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GLOBAL AND EUROPEAN RESEARCH PRIORITIES FOR EVIDENCE-BASED POLICY ON AGEING

This review article attempts to identify the most promising approaches and models for bridging the gap between research and policy on ageing. The overall goal of the presented analysis of the international experience in elaborating evidence informed policy on ageing is to promote such experience in the countries of Eastern Europe and Central Asia. Formulating the policy relevant research priorities is essential for ensuring the evidence basis in developing, implementing and monitoring policy actions on ageing.

Methodologically this article is an analytical review of international policy documents and research initiatives on ageing. It examines the global (United Nations and World Health Organisation) and the European Union experience for the sources of potential models for advancing the national policy on ageing. The review focuses on the research components of the major international policy frameworks on ageing such as the Vienna International Plan of Action on Ageing (1982), the Madrid International Plan of Action on Ageing (2002), and the conceptual documents on ageing elaborated by the World Health Organisation. The analysis of the research priorities on ageing formulated in the global and European Union policy documents as well as in the European programmes and projects on research and innovations, reveals the universal prevalence of the social, biomedical (health and care) and economic priorities. During the current decade, active ageing has become the principal content of the policy on ageing in various parts of the world.

The author contends that bridging the prevailing gaps between research and policy processes requires reciprocal actions by major national stakeholders, most importantly by academia researchers and policy makers. Such reciprocity requires aligning the research projects with major policy endeavors in order to provide evidence basis for policy actions.

The main conclusion of the article asserts that evidence informed policy would help to prevent the reckless manipulations of public opinion and the distortion of policy content during the current upsurge of populism and ignorance.

***Keywords**: ageing, research evidence, research priorities, policy, European Union*

Introduction. Population ageing is recognized as "a universal force that has the power to shape the future as much as globalization" [1]. Both challenges and opportunities are seen in the "universal force" of population ageing, and the adjustment to them has been proclaimed as the principal approach of policy action on ageing in the twenty-first century.

Measures of adjustment, or accommodation, are formulated in the international policy documents on ageing, which provide frameworks for action at various levels, from global to local. The narratives and recommendations of these documents are claimed to be based on the best available research findings.

This article is devoted to reviewing the research components of the major international policy frameworks on ageing and identifying the main research priorities for informing policy approaches and measures. Special attention is paid to the directions and priorities of policy related research on population and individual ageing in the European Union (EU). The author intends to emphasize the essential role of scientific research in informing policy actions on ageing and thus preventing the reckless manipulations of policy context and content.

Ukraine along with the majority of European countries has advanced in the process of demographic transition towards ageing societies. Timely, adequate and sustainable responses to challenges and opportunities of population and individual ageing occupy the central place on the political and policy agenda of many countries as well as intergovernmental organisations. Research evidence constitutes an essential background of and input into social policy and practice. Meanwhile, too often the two processes of research and policy exist in isolation, which may lead to the prevalence of opinion based, or conviction based, rather than evidence based approach to elaboration, implementation and monitoring policy measures. Integration of evidence into policy presents a universal challenge for the global and national actions on ageing. Such integration calls for partnerships between researchers, policy makers and practitioners in identifying and pursuing the policy relevant research priorities.

Literature review. The role of evidence in informing social policy development, monitoring and implementation has been discussed in numerous publications (for review, see [40]). Particular attention of scholars has been paid to the challenges of bridging the gap between social research and policy [41]. The present review article is devoted to the analysis of the research components of international policy documents on ageing as well as research initiatives aimed at producing scientific background for policy action on ageing.

Innovation character of the article. An attempt is made to review and analyse the international experience in pursuing the evidence informed policy on ageing with a view of promoting such approach at the national level in Eastern European and Central Asian countries. The materials presented in this article put forward the idea of selecting the research priorities as an essential process for ensuring the evidence basis in developing, implementing and monitoring

policy actions on ageing. It examines the global and European experience as the potential source of models for advancing the national policy responses to population and individual ageing.

The aim of the article. This article aims at promoting the collaborative efforts of national stakeholders, in the first instance researchers and policy makers, in elaborating and implementing the national policy agenda on ageing in Eastern European and Central Asian countries.

Data and methods. Review of the evidence based approaches and content of corresponding measures is aimed at informing the evidence based policy in the area of ageing. The analysis of available information is based on the global and European sources.

International policy frameworks on ageing. Several intergovernmental organizations within and outside of the United Nations (UN) system have been engaged in developing and implementing policy options and normative documents on ageing [2]. In this section, the attention is paid to the most prominent and universal international policy documents on ageing.

Since early 1980th, policy actions on ageing have been directed by a series of international consensus policy frameworks. The first such framework, the Vienna International Plan of Action on Ageing (VIPAA), was adopted at the first World Assembly on Ageing, which was held by the UN in 1982 in Vienna, Austria. The VIPAA included sixty-two recommendations for international and national policy actions in seven "areas of concern to ageing individuals": health and nutrition; protection of elderly consumers; housing and the environment; the family; social welfare; income security and employment; and education [3].

Twenty years later, the Second World Assembly on Ageing was convened by the UN in Madrid, Spain. While the Vienna Assembly paid most of its attention to the needs and expectations of older persons, the World Assembly in Madrid shifted the focus of international policy discourse and action towards the developmental aspects of population and individual ageing. The shifted policy focus of the Madrid deliberations was reflected in the major outcome, the Madrid International Plan of Action on Ageing (MIPAA), which put forward 239 recommendations for policy actions in the three priority directions: older persons and development; advancing health and wellbeing into old age; and ensuring enabling and supportive environments [1].

Given significant differences between the global regions in the pace, context and content of population and individual ageing, the regional strategies for the implementation of MIPAA were developed under the aegis of the UN for the countries of Asia and the Pacific; Europe; Latin America and the Caribbean; and Western Asia. For Africa, the African Union Policy Framework and Plan of Action on Ageing was developed by the countries-members of the African Union [4]. The regional strategies were conformed to the MIPAA, and their central policy areas include the issues of health; housing and environment;

education; gender and older women; integration and participation; social protection; and income/economic security [2]. For almost twenty years the MIPAA and its regional strategies have been leading the global, regional and national responses to opportunities and challenges of population and individual ageing.

Among the specialised agencies of the UN, the World Health Organization (WHO) has been the most active and productive international stakeholder in the area of ageing. As the UN entity responsible for international public health, the WHO works to fulfill the "political mandate for the action that is required to ensure that everyone has the opportunity to experience both a long and healthy life" [5]. WHO has produced several international policy frameworks on ageing and health: the strategic framework for active ageing [6], the report promoting age-friendly primary healthcare [7], the guide to engage cities to become more age-friendly [8], and, more recently, the Global Strategy and Action Plan on Ageing and Health [5].

These days, the international policy discourse and action on ageing are focused on active ageing. Such preeminence of the active ageing concept and the corresponding policy measures was instigated by the WHO in 2002 by its milestone publication, which was prepared as a contribution to the Second World Assembly on Ageing [6]. The WHO in its 2002 publication defined the active ageing as "the process of optimizing opportunities for health, participation and security, in order to enhance quality of life and wellbeing as people age." For almost twenty years the WHO policy framework has guided actions in the three pillars of active ageing: health, participation and security.

Since 2015, the WHO has shifted the focus of its work on ageing from *active ageing* towards *healthy ageing* [9]. The WHO defines healthy ageing "as the process of developing and maintaining the functional ability that enables wellbeing in older age" [9]. The Global Strategy and Action Plan on Ageing and Health, which were elaborated by the WHO and endorsed by the sixty-ninth World Health Assembly in 2016 [5], outline a framework for action that can be taken during the 15-year period of reaching the Sustainable Development Goals [10] and will be spearheaded during the proposed Decade of Healthy Ageing 2020-2030 [11].

Research components of international policy frameworks on ageing. The two international plans of action on ageing, VIPAA and MIPAA, are separated by a time span of twenty years, yet both documents emphasize unanimously the fundamental role of research in policy formulation, implementation and monitoring.

In the VIPAA, the section on data collection and analysis and also the section on research are included in the chapter devoted to the promotion of policies and programmes. The VIPAA views research and data collection as instruments for formulating, evaluating and implementing policies and programmes to address

the implications of the population ageing for development, as well as for the needs of older persons [3, para 84].

The studies of social, economic and health aspects of ageing should include, according to the VIPAA, the comparative, cross-cultural and interdisciplinary approaches [3, para 85]. The VIPAA calls for putting emphasis "on the continuum of research from the discovery of new knowledge to its vigorous and more rapid application and transfer of technological knowledge with due consideration of cultural and social diversity" [3, para 85], thus promoting the importance of operative translation of research findings into policy options.

The MIPAA emphasises the significance of research, including age- and gender-sensitive data collection and analysis, for providing the essential evidence for effective policies [1]. The research and data collection and analysis for policy planning, monitoring, and evaluation are recognised in the MIPAA as the *crucial elements* of the *national* implementation process. The exchange of researchers and research findings and data collection to support policy and programme development are identified among the priorities for *international* cooperation on ageing. The MIPAA underscores the need to encourage and advance comprehensive, diversified, and specialized research on ageing in all countries, particularly in developing countries. The research component of the MIPAA is also intended for facilitating the implementation process through supporting the policy responses to ageing and ensuring the operational success of implementation.

Both international plans of action contain the formulation of the research priorities (Table 1). In the VIPAA, these priorities are presented in the concrete form of "basic and applied issues" of the "developmental and humanitarian aspects of ageing" [3, para 85]. The research priorities of the MIPAA can be emanated from its 239 recommendations for action [1].

While the exact formulations of priorities differ in the two plans, three areas appear to be comparable: ageing and development; health and wellbeing; and training and education (see Table 1). Interestingly, while the VIPAA devotes primary attention to the fundamental, "biological, mental and social fields" of research inquiries, the MIPAA is concerned with more "practical", or applied, areas.

Both international plans of action on ageing underline the role of research and data collection and analysis in supporting the monitoring and evaluation of the implementation process. The latter task envisages the development of appropriate mechanism and instruments for monitoring and evaluating the implementation of national and international policy measures. The MIPAA pointed to the need of elaborating and using comprehensive and practical evaluation tools, such as key indicators. Unfortunately, such evaluation tools have not yet been incorporated into the periodic review and appraisal of the MIPAA implementation [12].

The WHO policy framework on active ageing identified several *determinants* of active ageing and called for "more research to clarify and specify the

Table 1. **Major references to research in the international plans of action on ageing: VIPAA (issues) and MIPAA (actions)**

RESEARCH AREAS	VIPAA[1] (Issues)	MIPAA[2] (Actions)
Fundamental issues of population and individual ageing	(a) The role of genetic and environmental factors (b) The impact of biological, medical, cultural, societal and behavioural factors on ageing (c) The influence of economic and demographic factors (including migration) on societal planning	
Ageing and development	(d) The use of skills, expertise, knowledge and cultural potential of the ageing	• the contribution of older persons to social and economic development in all countries, in particular those countries severely affected by HIV/AIDS (II-3-3(d))
Health and well-being	(e) The postponement of negative functional consequences of ageing	• finding remedies that can be provided at affordable prices for diseases that particularly afflict older persons in developing countries (II- 2-2(e)) • multidisciplinary research on Alzheimer's and related disorders to meet the needs of the patient, health professionals and carers (II- 5-1(b))
	(f) Health and social services for the ageing as well as studies of co-ordinated programmes	• comparative research into care systems in different cultures and settings (III-2-1(e))
Training & education	(g) Training and education	• research to better determine the relationship between training and productivity so as to clearly demonstrate… the benefits of continuous training and education of older persons (I-4-1(g))
Living arrangements		• research on the advantages and disadvantages of different living arrangements for older persons (I-5-1(g));
Human rights — violence against older persons		• the causes, nature, extent, seriousness, and consequences of all forms of violence against older women and men (III-3-1(g)).

Sources: [1, 3].

[1] See paragraph 86 of VIPAA [3].

[2] The quoted actions are referred to in accordance with the structure of MIPAA: (Priority direction-Issue-Objective (Action)) [1].

Table 2. **Global research priorities on ageing**

RAA-21 (Major Research Priorities)	**USA National Academies** (Domains of Research)	**WHO Policy Framework for Active Ageing** (Determinants of Active Ageing)
Priority 1. Relationships of population ageing and socio-economic development [2, 3] Priority 2. Current practices and options for maintaining material security in old age [3] Priority 3. Changing family structures, intergenerational transfer systems and emergent family and institutional dynamics [2] Priority 4. Determinants of healthy ageing [1] Priority 5. Basic biological mechanisms and age-associated diseases [1] Priority 6. Quality of Life and ageing in diverse cultural, socio-economic and environmental situations [1, 2, 3, 4, 5]	Work and retirement [3] Savings and wealth [3] Family structure and intergenerational transfers [2] Health and disability [1] Well-being [1, 2, 3]	**Culture** [5] (cultural values; traditions; diversity) **Gender** [2] (status, roles, behavior, access to nutritious foods, education, meaningful work and health services) **Health and social services** [1] (Health Promotion and Disease Prevention; Curative Services; Long-term care; Mental Health Services) **Behavioural Determinants** [1] (Tobacco Use; Physical Activity; Healthy Eating; Oral Health; Alcohol; Medications; Iatrogenesis; Adherence to Therapy) **Personal Determinants** [1] (Biology and Genetics; Psychological Factors) **Physical Environment** [4] (Safe Housing; Falls; Clean Water, Clean Air and Safe Foods) **Social Environment** [2] (Social Support; Violence and Abuse; Education and Literacy) **Economic Determinants** [3] (Income; Social Protection; Work)

N o t e . Key content: [1] Biomedical; health; [2] Social; [3] Economic; [4] Physical environment; [5] Cultural.
Sources: [6, 15, 18].

role of each determinant, as well as the interaction between determinants, in the active ageing process" [6]. In a sense, the determinants of active ageing can be considered the priorities for policy related research (see Table 2). The WHO policy framework has also emphasized the need for international agencies, countries and regions to develop a relevant research agenda for active ageing.

The WHO Global Strategy and Action Plan on Ageing and Health comprise five strategic objectives; the research component of the Strategy is outlined in

the Strategic objective 5: *improving measurement, monitoring and research for healthy ageing*. The fifth objective of the Global Strategy provides a succinct formulation of measures for building evidence base, "which can ensure that all actions have the intended impacts, are equity-oriented and cost-effective" ([5], para 26). The narrative of this objective underscores the need for "more research and evidence on age-related issues, trends and distributions, and on what can be done to promote Healthy Ageing across the life course". A series of basic research questions are included in this strategic objective; addressing these questions is necessary for informing policy choices. Specific tasks for reaching the strategic objective 5 are formulated in the *detailing* strategic objectives: *agree on ways to measure, analyse, describe and monitor Healthy Ageing* (Strategic objective 5.1); *strengthen research capacities and incentives for innovation* (Strategic objective 5.2); and *research and synthesize evidence on Healthy Ageing* (Strategic objective 5.3).

According to the Plan of Action, implementation of the Global Strategy during the first five years, 2016-2020, envisages reaching two goals: 1. Five years of evidence-based action to maximize functional ability that reaches every person; and 2. By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030. These initial goals of the Plan of Action clearly outline the research component of the implementation process.

To monitor and assess the progress in implementing the Global Strategy, ten indicators are used by the WHO while collecting data from countries and regions. Two of these indicators are related to research evidence on the health status and needs of older adults: Indicator 9 — Cross-sectional data on Healthy Ageing; and Indicator 10 — Longitudinal data on Healthy Ageing [13].

The follow-up initiative of the Global Strategy, the proposed Decade of Healthy Ageing 2020-2030, is expected to be "a global collaboration that will bring together diverse sectors and stakeholders" [14]. Four areas for action are proposed to advance during the Decade: "changing how we think, feel and act towards age and ageing; developing communities in ways that foster the abilities of older people; delivering person centered integrated care and primary health services responsive to older people; and providing older people who need it with access to long-term care".

Among the enablers across the four action areas, one enabler would "[strengthen] data research and innovation to accelerate implementation", thus supporting the evidence informed activities of the Decade.

Bridging the gap between policy and research. The key prerequisite for ensuring that research evidence forms the basis for policy action is to bridge the gap between the two often isolated processes: research and policy. Reciprocal actions are needed by stakeholders, primarily by academia researchers, on one side, and policy experts in legislature and government, on the other. Efforts by academic researchers have to be focused on aligning research with policy prio-

rities; ensuring translation of research findings into policy recommendations; and, in most general terms, improving the quality, reliability and robustness of the research. The utmost task for the legislature and government is to replace the opinion based approach in policy design and implementation by the evidence based approach.

Aligning research inquiries with policy priorities could be achieved if policy experts and, ideally, also policy makers are getting involved in various stages of policy related research — from planning a research project through it conducting and further up to analyzing the findings and translating them into policy recommendations. Very often, however, the principal actors of the policy process, both policy experts and policy makers, are not involved in the research process and are content with the role of passive consumers of the information obtained by researchers. Likewise, researchers are not included in the processes of policy formulation, implementation and monitoring.

Specific mechanisms for bridging the divide between research and policy are summarized in the WHO Global strategy and action plan on ageing and health [5]:

- considering (analyzing) the policy context, including the role of institutions, political will, ideas and interests;
- facilitating development of evidence and knowledge that are relevant and timely;
- improving communication between researchers and policy experts and policy makers;
- ensuring accessibility of research findings to all policy stakeholders, and particularly to policy-makers;
- promoting the political and public culture that values proven and reliable evidence and its acceptance. Utilizing this mechanism appears particular relevant during the ongoing upsurge of science ignorance and populism.

The promising model of installing reciprocity in policy related research and policy process is establishing and sustaining policy dialogue. Such dialogue would ideally involve all major stakeholders of policy process: in the first instance, researchers and policy experts, but also representatives of legislature, civil society and social partners. The practical outcome of policy dialogue could be an agreed conceptual and practical platform for linking policy and research. Several such platforms in the area of ageing have been elaborated in the format of *research agendas*. One of such agendas, the Research Agenda on Ageing for the Twenty-First Century (RAA-21), was elaborated by the UN and the International Association of Gerontology and Geriatrics (IAGG) — an international non-governmental organisation of researchers and practitioners in the field of ageing [15]. The links between the research and policy were established by selecting the *research priorities* and *critical research areas*, which were to inform and support the implementation of policy measures contained in the MIPAA. Research priorities on ageing were also identified during a series of regional

workshops for Africa, Europe, Latin America and the Caribbean, and for Asia and the Pacific [16, 17].

In 2001, another global research agenda was developed in order to assist countries "to improve their adaptations to population aging". This agenda was developed by an international "Panel on a Research Agenda and New Data for an Aging World", which was convened by the National Academies of the USA and approved by the Governing Board of the US National Research Council [18]. The Panel proposed several overarching recommendations to promote "effective cross-national research" and "generation of policy-relevant data". The Panel had also identified five research domains "in which new international data are required to inform policy making in the coming decades" (Table 2).

Research priorities on European ageing. Within the EU, the principal approach of policy on ageing envisages turning the challenges of demographic change into opportunities by "extending working lives and providing older people access to adequate social protection and, where necessary, supplementary pensions" [19]. The successful adaptation to demographic change is to be based on research, which fosters lifelong health, active ageing and well-being for all [20].

During the current decade, active ageing has become the principal content of the EU policy on ageing. According to the definition of the European Commission (EC), "Active ageing means helping people stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society" [21]. The EC considers active ageing to be a component of its policies of social investment "designed to strengthen people's skills and capacities and support them to participate fully in employment and social life" [22].

One of the main domains of policy, research and practice of active ageing in EU, as well as in many other world regions, has been health [9, 19, 23]. Such primacy of the health aspects of active ageing is meant to "foster the functional ability of older people to be and to do what they value", as elaborated in the WHO Global Strategy on Ageing and Health [5]. As an illustration, the Repository of innovative practices of the European Innovation Partnership on Active and Healthy Ageing is dominated by the health and care submissions [24].

Research and innovation is one of the strategic policy priorities of the EU; it is designated to address three biggest societal challenges as seen from Brussels: climate change, energy security, and public health [25]. Accordingly, the EC, as the executive body of the EU, advances the priority of research and innovation in several research areas. The issues of ageing are included in several research areas with the most prominent presence in the area of Health followed by the area of Social Sciences and Humanities. Within the area of Health, one of the *key research areas* is entitled "Human development and ageing" [26]. The following topics for research and innovations are specified in this key research area: determining the biomarkers of ageing; understanding the developmental processes of long-

lived organisms throughout their lives; studying the immune system in old age; establishing a roadmap on ageing research in Europe; increasing the participation of elderly in clinical trials; studying determinants of ageing and longevity and the role of environment; and building a consensus definition of frailty.

Several specific programmes and projects on research and innovation undertaken under the auspices of the EC during the second decade of the current century are either directly devoted to ageing issues or are inclusive of them[1]: Horizon 2020; FUTUREAGE; MoPAct; COST Actions; SIforAGE; and JPI MYBL. Three of these programmes and projects, Horizon 2020, COST Actions, and JPI MYBL, are currently active, and three others, FUTUREAGE, MoPAct, and SIforAGE have been completed[2]. These programmes and projects were planned and implemented in order to enhance collaboration and coordination and, ideally, alignment of research and policy on ageing among the EU member states. Two of the above projects — FUTUREAGE and JPI MYBL — have elaborated distinguished research agendas, while others framed their research explorations within specific themes, which were conceived either in advance of projects implementation or at their introductory stages; in essence, these themes by their content and purpose can be equated to the research priorities.

The **Horizon 2020** is the biggest EU programme with almost €80 billion of funding available over 7 years (2014 to 2020) for financing research and innovations [27]. Among the *Societal Challenges* identified in the Horizon 2020 is the Challenge of *Health, Demographic Change and Wellbeing*; about €7.5 billion are to be invested in health research and innovation in order to achieve better health for all by keeping older people active and independent for longer; supporting the development of new, safer and more effective interventions; and contributing to the sustainability of health and care systems [28].

During the first four years of the Horizon 2020 (2014-2017), the following research and innovations were prioritized for addressing the above Societal Challenge: causes and mechanisms underlying health, healthy ageing and disease; monitoring of health and prevention, detection, treatment and management of disease; support for older persons to remain active and healthy; new models and tools for health and care delivery [28].

FUTUREAGE, the European road map on ageing, was a two year (2009-2011) project devoted to producing the road map for the future of ageing research in Europe in order to "enable Europe to respond successfully to the unprecedented demographic challenges it faces" [29]. Active ageing was the central multi-disciplinary theme of the FUTUREAGE Road Map. The elaboration of

[1] The names of the programmes and projects are presented in their broadly used acronyms, which are deciphered further in the text.

[2] The author declares his personal involvement in the following projects: COST Actions (as a speaker/presenter); SIforAGE (as a project reviewer); and JPI MYBL (as a member of the Societal Advisory Board)

the Road Map was framed within the four thematic workstreams: biogerontology; social and economic resources; healthy ageing; and environments of ageing. Seven research priorities were designated as "the major priority themes for future ageing research" (Table 3).

MoPAct (*Mobilising the potential of active ageing in Europe*) was a four year (2013-2016) project funded by the EC. MoPAct was largely the successor and beneficiary of the FUTUREAGE project. Drawing on the deliberations of the FUTUREAGE, MoPAct attempted "to provide the research and practical evidence upon which Europe can begin to make longevity an asset for social and economic development" [30]. Eight *scientific themes* (i.e., research priorities) were chosen for addressing the MoPAct's core theme of *realising active and healthy ageing as an asset* (Table 3).

The priorities for research on ageing in the EU countries are also evident in the activities of the research networks **COST Actions** — the main instruments of the *European Cooperation in Science and Technology* (COST) [31]. *COST Actions* networks enable scientific collaboration between researchers from academia, industry and the public and private sectors by complementing national research funds [32]. Among 294 Cost Actions (as of 2019), several are directly related to ageing, with the prevalence of biomedical aspects.

SIforAGE (*Social Innovation on active and healthy ageing for sustainable economic growth*) was a European project, which, similar to MoPAct, was aimed at promoting active and healthy ageing [33]. However, the SIforAGE's objectives were more of applied nature: disseminating scientific knowledge in society, undertaking advocacy activities and engaging civil society organisations, other societal actors, including end-users in shaping the research projects dealing with active and healthy ageing. The activities of SIforAGE were undertaken for mutual engagement of researchers and policy practitioners in six priority areas designated as "work packages", *seu* priorities for research projects (Table 3).

Joint Programming Initiative More Years Better Lives (**JPI MYBL**) strives to promote research on demographic change in Europe [34]; it is one of the ten Joint Programming Initiatives (JPIs) currently run under the aegis of the EC. The JPIs were launched by the EC in 2008 with the aim "to pool national research efforts in order to make better use of Europe's research and development resources and tackle common European challenges more effectively" [35].

The core activities of JPIs consist of the development and implementation of common strategic research agendas based on a common vision of how to address major societal challenges. Within the JPI MYBL, the Strategic Research Agenda (SRA) was elaborated in 2014 [36]. It defines priorities for research and policy making in four domains of demographic impact on society: Quality of Life and Health; Economic and Social Production; Governance and Institutions; and Sustainability of Welfare in the EU. Moreover, the SRA has identified eleven research topics as priority issues to be addressed in the short and medium term (Table 3).

Table 3. **Research priorities in the EU research projects on ageing**

FUTUREAGE (Major Priorities For European Ageing Research)	MoPAct (Research Fields)	SIforAGE (Key Issues for Active and Healthy Ageing	SRA, JPI MYBL (Research Topics)
Healthy Ageing for More Life in Years [1] Maintaining and Regaining Mental Capacity [1] Inclusion and Participation in the Community and in the Labour Market [2, 3] Guaranteeing the Quality and Sustainability of Social Protection Systems [2, 3] Ageing Well at Home and in Community Environments [4] Unequal Ageing and Age-Related Inequalities [1, 2, 3] Biogerontology: from Mechanisms to Interventions [1]	Economic consequences of ageing: understanding and alleviating the economic effects of population ageing [3] Extending working lives: raising the employment of older workers, aided by lifelong learning [1, 2, 3] Pension systems, savings and financial education: ensuring pension adequacy and pension system sustainability [3] Health and well-being: driving healthy life expectancy and the social engagement of older people [1, 2] Biogerontology: delaying the onset of frailty, dependence and age related diseases [1] Built and technological environment: shaping housing, mobility, transport and ICT provision to support an ageing population [4] Social support and long term care: matching sustainable supply and demand for long-term care and ageing-related social support [1, 2] Enhancing active citizenship: enhancing the political participation of senior citizens and improving the capacity for adapting to societal change [2, 6]	Healthy ageing for healthier living years [1] Mental capacity and Alzheimer's [1] Active participation and inclusion in society. Inequalities associated with ageing [1, 2, 3] Social innovation in community partnerships for active and healthy ageing [1, 2, 3] Services and technologies for better ageing at home [1, 2, 4]	1. Quality of life, wellbeing and health [1, 2, 3, 4, 5] 2. Learning for later life [1, 2, 3] 3. Social and economic production [2, 3] 4. Participation [2, 3, 6] 5. Ageing and place [1, 2, 4] 6. A new labour market [1, 2, 3] 7. Integrating policy [6] 8. Inclusion and equity [2, 3] 9. Welfare models [2, 3] 10. Technology for living [1, 2, 3, 4] 11. Research infrastructure [6]

N o t e. Key content: [1] Biomedical; health; [2] Social; [3] Economic; [4] Physical environment; [5] Cultural; [6] Politics & policy.

Sources: [29, 30, 33, 36].

Conclusion. The two global policy frameworks on ageing, the VIPAA and the MIPAA, have been elaborated twenty years apart, yet three policy related research areas are presented in both: ageing and development; health and wellbeing; and training and education (see Table 1). Such persistence testifies to the universal significance of these research areas for the development and implementation of policy on ageing. Nevertheless, there are also notable differences in the research components of the two policy frameworks. As noted above, the research component of VIPAA is focused on the fundamental research, which may be explained by the relative novelty of international efforts to design in early 1980s an evidence informed policy framework on ageing. Such efforts required in the first instance to formulate the basic consensus on fundamental terminology, mechanisms, and policy approaches in population and individual ageing. Twenty years later, the MIPAA turned to more practical, applied orientation of the policy related research.

The research agenda of the UN, RAA-21, and the research agenda of the United States National Research Council, as well as the WHO Policy Framework on Active Ageing have identified the global research priorities for informing policy actions on ageing in the twenty-first century (Table 2). A simple calculation reveals that about 42 per cent of global research priorities (eight out of nineteen) elaborated in these three documents belong to the biomedical/health area; about equal 37 per cent correspond to social and economic areas (seven out of nineteen each); and about equal 10 per cent — to physical environment and cultural areas (two out of nineteen each).

The analysis of the research priorities on ageing in the EU policy documents as well as in the practical programmes and projects on research and innovations, reveals the prevalence of research priorities similar to the global patterns: the social area priorities accounted for 61 per cent of all research areas, closely followed by the biomedical, health and care area with 58 per cent, and by slightly lower economic area with 52 per cent (Table 3).

More recently, the dominant priorities of health and care in the EU have been further addressed in the Evidence Review Report produced by the multidisciplinary Working Group on Transforming the Future of Ageing [23]. The Working Group was formed by the EC Scientific Advice Mechanism — the Science Advice for Policy by European Academies (SAPEA), which intends to provide independent scientific advice to European Commissioners in support of their decision-making [37]. The Evidence Review Report has addressed the issue of ageing from a broad public health standpoint and provided evidence-based scientific advice for the highest policy level in Europe. It is expected that the report findings and recommendations will support the elaboration of the EC consultation document — Green Paper on Ageing.

The EC Scientific Advice Mechanism for producing "evidence scientific advice" is illustrative of the European good practice of engaging policy makers

and scientific advisors in a process of informing policy thus bridging the gap between scientific research and policy making. Collaboration of all "societal actors", i.e. researchers, citizens, policy makers, business, third sector organisations etc., is a cornerstone of the "responsible research and innovation" approach promoted by the EC Horizon 2020, which was discussed earlier in this paper [38]. This collaborative approach endeavors, in the first instance, to enable easier access to scientific results, and incorporate gender and ethics in the research and innovation content and process [38]. Such collaboration is of particular relevance to tackling the most urgent and critical challenge of the Covid-19 pandemic. Within the aforementioned Research and Innovation programmes, the EC has instigated in 2020 several actions addressing, among others, epidemiology, preparedness and responses to outbreaks [39]. It is reasonable to expect that the scientific analysis of the lessons of the ongoing pandemic would stipulate the adjustment of international and national policy and programmes on ageing [42].

The availability of evidence basis for policy action and political decision is of utmost importance in the time when the validity of science is questioned by the populist manifestos which advocate the prevalence of "practical" opinion over the scientifically based approach in policy and practice of ageing.

REFERENCES

1. United Nations (2002). 'Madrid International Plan of Action on Ageing', in Report of the Second World Assembly on Ageing. Madrid. 8–12 April 2002. New York: United Nations, pp. 1-42.
2. Sidorenko, A., & Walker, A. (2017). Policy options for responding to population ageing. In: Jean-Pierre Michel, B. Lynn Beattie, Finbarr C. Martin, and Jeremy D. Walston (eds) *Oxford Textbook of Geriatric Medicine* (3 ed.). Oxford University Press
3. United Nations (1982). Vienna International Plan of Action on Ageing. New York, NY: United Nations.
4. United Nations (n.d.). Regional Implementation Strategies of the MIPAA. Retrieved from https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation/regional-implementation-strategies-of-the-mipaa.html
5. World Health Organization (2017). Global strategy and action plan on ageing and health. Geneva, Switzerland: World Health Organization.
6. World Health Organization (2002). Active Ageing – A Policy Framework. A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002. Geneva, Switzerland: World Health Organization.
7. World Health Organization (2004). Towards Age-Friendly Primary Health Care (Active ageing series). Geneva, Switzerland: World Health Organization.
8. World Health Organization (2007). Global Age-Friendly Cities: A Guide. Geneva, Switzerland: World Health Organization.
9. World Health Organization (n.d.). Healthy Ageing and Active Ageing. Retrieved from https://www.who.int/ageing/healthy-ageing/en/
10. United Nations (n.d.). The Sustainable Development Agenda. Retrieved from http://www.un.org/sustainabledevelopment/development-agenda/

11. World Health Organization (n.d.). Decade of Healthy Ageing 2020–2030. Retrieved from https://www.who.int/docs/default-source/decade-of-healthy-ageing/full-decade-proposal/decade-proposal-fulldraft-en.pdf?sfvrsn=8ad3385d_6
12. Sidorenko, A. & Zaidi, A. (2018) International policy frameworks on ageing: assessing progress in reference to the Madrid International Plan of Action on Ageing. *The Journal of Social Policy Studies*, vol.16, No. 1, pp. 141-154.
13. World Health Organization (n.d.). Mid-term progress on the Global strategy. Retrieved from https://www.who.int/ageing/commit-action/measuring-progress/en/
14. World Health Organization (2019) Decade of Healthy Ageing. Development of a proposal for a Decade of Healthy Ageing 2020-2030. Report by the Director-General. Retrieved from https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_23-en.pdf
15. United Nations Programme on Ageing and the International Association of Gerontology and Geriatrics (2007). Research agenda on ageing for the twenty-first century: 2007 update. New York: UN programme on ageing and IAGG.
16. Andrews, G., & Sidorenko, A. (2004). RAA-21 Regional Priorities for Asia, Europe, and Latin America, IAG Newsletter, 17(4): 10-12.
17. Sidorenko, A. (2004). Implementation of the Madrid International Plan of Action on Ageing: Research dimension, Geriatrics and Gerontology International, 4(Suppl.s1): S87-S89.
18. National Research Council (2001) Preparing for an Aging World: The Case for Cross-National Research, Panel on a Research Agenda and New Data for an Aging World, Committee on Population and Committee on National Statistics, Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press
19. European Union (2019) Ageing Europe. Looking at the lives of older people in the EU. 2019 edition. Luxembourg: Publications Office of the European Union
20. European Commission (n.d.). Human development and ageing. Retrieved from https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/human-development-and-ageing_en
21. European Commission (n.d.) Active ageing. Retrieved from https://ec.europa.eu/social/main.jsp?langId=en&catId=1062
22. European Commission (n.d.) Social investment. Retrieved from https://ec.europa.eu/social/main.jsp?catId=1044&langId=en
23. SAPEA, Science Advice for Policy by European Academies. (2019). Transforming the Future of Ageing. Berlin: SAPEA. Retrieved from https://doi.org/10.26356/ageing
24. European innovation partnership on Active and Healthy Ageing (n.d.) Repository. Retrieved from https://ec.europa.eu/eip/ageing/repository
25. European Commission (n.d.) Research and innovation https://ec.europa.eu/info/strategy/research-and-innovation_en
26. European Commission (n.d.) Human development and ageing. Retrieved from https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/human-development-and-ageing_en
27. European Commission (n.d.) Horizon 2020. Health. Retrieved from https://ec.europa.eu/programmes/horizon2020/en/area/health
28. European Commission (n.d.) Horizon 2020. Health, Demographic Change and Wellbeing. Retrieved from https://ec.europa.eu/programmes/horizon2020/en/h2020-section/health-demographic-change-and-wellbeing
29. FUTURAGE (2011) A Road Map for European Ageing Research. Retrieved from http://www.foragenetwork.eu/database/item/165-2011-futurage-a-roadmap-for-european-ageing-research/
30. MoPAct (n.d.) About the project. Retrieved from http://mopact.group.shef.ac.uk/about/key-projects/

31. COST (n.d.) About COST. Retrieved from https://www.cost.eu/who-we-are/about-cost/
32. COST (n.d.) What are COST Actions? Retrieved from https://www.cost.eu/cost-actions/what-are-cost-actions/
33. European Commission (n.d.) Final Report Summary - SIFORAGE Retrieved from https://cordis.europa.eu/project/id/321482/reporting
34. JPI More Years Better Lives (n.d.) Retrieved from https://www.jp-demographic.eu/
35. Commission of the European Communities (2008) Towards joint programming in research: Working together to tackle common challenges more effectively. Retrieved from http://ec.europa.eu/research/press/2008/pdf/com_2008_468_en.pdf
36. JPI More Years Better Lives (n.d.) Strategic Research Agenda – SRA. Retrieved from https://www.jp-demographic.eu/about-us/strategic-research-agenda-sra/
37. European Commission (n.d.) Support for policy making. Retrieved from https://ec.europa.eu/info/research-and-innovation/strategy/support-policy-making_en
38. European Commission (n.d.) Responsible research & innovation https://ec.europa.eu/programmes/horizon2020/en/h2020-section/responsible-research-innovation
39. European Commission (n.d.) Coronavirus research and innovation. Retrieved from https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/coronavirus-research-and-innovation_en
40. Parkhurst, J. (2017). The politics of evidence: from evidence-based policy to the good governance of evidence. Routledge Studies in Governance and Public Policy. Routledge, Abingdon, Oxon, UK.
41. Nutley, S., Davies, H. & Walter, I. (2003). Evidence-based policy and practice: cross-sector lessons from the United Kingdom, Social Policy Journal of New Zealand, Issue 20: 29-48
42. Golubev, A.G. & Sidorenko A.V. (2020). Theory and practice of aging upon COVID-19 pandemic, Adv. geront. 33(2): 397-408.

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ГЛОБАЛЬНІ ТА ЄВРОПЕЙСЬКІ ПРІОРИТЕТИ
ДОСЛІДЖЕННЯ ДЛЯ ПОЛІТИКИ ЩОДО СТАРІННЯ

Цю оглядову статтю написано з метою визначити найперспективніші підходи і моделі для подолання розриву між дослідженнями і політикою щодо старіння. Загальна мета представленого аналізу міжнародного досвіду розробки доказової інформаційної політики щодо старіння — упровадження цього досвіду в країнах Східної Європи та Центральної Азії. Формулювання відповідних стратегічних пріоритетів є надзвичайно важливим для забезпечення доказової бази у процесі розробки, реалізації та моніторингу політичних дій щодо старіння. З методологічної точки зору стаття — аналітичний огляд міжнародних політичних документів і науково-дослідних ініціатив у галузі старіння. Основну увагу приділено загальносвітовому (Організація Об'єднаних Націй та Всесвітня організація охорони здоров'я) досвіду та досвіду Європейського Союзу в розробці потенційних моделей національної політики щодо старіння. Огляд зосереджено на дослідницьких компонентах основних міжнародних стратегій політики щодо

старіння, зокрема Віденському міжнародному плані дій щодо старіння (1982), Мадридському міжнародному плані дій щодо старіння (2002) і концептуальних документах Всесвітньої організації охорони здоров'я. Аналіз дослідницьких пріоритетів щодо старіння в документах глобального рівня і регіональних документах Європейського Союзу, а також у європейських програмах і проєктах щодо досліджень і інновацій виявляє універсальну поширеність соціальних, біомедичних (охорона здоров'я та догляд) й економічних пріоритетів. Протягом поточного десятиліття активне старіння стало основним змістом політики щодо старіння у різних частинах світу. Автор стверджує, що для подолання наявних прогалин між науковими розробками та політичними процесами потрібні взаємні дії основних національних зацікавлених сторін, насамперед — науковців і розробників політики. Така взаємність вимагає узгодження науково-дослідних проєктів із основними напрямами політики, щоб забезпечити доказову основу для політичних дій. Головний висновок статті стверджує, що поінформована доказова політика допомогла б запобігти необдуманим маніпуляціям громадською думкою та викривленню змісту політики під час нинішнього наростання популізму і необізнаності.

Ключові слова: *старіння, наукова інформація, пріоритети наукових досліджень, політика, Європейський Союз.*