



ASTAHG ALPINE SPACE TRANSNATIONAL GOVERNANCE ON ACTIVE AND HEALTHY AGEING

WP T2

FRAMEWORK FOR COLLABORATION ON AHA INITIATIVES

O.T2.1

Vienna, December 2020



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LIST OF ACRONYMS

AHA	Active and Healthy Ageing
AS	Alpine Space
ASTAHG	Alpine Space Transnational Governance of Active and Healthy Ageing
EUSALP	EU Strategy for the Alpine Region
MAFEIP	Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing
MCDA	Multicriteria Decision Analysis
TOC	Theory of Change
TGB	Transnational Governance Board
TWG	Thematic Working Groups
WP	Work package



1 THE AGEING CHALLENGE IN THE ALPINE SPACE

Demographic change constitutes a major societal challenge in most industrialised countries that requires combined efforts from different stakeholders, including public authorities, industry, academia and civil society across policy areas to support Active and Healthy Ageing (AHA) (e.g. Rechel et. al., 2013; WHO, 2002; 2013). This challenge is amplified in the Alpine Space (AS) region by its distinctive characteristics, including considerable regional variation both in demographic change and population growth projections, ultimately calling for tailored interventions to foster AHA. In addition to that, the AS area is composed of regions that belong to different countries which, thus far, has limited the scope for trans-regional and transnational cooperation to tackle the ageing challenge. Further, AHA policies are often restricted to a few areas of public service provision, such as healthcare and welfare authorities. Potential synergies from cooperation across sectors, for instance, cultural, economic or housing policies, are thus often neglected (WHO, 2012; 2013; 2017; OECD, 2015).

2 AIM AND OBJECTIVES OF THIS REPORT

This report (OT2.1) provides an overview of the work conducted in the context of work package (WP) 2. It does so by briefly summarizing the aim, objectives and results reported in:

- Deliverables D.T2.1.1 to D.T2.1.3 in the context of Activity A.T2.1 (AHA Governance Models Logic Classification), and
- Deliverables D.T2.2.1 to D.T2.2.3 in the context of Activity A.T2.2 (Methodology for AHA Governance Assessment)

Most importantly, this document aims to show how the individual deliverables connect with and build upon each other to provide a comprehensive framework of AHA governance assessment and cross-sectorial decision support within the ASTAHG transnational governance board for AHA. This includes the collection of data in terms of actors, territorial features, and AHA innovations (A.T2.1) as well methods to evaluate AHA governance and inter-sector interventions for AHA (A.T2.2), and how to configure innovation assessment to reflect AS-specific territorial needs.



3 THE ASTAHG-PROJECT AT A GLANCE

The ASTAHG project aims to tackle the ageing challenge by following a *multisectoral, transnational, and multilevel* approach to improve AHA in the AS. It is *multisectoral* as it aims to facilitate innovation across sectors, such as social care, healthcare, long term care, independent living, mobility and transport, as well as culture and tourism; and it follows a *transnational* approach as it brings together stakeholders from different regions of the AS to exchange experiences, ideas and innovations, streamline strategies to address the ageing challenge and to share knowledge and best practices across geographically and/or politically defined contexts. The project's *multilevel* approach aims at cooperation between stakeholders on local, regional, and national level to identify, implement, evaluate and improve upon successful AHA policies and to harvest potential synergies through efficient cooperation along all stages of the policy cycle.

The overall objective of the project is to improve capacities and coordinating efforts in support of AHA between sectors and different levels, and to respond with tailored initiatives to AS territorial needs. It aspires to enhance governance capacities related to regional AHA policies, foster the transfer of innovation for AHA in the AS, and to develop a social innovation framework for generating and adopting innovative solutions for AHA involving both public and private actors (ASTAHG, 2018). To achieve these objectives, ASTAHG established a *Transnational Governance Board (TGB)* for AHA to bring policy makers and other stakeholders in the AS together, to develop a network, and to foster the exchange of successful AHA policies, initiatives and innovations. The TGB is defined as '*an open network and the participation of members is free of charge and voluntarily*' (MoU, 2019). Whilst all ASTAHG partners are founding members of the TGB (Managing Committee), other interested organisations and stakeholders may apply to join at any time. (MoU, 2019). The TGBs main objective is '*to promote an 'age-friendly' Alpine Space Area creating synergies between interested stakeholders and governance levels and helping the Alpine Space local, regional and national authorities and other stakeholders to collaborate in promoting innovative solutions that address the needs of the ageing population*' (MoU, 2019).



To this end, ASTAHG also develops a portfolio of good practices in AHA governance and establishes an AHA innovation observatory which classifies AHA initiatives and solutions with context and efficiency indicators (ASTAHG, 2018). A framework for AHA innovation based on the Quadruple Helix model (Carayannis & Campbell, 2009) fosters collaboration between different actors from local, regional and national governance, industry, as well as academia and civil society (ASTAHG, 2018). ASTAHG also aligns its efforts and results with the EU Strategy for the Alpine Region (EUSALP) so to further enhance the level of transnational governance throughout the AS.

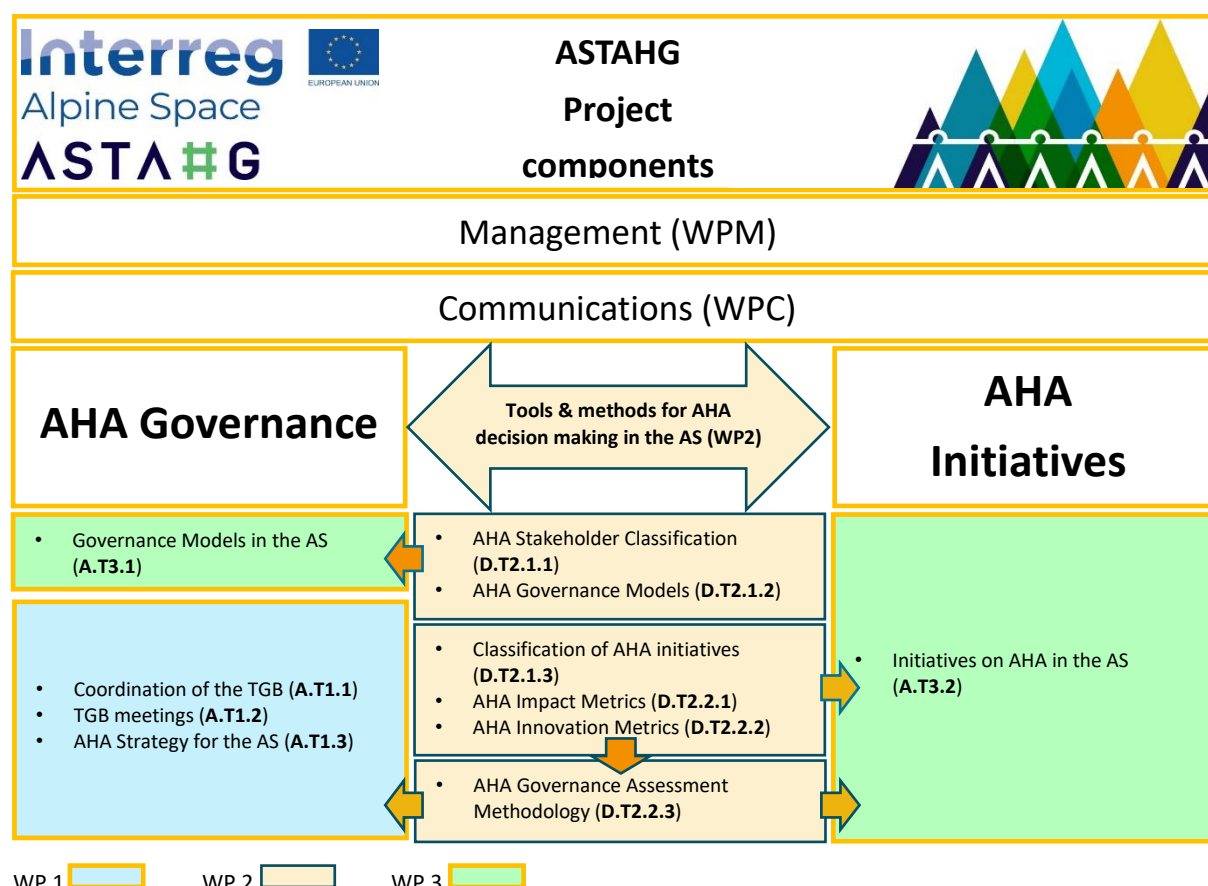
The ASTAHG project has been designed in several Work Packages (WPs), each of which contributes towards the common aim and objectives (Figure 1). Horizontal activities are concentrated in WPM (Management) and WPC (Communication). Whilst WPM is concerned with overall project management and ensures sound and smooth project implementation, internal communication between partners and with the funding organisation, WPC is dedicated to the development and execution of an efficient communication strategy, engagement with Quadruple-Helix actors in the TGB; exchange with other AHA initiatives, in particular EUSALP; dissemination of project outcomes as well as engagement with AHA stakeholders and a wider public audience.

WPs 1 to 3 are concerned with project implementation. In this context, WP1 established and manages the TGB that is composed of public and private actors, pertaining to different levels (regional/local) and sectors as well as representing AS territorial characteristics (ASTAHG, 2018). The TGB is organised in different thematic groups and meets regularly in order to share experiences, knowledge and expertise and to develop a sustainable AHA strategy for the AS based on intersectoral, transnational and multilevel cooperation. The activities in WP1 range from the coordination of the TGB (A.T1.1) to the organisation of regular TGB meetings (A.T1.2) and to develop an AHA strategy for the AS (A.T1.3).

WP2 developed and provided tools and methods for the project, in particular a classification of AHA stakeholders (D.T2.1.1), a model for AHA governance in the AS (D.T2.1.2), a classification of AHA initiatives (D.T2.1.3), as well as AHA impact evaluation metrics (D.T2.2.1), AHA innovation evaluation metrics (D.T2.2.2) and an AHA governance assessment methodology (D.T2.2.3). WP3 is concerned with the

application and use of tools and methods developed in WP2: data gathering and analysis of AHA governance models (A.T3.1) and the identification and monitoring of innovation in AHA in the AS (A.T3.2).

Figure 1: Components of the ASTAHG project and WP2 in context



Source: Own drawing based on ASTAHG (2018).

4 CONTRIBUTION OF WORK PACKAGE 2

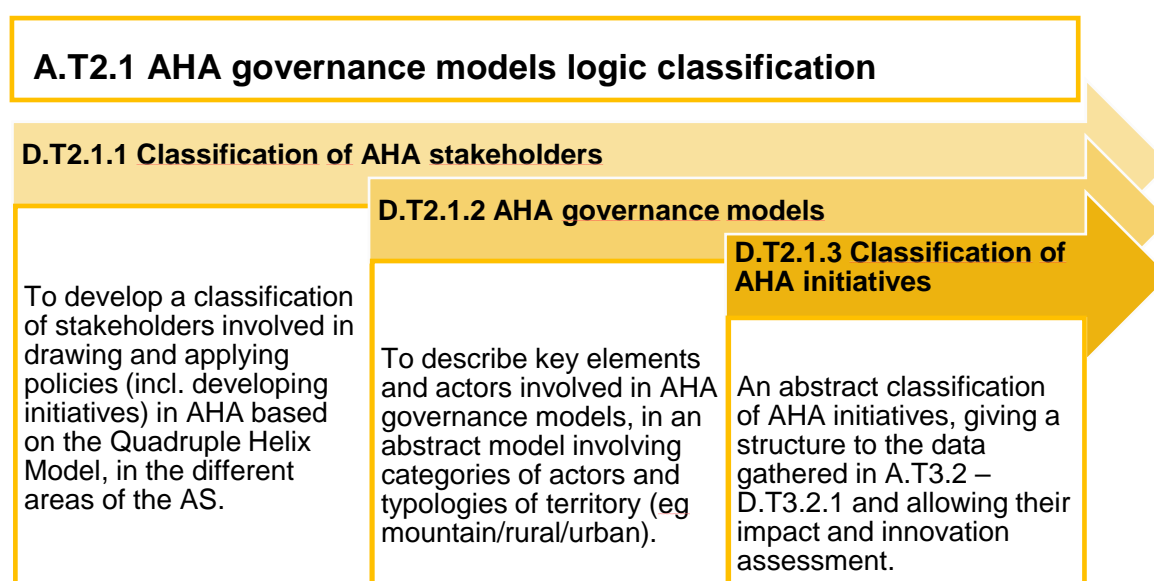
As depicted in Figure 1 above, the overall aim of WP2 was to provide tools and methods for the ASTAHG project to bridge the gap between AHA governance and AHA innovations and to enable efficient AHA decision making in the AS. WP2 thereby aimed at supporting activities both in the context of implementing a Transnational



Governance Board (WP1) as well as activities in WP3, which gathers data and information on AHA initiatives and governance models in the AS. Whilst deliverables D.T2.1.1 (AHA stakeholder classification) and D.T2.1.2 (AHA governance models) play a particular important role in the conceptualisation, design, and composition of the TGB by contributing both theoretical models and structuring the space of relevant stakeholders in accordance with the Quadruple Helix Model (Carayannis & Campbell, 2009), they also provide tools for WP3 to collect context specific data on relevant AHA actors and governance models prevalent in the AS region. Deliverable D.T2.1.3 (classification of AHA initiatives), on the other hand, is more concerned with developing a tool to gather information on policies, initiatives and innovations which aim at improving AHA in the AS. This tool, in turn, provides a framework for WP3 to collect and analyse relevant information from each project region, and helps structuring the evidence on cross-sectorial AHA policies, initiatives, and innovations which may have the potential to:

- support AHA of the population in the respective project regions
- improve the sustainability of social, health and care systems, as well as other areas of public service provision, and
- contribute towards the competitiveness of local economies by encouraging innovation for AHA in the AS.

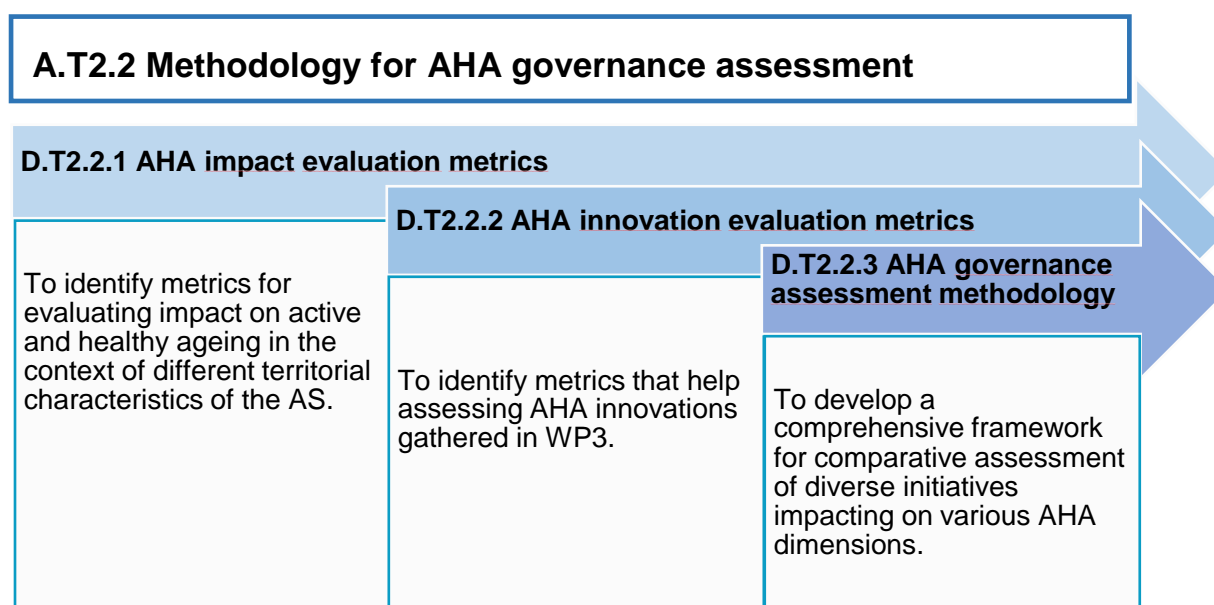
Figure 2: Deliverables in Activity T2.1 - AHA governance logic classification



Source: Own drawing based on ASTAHG (2018).

Activities in A.T2.2 (Methodology for AHA governance assessment, Figure 3), were concerned with developing tools and methods for efficient cross-sectorial AHA decision making in the AS. In this context, Deliverable D.T2.2.1 (AHA impact evaluation metrics) gathered indicators that may help quantifying the impact of AHA policies, initiatives and innovations on various dimensions of AHA with the aim to support decision makers identifying promising AHA interventions in their respective contexts. To better understand the innovative character of AHA policies, initiatives and innovations, deliverable D.T2.2.2 further proposes how to identify innovation evaluation metrics from the long list of indicators gathered in Deliverable D.T2.2.1, whilst both deliverables ultimately fed into the development of an AHA governance assessment methodology (deliverable D.T2.2.3). The latter is based on the concept of multicriteria decision analysis (MCDA) and helps decision makers in prioritising amongst policy alternatives that may all lead to various favourable effects across relevant sectors but generally compete for limited resources. The three deliverables also form the basis for data collection and analysis in WP3, with the ultimate aim to identify and monitor innovation in AHA in the AS through the development of an AHA innovation observatory.

Figure 3: Deliverables in Activity T2.2 - Methodology for AHA governance assessment



Source: Own drawing based on ASTAHG (2018).



5 RESULTS OF ACTIVITY A.T2.1 - AHA GOVERNANCE MODELS LOGIC CLASSIFICATION

Activity A.T2.1 summarizes the work carried out to classify AHA stakeholders, to develop an AHA governance model, and to create a tool for the identification of initiatives and innovations for AHA in the AS project regions.

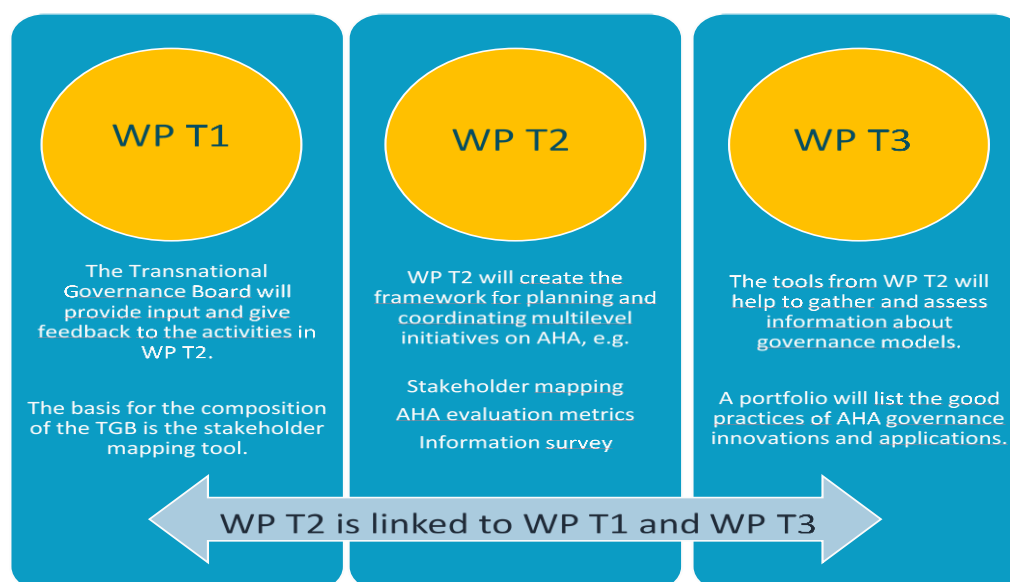
5.1 D.T2.1.1 – AHA STAKEHOLDER CLASSIFICATION

Report D.T2.1.1 describes the development and design of the AHA stakeholder classification tool and its pilot testing before wider roll-out. The stakeholder classification, which is inherently based on the Quadruple Helix approach (Carayannis & Campbell, 2009; ASTAHG, 2018), is also a prerequisite for WPs 1 and 3 to identify and engage with actors:

- across various sectors involved in AHA policies (such as health, long term care, social services, transport and mobility or culture and tourism),
- on different levels of decision making, both vertically (local, regional, national), and horizontally (e.g. planning, implementation, monitoring & evaluation),
- in different project regions, and
- representing not just public authorities, but also academia, industry and civil society in a balanced fashion.

This stakeholder classification serves various purposes within the project. Besides mapping the field of relevant actors in respective project regions, it helps identifying suitable TGB members and determining an appropriate composition of the TGB. The stakeholder classification provides links to potential partners for interviews and data collection in other project activities, as well as potential participants of local ASTAHG events; and not least, it helps ASTAHG to engage with a wider AHA audience in the AS. The relationship between WPs 1-3 with respect to the AHA stakeholder classification is depicted in Figure 4.

Figure 4: Links between work packages in terms of stakeholder classification



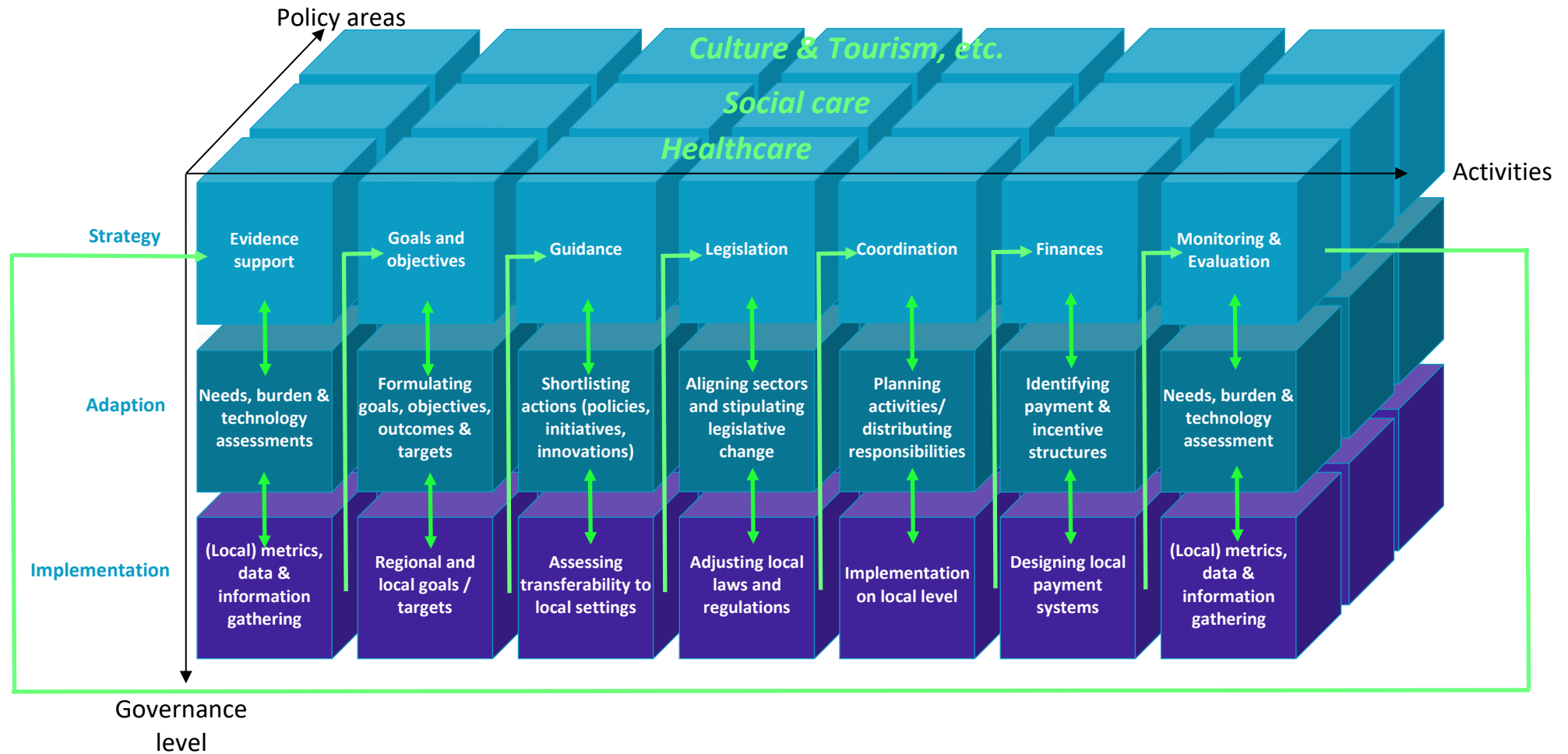
Source: Own drawing based on ASTAHG (2018).

5.2 D.T2.1.2 – AHA GOVERNANCE MODELS

Deliverable D.T2.1.2 describes a model for the governance of AHA in the AS. The aim of the model is to strengthen coordination, to support innovation in active ageing and to improve the overall effectiveness and efficiency of AHA governance in the AS. The governance model should further raise awareness for the necessity and potential of intersectoral, interregional and transnational synergies achieved through cooperation in AHA governance.

The AHA governance model for the AS proposed in D.T2.1.2 includes three levels of governance which interact across seven governance activities and a theoretically unlimited range of policy areas (Figure 5). The model further specifies how AHA governance activities should be distributed horizontally and vertically within a governance structure, and Deliverable D.2.1.2 also outlines how the described activities are assigned across the Transnational Governance Board (TGB), the Thematic Working Groups (TWGs) as well as local and regional public authorities and stakeholders.

Figure 5: ASTAHG - AHA Governance Model



Source: Own drawing based on synthesis of AHA governance models desk review (Deliverable D.T2.1.2)



5.3 D.T2.1.3 – AHA INFORMATION SURVEY

Deliverable D.T2.1.3 summarizes the work carried out to classify AHA policies, initiatives and innovations in order to

- *help AS regional governments in implementing and monitoring their AHA policies,*
- *help ‘local governments in identifying the most suitable initiatives for their territorial context’, and*
- *support ‘establishing an AHA innovation observatory, classifying initiatives and solutions with context and efficacy indicators’ (ASTAHG, 2018, p.1)*

The aim of D.T2.1.3 was to develop a tool, the *AHA information survey*, which helps identifying and describing available and promising AHA policies, initiatives and innovations, and to gather and analyse available information, including (but not limited to)

- the problem(s) that the policy, initiative or innovation aims to address;
- the (potential) target group(s);
- the geographic context in which it has been implemented;
- information on costs and outcomes (intended and unintended); as well as
- recommendations to enhance implementation of AHA policies, initiatives and innovations elsewhere (ASTAHG, 2018, p.24)

In addition to the above, the AHA information survey can also be used to collect complementary information on AHA stakeholders, AHA governance models, innovation and impact evaluation metrics, as well as ties to reported initiatives to international networks concerned with AHA.

The AHA information survey has been used in the context of WP3, in particular Deliverables D.T3.2.1 (Initiatives on AHA in the AS) and D.T3.2.2 (Assessment of innovation for AHA in the AS) and to develop an AHA innovation observatory which aims to *‘support transferring initiatives and help public/private actors understand the feasibility of initiatives in their own territory.’* (ASTAHG, 2018, p.24)

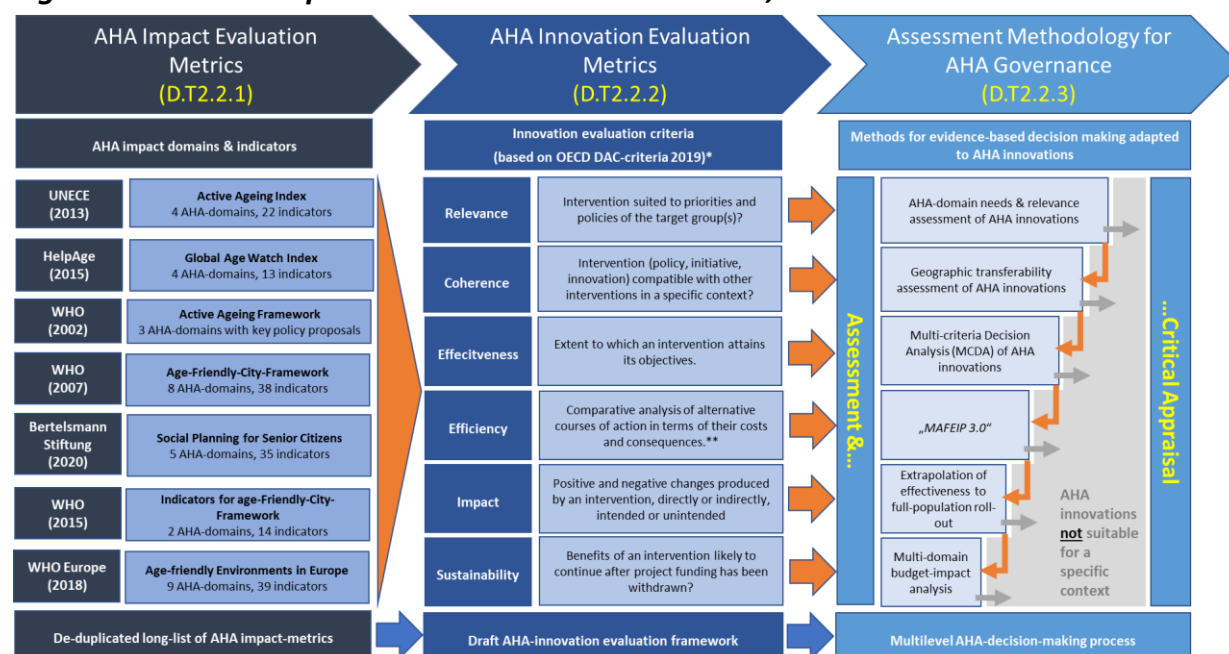
6 RESULTS OF ACTIVITY A.T2.2 - METHODOLOGY FOR AHA GOVERNANCE ASSESSMENT

Activity A.T2.2 summarizes the work carried out to identify and classify AHA impact evaluation metrics, innovation evaluation metrics, and methods for multicriteria decision making in order to:

- Provide a long list of potential indicators that may be relevant for multi criteria decision analysis of AHA innovations (D.T2.2.1);
- assess the outcomes of various cross-sectorial AHA policies, initiatives and innovations with multiple and diverse effects on their respective target groups (D.T2.2.2);
- develop a comprehensive governance assessment framework to inform cross-sectorial decision making for AHA innovation (D.T2.2.3)

The relationship between the three deliverables of A.T2.2 is depicted in Figure 6 below.

Figure 6: Relationship between deliverables D.T2.2.1, D.T2.2.2 and D.T2.2.3



Sources: Own drawing based on OECD 2002 & OECD 2019. **Drummond et al., 2005.

Whilst evidence-based decision making is a well-established process in some areas of public policy making (such as healthcare), there is still ambiguity as to how to prioritise innovations which are competing for limited public resources across traditional silos of



governance, especially when innovations are likely to yield diverse (and sometimes perhaps even conflicting) outcomes. Nevertheless, it is important for AHA-stakeholders to engage in a transparent process so to identify innovations that provide not just good value for money, but are also tailored to the needs and preferences of the population in their respective target settings. This requires development of a comprehensive governance assessment methodology that rests on the principles of multi criteria decision analysis (MCDA).

6.1 D.T2.2.1 – AHA IMPACT EVALUATION METRICS

Deliverable D.T2.2.1 should be regarded as the first of three pillars upon which the ASTAHG governance assessment methodology is based (Figure 6). An important step towards such a governance assessment framework is to identify relevant AHA indicators and domains along which multiple, diverse and sometimes perhaps even conflicting outcomes of AHA innovations can be measured. There is a growing body of literature on tools and methods to assess the status quo and/or improvement of AHA in different geographical contexts, and various policy frameworks have been developed with the aim to operationalise the multidimensional concept of AHA through measurable indicators. This body of literature provided the starting point for a pragmatic review exercise with the aim to identify, de-duplicate, and categorise potentially relevant AHA indicators and to provide a long list of impact evaluation metrics to feed into the ASTAHG governance assessment methodology.

Hence, Deliverable D.2.2.1 provides methods to identify, categorise and prioritise domains and indicators for AHA based on a pragmatic desk review of existing multidimensional AHA policy frameworks, tools, and methods. It further provides a description of existing policy frameworks and a synthesis of identified AHA-domains and indicators within a long list of potential AHA impact evaluation metrics. Finally, D.T2.2.1 provides a brief summary on how impact evaluation metrics feed into the overall ASTAHG governance assessment methodology, and how Deliverables D.T2.2.2 (AHA innovation evaluation metrics) and Deliverable D.T2.2.3 (AHA governance assessment methodology) build upon the work conducted in the context of D.T2.2.1



6.2 D.T2.2.2 – AHA INNOVATION EVALUATION METRICS

Deliverable D.T2.2.2 summarizes the work carried out to gather and classify AHA innovation evaluation metrics from the long list of indicators identified in Deliverable D.T2.2.1 for assessing how various cross-sectorial AHA policies, initiatives and innovations may be suited:

- to address the needs of their respective target populations (relevance);
- to fit into the target context, with existing policies, initiatives and / or innovations (coherence);
- to achieve their objectives, and to which extend they do so (effectiveness),
- to provide good value for money, i.e. how they compare to existing interventions in terms of their cost and consequences (efficiency),
- to assess the greater impact of cross-sectorial AHA innovations (impact), and
- to evaluate cross-sectorial financial impact (sustainability)

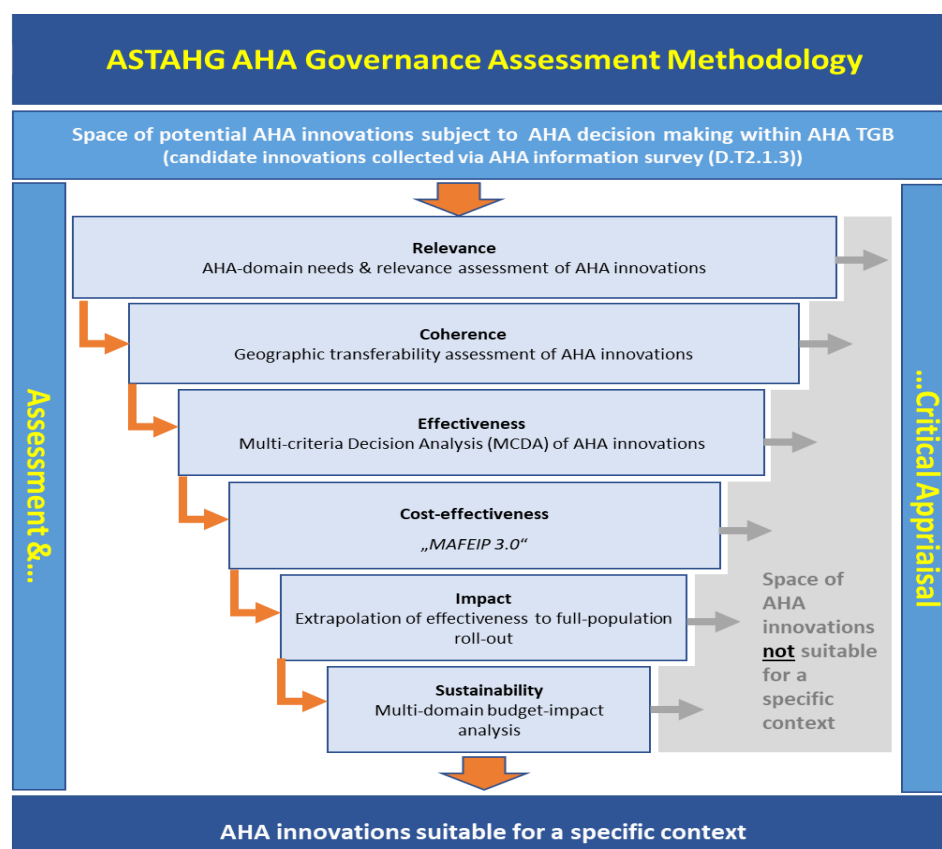
Both deliverables (D.T2.2.1 and D.T2.2.2) feed into the development of an AHA governance assessment methodology (D.T2.2.3), which, based on the principles of MCDA, aims to guide AHA decision makers in prioritising activities which transcend traditional silos of public policy making. Hence, Deliverable D.T2.2.2 builds a bridge between Deliverable D.T2.2.1 and Deliverable D.T2.2.3, by linking the proposed indicator long list (D.T2.2.1) with frameworks, theories of change and quality criteria to choose appropriate indicators, resulting in a comprehensive approach to AHA decision making, as laid out in the AHA governance assessment methodology (D.T2.2.3). It does so by introducing OECD DAC evaluation criteria (OECD 1992; OECD, 2002; OECD 2019) which provide a conceptual framework for AHA innovation assessment, which is at the core of Deliverable D.T2.2.3. The report further introduces theory-of-change modelling (TOC) of innovative interventions as context for indicator development and selection. It aims to provide local AHA stakeholders with a theoretical framework for choosing, from the long list of indicators presented in Deliverable D.T2.2.1, those that are particularly relevant for assessment purposes in their respective contexts. Finally, D.T2.2.2 proposes quality criteria for indicators so to prioritise metrics for AHA innovation evaluation. This provides further guidance on indicator selection by explaining desirable indicator properties for innovation evaluation, such as validity, reliability, timeliness, sensitivity to change etc. As part of

the AHA impact evaluation metrics, special attention is placed on quality criteria for developing AHA indicators and / or generic indicators that may be useful in the context of cross-sectorial decision-making.

6.3 D.T2.2.3 – AHA GOVERNANCE ASSESSMENT METHODOLOGY

Deliverable D.T2.2.3 describes the governance assessment process developed within the ASTAHG project as depicted in the third column of Figure 6. This process is based on a combination of AHA impact evaluation metrics and innovation assessment criteria. It attempts to provide a structured methodology to prioritise AHA innovations in a transparent manner, starting with an assessment of their relevance in a particular setting, and followed by an assessment of geographic transferability, effectiveness, cost-effectiveness, impact and sustainability (Figure 7).

Figure 7: ASTAHG AHA Governance Assessment Methodology at a glance



Source: Own drawing based on OECD DAC (2019)



At the beginning of this process, the decision problem should be defined, which includes identification of relevant stakeholders and potential AHA innovations (see also Deliverables D.T2.1.1 and D.T2.1.3), and respective innovations should then funnel through the governance assessment process, whilst each step functions as a filter for innovations that are not suitable for a specific context. Hence, at the end of the process, only the most beneficial innovations suitable for a specific context should remain in the basket, and decision makers can prioritise activities based on the evidence collected and critically appraised along the way.

Deliverable D.T2.2.3 reports on the methods used to develop the governance assessment methodology, explains this framework in detail, and suggests and presents methods to perform assessments of relevance, coherence, effectiveness, cost-effectiveness, impact and sustainability. It is not in the scope of D.T2.2.3, however, to provide specific tools for this matter. Instead, the report picks up on remaining gaps and challenges for the assessment and critical appraisal process for AHA innovations presented, and provides an account of the steps to be taken to put the governance assessment methodology into practice. These steps include the development of transparent tools and methods for the innovation assessment along each step of the governance assessment methodology, and most importantly, measures to build up capacities for evidence-based decision making for AHA on national, regional, and local levels.

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