

Age-Friendly Cities: Seniors' Perceptions and Urban Barriers in Bucharest, Romania

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Abstract

The World Health Organization and the United Nations are increasingly recognizing the importance of promoting healthy and active ageing in society. Living environments should provide optimal life conditions for all age groups, removing barriers that may affect vulnerable groups. Age-friendly cities and communities (AFCC) are the WHO's solution to the world's increasingly ageing population. However, there are few studies exploring older people's perceptions regarding living conditions in Eastern European cities. The study aims to explore the perceptions and experiences of older people in large cities in Romania and to identify the main barriers that prevent these cities from being considered age-friendly. The study presents the qualitative findings of semi-structured interviews conducted with seniors in the case study city of Bucharest, the capital of Romania, where their challenges are multiple and varied. The analysis was conducted through the lens of the eight domains in which age-friendly cities are developing. The results highlighted both positive aspects and issues that older people frequently encounter, such as difficulties in communicating with authorities, adopting new technologies, or accessing healthcare services. The study contributes to improving urban agendas so that cities can offer a positive experience in later life.

Keywords

Age-Friendly Cities (AFC), Case Study, City Development, Elderly Urban Design, Older Adults Perceptions, Older People Participation, Urban Barriers

Introduction

Political decision-makers have been facing a dual challenge over the past 25 years: increasing urbanization and a marked population ageing. The world's population is increasing and is increasingly concentrated in major urban areas. It is estimated that between 2019 and 2030, the number of elderly people (those aged 60 and over) will increase by approximately 34%, reaching 1.4 billion. By 2050, their number will almost double to around 2.1 billion, and 80% of these seniors will live in less developed countries (World Health Organization [WHO], 2020b).

Moreover, there are regions, such as Europe, where the elderly population itself is aging. In this part of the world, most seniors have reached age 80, and they are expected to remain predominant until around 2030 (WHO, 2017).

To support countries worldwide in addressing the challenges of urbanization and population aging, in 2007, the WHO proposed the concept of "age-friendly cities" (AFC). This concept promotes active and healthy aging and supports urban development through eight key domains: 1. Housing; 2. Outdoor spaces and buildings; 3. Transportation; 4. Social participation; 5. Civic participation and employment; 6.

Respect and social inclusion; 7. Communication and information; 8. Community support and health services (WHO, 2007a, 2007b, 2023a). These domains are indicative and serve as a starting point for identifying age-friendly priorities at the local level (WHO, 2023a). The AFC initiative has been globally supported since 2010 by the Global Network for Age-friendly Cities and Communities (GNAFCC) (WHO, 2024) and has gained recognition among public authorities and in the academic community.

In Romania and other Central and Eastern European countries, although authorities are implementing initiatives to support the elderly, these initiatives are not officially framed within the Global Network for Age-friendly Cities and Communities (WHO, 2024). The absence of AFC initiatives in many countries in this part of the world (Romania, Croatia, Serbia, Bulgaria, Hungary, Montenegro, Slovakia, Czech Republic) does not necessarily reflect a lack of awareness of the challenges related to population aging, but rather that existing measures are not aligned with this international framework, which offers a standardized approach to the needs of older people. Furthermore, there is little research analyzing AFC initiatives in these countries holistically, which prevents a comprehensive and comparative analysis of AFC initiatives in the region and in Europe.

In the context of the increasingly acute phenomenon of population aging in Europe (WHO, 2017) and especially in less developed countries (WHO, 2020b), such as those in Eastern Europe, which have relatively similar socio-economic and cultural characteristics, this research aims to contribute to the international academic effort to support the process of age-friendly urban development in this part of the world.

The objective of this study is to identify the needs and expectations of the elderly in Romania (a member state of the European Union) regarding the urban environment in which they live, in order to improve their quality of life. To achieve this objective, the study investigates the perceptions and experiences of seniors in Bucharest, Romania's largest city, using a qualitative approach grounded in the concept of "age-friendly cities". The choice of Bucharest as a case study is relevant, as the city reflects the global trend of urbanization and attracts an increasing population, young and old alike.

Literature review

In 2015, Europe was the most aged WHO region, with a median age of 42 years, and approximately 71% of the population aged 65 and over (99 million) lived in predominantly urban areas. It is estimated that the proportion of elderly people in Europe's total population will continue to grow rapidly. By 2030, 30 countries will have over 20% of their population aged 65 or older, compared to just two countries (Germany and Italy) in 2010. Between 2000 and 2015, ageing was more pronounced in the cities of Eastern Europe (WHO, 2017).

In Europe, active and healthy aging has been a key priority since 2001, when AGE Platform Europe (AGE - <https://www.age-platform.eu/>) was established, Europe's largest network of non-governmental organizations advocating for the interests of older people. Through the agreement signed with WHO GNAFCC in 2010, AGE is actively promoting the creation of age-friendly environments across the European Union (EU).

In the field of AFC, the effort of the academic community has significantly increased in recent years, and is characterized by a multidisciplinary approach, involving researchers from various fields such as sociology, psychology, gerontology, public health, urban planning (Urrea-Uriarte et al., 2024), economics of aging (Ortar et al., 2023), and other related sciences.

In studies on old age (Bigonnesse & Chaudhury, 2020), the preference of seniors to spend their final years in a familiar environment and to remain in their own homes and communities for as long as possible is often discussed. Known as aging-in-place (WHO, 2007a, 2020a, 2023a), this preference is supported by the WHO's initiative for age-friendly cities and communities (AFCC). The AFCC focuses on creating environments that foster active (WHO, 2002) and healthy aging (WHO, 2020a, 2023b) and on finding solutions that allow seniors to maintain their functional ability (WHO, 2015), independence, and control over their living environment and to remain in their own homes for as long as possible.

Although research in the AFC field has made valuable contributions to understanding the diversity of older people and identifying new age-friendly strategies, it covers very little about Romania (Ivan et al., 2020, 2024), leaving many aspects to be investigated in this continuously evolving field.

Taking a case-study approach - in this case, Bucharest, a large city and capital in Europe - this research seeks to contribute to urban planning models in the age-friendly city context, as Jane Jacobs (1961) contributed through her case studies to the development of urban planning theory. The study uses semi-structured interviews to gain an in-depth understanding of older people's perceptions and experiences of the urban environment in which they live and the difficulties they face in their daily lives.

Bucharest, Romania (Context of the case study)

Romania falls within the global pattern of population aging, with the number of people aged 65 and over expected to triple in the next 30 years (Ivan et al., 2024). From this perspective, Romania shares socio-economic and cultural characteristics with other countries in the region that have experienced communist regimes. On the other hand, it aligns its strategies with those of other EU member states, reflecting in some respects similarities with the more developed countries of Central and Western Europe. In this context, Romania provides an ideal framework for analyzing the adaptation of urban policies and infrastructure to an ageing European population.

Bucharest is the capital of Romania and the most important political, economic, financial-banking, cultural-scientific, and educational center of the country. With over 2 million inhabitants, it ranks among the largest capitals in the European Union in terms of population. The city is divided into six autonomous administrative sectors, each with its own mayoralties, and is centrally governed by the General City Hall of the capital. This administrative diversity generates differences between sectors regarding the conditions and services provided. It allows for the study of various contexts within the same city, making Bucharest an even more relevant subject for research.

Methodology

This article presents qualitative research, based on the case study method, which allows for a deep understanding of complex, multifaceted phenomena such as age-friendly cities. The research objective is to explore how elderly individuals living in Bucharest perceive the eight domains of age-friendly cities and to identify the main barriers that prevent the city from being considered age-friendly.

The research questions addressed by the study are:

RQ1: How do older adults in Bucharest relate to the eight areas on which age-friendly cities are developing?

RQ2: What are the main barriers perceived by the elderly living in Bucharest that prevent the city from being considered age-friendly?

The city of Bucharest, the capital of Romania, was chosen as the unit of analysis for this case study. The eight dimensions of age-friendly cities (WHO, 2007a, 2007b, 2023a) were simultaneously explored. The investigation combined semi-structured interviews with elements of direct observation. A dedicated interview guide was developed for this investigation, based on two WHO documents: Global Age-Friendly Cities: A Guide (2007a) and Checklist of Essential Features of Age-Friendly Cities (2007b). A sociodemographic variables questionnaire was developed to complement the interview guide.

The participant recruitment method used convenience sampling. The inclusion criteria for participation in the study were the following: (i) to be a resident of Bucharest; (ii) to be 60 years of age or older; (iii) to have the physical and mental capacity to communicate coherently in Romanian.

The investigation was conducted over seven months, from December 2023 to June 2024. The interviews were conducted face-to-face with a convenience sample of 20 seniors from Bucharest, men and women alike, who met the age criterion (60 years or older) (Table 1). The calculated minimum sample size was 12 individuals, but this increased to 20 when a certain degree of discussion saturation was reached. The discussions lasted on average 1.5 hours, ranging from 30 minutes to 3.5 hours, with some participants eager to share various aspects of their lives. After the interviews were completed, seniors were administered a background questionnaire that provided additional information about their social profile. This study was conducted in accordance with the ethical and confidentiality standards of sociological research.

Table 1. Matrix of selection axes for interviews

Gender	Age groups		
	60-65 years*	66-75 years	over 76 years
Female	2	2	2
Male	2	2	2

* Standard retirement age was 63 for women and 65 for men during the study (<https://cpmb.ro/prestatii/pensia-pentru-limita-de-varsta/>)

The chosen sample manages to reflect the diversity in perspectives and experiences of senior life in Bucharest. It includes both men and women (13 women and 7 men). Interview participants ranged in age from 61 to 83 years, with an average age of about 70 years. A minimum of two representatives of each gender (male and female) was

ensured for each of the following age categories: 60-64 years (2F, 2M), 65-74 years (8F, 3M), and 75 years and over (3F, 2M). Over half of the participants were married or in a stable relationship (n=11), and the rest were either widowed (n=7) or divorced (n=2). All 20 seniors are (co-)owners of a dwelling in Bucharest. Six live alone, and the other 14 live with a partner (n=11) or with a younger family member (n=3). The sample includes one person with lower secondary school, 13 individuals with high school or vocational schools in various fields (mechanics, gastronomy, driving, massage, weaving), and six seniors with university or postgraduate degrees.

Results and discussion

The study aimed to understand, from an age-friendly cities perspective, how various aspects of Bucharest's urban environment are perceived by its senior residents and the main obstacles to be overcome to transform Bucharest into an age-friendly city. The WHO indicators on age-friendly cities (WHO, 2007a, 2007b) served as benchmarks in interpreting the data and obtaining the results.

The interviews revealed that seniors' housing generally meets their needs and expectations. For most respondents, their dwelling provides the necessary comfort, having basic utilities such as electricity, water, gas, and enough shops nearby for fulfilling daily shopping. Some respondents feel "lucky" or "privileged" due to the location of their residence in relation to stores, public transport, or parks. "I have both shops and a station nearby, and everything you want", states Ms. Happy (70 years old). According to Ms. Melinda (68 years old), there are elevator repair and maintenance services available locally, ensuring their optimal functioning: "We also have a paid person who, the minute it broke down, immediately came."

Although general living conditions are favorable for seniors, a few inconveniences can be observed throughout the city: some buildings lack ramps, and four-story apartment blocks do not have elevators by design. Additionally, some elderly people face difficulties due to the small size of their living space: in her studio apartment, Ms. Birdy (61 years old) feels she has "no air," while Ms. Randa (83 years old), who moved to Bucharest a few years ago, has given up many valuable things for lack of space. To compensate for the inconveniences of Bucharest life (pollution, crowdedness, small space, etc.), some seniors are juggling urban and countryside life. Five respondents own a second home in a rural area, often using it as an alternative to their residence in Bucharest.

The results of the study show, however, that there are also extreme situations in which living conditions are unfavorable not only for the elderly, but for other population categories as well. Thus, Ms. Birdy (61 years old) is completely dissatisfied with her living situation and "can't wait to move to the countryside": she has no gas, and the garbage collection points are inadequate. "They promised us they would install gas. They broke our (*house*) walls and left us without gas. The city hall promised us! In writing, yes! And we signed. The other buildings have gas... because something was wrong with the project," says Ms. Birdy.

Ms. Amy (72 years old), who is the administrator of a block of flats in another sector of the capital, also talks about the authorities' unfulfilled promises and about the uneven

(biased) development of the city: "They made us submit four project files for rehabilitation. [...] Right on New Year's Eve, big chunks fell from the façade." Other study participants also expressed distrust in the authorities' response. When asked if he had considered reporting a dried tree at risk of falling to the city hall, Mr. Bubu (73 years old) replied: "Basically, they don't respond! Seriously, I don't trust that they take it seriously (*the complaint*)."

Data analysis shows that seniors' relationship with local authorities is superficial, mainly limited to paying taxes. The majority of participants stated that they are not informed by the authorities at all. "We are not informed about anything. [...] You go to pay taxes, and that's where you find out how much you owe, from the machine (*SelfPay*)," states Ms. Happy (70 years old). We thus observe that the interaction between seniors and authorities is, in fact, reduced to a minimum possible and is characterized by poor communication in both directions, caused primarily by a lack of information and reaction from the authorities.

The situations mentioned above highlight problematic aspects in the relationship between local administrations and the elderly (including the population as a whole): (1) Non-compliance with promises made by authorities; (2) Lack of information for citizens; (3) Uneven and biased urban development; (4) Lack of responsiveness of authorities to residents' complaints; (5) Excessive bureaucracy.

Although seniors desire civic engagement, their actual civic participation remains limited, largely because authorities' attitudes towards citizens' needs erode people's motivation to get involved and seek change through formal channels. Seniors' civic participation is also restricted by some prohibitive legislative initiatives, such as legislation that prohibits people from intervening in the communal garden of their building, which is strictly the prerogative of the sector's city hall—"We're not allowed, they fine us! [...] There's even a written law for that, you know!" (Ms. Serena, 64 years old).

Referring to outdoor spaces, one respondent noted that the newly created parking spaces block access to the building's entrance, both for residents and rescue teams: "And at the entrance (*of the building*), they made parking spaces. [...] If someone comes in a wheelchair, you have to carry him! [...] If the ambulance comes..." (Ms. Birdy, 61 years old). Since ensuring access of emergency units is essential for the safety and life of citizens, the situation presented can be interpreted as a form of negligence by local authorities in the process of urban modernization regarding citizens' safety.

Other study participants highlight the authorities' negligence regarding cleaning services or the removal of dangerous trees. Thus, Ms. Amy (72 years old) mentions the constant presence of homeless people in the city center (Unirea Square), who, in the absence of toilets, use public areas for their physiological needs: "I don't like the Unirea area at all, for two reasons. The fact that drug addicts still sleep on those benches. And it smells of urine around where they..." This phenomenon reduces the perception of safety and comfort in public spaces and indicates both a problem with the maintenance of outdoor areas and the poor management of the situation concerning homeless individuals.

In conclusion, the issue of outdoor spaces in Bucharest is complex, highlighting several barriers: (1) Negligent reconfiguration of public spaces; (2) Insufficient maintenance of public areas; (3) Poor management of certain social issues; (4) Prohibitive legislation that limits citizens' civic participation; (5) Lack of consultation and involvement of citizens by the authorities.

From a digitization perspective, some seniors (especially those who have long been out of the labor field) face difficulties adapting to modern payment solutions (online, SelfPay). While Ms. Happy (70 years old) decided to take a risk by paying through a self-service payment terminal: "If I lose, I lose.", other seniors completely avoid these technologies, preferring to let their children handle the payments: "I don't go to these machines because I'm afraid I might make a mistake, and my children are making the payments." (Ms. Dory, 69 years old). Some seniors have remained loyal to cash payments, with some not even having a bank card. More "courageous" seniors, like Ms. Happy, instead appreciate the benefits of modern payment solutions that "save you from unnecessary trips." Although some seniors have fully adapted to new technologies, they rarely shop online. At the opposite pole, the use of search engines is problematic among older seniors, who prefer to request information from other family members: "I have a sister... who goes on the internet and immediately finds out what can be seen. [...] I don't use the internet, because I don't know how." (Ms. Randa, 83 years old). However, instant messaging apps, especially WhatsApp, are used by almost all seniors who own smartphones.

In the context of digitizing public services, we identify the following barriers: (1) The absence of a communication strategy to seniors regarding the use of online public services; (2) Lack of assistance for using modern services introduced by authorities; (3) Failure to adapt digitalized public services to the digital competences of older people; (4) Digital exclusion and marginalization of seniors in accessing certain public services involving technology.

Regarding transportation, retired seniors in Bucharest benefit from free access to surface public transport. However, they still have to pay for metro rides and private transportation services, such as taxis or ride-sharing, which some seniors perceive as expensive or prohibitive. Overall, the financial accessibility of transportation in Bucharest is only partial: free surface transport, but high costs for private individual transport services.

The comfort of public transportation is both praised and occasionally criticized by respondents, with discrepancies in the quality of vehicles. The new fleets of buses and trams are appreciated for their modern transport conditions (cleanliness, air conditioning, and foldable platforms for people with disabilities), while older vehicles are criticized and even avoided: "But on those trams... if I see an old one coming, I won't get on! I don't like the way it looks either; it doesn't seem to be that reliable, it seems noisier." (Ms. Athena, 66 years old).

Most respondents have easy access to public transportation, with bus, tram, trolleybus, or metro stations located near their homes, allowing them to move easily through the city. However, they also report dissatisfaction with surface public transport, citing long travel times or vehicles running irregularly and arriving late. The causes are both external to the transport companies (heavy traffic, adverse weather conditions, road

maintenance works) and internal (staff shortages, technical malfunctions, insufficient vehicles). The lack of predictability and the long waiting or travel times lead some seniors to prefer the metro, which is considered more punctual, even though it requires payment.

A recent transportation-related barrier is the temporary changes of vehicle routes, especially on weekends when various sports and cultural events take place. Interviews revealed that seniors already have limited information about surface public transportation routes, and these temporary changes create additional confusion and discomfort: "And they were diverted, because it was the marathon! And that bus took us around..." (Ms. Amy, 72 years old). Similar difficulties caused by route changes are experienced by other age groups, highlighting the inefficiency of the information system used by transport companies.

Seniors in Bucharest frequently socialize in public spaces, often interacting with strangers in places such as benches placed in front of apartment buildings, surface public transport stations, or small neighborhood shops. Another important form of socialization is joining senior organizations or passion-based communities (singing, painting, sewing, etc.), but the insufficient promotion of these may explain why only two respondents were involved in such organized groups. However, none of the respondents mentioned social and community assistance initiatives targeting seniors, even though these exist in both the public and private sectors. Seniors are probably unaware of their existence or do not consider them useful or trustworthy.

When they need support with household tasks or personal care, most seniors rely on help from family, particularly their children, but they also turn to outsiders, usually paid, when family members cannot provide enough support. Elderly people without children or with children at a distance tend to form closer relationships with a friend or one of their neighbors, who helps them in emergencies: "And I went to Ms. B. (*her neighbor*). She came with me... they helped me... in all my HARD moments!" (Ms. Amy, 72 years old, no children). However, some neighbors are renters and do not invest in relationships with their neighbors, which affects participation, social inclusion, and the support provided to seniors by the local community: "Half are renters, yes" (Ms. Kawai, 82 years old) "and they have no interest." (Ms. Birdy, 61 years old).

The situations mentioned above highlight several issues related to support and social assistance for seniors, respectively to institutional communication: (1) Poor promotion of public and private social assistance initiatives for the elderly; (2) Dependence of older adults on the help of their family or acquaintances, caused by the limited activity of formal support networks; (3) The state is not perceived as a reliable partner in old age; (4) Insufficient development of social support services for seniors. The fact that the old people can turn to family, neighbors, and acquaintances in times of need and emergency reflects the existence in the city of a certain social cohesion and community support that is developing at the micro level.

When asked about changes in social behavior as they age, most seniors claim that they feel just as respected or even more respected. "Whenever I get on the bus, there has never been a time when someone hasn't gotten up to give me their seat. There has never been a time!" says Ms. Kawai (82 years old), noting that offering a seat on public transport in Romania is considered a form of respect. However, after some insistence,

a few respondents recall embarrassing moments, caused by some young people in public spaces, but they attribute these more to rudeness than to a discriminatory attitude: "Every now and then, someone screws up." (Ms. Amy, 72 years old). The main barrier identified in this case is more the lack of education among some teenagers rather than a widespread phenomenon of ageism, and Romanian society as a whole seems to be rather protective of seniors than discriminatory. However, the small number of study participants does not allow for clear conclusions about the existence or intensity of the ageism phenomenon in Bucharest, but only suggests occasional stereotypical behaviors of some young people.

In Romania, there are two healthcare systems: (1) The public (or state) healthcare system, which offers elderly pensioners free access to certain medical investigations and procedures, discounts on drugs, and reimbursement for some medical devices; and (2) The private healthcare system, where the beneficiaries pay for most services. Seniors generally have a positive perception of the healthcare system in Romania, particularly appreciating the attending physicians (specialists, family doctors) and the younger generations of doctor, and private health insurance plans are considered a good alternative, especially for routine investigations and monitoring chronic diseases.

However, data analysis also highlights negative aspects of the healthcare sector: (1) The quality of medical care in the public healthcare system is often conditioned by the widespread practice of bribery, more frequently encountered among older doctors and secondary medical staff in hospitals (nurses, orderlies, caregivers); (2) High cost of some treatments and medicines not subsidized by the state, which can be prohibitive for some elderly people; (3) Lack of resources in public hospitals, forcing patients to pay for services that should be free; (4) Poor communication of medical staff with patients (Ms. Kawai learns in an unprofessional manner that she has cancer); (5) Long waiting times for state-subsidized investigations, which force sick seniors to pay if they cannot wait.

Conclusions

The study analyzes how older adults perceive the city of Bucharest in relation to the eight AFC domains. Overall, the city offers some facilities for seniors, such as free public surface transport, high accessibility to stores, and state-subsidized health services.

However, barriers to the city becoming age-friendly were also identified, including social barriers, communication issues with authorities, urban planning obstacles, financial challenges, legislative constraints, technological limitations, and barriers related to certain public services (healthcare, social assistance, etc.). Most of the barriers identified in this study apply to all Bucharest residents, highlighting systemic problems that influence access to services and resources for various social groups, not just seniors. The difficulties faced by the elderly population in Bucharest, such as adapting to new technologies, high costs of medications and medical services, or the lack of job opportunities for seniors, are problems frequently seen in cities around the world.

However, to fully understand which barriers are specific to local contexts and which are common to countries in Eastern Europe and the European Union, respectively, further investigation is needed. This distinction is important as it enables the development of effective integrated strategies and concerted policies at the European or regional level, leading to more inclusive and age-friendly urban environments.

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