of working and volunteering beyond retirement, but others were not in favor of continued work, expressing fears of workplace discrimination.

These insights underline the importance of addressing systemic barriers (e.g., inadequate pensions, ageism in the workplace, and unsafe working conditions) when considering ways to promote longer working lives, as the Global Roadmap does. Participants also emphasized the need for governments and businesses to provide education, skills development, and flexible work opportunities tailored to older people.

Ageism as a Barrier to Healthy Longevity

Ageism was another significant theme during the workshops, with participants exploring common stereotypes and prejudices about older people in their communities. These discussions highlighted how negative attitudes and misconceptions act as barriers, limiting older people's access to health care services and other opportunities. Interactive sessions encouraged participants to challenge these perceptions, reinforcing the need for advocacy and education to challenge ageism at all levels.

Participants in the workshop organized by the Senior Citizens Association of Zambia particularly connected with the theme of ageism. They shared personal experiences of reduced confidence, isolation, and limited engagement due to societal biases. Participants cited examples of ageist practices, such as reluctance by medical staff to treat older people and exclusion from empowerment projects based on assumptions about their capabilities. Despite these challenges, the workshop had positive outcomes; one participant committed to continuing to share information about older people's voices, rights, and health care access.

Impact at Individual and Policy Levels

While the impact of the workshops can be difficult to measure, some participants shared the mean-

ingful personal transformations they experienced as a result. In Cambodia, a participant engaged through HelpAge Cambodia said the training reshaped their understanding of "voice" as advocacy. Previously, they had thought of voice solely as the ability to speak, but the workshop expanded their perspective. As they shared, "Through the training, I came to understand that voice can also be used to advocate for something or to find support for improving the living condition of older people." Similarly, in Zimbabwe one participant said, "Voice is the most important thing that I learned today. I learned that I can stand up for my rights and teach others to be confident in themselves."

In Lebanon, the University for Seniors at the American University of Beirut shared that the training had a significant impact on participants' understanding of enablers and barriers to healthy longevity. Participants also expressed a commitment to adopting a "voice-centered" approach in their work, stating their intention to "support and advocate for older people through strengthening their capacity and through their active involvement at the community level."

In Rwanda, the impact of the *Voice and Healthy Longevity* workshop organized by NSINDAGIZA led to a national workshop with government officials and a milestone achievement: incorporation of a dedicated section on older people in the Community Health Workers Guide (Ministry of Health of Rwanda/Rwanda Biomedical Centre, 2024; see *Box 1*).

One participant described the follow-up steps as "Going to meet with local authorities and together brainstorm on how we can cascade the knowledge from the training to other older people in our respective communities."

In South Africa, the Muthande Society for the Aged held a workshop in which the topic of "voice" notably resonated with participants. Older people were particularly engaged by discussions highlighting their connections to others who could assist in meeting their basic needs, fostering ex-

citement and a deeper sense of belonging and empowerment. The “voice” discussions helped participants recognize the importance of their activism within their communities, motivating them to advocate for meaningful change and explore innovative approaches to expressing their concerns effectively.

Challenges and Lessons Learned

Through implementation of the *Voice and Healthy Longevity* module, HelpAge and the organizations participating identified key challenges and lessons for ensuring older people from all walks of life can participate meaningfully in their communities, advocacy, and activities.

BOX 1 | Promoting Voice and Healthy Longevity in Rwanda—NSINDAGIZA

NSINDAGIZA, a HelpAge Network member, is dedicated to promoting the rights and welfare of older people in Rwanda. They partnered with local authorities, the Rwandan Association of Pensioners, and OPAs to conduct a *Voice and Healthy Longevity* workshop in February 2023. The program engaged 36 participants to address challenges faced by older people in Rwanda—especially regarding advocacy, or “voice,” and healthy longevity.

Barriers to Healthy Longevity

- Insufficient health insurance and healthcare staffing shortages;
- Stigma and discrimination in healthcare settings;
- Lack of public long-term care, geriatric services, and policy response;
- Financial hardships, loneliness, and limited participation in decision-making; and
- Transportation and other accessibility barriers.

Recommended Actions

- Advocacy for improved policies related to older people, free health services, and training for healthcare providers;
- Community campaigns to reduce stigma and promote positive attitudes toward ageing;
- Intergenerational activities to foster ageing preparedness and care by younger generations; and
- Expansion of geriatric services and capacity building for older people.

Impact

Following the training, a national workshop with decision makers led to a milestone achievement: The inclusion of a dedicated section on older people in the national Community Health Workers Guide. This addition strengthens community-based support by equipping health workers with guidance on community care, promoting healthy aging, and advocating for the rights and needs of older people. This initiative enhances the recognition of older people within health systems and fosters more inclusive, age responsive community health practices.

Challenges

Despite progress, NSINDAGIZA faces resource constraints in supporting the guide’s implementation. Participants also noted the training was too brief and called for clearer follow-up plans to ensure sustained impact.

SOURCE: Created by the authors.

A recurring challenge is addressing whose voices are being heard. Feedback from workshop participants highlighted the need to involve older people who are more isolated, harder to reach, or speakers of local languages and dialects. Reaching these older people requires intentional effort, including translation and content adaptation. For example, in Zimbabwe, workshop presentations were translated into Shona, ensuring accessibility for participants who do not speak English and expanding the reach of the initiative.

While partners were encouraged to make workshops accessible for attendees with disabilities, this also requires a more intentional approach, particularly considering that many older people experience sensory disabilities, such as hearing or vision impairments. Ensuring accessibility can mean providing assistive devices, offering materials in advance and in accessible formats, and using inclusive communication techniques.

Another challenge lies in the nature of funding. Funding for these initiatives often comes in small, piecemeal amounts. While these opportunities can be useful, they often lack the continuity needed to fully embed learning into communities. Partners shared that many older people expressed a desire for follow-up training, but limited resources at the local level make this difficult to sustain. To promote the sustainability of these efforts, leveraging existing community structures, such as OPAs, is essential.

Ageism also emerged as a significant topic during the workshops. Internalized and self-directed ageism affects how older people view themselves and their willingness to share their experiences in workshops or other community settings. Participants often report feeling that their opinions are not valued, which reduces their confidence to engage. This can be compounded by ageism within the development and humanitarian sectors, where older people are frequently excluded from projects or initiatives. Furthermore, ageism can impact funding priorities, with limited resources allocated to older people at both local and global levels.

Future Direction and Conclusion

The *Voice and Healthy Longevity* workshops provided a crucial space for older people to learn about using their voice in advocacy, share their experiences of the enablers and barriers to healthy longevity, and develop action plans to make positive changes in their communities. Such spaces are vital because older people often face challenges in accessing forums or opportunities that tend to focus on younger age groups. By connecting the messages from global health frameworks to the community level, these workshops create opportunities for older people to learn, engage, and influence conversations about health, aging, and their rights—addressing the exclusion and lack of recognition they often face in global health agendas.

Addressing ageism is integral to this process, ensuring that older people are seen as rights holders whose voices and opinions matter. Their inclusion is not optional—it is essential. Older people must not be left behind in societal nor health-related initiatives or systems, and their meaningful participation is critical to ensuring that policies and programs truly reflect their rights, needs and priorities.

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None to disclose.

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