Meeting Report

Informal Experts' Consultation on Ageing and Health in the Western Pacific Region

Manila, Philippines
9–10 April 2013
INFORMAL EXPERTS’ CONSULTATION ON AGEING AND HEALTH IN THE WESTERN PACIFIC REGION
9 - 10 April 2013, Manila, Philippines
REPORT

INFORMAL EXPERTS’ CONSULTATION ON AGEING AND HEALTH
IN THE WESTERN PACIFIC REGION

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NOTE

The views expressed in this report are those of the participants in the Informal Experts’ Consultation on Ageing and Health in the Western Pacific Region and do not necessarily reflect the policies of the World Health Organization.

KEY WORDS:

Healthy ageing, Older people, Health services, Health promotion, Life cycle, Framework for action
SUMMARY

Ageing is a key public health challenge confronting Member States in the Western Pacific Region. In almost every country, the population aged 60 years and over is growing faster than any other age group as a result of longer life expectancies and declining fertility rates. Strengthening health systems to provide older persons with seamless access to needed services is an emerging need in developed and developing countries.

The WHO Regional Office for the Western Pacific has been strengthening its response to ageing and health. In October 2013, the sixty-fourth session of the Regional Committee for the Western Pacific will discuss ageing and health as an agenda item and in a panel. In preparation, the following analytical work was commissioned to strengthen the evidence base:

(1) a comparative study of the health of older people in selected countries in the Region, through secondary analysis of existing survey data; and

(2) a review and analysis of policies related to ageing and health in selected countries in the Region.

These activities have informed the development of a draft regional framework for action on ageing and health, to be discussed at a meeting of Member States from 9 to 11 July 2013.

The Informal Experts’ Consultation on Ageing and Health for Western Pacific Region brought together 12 temporary advisers and 11 secretariat staff from 9 to 10 April 2013 in Manila to discuss preliminary findings of these analytical studies and obtain advice on next steps with regard to the draft regional framework for action on ageing and health. The objectives of the consultation were:

(1) to discuss preliminary findings and recommendations from ongoing analytical work on ageing and health in the Region; and

(2) to identify priority actions WHO could take in cooperation with Member States to address the health aspects of population ageing.

Discussions took place according to three main themes, reflecting the three products described above: the health situation of older people in the Western Pacific Region; policies on ageing and health in the Western Pacific Region; and a regional framework for action on ageing and health. Overall, participants welcomed efforts by the WHO Regional Office for the Western Pacific to take forward and strengthen the work on ageing and health, including the development of a regional framework for action on ageing and health. Participants made suggestions during the consultation on core themes and issues to be considered for inclusion in these products. Moreover, participants expressed their appreciation and support of WHO's efforts in this field. Going forward, participants are ready to provide ongoing input in finalizing the regional framework for action on ageing and health and collaborating with Member States on this agenda more broadly.
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Key words:

Ageing and health, older people, health promotion, healthy and active ageing, life-course, age-friendly health system, framework for action
1. INTRODUCTION

1.1 Background

Ageing is a key public health challenge confronting Member States in the Western Pacific Region of the World Health Organization (WHO). In almost every country, the population aged 60 years and over is growing faster than any other age group as a result of longer life expectancies and declining fertility rates. Strengthening health systems to provide older persons with seamless access to needed services is an emerging need in developed and developing countries.

Advancing health and well-being into old age is one of the three priority directions set forth in the Madrid International Plan of Action on Ageing, adopted in April 2002 at the second World Assembly on Ageing. In May 2012, the World Health Assembly requested the Director-General to support Member States on ageing by adopting Resolution WHA65.3 (Strengthening noncommunicable disease policies to promote active ageing).

The WHO Regional Office for the Western Pacific has been strengthening its response to ageing and health. In May 2011, it convened an informal experts’ consultation to advise on the Region’s work on population ageing. In April 2012, on World Health Day, the Regional Office undertook wider efforts to raise awareness on ageing and health, including by disseminating information and convening events at regional and country levels. In October 2013, the sixty-fourth session of the Regional Committee will discuss ageing and health. In preparation, the following analytical work was commissioned to strengthen the evidence base: (1) a comparative study of the health of older people in selected countries in the Region, through secondary analysis of existing survey datasets; and (2) a review and analysis of policies related to ageing and health in selected countries in the Region. These activities have informed the development of a draft regional framework for action on ageing and health, to be discussed at a meeting of Member States in July 2013.

An Informal Experts’ Consultation on Ageing and Health for the Western Pacific Region was held from 9 to 10 April 2013 in Manila, Philippines to present preliminary findings from the ongoing analytical work and to discuss their implications and recommendations for action. Twelve temporary advisers and 11 secretariat staff participated (see the list of participants in Annex 1). The informal experts' consultation included technical presentations and discussions. The timetable is attached as Annex 2.

1.2 Objectives

(1) To discuss preliminary findings and recommendations from ongoing analytical work on ageing and health in the Region.

(2) To identify priority actions WHO could take in cooperation with Member States to address the health aspects of population ageing.
2. PROCEEDINGS

2.1 Opening session

Dr Henk Bekedam, Director, Division for Health Sector Development, WHO Regional Office for the Western Pacific, opened the informal experts' consultation by welcoming participants on behalf of the Regional Director, Dr Shin Young-soo. He began by highlighting the growing need to address the issue of ageing and health. The proportion of people aged 60 years and over is growing faster than any other age group in the Region. In particular, low- and middle-income countries in the Region face a relatively narrow window of time to prepare for population ageing. WHO has been supporting governments as they prepare for population ageing in their countries. The Regional Office has been strengthening its work on ageing and health, leading to the development of a draft framework for action on ageing and health. Dr Bekedam requested participants to offer suggestions on how best to take forward this area of work in the Region. He noted the complexity of ageing and health, which requires coordination and partnerships across stakeholders and sectors. He concluded by stressing that the WHO Regional Office looked forward to advancing the work on ageing and health in collaboration with partners.

In her opening remarks, Dr Susan Mercado, Director, Division for Building Healthy Communities and Populations, WHO Regional Office for the Western Pacific, noted the importance of building healthy communities and populations for the objective of ensuring healthy ageing. She stressed the need to achieve this goal in a “healthy way”. The social context of health includes the role of family, community and society, which are particularly important for ageing and health. Dr Mercado noted that the ageing and health agenda requires strong partnership across stakeholders and sectors—for example, in addressing the health impact of rapid urbanization on the health of older people. WHO has an important leadership role in strengthening the capacity of the health sector to respond to population ageing. Ageing and health is an area that changes the traditional boundaries of the health sector and poses practical challenges in relation to implementing needed interventions. Dr Mercado concluded by stressing the need for concrete and practical guidance in stimulating rapid progress on the ageing and health agenda.

Following a round of introductions, Dr Ritu Sadana, Lead Specialist, Department for Ageing and Life Course, WHO Geneva, provided a global update on ageing and health. She highlighted the increasing proportion of older people globally (see Figure 1), as well as the speed of population ageing, especially in low- and middle-income countries. Taking action on ageing and health would require building on four key dimensions: (1) promoting good

![Figure 1.](image)
health and healthy behaviours at all ages (a “life course” approach); (2) equipping health systems to manage and minimize the consequences of chronic diseases; (3) creating physical and social environments that foster health and participation; and (4) reinventing ageing. These dimensions were highlighted on World Health Day 2012 and would also form the basis for a *World Report on Ageing and Health*, to be published in 2015.

Ms Anjana Bhushan, Technical Officer (Health in Development), Division for Health Sector Development, WHO Regional Office for the Western Pacific, provided a regional update on ageing and health. She described some of the ageing-related challenges and the varying stages of the demographic transition at which different countries in the Region find themselves. She said that the WHO Regional Office's response to ageing and health included organizing an Informal Experts' Consultation on Healthy Ageing in the Western Pacific Region in May 2011 as well as undertaking advocacy and raising awareness on "Ageing and health—good health adds life to years" for World Health Day 2012. To strengthen the evidence base, the Regional Office has undertaken analysis including: (1) a comparative study on the health of older people in selected countries in the Region (secondary analysis of existing datasets), and (2) a review and analysis of policies on ageing and health in selected countries in the Region. These formed the basis for development of a draft regional framework for action on ageing and health, to be discussed by Member States at the sixty-fourth session of the Regional Committee for the Western Pacific in October 2013. Ms Bhushan explained that the aim of the current informal experts' consultation was to discuss the preliminary findings and recommendations from ongoing analytical work and identify priority actions WHO could take in collaboration with Member States to address the health aspects of population ageing. She concluded by stressing that the input of participants would be vital.

In the discussions that followed, participants welcomed the efforts by the WHO Regional Office to strengthen this area of work. They stressed the need for strengthened political commitment, in light of the current and likely increasing importance of ageing and health for the Region. Participants felt strongly that effective action on ageing and health would also need to include new, positive ways of thinking about ageing. The political and economic influence of older people is significant and growing. They suggested adding a vision statement to the draft regional framework that characterized older people as a resource to society rather than a burden.

Participants also highlighted the potential for other broad policy agendas to serve as potential entry points for advancing the work on ageing and health, such as noncommunicable diseases (NCDs), universal health coverage, and the post-2015 development agenda. Poverty and other underlying social determinants of health were highlighted as critical issues for ageing and health. Participants welcomed efforts to
develop a draft regional framework for action, to provide guidance and stimulate broader partnerships and options for implementation.

2.2 Technical sessions

The technical sessions were devoted to discussing the following pieces of work undertaken by the WHO Regional Office for the Western Pacific:

1. a comparative study on the health status of older people;
2. a review and analysis of ageing and health policies; and
3. a draft framework for action on ageing and health.

Each session began with summaries of the work, followed by presentations from selected experts who provided comments and additional or complementary information. More extensive discussions among participants then followed. All presentations are available in Annex 3.

2.3.1 Health situation of older people in the Western Pacific Region

Dr Hai-Rim Shin, Team Leader, Noncommunicable Diseases and Health Promotion, WHO Regional Office for the Western Pacific, chaired the morning session on the health situation of older people in the Western Pacific Region. Dr Cherian Varghese, Senior Medical Officer, NCDs, WHO Regional Office for the Western Pacific, chaired the afternoon session.

Professor Julie Byles, Director, Research Centre for Gender, Health and Ageing, University of Newcastle, Australia, presented key findings and policy implications from the comparative study on the health of older people in selected countries in the Western Pacific Region. The purpose of the study was to analyse country- and age-specific population health data on selected countries for older people aged 60 years and above through secondary analysis of existing data, to inform policy development and implementation as well as further research on ageing and health. In addition to a summary report and comparative analysis, a series of factsheets on population ageing was produced for selected countries. Drafts of the report, the country fact sheets and related data tables were distributed as background documents to the informal experts' consultation.

Professor Byles summarized the health situation of older people, including population pyramids in selected countries (see Figure 3), age-standardized self-reported health of men and women, as well as age-standardized prevalence of smoking and arthritis. Data suggest that, while the populations in all countries in the Region are ageing, the speed of ageing is faster in low- and middle-income countries. The burden of disease,
particularly from NCDs such as cancer and diabetes, has increased and poses a significant economic burden for many countries. Some countries have very high levels of disability among older age groups (including substantial differences between men and women). Commenting on the "feminization of ageing", Professor Byles pointed out that while women in the Western Pacific Region live longer than men, they experience higher rates of morbidity and disability and are particularly vulnerable to poorer health outcomes, poverty and social isolation. Even though population ageing is a global trend, Professor Byles stressed the importance of recognizing the diversity of older people, as revealed in the analysis.

Dr Wang Limin, Acting Deputy Director, Department of Disease Surveillance, National Center for Chronic Non Communicable Diseases Control and Prevention, Chinese Center for Disease Control and Prevention, made a presentation on the health situation of and policies for older people in China. She described how ageing was accelerating in China, and presented findings from a survey of older people's self-reported health needs, including the prevalence of chronic disease and disability (see Figure 4). The presentation highlighted the close relevance of chronic and noncommunicable diseases for the agenda on ageing and health. Dr Wang underlined the growing demand for health services by older people in China, which would require strengthening of the health systems, including through appropriate health policies and other measures.

Dr Katsunori Kondo, Professor, Faculty of Social Welfare, Graduate School of Health and Social Services Management, Nihon Fukushi University, Japan, provided an overview of the health situation of older people in Japan, based on an analysis of data from the Japan Gerontological Evaluation Study (JAGES), one of Japan’s earliest population-based gerontological surveys, reaching more than 100,000 persons across 31 municipalities with a response rate of 66%. The survey focuses on social determinants of health, covering a range of indicators on physical and mental health (see Figure 5), socioeconomic status, and social and environmental factors. Dr Kondo also described the university’s collaboration with the WHO Centre for Health Development on JAGES HEART, an effort to integrate JAGES with Urban HEART (the Health Equity Assessment and Response Tool). JAGES HEART is being continuously revised and has fed into WHO’s efforts to develop indicators for age-friendly cities. Although some research challenges remain, the tool could potentially also help strengthen the
evidence base on ageing and health in other settings and countries.

In the discussions that followed, there was strong agreement that strengthening the evidence base on ageing and health to inform effective policy-making was a key priority. Participants highlighted the value of studies such as the WHO-commissioned comparative analysis on the health of older people. WHO has an important role in facilitating information sharing and supporting research and learning on ageing and health.

With regards to the content of the comparative analysis, participants suggested including social and mental health issues, including evidence on topics such as social isolation, depression and dementia. Several participants suggested including the issue of older people's expectations about health status, which are important but fluid, reflecting societal values and resources, such as the extent of availability of medicines and assistive devices. The availability and quality of health services in a given country are also relevant, since they vary substantially and could potentially distort a regional comparison of health data. Participants also noted the importance of NCDs and related co-morbidities in relation to the health of older people, which thus merits further analysis.

Participants felt that the planned country fact sheets will usefully stimulate policy-related discussions with Member States. Participants' recommendations included using the most up-to-date information available; incorporating policy implications in the comparative study report and country fact sheets; formulating key messages in policy-maker-friendly language; and moving beyond analysis to knowledge translation to informed policy-making.

Participants pointed out the various available sources and ongoing efforts by Member States to strengthen information on the health status of older people. Member States can learn from the examples of Japan and China as frontrunners. The group agreed strongly on the need to ensure appropriate disaggregation of data for effective policy-making. The lack of standardization of indicators across surveys and countries limits comparability and is a key priority for action.

2.3.2 Policies on ageing and health in the Western Pacific Region

Dr Gulin Gedik, Team Leader, Human Resources for Health, WHO Regional Office for the Western Pacific, chaired the first half of the session on policies on ageing and health in the Western Pacific Region. Dr Xu Ke, Team Leader, Health Care Financing, WHO Regional Office for the Western Pacific, facilitated the second half of the session.
Professor Soonman Kwon, Dean, School of Public Health, Seoul National University, Republic of Korea, provided an overview of the review and analysis of policies on ageing and health in selected countries in the Western Pacific Region. The study consisted of a desk review of documents for a broad set of countries in the Region as well as more in-depth analysis based on key informant interviews and document analysis during visits in four countries (China, Fiji, the Philippines and Viet Nam). He summarized key challenges of population ageing in relation to health, including the rising demand for health and long-term care, declining family support, and limited financial resources (see Figure 6). In this context, he presented findings from analysis on leadership and governance, health financing, service delivery and human resources for health. Although specifics vary substantially across countries, many countries have developed plans, policies and/or institutional arrangements on ageing and health issues. However, little information is available about their implementation. Low awareness and political commitment, limited information, lack of financial resources, weak institutional and human resource capacity, and limited coordination across ministries and programmes on ageing and health are key barriers to appropriate policy development and implementation, especially in low- and middle-income countries in the Region. Lack of awareness, political will and financial resources, including at the local level, often hamper the development of health financing arrangements to respond adequately to the health needs of older people. Similarly, service delivery systems have not yet reoriented themselves as needed. Countries will need to balance between prioritization of health care and long-term care, depending on their local context.

In conclusion, summarizing key policy recommendations emerging from the analysis, Professor Kwon highlighted the importance of political commitment to develop and implement appropriate policies on ageing and health and increasing awareness about ageing and health among policy-makers as well as the general public. Moving towards universal health coverage would require the development of sustainable and appropriate financing for services for older people. Particular attention would need to be paid to equity considerations so as to avoid widening disparities between urban and rural populations and higher and lower income groups. Professor Kwon concluded by commenting on the appropriate links between health care and long-term care, which cut across different elements of the health system, including service delivery and financing. Further research on health care and long-term care options for older people is needed given the rapid increase in the share of older people in the population.

Mr Eduardo Klien, Regional Director, East-Asia/Pacific Regional Development Centre, HelpAge International, gave a presentation on HelpAge International's work in the Region. He underlined the importance of empowering
people to age healthily rather than to merely live longer. HelpAge International's work encompasses three broad areas: (1) promoting spaces at community level for self-care, healthy ageing, knowledge and practice; (2) developing studies and research; and (3) supporting the development of comprehensive care strategies. Developing and supporting older people associations (OPAs) is a key activity in the first action area (see Figure 7). These groups comprise a key dimension of both civil society participation and older people's participation, both of which are crucial for the ageing and health agenda. OPAs' activities cover multiple areas, from women's participation and income security to health check-ups, home-care and self-care. OPAs have the potential to be a great resource for countries to address the needs of its older people. In the second action area, HelpAge International supports a number of studies to strengthen the evidence base on ageing and health. Examples include a participatory study on primary health care for older people in five Asian countries (Cambodia, India, Indonesia, Singapore and Viet Nam), which frames health throughout the life course as a human right. With respect to the third action area, Mr Klien highlighted the importance of promoting a continuum of care, given changing family and care dynamics in many countries of the Region. Models of volunteer- and community-based care (such as that carried out with the support of OPAs) hold promise for many countries in the Region. Mr Klien concluded by stressing important policy-relevant lessons that could be learnt from existing innovative practices across the Region.

Mr Srinivas Tata, Chief, Social Policy and Population Section, Social Development Division, the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), presented an overview of his organization's work in relation to ageing and health. UNESCAP serves as an intergovernmental platform to develop a regional response to population ageing, share knowledge and good practices in addressing its challenges, promote implementation of the Madrid International Plan of Action on Ageing (MIPAA) and explore the feasibility of a convention on the rights of older persons. UNESCAP provides technical assistance to Member States to design and implement policies and programmes and to review MIPAA implementation. The outcome document of the Asia-Pacific review of MIPAA implementation includes several health-related recommendations that can serve as inputs to the global MIPAA review as well as to the WHO draft regional framework for action. Population ageing and the health of older people are clearly a broad and complex topic, requiring coordination across sectors, agencies and levels of governance, as well as changes in behaviours and mindsets. Opportunities for collaboration include the NCD and post-2015 development agendas, efforts to draft a convention on the rights of older persons and growing partnerships with civil society, United Nations agencies and governments. Mr Tata highlighted the need for rights-based and evidence-based action, including advocacy, normative and operational initiatives and contextualizing efforts by countries' stages in the epidemiological transition and levels of development. He concluded by stressing the importance of an appropriate health systems response to
population ageing, in particular increasing access to needed health technologies and medicine as well as engaging a range of stakeholders.

In the discussions that ensued, participants welcomed the review of ageing and health policies in the Region and its emphasis on health systems. Several stated that appropriately strengthening health systems and policies is as important as improving the evidence base on the health of older people to inform policy-making. Numerous countries in the Region have developed laws, policies and programmes on ageing and health. Other countries can learn from these examples and good practices. Participants urged the inclusion of a strong focus on age-friendly health systems in the planned regional framework for action on ageing and health. Participants also recognized the review's focus on four of WHO’s six health systems building blocks and suggested extending the analysis to include the remaining two. Participants emphasized the need to analyse the breadth of existing policies in the Region, which offer a diverse set of options on ageing and health. Further analysis of these policy options and their implementation and effectiveness is needed.

On the scope of the review, participants suggested further analysis of certain “grey areas” in health systems, as a stronger basis for the development of the regional framework. For example, clearly differentiating the health and social components of care could strengthen the policy analysis as well as the regional framework for action.

Older people typically experience co-morbidities that many health systems are weakly equipped to handle. On service delivery, participants stressed the need to ensure a continuum of care for older people. This requires appropriate coordination and integration of care based on improved understanding of service delivery from the patients’ perspective, as well as from the supply side. Home- and self-care also need to be integrated into the care continuum. OPAs can potentially meet some of these care needs. Further attention is needed to explore community-based care models, given changing dynamics in families, which have traditionally performed this function.

On health workforce, participants noted the wide range of health professionals engaged in care, including clinical service providers, those working in health promotion and disease prevention, social care workers and informal careers. Changing demands for different types of health workers would require efforts to strengthen the competencies of all workers in meeting the health needs of older people, including at the primary care level. In addition, increased investment is needed in certain specialities relevant to the health needs of older people. This would require changes in health worker education in terms of technical specialities as well as competencies of health workers. Health worker migration needs attention, given the expected increase in demand for health workers.

On health financing, participants agreed that the policy review could highlight examples of effective health financing policies and practices, given the importance of this topic for population ageing. The potential involvement of the private sector is an area that deserves further analysis. Discussions also highlighted the policy links between financial accessibility of health care for older people and broader policy issues related to the retirement age, pensions and social security. In many countries, older people—especially those from low-income households—had little choice but to continue to work, often in the informal sector, due to limited social protection. Society
and the media often frame population ageing as a financial burden to society. Participants strongly supported re-imaging ageing as a success story and characterizing older people as a resource to society.

Participants agreed that medicines and health technologies had the potential to substantially improve older people's health and well-being. However, in transferring and appropriately adapting them, the availability, accessibility, affordability and quality of medicines and health technologies would need to be ensured.

2.3.3 Regional framework for action on ageing and health

Mr Sjoerd Postma, Team Leader, Health Services Development, WHO Regional Office for the Western Pacific, chaired the first half of the session on the regional framework for action on ageing and health. Ms Anjana Bhushan, Technical Officer (Health in Development), WHO Regional Office for the Western Pacific, facilitated the second half.

Professor AB Dey, Professor and Dean, Department of Geriatric Medicine, National Institute of Ageing, All India Institute of Medical Sciences, gave an overview of the draft regional framework for action on ageing and health. The objectives of the draft regional framework for action were (1) to promote a common understanding of ageing and health, (2) to address new challenges and set priorities on ageing and health; and (3) to strengthen WHO’s support on ageing and health in the Western Pacific Region. The framework would advocate for gender-responsive, equity-enhancing and human rights-based action on ageing and health. It would include three pillars of action, namely: promoting healthy ageing across the life course; promoting universal health coverage; and strengthening the evidence base.

Ms Yuki Murakami, Health Policy Analyst, Organization for Economic Cooperation and Development (OECD), presented an overview of OECD's work on ageing and health. Data from OECD, WHO and other partners show that health care costs consume more than 60% of older people's disposable income, including for those from households in the higher income deciles. She highlighted the complexities and costs of caring for older people, and the need to coordinate both the health and social components of “care”. Long-term care is meant for those who need assistance on a continuing basis due to chronic impairments and reduced independence in carrying out activities of daily living. Different types of long-term care models are available in the Region and beyond (see Figure 8). Care for older people, especially long-term care, is a complex issue, requiring substantial coordination and collaboration across sectors. All OECD countries need appropriate policies and arrangements to provide formal long-term care services, even though family and other types of informal care remain
traditional backbones. It also has important implications for health systems elements, such as the health workforce.

Dr Megumi Kano, Technical Officer, WHO Centre for Health Development, presented an overview of the centre's work. The centre has worked extensively on urban health, including development of the Urban Health Equity Assessment and Response Tool (Urban HEART), to enable local and national officials to identify health inequities and identify appropriate actions to reduce them. The centre's work on metrics for ageing and health equity includes exploratory analyses of intra-urban health inequalities by socioeconomic status among older people in Japan. With the Centre for Well-being and Society at Nihon Fukushi University in Nagoya, Japan, the WHO Centre for Health Development has developed benchmarks to align JAGES with Urban HEART. The centre has also led the development of indicators for age-friendly cities. Innovation for healthy ageing is a new area of focus. A Consultation on Advancing Technological Innovation for Older Populations in Asia, held in February 2013, considered the role of medical and assistive devices in relation to ageing and health. A WHO Global Forum on Innovation for Healthy Ageing is planned for December 2013.

In the discussions that followed, participants welcomed the development of the regional framework for action on ageing and health. Participants supported the overall objectives and several suggested including a vision statement, emphasizing older people's experience, skills and wisdom as a resource to society, especially if they are enabled to retain their health and live in environments that promote their active participation. Participants also welcomed the framework's emphasis on the cross-cutting issues of gender, equity and human rights, including the participation of older people.

On the framework's structure and content, participants generally supported the proposed components as appropriate, especially the focus on promoting age-friendly health systems. WHO could play a valuable role in supporting Member States in this area. They suggested highlighting key health systems challenges with regard to ageing and outlining some suggested actions.

Participants also agreed that adequate data collection and knowledge translation are important inputs to inform appropriate policy development and action on ageing and health. The relevant section of the framework should highlight the current situation, potential challenges such as the lack of standardization, and suggested actions.

Participants suggested dealing with “promoting healthy ageing across the life course”, in two sections: the first on ageing and health across sectors, stressing the importance of fostering age-friendly environments and the leadership role of the health sector to engage in multisectoral action on ageing and health; and the second on promoting healthy ageing across the life course, recognizing the need for policies and actions to reduce exposure to risk factors for NCDs.
Four pillars of action were proposed for the regional framework for action:

1. foster age-friendly environments through action across sectors;
2. promote healthy ageing across the life course and prevent functional decline and disease among older people;
3. promote universal health coverage through age-friendly health systems; and
4. strengthen the evidence base on ageing and health.

Participants agreed on the usefulness of including a section in the framework on implementation, offering suggestions on advocacy, political commitment and partnerships, and highlighting the importance of engaging with different stakeholders, including older people themselves.

2.3 Closing session

Dr Henk Bekedam concluded the consultation by warmly thanking the experts for their active participation. Their helpful advice would inform finalization of the regional framework for action on ageing and health. The framework would then be presented for further review and input from Member States at a meeting scheduled for July 2013. The final draft would be presented to the Regional Committee at its sixty-fourth session in October 2013. Its endorsement by the Regional Committee would strengthen political commitment and enable WHO to move forward on ageing and health. Dr Bekedam assured participants that WHO stood ready to advance this area of work, in collaboration with Member States and other partners, including the experts participating in this informal consultation.
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2. Secretariat

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Annex 1

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651-0073, Japan
Tel.: +81 78 230 3105; Fax: +8178 230 3178; E-mail: kanom@who.int
## ANNEX 2: Timetable

<table>
<thead>
<tr>
<th>Time</th>
<th>DAY 1 - Tuesday, 9 April 2013</th>
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<tbody>
<tr>
<td>8:00</td>
<td>Registration</td>
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<tr>
<td>08:30-10:00</td>
<td>Opening session</td>
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<td>Opening remarks:</td>
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<tr>
<td></td>
<td>Dr Henk Bekedam, Director (Health Sector Development)</td>
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<td>Dr Susy Mercado, Director (Building Healthy Communities and Populations)</td>
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<td>Introduction of participants</td>
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<td><strong>Presentation:</strong> Global update on ageing and health (15’)</td>
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<tr>
<td></td>
<td>Dr Ritu Sadana, Lead Specialist (Ageing &amp; Life Course), WHO Headquarters</td>
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<td><strong>Presentation:</strong> Regional update on ageing and health (15’)</td>
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<td></td>
<td>Ms Anjana Bhushan, Technical Officer (Health in Development)</td>
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<td>Group photo</td>
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<td>10:00</td>
<td>Break</td>
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<td>10:30-12:00</td>
<td>Session 1a: Health situation of older people in the Western Pacific Region</td>
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<td><strong>Facilitator:</strong> Dr Hai-Rim Shin, Team Leader (NCDs and Health Promotion)</td>
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<td><strong>Presentation:</strong> Health situation of older people in the Western Pacific Region – quantitative analysis (15’)</td>
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<td>Professor Julie Byles, Director, Research Centre for Gender, Health and Ageing, University of Newcastle (WHO CC), Australia</td>
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<td><strong>Presentation:</strong> Health situation of older people in China (10’)</td>
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<td>Dr Wang Limin, Director, Division of Disease Surveillance, Chronic Disease Control Center, China CDC, Beijing, China</td>
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<td><strong>Presentation:</strong> Health situation of older people in Japan (10’)</td>
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<td>Dr Katsunori Kondo, Professor, Faculty of Social Welfare, Graduate School of Health and Social Services Management, Nihon Fukushi University, Japan</td>
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<td>12:00</td>
<td>Lunch</td>
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<td>13:30-15:00</td>
<td>Session 1b: Health situation of older people in the Western Pacific Region</td>
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<td><strong>Facilitator:</strong> Dr Cherian Varghese, Senior Medical Officer (NCDs)</td>
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<td>Facilitated discussion based on guided questions:</td>
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<tr>
<td></td>
<td>1. What are the most important conclusions from the information presented?</td>
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<td>2. What further information needs to be collected [what are the gaps] to enable the development of appropriate policy or programmatic recommendations?</td>
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<td>3. What are the potential policy/programmatic options based on the report findings?</td>
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<td>15:00</td>
<td>Break</td>
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<tr>
<td>15:30-17:00</td>
<td>Session 2a: Policies on ageing and health in the Western Pacific Region</td>
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<td><strong>Facilitator:</strong> Dr Gulin Gedik, Team Leader (Human Resources for Health)</td>
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<td><strong>Presentation:</strong> Policies on ageing and health in the Western Pacific Region (15’)</td>
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<td>Professor Soonman Kwon, Dean, School of Public Health, Seoul National University, Republic of Korea</td>
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### DAY 2 - Wednesday, 10 April 2013

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>8:30-10:00</td>
<td><strong>Session 2b: Policies on ageing and health in the Western Pacific Region</strong></td>
<td><strong>Facilitator</strong>: Dr. Ke Xu, Team Leader (Health Care Financing)</td>
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<td><strong>Presentation</strong>: Comments and overview of work by HelpAge International (10’)</td>
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<td>Mr Eduardo Klien, Regional Representative, HelpAge International, East-Asia/Pacific Regional Development Centre, Thailand</td>
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<td><strong>Presentation</strong>: Comments and overview of work by UNESCAP (10’)</td>
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<td>Mr Srinivas Tata, Chief, Social Policy and Population Section, Social Development Division, UNESCAP, Thailand</td>
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<tr>
<td>10:00</td>
<td>Break</td>
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<tr>
<td>10:30-12:00</td>
<td><strong>Session 3a: Regional framework of action on ageing and health</strong></td>
<td><strong>Facilitator</strong>: Mr Sjoerd Postma, Team Leader (Health Services Development)</td>
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<td><strong>Presentation</strong>: Overview of the Draft Regional framework of action on ageing and health (15’)</td>
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<td>Professor A.B. Dey, Professor, Department of Medicine &amp; Nodal Officer, National Institute of Ageing, All India Institute of Medical Sciences, India</td>
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<td><strong>Presentation</strong>: Comments and overview of work by OECD (10’)</td>
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<td>Ms Yuki Murakami, Health Policy Analyst, OECD, France</td>
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<td><strong>Presentation</strong>: Comments and overview of work by the WHO Kobe Centre (10’)</td>
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<td></td>
<td>Dr Megumi Kano, Technical Officer, WHO Kobe Centre for Health Development, Japan</td>
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<tr>
<td>12:00</td>
<td>Lunch</td>
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<tr>
<td>13:30-15:00</td>
<td><strong>Session 3b: Regional framework for action on ageing and health</strong></td>
<td><strong>Facilitator</strong>: Ms Anjana Bhushan, Technical Officer (Health in Development)</td>
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<td><strong>Facilitated discussion based on guided questions</strong>:</td>
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<td>1. Does the draft framework adequately reflect the available evidence on ageing and health?</td>
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<td>2. How should the Regional framework for action be used in countries (—as an advocacy tool, helping to inform policy/programmatic options, mobilizing financing)? Does the draft fulfil those expectations?</td>
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<td>3. How can WHO support implementation in countries and monitor progress on the Regional Framework for action?</td>
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<td>15:00</td>
<td>Break</td>
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<tr>
<td>15:30-16:30</td>
<td><strong>Closing session: Way forward and next steps</strong></td>
<td><strong>Facilitator</strong>: Dr Henk Bekedam, Director, Health Sector Development</td>
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</tbody>
</table>
ANNEX 3: Presentations
Global Update on Ageing and Health
Informal Experts’ Consultation
9 - 10 April 2013
Manila

Dr Ritu Sadana, Lead Specialist
Dr John Beard, Director
Department of Ageing and Life Course
WHO Geneva

Proportion of Population Over Age 60, 2012

Proportion of Population Over Age 60, 2050

Pace of Ageing - Accelerated

Hypertension in people 50 plus - Untreated

Source: SAGE wave 1
2007 – 2010, n = 24,124
ANNEX 3: Presentations

3 Approaches to the Challenges of Population Ageing

- INACTION
- REACTION
- ACTION

INACTION

Pretend there is no demographic change and continue with current approaches

CONSEQUENCES
- More developed countries or sub areas
  - Increasing health and social protection costs with questionable benefit
  - Marginalisation of older adults and loss of human and social capital
- Less developed countries or sub areas
  - Increasing inequity, reduced productivity due to family burden

REACTION

Respond by addressing the symptom (e.g. current model yet with reduced health and social benefits)

CONSEQUENCES
- More developed countries
  - Initial fall in direct commitments, long term increase in indirect costs
- Less developed countries
  - Entrench unproductive systems (inefficient, inequitable, injust)

ACTION

Invest in sustainable health and social systems that liberate the human resource of older populations and enhance socioeconomic development, while also building social protection and responding to health needs.

Taking Action on Ageing and Health

- Promoting good health and healthy behaviours at all ages – life course approach
- Equipping health systems to minimize the consequences of chronic diseases
- Creating physical and social environments that foster health and participation
- Reinventing ageing

Linear Lifespan

Education  Work/Family  Leisure

Thanks to Ken Dychtwald
ANNEX 3: Presentations

Linear Lifeplan

- Age
- Education
- Work/Family
- Leisure

Thanks to Ken Dychtwald

Cyclic Lifeplan

- Age
- Education
- Work/Family
- Leisure

Thanks to Ken Dychtwald

TAKING ACTION

Health policy implications
- What can the health sector do?
- What can each health system function do?
- What can major public health programmes do?
- What can universal health coverage do?

Broader policy implications
- What can government do?
- What can civil society do?
- What can regional and global institutions do?
- What can be done together?

TAKING ACTION

What level of policy implication?

Policy implications: ageing and health

- Legislation can help protect from discrimination, ageism and social exclusion.
- Health policies should remove barriers to health care access and integrate social services.
- Labour market, education and family welfare policies should aim to sustain intergenerational solidarity.
- Interventions to maintain independence and social participation are needed at the individual and the community levels.

What sort of legislation?
How would they do this?
How would they do this?
What sort of interventions?

Implied questions
Annex 3: Presentations

General Programme of Work 2014-19

Ageing and health work 2014-2015

- Support countries to strengthen their own capacities and articulate their own policies
- Global report on ageing and health, leading to a global plan of action on ageing and health
- Model and measures for monitoring and quantifying the diverse health needs of older people and whether these needs are met
- WHO Global and Regional Networks of Age-friendly Cities and Communities strengthened

WHO global network of age-friendly cities and communities

Ageing and health work 2014-2015

- Technical guidelines on management of frailty, with a focus on low- and middle-income countries
- Policy options on long-term care – to maintain independence as long as possible, integrate health and social care, offer assistive devices and palliative care
- Policy options on workforce development – pre and in service training, not only for chronic diseases
- Policy options on the health of women across the life course beyond the reproductive age

Need a framework – WHO has some

Catalyzing action on ageing and health

- Knowledge generation with collaborators (data, analysis, research, guidelines, evidence synthesis) – global public goods
- Knowledge translation in countries (evidence-informed policy dialogues, identification and implementation of policy options, monitoring impact) – learning and accountability
- Strengthen expert and institutional networks and collaborations (channel expertise, evidence, experience for Member States) – increasing capacities
Ageing and health: updates from the Western Pacific Region

Anjana Bhushan, Technical Officer (Health in Development)
Informal Experts’ Consultation on Ageing and Health in the Western Pacific Region
Manila, Philippines 9-10 April 2013

Ageing-related challenges in the Region

1. Increasing disease burden: health promotion, prevention agenda
2. Weak health systems and services: need for age-friendly health systems
3. Social and economic impacts
4. Equity, gender, human rights issues
5. Inadequate evidence base

Varying demographic transitions

Source: United Nations Dept of Economic and Social Affairs, Population Division, World Population Prospects: The 2008 Revision

Top 10 causes of DALYs lost for men, 60-79 years, Western Pacific Region (2004)

Cardiovascular diseases: 30%
Malignant neoplasms: 15%
Respiratory diseases: 14%
Sense organ diseases: 16%
Neuropsychiatric conditions: 9%
Infectious and parasitic diseases: 3%
Digestive diseases: 3%
Unintentional injuries: 2%
Musculoskeletal diseases: 5%
Diabetes mellitus: 3%

Source: World Health Statistics, WHO
ANNEX 3: Presentations

Initiating a response

- Informal Experts’ Consultation on Healthy Ageing in the Western Pacific Region (05/11)

- World Health Day 2012: Ageing and health—good health adds life to years. Press release, RD’s op-ed, video statement; posters, stories; Video: What can you do to have a healthy old age? data and information sheet; webpages; events in RO, countries

- Ageing, gender and women’s health:
  - Module on Ageing, Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals
  - Women and Health in the Western Pacific Region: Remaining Challenges and New Opportunities—chapter on older women

2013 Regional Committee: ageing and health

Preparatory work ongoing:

- Review and analysis of policies on ageing and health in selected countries in the Region: led by School of Public Health, Seoul National University.

Analysis comprises:
  - desk review of policies from a larger number of countries
  - in-depth analysis for 4 countries (China, Fiji, Philippines, Viet Nam), based on country visits

Findings include policy implications, presented in policy brief format

2013 Regional Committee: preparations

- Comparative study on the health of older persons in selected countries in the Region (secondary analysis of existing datasets): led by Research Centre for Gender, Health and Ageing (WHO collaborating centre), Univ of Newcastle, Australia.

  - country fact sheets on ageing and health: broader range of countries
  - report on findings and recommendations from in-depth comparative analysis: smaller set of countries

- Systematic review on needs for assistive devices for older people in selected countries in the Western Pacific Region (WHO Geneva/WHO Kobe Centre)

- Draft regional framework of action on ageing and health
ANNEX 3: Presentations

Countries included in WHO/WPRO analytical work on ageing

<table>
<thead>
<tr>
<th>Country/Area</th>
<th>Comparative study</th>
<th>Policy study</th>
<th>Medical assistive devices mapping</th>
<th>Information sheets</th>
<th>In-depth survey</th>
<th>Data analysis</th>
<th>Desk review</th>
<th>In-depth analysis, country visits</th>
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<td>Singapore</td>
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<td>Solomon Islands</td>
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<td>Tokelau</td>
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<td>X</td>
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<td>Tonga</td>
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<td>Tuvalu</td>
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<td>Wallis and Futuna</td>
<td>X</td>
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</tr>
</tbody>
</table>

Key events 2013

- Informal Experts’ Consultation on Ageing and Health in the Western Pacific Region, 9-10 April 2013, Manila: to discuss findings from analytical work, draft framework of action
- Consultation on Ageing and Health in the Western Pacific Region, June 2013
- Regional Committee Meeting, 25-29 October 2013
- Follow-up country support

Informal Experts’ Consultation

Objectives:
1. to discuss preliminary findings and recommendations from ongoing analytical work on ageing and health in the Region
2. to identify priority actions WHO could take in cooperation with Member States to address the health aspects of population ageing

Your inputs are vital and much appreciated!

Thank you

http://www.wpro.who.int/topics/ageing/en/

Ageing and health: updates from the Western Pacific Region

Anjana Bhushan, Technical Officer (Health in Development)
Informal Experts’ Consultation on Ageing and Health in the Western Pacific Region
Manila, Philippines 9-10 April 2013

Ageing-related challenges in the Region

1. Increasing disease burden: health promotion, prevention agenda
2. Weak health systems and services: need for age-friendly health systems
3. Social and economic impacts
4. Equity, gender, human rights issues
5. Inadequate evidence base
ANNEX 3: Presentations

Varying demographic transitions

Percentage of Men and Women age 60 and over by Countries, WPRO, 2010


Time taken for population aged 60 years and above to double, selected countries, Western Pacific Region


Morbidity and disability in older people

Top 10 causes of DALYs lost for men, 60-79 years, Western Pacific Region (2004)

Top 10 causes of DALYs lost for women, 60-79 years, Western Pacific Region (2004)

Source: World Health Statistics, WHO

Labor force participation of population 65 years and above, selected countries, Western Pacific Region (2010)

Source: United Nations, Department of Economic and Social Affairs.

Initiating a response

- Informal Experts’ Consultation on Healthy Ageing in the Western Pacific Region (05/11)
- World Health Day 2012: Ageing and health—good health adds life to years. Press release, RD’s op-ed, video statement; posters, stories; Video: What can you do to have a healthy old age?; data and information sheet; webpages; events in RO, countries
- Ageing, gender and women’s health:
  - Module on Ageing, Integrating Poverty and Gender into Health Programmes: A Sourcebook for Health Professionals
  - Women and Health in the Western Pacific Region: Remaining Challenges and New Opportunities—chapter on older women
Preparatory work ongoing:

- Review and analysis of policies on ageing and health in selected countries in the Region: led by School of Public Health, Seoul National University.

  Analysis comprises:
  - desk review of policies from a larger number of countries
  - in-depth analysis for 4 countries (China, Fiji, Philippines, Viet Nam), based on country visits

  Findings include policy implications, presented in policy brief format

- Comparative study on the health of older persons in selected countries in the Region (secondary analysis of existing datasets): led by Research Centre for Gender, Health and Ageing (WHO collaborating centre), Univ of Newcastle, Australia.

  Products:
  - country fact sheets on ageing and health: broader range of countries
  - report on findings and recommendations from in-depth comparative analysis: smaller set of countries

- Systematic review on needs for assistive devices for older people in selected countries in the Western Pacific Region (WHO Geneva/WHO Kobe Centre)

- Draft regional framework of action on ageing and health

Key events 2013

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**ANNEX 3: Presentations**

**Informal Experts’ Consultation on Ageing & Health in the Western Pacific Region**
9-10 April 2013
Manila, Philippines

Professor Julie Byles
Professor Cate D’Este

WHO Collaborating Centre for International Longitudinal Studies of Gender, Ageing & Health
Faculty of Health
The University of Newcastle

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**Purpose**

- to document and compare population health data on selected WPR countries for persons 60+
- to produce a series of factsheets on population ageing for selected WPR countries
- to compile WPR country and age specific data to inform research, practice and public health policy

**Population Pyramids 2010 & 2030**

Lao

Republic of Korea

**Data Sources**

**Obtained**
- World Health Survey (WHS)
  - Australia, China, Lao, Malaysia, Philippines, Viet Nam
- Multi Country Survey Study (MCSS) - Korea
- WHO Study on global AGEing and adult health (SAGE) - China
- SAGE INDEPTH - Viet Nam

**Not obtained**
- JSTAR - Japan
  - Data request under review
- National Health Survey - Australia
  - Access granted 26/3/2013
- Data not available
  - Cambodia, Fiji

**Population trends in younger and older age groups**

Lao

Republic of Korea
ANNEX 3: Presentations

Age standardised mean years of Education by Gender

Age standardised mean BMI by Gender

Age standardised prevalence of Smoking by Gender

Age standardised Self Reported Health Males

Age standardised Self Reported Health Females

Age standardised prevalence of Extreme Difficulty in Moving Around - by Gender
ANNEX 3: Presentations

Age Standardised prevalence of Extreme Difficulty with Self Care – by Gender

Age standardised prevalence of Arthritis by Gender

Summary

- All countries in the region are ageing
- Low income countries are younger, but ageing at a rapid rate
- Some countries have very high levels of disability at older ages
- There are substantial gender differences in disability for some countries

Contents

1. The Situation of Ageing in China
2. The Health Policies for Older Persons in China
3. Public Health System in China
4. Chronic Disease Situation of Older Persons
5. Challenge and Future Directions

中国老年健康状况
Health situation of older persons in China

Wang Limin
Professor, Director of Department of Disease Surveillance
National Center for Chronic and Non-communicable Disease Control and Prevention (NCNCD)
Chinese Center for Disease Control and Prevention (China CDC)
8 April 2013

The situation of ageing in China

- China is a most populous country in the world with a population of 1.3 billion, which makes up approximately a quarter of the world population.
- China has entered the aging society
- Aged ≥ 65 population is about one a hundred twenty million (8.9%) in China, above 15% in some big cities in 2010
- The economic burden of disease of the elderly is increasing
  From 1993 to 2011, the economic burden of disease of the elderly increased from 78 billion yuan to 428 billion yuan, the proportion of GDP increased from 2.1% to 3.3%, the price index adjustment, the economic burden of disease of the average annual growth of 12.9%, the treatment costs grown average annual 11.3%. 
The health policies for older persons in China

- "National Benefit Protection Law of Ageing Population"
- "The Twelfth Five-Year Development Plan on Aging (2011-2015)"
- "The Outline for Development Nursing Care in China (2011-2015)"
- "National Specification on Basic Health Services for the Public (2011)"
- …..

The measures for older persons health in China

- The Basic Health Services for the Public is implementing and steadily promoting from 2009 in China
- Elderly health management is one of important services among the Basic Health Services for the Public in primary health care center
  - provide free physical and medical examination
  - Evaluate lifestyle and health status
  - Management for the hypotension and diabetes patients
  - Health education
- Improve the primary health care network
- Strengthen elderly health service capacity

Public Health System in China

- Ministry of Health
  - Provincial health Department
    - China CDC
    - CAMS, NCCVD
  - Prefecturality health Bureau
    - Provincial CDC
    - Hospital, other health facilities
  - County health bureau
    - City CDC
    - Hospital, other health facilities
  - Township Health Center
  - Village clinics

Chronic Disease Situation of Older Persons

- The survey for the situation of older persons health was conducted by NCD and Risk Factor Surveillance in 2010.
- District: Disease Surveillance Points System (DSPs) covered 161 points in 31 Provinces.
ANNEX 3: Presentations

Chronic Disease Situation of Older Persons ----method of survey

- Multi-stage random sampling design
  - 4 township/street randomly from each county/district of DSP
  - 3 village/residential community randomly from each township/street
  - 50 household randomly from each village/residential community
  - 1 resident aged 18 years and above randomly from each household was done the individual questionnaire survey
  - All 50 family members were done family questionnaire survey

97,200 aged 18
19,981 aged 60

42,660 aged 50

Contents of the survey

Questionnaire Physical measurement Blood test

Family Height Weight Waist circumference Blood pressure

Individual Fasting glucose OGTT Glycosylated hemoglobin (HbA1c) Insulin Lipid

Contents of Family Questionnaire, age >= 50

1. Self-reported chronic constipation, sleep disorder, Olfactory dysfunction
2. Self-reported memory decline, movement disorder, Alzheimer’s Disease and Parkinson’s Disease
3. Nursing Demands

Contents of Individual Questionnaire, age >= 18

1. Tobacco use
2. Alcohol consumption
3. Physical activity
4. Diet
5. Injury
6. Oral health
7. Prevalence and control of chronic disease: Hypertension, Diabetes, Stroke, TIA, etc.

Prevalence of main risk factors in the elderly (aged >= 60) (%)

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current smoking</td>
<td>25.2</td>
<td>46.5</td>
<td>5.0</td>
<td>22.4</td>
<td>26.6</td>
</tr>
<tr>
<td>Harmful drinking</td>
<td>9.2</td>
<td>10.5</td>
<td>4.2</td>
<td>8.1</td>
<td>9.9</td>
</tr>
<tr>
<td>Insufficient fruit and vegetable intake</td>
<td>11.3</td>
<td>13.2</td>
<td>3.8</td>
<td>7.4</td>
<td>13.3</td>
</tr>
<tr>
<td>Never doing exercise</td>
<td>56.5</td>
<td>54.4</td>
<td>58.5</td>
<td>49.6</td>
<td>59.8</td>
</tr>
</tbody>
</table>

Prevalence of main risk factors in the elderly
ANNEX 3: Presentations
Chronic Disease Situation of Older Persons

### Oral health status in the elderly (aged ≥60) (%)

<table>
<thead>
<tr>
<th>Oral health status</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partially edentulous</td>
<td>17.0</td>
<td>17.0</td>
<td>17.0</td>
<td>17.0</td>
<td>17.0</td>
</tr>
<tr>
<td>Completely edentulous</td>
<td>13.0</td>
<td>13.0</td>
<td>13.0</td>
<td>13.0</td>
<td>13.0</td>
</tr>
<tr>
<td>Edentulous caused by periodontal disease</td>
<td>6.0</td>
<td>6.0</td>
<td>6.0</td>
<td>6.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Retention of natural teeth ≥20</td>
<td>80.0</td>
<td>80.0</td>
<td>80.0</td>
<td>80.0</td>
<td>80.0</td>
</tr>
<tr>
<td>Brush teeth every day</td>
<td>74.0</td>
<td>74.0</td>
<td>74.0</td>
<td>74.0</td>
<td>74.0</td>
</tr>
</tbody>
</table>

### Oral health status in the elderly

**Challenge**

- The process of population aging is accelerating in China
- Higher prevalence of chronic disease and disability among elderly
- The growing demand for services of elderly health
- Health policies and measures were still not perfect
- Level of medical service for elderly needs to be increased

### Future Directions

- To consolidate and expand medical security
- To improve the level of medical service for the elderly
- To effectively implement the elderly health management project of basic health services for the public
- To structure indicators of monitoring for the elderly health
- To strengthen the surveillance for the elderly health
- To enhance data utilization
  - Government, public, professional, media, etc.
ANNEX 3: Presentations

Katsunori Kondo, PhD, MD
Center for Well-being and Society
Nihon Fukushi University
and
Study Group of “Development of a Benchmark System for Comprehensive Policy Evaluation of Long-term Care Insurance”
By Health and Labour Sciences Research Grant (H22-Chouju-Shitei-008)

CONTENTS
• Overview of the JAGES (Japan Gerontological Evaluation Study) Project
• Overview of the JAGES HEART (Health Equity Assessment and Response Tool) 2012
• Challenges of JAGES HEART/AFC (Age Friendly Cities) indicators

Purpose of JAGES benchmark system
• To benchmark using multi-faceted indicators for improving health situation and the performance of the public long-term care insurance (LTCI)
  – Particularly, prevention for functional decline
• Funded by the Ministry of Health, Labour and Welfare, Japan

Japan Gerontological Evaluation Study (JAGES)
• One of the few population-based gerontological surveys in Japan
• Focused on social determinants of health (SDH) and social environment
• In 2010/11 questionnaires were sent to 170,000 older people and responded by 112,123 individuals across 31 municipalities in 12 prefectures (response rate: 66.3%)

Survey Items
• Health status indicators: self-rated health, chronic conditions, health behaviour, oral health, nutrition/diet, tobacco, alcohol, ADL/IADL, etc
• Psychological indicators: depression, subjective well-being, etc
• Social indicators: social support, social capital, social participation
• Socioeconomic status indicators: income, education, relative deprivation, pension, etc
• Environmental indicators: road safety, parks and recreation, accessibility, etc
**ANNEX 3: Presentations**

**JAGES met Urban HEART**

- Urban HEART (Health Equity Assessment and Response Tool) is a management tool for all ages: modifying to fit for older people
- Not only for developing countries but also for developed countries: should be modified for developed countries
- Need a version for the older population & developed countries: JAGES HEART

**Management Cycle**

- Set targets by benchmarking
- Each municipality could find health risks should be tackled
  
  [Link](http://square.umn.edu/jyobou_bm/areadata/13_tokyo.html)

**Find target areas and related factors**

- School districts with higher sports-group participation rates show lower rates of fall among the aged 65-74

**Dementia risk and participation into community organization**

- Dementia risk and participation into community organization
- JAGES: 24 municipalities, 175 school districts
- Older >=75y.o. n=29,876
- Districts with higher rate of participation tend to show lower prevalence of high risk group for dementia
- 8 community organizations (political, industrial, volunteer, senior, religious, sports, hobby, neighborhood)

<table>
<thead>
<tr>
<th>% of high-risk group for dementia</th>
<th>% of Participation in community organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>rural</td>
<td>semi-urban</td>
</tr>
<tr>
<td>R=0.56</td>
<td>R=0.54</td>
</tr>
<tr>
<td>R=0.28</td>
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</tbody>
</table>

**Global Age-friendly Cities: A Guide**

- Determinants of Action Agenda
- Active Aging
- Education
- Employment
- Income
- Security
- Housing
- Social participation
- Community and social participation
- Cultural activities
- Leisure activities
- Elderly well-being
- Policy
Future research challenges

- Examination
  - reliability and validity of indicators
- Refinement and revision
  - JAGES HEART 2012 to new versions
  - Fit into the framework of Age Friendly Cities indicators
- Widely accepted and used?
  - 31 municipalities participated in 2010/2011
    → Is further expansion in 2013 possible?
- We need more researches and efforts

Conclusions

- WHO Kobe Center (WKC) is developing Urban HEART / Age Friendly Cities (AFC) indicators.
- JAGES & WKC develop JAGES HEART for older people in Japan
- The importance of inequalities in health and SDH are confirmed.
- Many challenges remain

References

OUTLINE of Presentation

I. Challenges of Population Aging

II. Health Policy and System for the Elderly

III. Policy Recommendations

I. Challenges of Population Aging

Japan
Korea and Singapore
China and Vietnam
Australia and New Zealand
Philippines

Old-Age Dependency (65+/20-64)

rising demand for health and long-term care
- Health status, mental health, disability

Declining family support
- Migration of young workers from rural to urban areas
- Increased labor participation of women
- Increased number of the elderly living alone

Insufficient financial capacity of the elderly
- Limited pension and public assistance for the elderly

II. Health Policy and System for the Elderly

1. National Policy and Governance

Many countries have law on aging, national policy and strategy, and national committees related to ageing

Social welfare ministry as a focal agency: Instead of broad health care issues for the elderly, most countries target public assistance for vulnerable old people

Limited information on the policy impact or effectiveness

Awareness on aging is low in many LMICs: transition from high fertility to low fertility and rapidly aging society

Policy and Governance

China

12th 5-year Development Plan on Ageing (2011-2015) aims
- To increase pension coverage for old people
- To expand community-based care and nursing homes
- To improve the medical care system for the elderly

China National Committee on Aging (established 1999): develop policies, coordinate ministerial-level agencies, promotes awareness of aging, supports research on aging, and provides policy recommendations

Nat Benefit Protection Law of Aging Pop (revised 2013): states government responsibility for multi-level social security for the elderly (including social pension of 55 RMB)
Policy and Governance

Vietnam

Law on Elderly (2010)
- States the rights and responsibilities of the elderly
- the poor elderly are entitled to health insurance, medicines, and tools and equipment for rehabilitation

National Committee on Aging, chaired by vice PM:
- coordinates elderly policy among ministries and collaborates with national elderly association
- 2/3 of provinces have provincial committee on aging

Elderly pension of USD 9 per month is for the aged 80+ who do not have retirement pension

Philippines

- Senior Citizen’s Act: 20% discount for the elderly
- Partial tax exemption for providers
- Effects of the policy?
- Policy implementation monitored by the Office of Senior Citizens Affairs (OSCA) in local governments

Fiji

- National Policy on Aging 2011-2015 is the first elderly policy on aging among the Pacific countries
- No law on the elderly
- Inter-agency committee on aging, but with little activities

Policy and Governance

Cambodia: Policy for the Elderly 2003 refers to health promotion and NCD, and addresses the universal health care for the elderly and the need for training of health staff on geriatric health care

Lao PDR: In 2005, government approved the First National Policy for the Elderly, which aims to encourage the elderly to participate in social development, health promotion, etc.

Mongolia: National Program on Health and Social Welfare of the Elderly (2004-2008) is based on the main principles of the Madrid International Plan of Action

Policy and Governance

Barriers to the implementation of the elderly law in LMICs

- financial support for the programs
- budget allocation and political will of local authorities
- human resource capacity
- policy coordination among ministries and programs

2. Financing

High-income countries: universal coverage, no specific financing mechanism for the elderly

More than half of H expenditure is borne by households in Cambodia, Lao PDR, Philippines, and Vietnam

Financial arrangement for the elderly in LMICs: subsidy for H insurance contributions, OOP discount/exemption

Role of local governments is important in financing and delivery of health and long-term care -> political and fiscal commitment of the government is key

Policy priority on health care vs. long-term care?

Health Expenditure as a % of GDP and Financing Mix

Source: WHO, 2011
### Health Financing and Expenditure

Health Expenditure for 65+ in total H insurance exp:
- 55.4% in Japan (2010), 31.4% in Korea (2009)
- Per capita H exp of the elderly is more than 4 times greater than that of the younger in Japan and Korea

Japan has separate H insurance for the elderly 75+:
- Government subsidy (50%), contribution (cross subsidy) from health insurance (40%), and premiums from the elderly (10%)

Japan and Korea have social insurance for long-term care
- De-medicalization of LTC, but potential coordination problem between HC and LTC
- Same insurer for HC and LTC: save administrative cost

### Financing

#### China

- About 90% of pop coverage: Urban Employee Basic Medical Insurance (UEBMI), New Rural Cooperative Med Scheme (NCMS), and Urban Resident Basic Med Ins (URBMI)
- Policy direction: improve risk pooling, extend benefit packages, and reform provider payment systems

The retired, who contributed to the employee health insurance for 15 years, do not need to pay contribution
- In Shanghai, employee H insurance scheme will pilot benefit package of long-term care for the elderly
- Shouzou government provides 450 RMB subsidy for an old person per month for nursing home utilization

#### Vietnam

- H insurance system covers more than 60% of population
  - Free health insurance is available to those aged 80+ or poor old people who live alone
- Coverage rate by the social protection system is generally low, and only some specific elderly groups have access to it ([UNFPA, 2011](https://www.unfpa.org/))
- OOP pay is still high even with H insurance card because of limited benefit packages; proportion of H expenditure in living expenditure is 9.3% in rural areas and 9.5% in urban areas in 2008 (Giang, 2010)

#### Philippines

- Public insurance (PhilHealth)
  - Family-based membership along with free insurance card for the poor can benefit the elderly
  - Low benefit ceiling, ineffective regulation of providers
  - Plan to extend the benefit package to primary care, including NCDs

The retired get H insurance card free if they paid contribution for 10 years: equity?
- Mandate that 1% of budget in local government should be allocated for the old or disabled: monitoring?

#### Australia

- Over 175,000 residential care facilities in 2008 (Healy, et al., 2011): 60% are not-for-profit, 30% are private for-profit, and the rest are state & local government facilities

- National planning benchmark for the year 2011: 88 residential care places per 1,000 people aged 70 years or over, 25 community-based packages per 1,000 for people with high dependency

#### Korea

- Over-supply of LTC providers (facilities, providers of home- or community-based care), mainly private, after the since the introduction of LTC insurance in 2008

### 3. Service Delivery

Service delivery system not reoriented to meet the needs of old people in LMICs
- Geriatric hospital or geriatric ward are rare
- Most governments have introduced health promotion and NCD management policies, but most of them are non-age specific programs

Role of long-term care institutions is minimal in LMICs
- Tradition of family-based care
- Public long-term care facilities target only the poor
- Governments of LMICs encourage the private sector to build long-term care facilities

### Service Delivery

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ANNEX 3: Presentations

Service Delivery

China
- Government facilities target vulnerable old people with “three no’s (no children, no dependable relatives, and no income or ability to work)”
- Government vision: 90% of the elderly cared at home, 7% by community-based care, and 3% by LTC institutions

Vietnam and Philippines
- Requirement for public hospitals to have geriatric ward is not fully implemented
- Very limited number of public facilities for long-term care
- Little information and regulation of private providers

4. Human Resource

Education and training of health professional and long-term care personnel to meet the needs of the elderly is very limited un LMICs
- capacity of health and long-term care providers is often quoted as a major bottleneck to reorient the system
- limited capacity to work as a team to provide care to elderly patients with multi-morbidities

In most LMICs, geriatric health has not been included in the curriculum of health profession, and do not have education and training programs for long-term care providers

III. Policy Recommendations

1. Governance and Leadership

Need government commitment to mainstream aging issues and adopt and implement relevant policies
Increase the awareness of aging and increase policy priority on the health of the aging population
Coordination of various policies and programs across government ministries and agencies
- Local government
- Coordination among the Ministries of Health and Soc Welf.
- Coordination among different components of health system, such as financing, service delivery, and HR

2. Human Resource for Health

Education and training for health professionals need to be re-oriented to respond to the needs of the elderly, cope with multi-morbidities and collaboration as a team
Curriculum needs to include geriatric health, health promotion, NCD management, functional disability, rehabilitation, and health education for the elderly
Additional board (specialist) certificate for geriatric medicine or geriatric nursing: pros and cons
Strengthen primary care and gate-keeping: continuum of care
Training of long-term care providers and support and education program for family care givers

3. Financing

Need government commitment to universal access to health care for the elderly: sustainable financing mechanism or prepaid scheme funded by the public source
Minimize inequity in health care utilization of the elderly between the rich and poor and urban and rural areas:
- minimize not only financial barrier but also other types of physical (e.g., transportation) and cultural barriers
Policy priority between health care vs. long-term care financing: should consider catastrophic expenditure due to health care vs. long-term care, availability of family care givers, fiscal capacity, etc

4. Service Delivery

Service delivery system needs to be re-oriented to meet the health and long-term care needs of the elderly
- Coordination between health care and long-term care
- Elderly participation in community activities
Building more health and long-term care facilities for the elderly should be based on need assessment, assessment of the efficiency of existing providers, and careful planning to avoid over-reliance on institutional care
- Geriatric departments and wards, nursing home
Public-private partnership: pros and cons, needs effective regulatory policy for private providers
**THANK YOU !!!**

Prof. Soonman KWON

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**Health and Ageing**

Consultation with WHO
Manila, April 2013

Eduardo Klien
Regional Director
HelpAge International
East Asia/Pacific

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**Ageing is....**

- Irreversible in nature
- Condensed in time
- Comprehensive in scope

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**Health and Ageing**

Health status after 60

- Poor Health
- Good Health

<table>
<thead>
<tr>
<th>Years after 60</th>
<th>Japan</th>
<th>Asean</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4 yrs</td>
<td>19.6 yrs</td>
<td>8.2 yrs</td>
</tr>
<tr>
<td>21.6%</td>
<td>78.4%</td>
<td>38.3%</td>
</tr>
<tr>
<td>5.1 yrs</td>
<td>5.4 yrs</td>
<td>8.2 yrs</td>
</tr>
<tr>
<td>33.3%</td>
<td>61.7%</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

Source: UN DESA (Department of Economic and Social Affairs, Population Division) Population Ageing and Development Wallchart 2009.

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**Some approaches in HelpAge**

- Promoting spaces at community level for healthy ageing, knowledge and practice
- Studies and research
- Support to the development of comprehensive Care strategies

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**Promoting spaces at community level for self-care, healthy ageing, knowledge and practice**
ANNEX 3: Presentations

**Multifunctional Older People Associations (OPAs)**

- Why Multifunctional?
- Meet the real needs for people
- Adapt to local context
- Inclusive
- Create synergies between activities

### Under the health Component: Self-care (healthy living)

- Nutrition (Awareness)
- Physical Exercise (10-20 minutes daily/weekly)

### Under the health Component: Homecare (community based - volunteer)

- Volunteer based Homecare (At least 2 visits per week)
- Family Care (Monthly awareness)

### Under the health Component: Health care: Checkups, health insurance and access

- Health checkup (Every 6 months)
- Health Insurance and access (On going)

### Healthy Ageing: IEC materials

- Monthly Monitoring Health Status
- Weight Reading and Recording
- Blood Pressure reading and recording
- Health Monitoring Booklet

**Replication of the ISHC approach**

- Weight Reading and Recording
- Blood Pressure reading and recording
- Health Monitoring Booklet
ANNEX 3: Presentations

Replication Tools

Studies and Research

Some examples
- The situation of older people in Myanmar (2012)
- Social assistance needs of poor and vulnerable older people in Indonesia (2012)
- The situation of older people in Thailand (2013)
- Primary healthcare for older people: A participatory study in five Asian countries (2010)
- Overview on Care situation and approaches in the region

Study on knowledge and NCDs (SCOPA)

Healthy
NCDs
Disabled

Changing needs in Care
- Shrinking family size
- Increasing migration from rural areas
- More older persons living alone
- Lack of institutional care
- Changing care tradition and lack of relevant skills.
ANNEX 3: Presentations

Care strategies and policies

Normalcy of Aging: health care and older age life course

No illness/Old (chronic illness) /Comorbidity (2+ chronic illnesses) /Death

Care strategies and policies

Continuum of Care

Cost of Care

ESCAP – regional arm of UN for Asia-Pacific

- ESCAP fosters:
  - regional cooperation to promote social & economic development
  - normative, analytical & technical cooperation work of regional nature
  - Exercises regional intergovernmental convening power
  - Mandated by ECOSOC to coordinate regional UN system work in economic & social sectors
  - Focuses on multi-disciplinary responses

ESCAP’s programme on ageing

ESCAP serves as an intergovernmental platform to:
- Develop a regional response to the demographic transition
- Share knowledge & good practices in addressing population ageing challenges: long term care, financing, legislation
- Explore feasibility of a Convention
- Promote the Madrid International Plan of Action on Ageing (MIPAA), identify gaps & regional priorities

ESCAP provides technical assistance to Governments to:
- Design & implement policies/programmes that empower & protect older persons
- Review & appraise the MIPAA implementation

Thank you
ANNEX 3: Presentations

Asia-Pacific Review of the implementation of the Madrid International Plan of Action on Ageing

• Bangkok 10-12 September 2012
• Attended by more than 30 countries at senior level
• Reviewed progress; identified emerging issues; adopted outcome document
• Bangkok statement: Regional input for global review and also regional framework for action

Bangkok Statement (health-related outcomes)

• Adapt health and social systems in response to the needs of older persons through an integrated continuum of care, including preventive care, acute care, chronic disease management, long-term care and end-of-life care
• Develop policies and models for promoting healthy ageing to support healthy lifestyles, active ageing and the right to health care
• Develop strategies to meet the rising demand for elderly care, emphasizing especially home and community-based care and to improve the coverage and quality of care in formal and informal settings
• Allocate adequate resources for the training of caregivers, including informal caregivers and service providers, to address the human resource gaps in meeting the needs of elderly care

Bangkok Statement (health-related outcomes)

• Include geriatrics and gerontology in the training curriculum of professionals in the health- and social-care service sectors
• Strengthen the primary health-care system to address the health needs of the elderly population and social support systems for long-term care, including through formal and informal capacity-building mechanisms to develop and assist health professionals and social care givers
• Encourage community-based and non-profit organizations as well as the private sector to play a major role in the provision of elderly care services and training, in cooperation with government agencies

Health of older persons- the challenge

• Important issue- where to start
• Perception as “burden”
• Diversity among countries
• Rural and urban
• Multi-sectoral
• Who speaks for older persons?

Opportunities

• NCD agenda-putting faces to the problems
• Post-2015 development agenda
• Convention on rights of older persons
• Building stronger CSO support
• Governments supported by partnerships among UN agencies

Way ahead

• Strategy must be rights-based and evidence based
• Must contain advocacy, normative and operational elements
• Must identify clear entry points for the convention on older persons
• Must address countries in different stages of population ageing and development
**Way ahead**

- Must integrate technology and medicine access
- Must link regional framework to national-level action
- Must engage all stakeholders in a multi-agency & multi-sectoral strategy-co-sponsor approach?
- REMAIN ENGAGED

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**Thank you**

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**Draft framework of action on ageing and health in the Western Pacific Region**

Dr A B Dey  
Dean (Research)  
Professor & Head, Department of Geriatric Medicine  
All India Institute of Medical Sciences, New Delhi

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**Introduction**

- Enhanced longevity & population ageing: a fact of life  
- Most countries in the Western Pacific Region are witnessing rapid increase in ageing population  
- Are the health systems in the region ready to face the challenges of enhanced longevity?  
- Countries in Western Pacific have only a fraction of time in contrast to Europe and North America to prepare for similar scale of population ageing

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**Introduction**

- Population ageing is an important developmental goal as indicator of socio-economic progress  
- Old age is also:  
  - a phase of poverty and economic non-productivity  
  - a graveyard of chronic non-communicable diseases  
  - a constellation of frailty, cognitive decline and disability  
  - a state of dependency and loss of autonomy  
  - marked by vulnerability to abuse
ANNEX 3: Presentations

Introduction: Health in Old Age

- Inevitable biological decline influenced by genetic make up, environmental exposure and lifestyle across the life course
- Result of potentially preventable unhealthy lifestyle
- Long term studies have emphasized smoking, obesity & sedentary lifestyle as risk factors for poor health
- Poverty and social exclusion in earlier life predict poor outcomes in old age
- Healthy living can facilitate active and healthy ageing

Ageing and Health in Western Pacific

- Diversity: size of population, cultural, ethnic, economic, political and religious
- Commonality: crisis of non-communicable diseases, rapid economic progress, desire for active and healthy ageing

Thus a framework of action on ageing and health!

Background to Regional Framework: Evolution of international policies

- Adoption of United Nations Principles for Older Persons by the UN General Assembly- 1991 - 18 entitlements for older people relating to their autonomy, independence, participation, care, self-fulfilment and dignity.
- International year of the older persons: 1999

Background to Regional Framework: WHO response

- Adoption of the concept of “active ageing” – as strategy for implementation of Madrid declaration
- World Health Assembly: 2002 - Ageing and health
- World Health Assembly: 2005-International Plan of Action on Ageing: report on implementation
- World Health Assembly : 2012- Strengthening non-communicable disease policies to promote active ageing

Background to Regional Framework: UNESCAP review of the MIPAA recommendations and prioritization of directions for Asia and the Pacific

- The Second United Nations Second General Assembly on Ageing in 2002
  - Madrid International Plan of Action on Ageing (MIPAA), with 3 priority areas: (i) Older persons and development, (ii) Advancing health and well-being into old age; and (iii) Ensuring enabling and supportive environments.
- UNESCAP review of the MIPAA recommendations and prioritization of directions for Asia and the Pacific
  - Shanghai Implementation Strategy- 2002
  - Macao Outcome Document- 2007
  - Bangkok Report - 2012

Initiatives in the Western Pacific Region

- 1981 (WPR/RC32.R15): Agreement to develop or strengthen policies and programmes on health care of older people as part of their overall health plans
- 1985 (WPR/RC36.R23): Post- First World Assembly on Ageing, WPRO countries resolved to pay increased attention to the health needs of older people in national health policies and programmes.
- 1996 (WPR/RC47.R12) and 1998 (WPR/RC49.R11), Member States reiterated to:
  - formulate and review policies and strengthen programmes to improve the health and quality of life
  - collect standardized data on ageing and health
  - strengthen intercountry cooperation
  - plan for and implement activities to mark the International Year of Older Persons in 1999.
ANNEX 3: Presentations

Initiatives in the Western Pacific Region
Informal Experts’ Consultation on Healthy Ageing in WPRO- 2011, for guidance on developing a regional framework of action:
Themes for discussion:
• Advocacy to promote ageing in a more positive paradigm
• Importance of policies based on a life course approach
• Inter-sectoral action for healthy ageing
• Access to evidence base for action
• Need for standardized set of healthy ageing indicators
• Identification and adoption of successful models

Emerging issues in old age
• Impact of HIV/AIDS:
  – Care provider of afflicted/ orphaned grandchildren
  – Living with HIV/AIDS with available strategy
• Abuse of older people
  – Challenge for every society
• Vulnerability in natural or man made disasters
  – Always left out

Objectives of the Framework for Action
1. Promote common understanding of ageing and health trends of ageing and health implications for the individuals and health systems status of laws, policies and other activities within the diversity of Member States at different levels of development and with different social, institutional and political histories.

Objectives of the Framework for Action
2. Address new challenges and set priorities on ageing and health
• the fastest growing segment of the society
• narrow window of preparatory time in low and middle income countries
• new ways of promoting healthy ageing across the life course
• promoting universal health coverage through age-friendly health systems
• strengthening the evidence-base.

Objectives of the Framework for Action
3. Strengthen WHO’s support on ageing and health in the Western Pacific Region
   more action
   greater levels of investment
   greater levels of involvement

   (Within the core competencies and mandates of WHO)

Cross-cutting principles
• Gender sensitivity: biased towards women
• Equity: biased towards poor
• Human Rights: biased towards rights over welfare
Components of the framework

- Promoting healthy ageing across the life course
- Promoting universal health coverage through age-friendly health systems
- Strengthening the evidence-base

Situation Analysis: Evidence-base

- State of the health of older people in Western Pacific: Limited to high and middle income countries
- Limited information on most Pacific island countries: small population, poor access, not so well-functioning health system

Situation Analysis

- Information available on
  - Availability of policy/institutional provision
  - Health financing
  - State of health and disease
  - Risk factor profile
  - Functioning of the health system

I. Healthy ageing across the life course

A life course approach to health or disease can be constructed by relating to exposure to biological, behavioral and psycho-social hazard by an individual during gestation, childhood adolescence, young adulthood and midlife which would lead to accumulation of risk factors of important chronic disease of significance.

- Concept of health promotions through life course approach: well accepted
- A temporal relationship between exposures to health risks in critical phases of life to development of chronic diseases in later life
- Relationship can extend to exposures across generations in case of cohorts and often in individuals
- Impact of social, economic and cultural factors on health and disease: as important determinants in genesis of disease: knowledge expanding

I. Healthy ageing across the life course

- In the context of old age care; such an approach may have limited current value. However, adoption of life course approach can be of futuristic value for good health of the population
- Interventions for life course approach in the health system can include:
  - Promotion of reproductive health to ensure safe motherhood
  - School health programme to protect against malnutrition and infectious disease
  - Adolescence health programme
  - Prevention, screening, early detection of metabolic-vascular diseases throughout adulthood
- Appear costly and difficult to implement, but have great value in the long run
- Concept needs to be included in medical education
- Concept needs to be included in overall development agenda
I. Healthy ageing across the life course: NCD prevention

- Risk factor avoidance over life course
  - Awareness campaign
  - Legislation/ statutory provision
- Screening for common NCDs in primary health care
  - Inclusion in standard operating procedure of PHCs

I. Healthy ageing across the life course: age friendly environment

- Principles of age friendly environment: well accepted
- Rights based approach
- Implementation requires policy, political, financial intervention
- Role of institutions in ensuring age friendly environment
  - NGOs
  - Local government
  - Network of organization

I. Healthy ageing across the life course: health promotion in old age - a primary care intervention

- adopting healthy lifestyle practices
- physical activity and exercise
- management of cardiovascular risk factors
- cultivating a positive mental attitude
- cessation of smoking
- moderation or cessation of alcohol consumption
- consumption of food: adequate in protein and calories, rich in fibres, vitamins, minerals, trace elements and antioxidants, low in lipids.
- increase in habitual physical activity
- improvement of health literacy

II. Age-friendly health systems: Integrated service delivery models to ensure the continuum of care

- Primary care
- Referral services
- Specialized care
- Newer biomedical technology:
  - life support
  - organ replacements
- Emergency/acute care
- Rehabilitation/ post-acute care
- End of life care

II. Age-friendly health systems: Integrated service delivery models to ensure the continuum of care

Long term care:
  - care when one is dependent and has lost autonomy
- Setting
  - Home
  - Institution
- Provider
  - Family
  - Informal
  - Formal: health, nursing, social
- Components:
  - Health (acute, chronic, accidents and injuries, emergency)
  - Nursing
  - Social care
- Financing of long term care: a matter of debate

Health system Response

- Services under primary care
- Geriatric Medicine
- Institutions for older patients
- Integrated with over all health system
## II. Age-friendly health systems: a health workforce with appropriate skills
- Practice of geriatrics is difficult!
- Health professionals have poor skill in old age care
- Inadequate curriculum
- Inclusion of Gerontology/geriatrics in curriculum of health professionals
  - Medicine, nursing, paramedical courses
- In service training
- Post graduation in geriatrics

## II. Age-friendly health systems: Health financing and health insurance coverage
- Financing:
  - out of pocket
  - rights based
  - insurance based
- Different models of health financing in Western Pacific
- Changing practice in many countries
- Need to maintain a cap on out of pocket spending
- Need for greater consultation in best practices

## II. Age-friendly health systems: multi-sectoral intervention
- Role of different institutions of the State
- Role of private sector in health financing, service provision
- Role of NGOs
- Role of International Agencies

## II. Age-friendly health systems
- Role of biomedical intervention
  - Nutritional supplement: micronutrient
  - Vaccines: pneumonia, influenza, tetanus
  - Aspirin, Statins
  - Hormone replacement
  - Screening for early diagnosis
  - Treatment of physical ailments
  - Physiotherapy
- Role of technology: aids, appliances & replacements
  - Telemedicine/tele-consultation
  - Use of mobile telephone in health care

## III. Strengthening the evidence-base
- Need for evidence: dynamics of societal change, new understanding of processes, creation new knowledge in intervention
- Authentic/strong evidence base across socioeconomic, geographic and ethnic variations
- Cross-national and intra-country surveys at regional level
- Need for comparison with global trend.
III. Strengthening the evidence-base

• Components:
  • Health behaviour: attitude towards health, disease and disability; utilization of health services including preventive and promotive services; and perception of health services among users.
  • Health service availability, utilization by users and quality of care.
  • Predictors of good health, longevity and disability among both the institutionalized and community-based elderly.
  • Health-related quality of life in relation to different types of intervention.

• Data to be used for:
  – Creation of models of care with regard to type of service, participation of the public and private sectors
  – Creation of clinical guidelines
  – Role of Regional Office: technical support in research methodology and facilitation of collaboration between different countries, funding of studies.
  – Need for active involvement of the Ministry of Health in funding, technical support and human resources.
  – Involvement of medical schools/research institutions in data collection helps in completing the task on schedule and in maintaining the accuracy and standard of data.
  – Academic research has a great role in creating the knowledge required for building the evidence base.

Some resources

• Typology of countries based on their level of development, and their place in the demographic and epidemiological transitions

• Menu of options for action

• Model national policy for the health of older people

Typology of Member States

• There is need to group member states for prioritization of action

• This grouping can be based on:
  – Income levels (per capita)- World Bank grouping
  – Proportion of 60+: current and in 2025/2030 & Life expectancy at birth: current and in 2025/2030
  – Stage of demographic and epidemiological transitions (?)

Scope for Action

• Adoption of regional framework at political level

• Time frame:
  – A decade
  – 2014-2023 (for WHO)
  – Plan periods (for Member States)

• Activities with clearly defines objectives, responsible agency and time frame
  – Inter country
  – Country

Scope for Action: Inter country Activities

• Formation of regional advisory committee/group/cell for technical support

• Preparation of comprehensive/comparative data base

• Networking among organizations, institutions and individuals

• Production of training materials

• Organization of inter-country collaborative training programmes

• Provision of technical assistance to Member-States in implementation of strategies, plans and programmes

• Organization of regional consultation for updating the regional action for the decade
## Scope for Action:

- Organization of national workshop for developing and updating national strategy/plan of action on ageing and health
- Conduct of transnational and intracountry surveys for collection of data for creation of evidence-based database
- Production of training materials
- Strengthening health manpower through WHO fellowship programme
- Establishment of national programme for training of health professionals in the care of older people
- Training in care of older people
- Strengthening health system response in primary/secondary/tertiary health care system
- Organization of national associations of older people
- Organization of national association of service providers

## Model National Policy

The national policy for older people is determined by:

- Country’s demography, impact of population ageing
- Status of the older people in society
- Changing dynamics of family structure
- State of the economy
- Culture and tradition of the society.

- Constitutional/statutory mandate
- Futuristic
- Inclusiveness
- Affirmative action
- Rights based

## Model National Policy (Contd.)

- The principal areas for policy development are as follows.
- Financial security in old-age arising out of productivity of working years.
- Protection of life and property.
- Assuring shelter in age-friendly environment.
- Shelters for older people facing destitution.
- Availability of scope for training and education for those desiring to be economically productive.

## Model National Policy (Contd.)

- Social security for the vulnerable older people from the state.
- Access to affordable and quality health care.
- The orientation of health care needs to focus on primary health care along with subsidized specialist care; subsidized drugs, aids and appliances; ambulatory and institutional mental health care; availability of home care and long-term care; availability of affordable health insurance; and health education to enter old age in good health.
- Support to the family in caring for older people.
- Promotion of civil society involvement in old age care through organizations in nongovernmental sector.

## Model National Policy (Contd.)

- Emotional support from the institutions of civil society to strengthen coping capacity.
- Creation of a good database to plan interventions under the policy.
- Training of carers and managers in care of older people.
- Use of mass media in influencing society in favour of older people.
- Creation of a national association of senior citizens to empower them in influencing policies and programmes meant for them.
- Creation of a mechanism to implement and monitor the impact of the policy.
The probability of needing care increases with age. Less than 1% of those younger than 65 years require long-term health and social care services, while 30% of the women aged 80 years old or over use such services, on average across the OECD.

Steep rise in the share of over 80 years old

Limitations of daily activities increase with age

LTC - health care versus social care

• Long-term (health) care comprises health and nursing care for patients who need assistance on a continuing basis due to chronic impairments and a reduced degree of independence and activities of daily living (ADL). Long-term care is typically a mix of medical (including nursing care) and social services.

• The following items are included in the definition of services of long-term health care: i) palliative care; ii) long-term nursing care; iii) personal care services (assistance with ADL restrictions); iv) services in support of informal (family) care. The following items are included in the definition of social services of long-term care: i) home help (help with IADL); ii) residential (care) services; iii) other social services provided in a LTC context. This basic split between health and social services is not expected to change with the implementation of the 2011 SHA Manual.

Access and Costs

Irrespective of financing model, moving towards universal benefits is desirable on access and affordability grounds...
ANNEX 3: Presentations

Total health expenditure as a share of GDP in WPR, 2010

Source: WHO Global Health Expenditure Database; IMF World Economic Outlook, April 2012.

Public share of total expenditure on health in WPR, 2000 and 2010

Source: WHO Global Health Expenditure Database.

Private expenditure mainly comes from out-of-pocket spending in WPR, 2010

Source: WHO Global Health Expenditure Database.

... the cost associated with high-care need can account for more than 60% of seniors' disposable income, including for those from relative high income deciles, mid-2000s

Types of coverage offered

- Universal coverage within a single programme
  - Tax-funded Nordic systems
  - Social LTC insurance in Jap., Kor, NL, Lux, Ger
  - as part of health system in Belg.
- Means-tested systems
  - England, social care system; US: Medicaid
- Mixed schemes
  - Parallel universal benefits (Scotland, Italy)
  - Progressive universal benefits (Israel, France, Austria, Australia)
  - Mix of universal & means-tested (UK, Canada, Greece)

- Korea introduced in 2008 a universal LTC system for those aged 65 years and over. With a view to containing cost, elderly Koreans with lower care needs are not entitled to LTC benefits unlike those living in countries with more comprehensive systems.
- For countries that provide for “broader” universality, better targeting within their universal system can represent an avenue to contain future expected cost. For instance, Japan’s public LTC system covers all individuals aged 40 years and older. As part of its 2009-12 planning cycle, and partly to mitigate future cost increases, seniors assessed with the lowest care needs have been moved to a prevention scheme with focus on encouraging healthy ageing.
- In 2010, Austria further targeted the allocation of benefits under their universal cash allowance (Pflegegeld) by increasing the minimum hours of help per month required to become entitled to an allowance for those with relatively lower levels of care need (level 1 and level 2). Individuals below 65 years of age with age-related (geriatric) disease are also covered under Korea’s universal LTC system.
Comprehensive universal systems can be expensive

- *(Care) needs assessment* for effective care planning as well as appropriate benefit allocations (all countries)
- Define the level of dependency triggering LTC entitlements in line with government’s resources (e.g., Korea versus Japan)
- **Better pooling** of financing across generations (e.g., Japan), **Broadening** of financing sources beyond income earned from work (e.g., Japan) and **Elements of pre-funding** (private LTCI)
- Cost-sharing in place (Korea and Japan)
- In-kind benefits in Korea and New Zealand focus on support for daily living activities (ADL)

Challenges ahead: Rising prevalence of dementia

Prevalence of dementia among the population aged 60 years and over, 2009


Caring of older people is complex

Fragmented mixed systems can make coordination and evaluation of ‘need’ difficult.

- Integrated health and care information systems (e.g. Japan’s care managers)
- Functional and service integration
- Clinical and professional integration (e.g. Australia’s healthplus)
- Organisational and financial integration

Providing quality health and social services

Asthma hospital admission rates, population aged 80 and over, 2009 (or nearest year)

Source: OECD HCQI Data

Uncontrolled diabetes hospital admission rates, population aged 80 and over, 2009 (or nearest year)

Source: OECD HCQI Data

Although family carers are the backbone, all OECD countries need a system providing formal LTC services
ANNEX 3: Presentations

Old-age dependency ratio is increasing

OECD countries at different stages of developing formal LTC workforce supply

Greater staffing challenges in home care?

Social care workers

Achieving an adequate supply of LTC workers

Greater ratio of LTC users per Full-Time Equivalent (FTE) worker in home care than in institutions

Secure adequate inflow, valuing work, building careers to Improving recruitment efforts, Improving retention, Increase productivity of LTC workers

- New employment, utilization of available workforce or foreign-born workers
- Enabling LTC workers to work more hours
- Valuing the LTC profession (Life-long learning and employability and careers in LTC)
- Competitive wages and benefits
- Training, initiatives to upgrade job (Jap)
- Implementing workers-centred workforce policies
- Work organisation and process
ANNEX 3: Presentations

WHO Kobe Centre’s Overview of Work on Ageing and Health

Outline
- Background on WHO Kobe Centre: Urban Health
- Metrics for Ageing and Health Equity
- Age Friendly Cities Indicators Development
- Innovation for Healthy Ageing

Urban Health Equity through Action on SDH

Metrics for Ageing and Health Equity
- Exploratory studies on health metrics used in Japan
  - Indicators for public disability prevention programmes
  - Healthy Life Expectancy indicator
- Japan Gerontological Evaluation Study + Urban HEART
- Analysis of intra-urban health inequalities among older adults by socioeconomic status
  - SAGE
  - JAGES

Age Friendly Cities Indicators
- Literature review of relevant existing indicators
- Consultation meeting, August 2012
  - Determine indicator selection criteria
  - Nominate preliminary set of indicators
- Piloting, Jan-June 2013
  - Obtain inputs from cities and communities
- Finalization process, June-Dec 2013
  - World Congress of Gerontology and Geriatrics, Seoul
  - 2nd International Conference of Age Friendly Cities, Quebec
Innovation for Healthy Ageing

- Consultation on Advancing Technological Innovation for Older Populations in Asia, February 2013, Kobe
  - Medical and Assistive Devices
- WHO Forum on Innovation for Healthy Ageing, 10-12 December, Kobe

http://www.who.int/kobe_centre/en/