



‘Scaling the integrated care for older people approach (ICOPE): Translating pilot learnings into national health policy and person-centred service delivery’

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At the midpoint of the United Nations Decade of Healthy Ageing (2021–2030) [1], it is imperative to critically assess our collective progress and learning to ensure that older people everywhere can live long, healthy, and dignified lives. This milestone also represents an opportunity to reflect on whether current health and care systems and services are adequately addressing the diverse needs and rights of older people and to take action where they are not.

The ageing process is accompanied by a progressive decline in biological homeostasis, resulting in loss of physical and mental capacities—referred as intrinsic capacity. This decline increases vulnerability to non-communicable diseases (NCDs) and can hinder older people from fully exercising their rights and pursuing their priorities. Addressing the complex and heterogeneous nature of ageing requires ensuring access to a continuum of integrated, person-centred care that evolves with individual needs. Achieving this demands coordinated action across both health and social sectors.

The World Health Organization’s Integrated Care for Older People approach (ICOPE) [2] is designed to meet this challenge by offering evidence-based interventions to address loss of intrinsic capacity and promote functional ability. Domains of intrinsic capacity are interconnected, so interventions often benefit multiple areas. For example, multimodal exercise can enhance locomotor capacity, cognition, and reduce depressive symptoms. Treating hearing loss can help prevent cognitive decline and social isolation. The ICOPE enables personalisation of care by actively engaging the older person (and their carer(s), where appropriate) in the design and implementation of the multidimensional integrated care. Social care and support are also critical part of care. It promotes multidisciplinary and multisectoral collaboration, allowing more coordinated and efficient delivery of evidence-based practices tailored to the person’s level of intrinsic capacity and functional ability. The ICOPE also encourages a shift toward primary health care that supports ageing in place, bringing services closer to where older people live.

Given the diversity of health systems and service delivery models

globally, it is essential that international framework be adapted to local priorities and resources. Growing evidence from the field demonstrates the adaptability [3–5], feasibility [6], effectiveness [7], and scalability [8,9] of the ICOPE across a wide range of contexts—including low- and middle-income countries. Existing care models, such as NCD clinics, community outreach programmes, and home care services, offer strategic entry points for integrating services that are critical to the health and well-being of older people. While assessment tools for measuring and monitoring intrinsic capacity may vary by context, prioritizing local relevance and sustainability over strict comparability is often necessary.

As emphasized in the 2nd edition of WHO ICOPE handbook [10] community stakeholders play a central role in the care of older people. Their contributions may range from raising awareness about healthy ageing and conducting basic assessments of intrinsic capacity, to providing lifestyle advice, promoting self-care, identifying social support needs, offering timely access to emergency services and support, and fostering age-friendly environments. Acting as a bridge between older people and health workers, community stakeholders must be adequately trained, supported, and integrated into health care systems.

Scaling integrated care requires coordinated action at the micro (clinical), *meso* (service), and macro (system) levels. Countries must identify context-specific, actionable steps to expand interventions that improve care for older people. Promising examples include:

- Inclusion of interventions to integrate care for older people into national Universal Health Coverage (UHC) packages (e.g., France, Indonesia)
- Implementation of locally tailored models of care (e.g., Cabo Verde, Kuwait, Mauritius, Mexico)
- Development of policies and strategies to ensure a continuum of care across settings—from prevention and promotion to treatment, rehabilitation, palliative care, and long-term care (e.g., Mongolia, Sri Lanka)

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- Capacity building of health and care workers on care for older people (e.g., Botswana, Cabo Verde, Iraq, Kuwait, Nepal, Qatar, United Arab Emirates)
- Engagement of community stakeholders, including older people's associations (e.g., Cambodia, Kenya, Singapore, Tanzania, Thailand, Vietnam)
- Measurement and monitoring of intrinsic capacity and integration into national health information systems (e.g., France, Qatar)

The implementation of the ICOPE often starts with small-scale pilot projects that test strategies and adapt the model to local contexts. These pilots generate valuable insights into scalable, equitable, and sustainable models of care for ageing populations. As more countries invest in improving care for older people, these experiences offer practical guidance for transforming systems to meet the needs of a growing and diverse older population.

CRediT authorship contribution statement

Yuka Sumi: Writing – review & editing, Writing – original draft, Conceptualization. **Matteo Cesari:** Writing – review & editing. **Ritu Sadana:** Writing – review & editing.

Declaration of competing interest



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