Meeting on Ageing and Health in the Western Pacific

Manila, Philippines
09–11 July 2013
REPORT
MEETING ON AGEING AND HEALTH
IN THE WESTERN PACIFIC

Convened by:
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
9–11 July 2013
NOTE

The views expressed in this report are those of the participants in the Meeting on Ageing and Health in the Western Pacific Region, 9–11 July 2013, 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

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Members States in the Region and for those who participated in the Meeting on Ageing and Health in the Western Pacific Region, which was held in Manila, Philippines from 9–11 July 2013.
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. Reorienting health systems to provide older people with equitable access to services aligned to their requirements and preferences is an emerging need in developed and developing countries.

WHO’s Regional Office for the Western Pacific has been strengthening its response on ageing and health. It has initiated two analytical pieces of work:

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

(ii) 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 in the Western Pacific, which was also discussed by an informal experts' consultation on ageing and health in April 2013. Ageing and health constitute the topic of an agenda item at the sixty-fourth session of the WHO Regional Committee for the Western Pacific in October 2013. A high-level panel on ageing and health will also be organized at that time. In the run-up to the Regional Committee session, a meeting was held from 9 to 11 July 2013 with WHO Member States to share findings from ongoing analysis, discuss their implications and agree upon a Regional framework for action on ageing and health.

The meeting brought together representatives from 16 Member States as well as WHO staff, temporary advisers and several experts and partners from international organizations. The meeting included country presentations that described progress and key barriers to action on ageing and health and highlighted good practice examples as well as future priorities. Four technical sessions discussed each of the following four action pillars of the draft framework for action on ageing and health in the Western Pacific:

(1) fostering age-friendly environments through action across sectors;
(2) promoting healthy ageing across the life course and preventing functional decline and disease among older people;
(3) promoting universal health coverage through age-friendly health systems; and
(4) strengthening the evidence base on ageing and health.

The final day of the meeting was devoted to group work, during which participants from Member States identified priorities and developed practical policy solutions on ageing and health.

Overall, participants strongly welcomed efforts by WHO’s Regional Office for the Western Pacific to strengthen the work on ageing and health and specifically to develop a Regional framework for action. A number of suggestions were made during the meeting, which will inform the finalization of the draft framework as well as future technical collaboration with Member States more generally.
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1. INTRODUCTION

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 older is growing faster than any other age group as a result of longer life expectancies and declining fertility rates. Promoting better health through the course of life can help ensure that people stay healthier as they grow older and well into old age. Strengthening health systems to provide older persons with equitable access to services aligned to their requirements and preferences is an important part of the global agenda to promote universal health coverage.

Advancing health and well-being into old age is one of the three priority directions of the Madrid International Plan of Action on Ageing, adopted at the United Nations' Second World Assembly on Ageing in April 2002. Resolution WHA65.3 on strengthening noncommunicable disease policies to promote active ageing (May 2012) requested the Director-General to support Member States on ageing, including through multisectoral approaches to healthy ageing, integrated care for older people and support for providers of formal and informal welfare services.

WHO’s Regional Office for the Western Pacific has been strengthening its response to ageing and health. An informal experts’ consultation was convened in May 2011 to advise on the Region’s work on population ageing. Efforts to raise awareness on ageing were made during World Health Day 2012.

Ageing and health constitute an agenda item at the sixty-fourth session of the WHO Regional Committee for the Western Pacific in October 2013. In preparation, the Regional Office has initiated: (i) a comparative study of the health of older people in selected countries in the Region, and (ii) a review and analysis of policies related to ageing and health in selected countries in the Region. Based on these efforts, a draft framework for action on ageing and health in the Western Pacific has been developed. An initial draft was discussed at an informal experts' consultation on ageing and health in April 2013.

From 9 to 11 July 2013, the WHO Regional Committee for the Western Pacific held a meeting with Member States on ageing and health in Manila, Philippines, to present these activities in progress, consult with Member States, invite their feedback and discuss future actions.

1.1 Objectives:

(1) To share findings from ongoing analysis of (a) the health of older people, and (b) policies on ageing and health in selected countries in the Region.

(2) To discuss the implications of population ageing for health and health systems in the Region.

(3) To discuss and agree upon a Regional framework for action on ageing and health.

1.2 Opening session

Dr Shin Young-soo, Regional Director, opened the meeting by welcoming participants. To put the meeting into context, Dr Shin highlighted three key messages on ageing and health. First, population ageing should be considered as good news. With the
right policies and actions, older people can continue to serve as a valuable resource for societies. Second, the window of time for action is short for low- and middle-income countries in the Western Pacific Region. This is because of the relatively faster speed with which their populations are ageing compared with developed countries, which have had longer – in some cases about a century – to prepare. Third, much is already known about what needs to be done. Dr Shin invited participants to contribute to thinking about how best to take forward the work on ageing and health in the Region. He noted the complexity of the issues, as well as the diversity of experiences within the Western Pacific Region, which required effective partnerships across stakeholders and sectors. He concluded by stressing that WHO’s Regional Office was committed to advancing the work on ageing and health in collaboration with partners.

Following a round of introductions (see Annex 2 for a list of participants), the following participants were nominated as office bearers for the meeting: His Excellency Dr Bounkong Syhavong, Vice-Minister of Health, Lao People’s Democratic Republic, Chair; Mr Thai Phuc Thanh, Vice-Director Administration of Social Protection, Ministry of Labour, Invalids and Social Affairs, Viet Nam, and Ms Wang Cong, Programme Officer, Department of International Cooperation, National Health and Family Planning Commission, China, Vice-Chairs; and Ms Baleinabuli Dilitiana, Senior Research and Policy Officer, Social Welfare Department, Fiji, Rapporteur.

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. Recent activities included an informal experts' consultation on Healthy Ageing in the Western Pacific Region in May 2011, as well as advocacy on the theme "Ageing and health – good health adds life to years" on World Health Day 2012.

To strengthen the evidence base on ageing and health, the Regional Office had undertaken analysis including: (i) a comparative study on the health of older people in selected countries in the Region (through secondary analysis of existing datasets), and (ii) a review and analysis of policies on ageing and health in selected countries in the Region. These form the basis for development of a draft Framework for Action on Ageing and Health in the Western Pacific (2014–2019), which is tabled for discussion by Member States at the forthcoming sixty-fourth session of the WHO Regional Committee for the Western Pacific in October 2013. This Regional meeting is an important milestone in the run-up to the Regional Committee discussions. The aim is to consult with Member States and selected experts on the draft Framework. The inputs of participants will be vital to strengthen the framework and to contribute to the Region’s work on this issue.

2. PROCEEDINGS

The meeting included both country presentations and technical sessions (see Annex 1 for the timetable and Annex 4 for the PowerPoint presentations from the meeting).

2.1 Country presentations

Participants from WHO Member States presented country-level developments on ageing and health. Each presentation followed a standard structure, including:
• policy context for action on ageing and health;
• key challenges for action on ageing and health;
• example(s) of good practice; and
• future priorities and opportunities for regional collaboration.

Each country presentation was followed by discussion among participants to identify commonalities and encourage learning on priorities and challenges.

2.1.1 Australia

Professor Julie Byles, Director of the Research Centre for Gender, Health and Ageing, University of Newcastle (a WHO Collaborating Centre), Australia, provided a brief overview of current reforms and aged care in Australia. She described five important steps of policy reform, starting with: (i) a situation analysis provided by the 2010/11 Productivity Commission Inquiry into Aged Care; (ii) enhanced public support and political will to take action; (iii) introduction of the 2012 "Living Longer, Living Better" reform package; (iv) plans for its implementation between 2013 and 2015; and (v) monitoring and evaluation, including the need for quality indicators and equity impact assessments. Professor Byles stressed the critical need to learn from policy reforms and indicators, encouraging participants to share experiences and highlight areas that they felt worked well and those that did not.

2.1.2 Cambodia

Dr Prak Piseth Raingsey, Director, Preventive Medicine Department, Ministry of Health, Cambodia, gave a presentation on the Rights and Care of Older People in Cambodia. He began by providing an overview of the policy context and background for action, including an endorsement of the Health Care for Elderly and Disabled Policy by the Ministry of Health in 1998. Since then, activities have been ongoing, despite challenges such as a rapidly growing market economy, the lack of state support and policy priority, and poor integration of older people in communities and government policies. At the same time, there have been many successful examples of government-led initiatives, which could potentially be expanded.

The government supports the formation of older people’s associations (OPAs) in all provinces. Examples of good practice include the successful implementation of an integrated development programme to increase the capacity of families and communities to care for and support older people through OPAs, home-based care for frail older people, and cow and rice banks. Older people are also being integrated as advisers in planning, management and evaluation. Training in home care, in-service training for health professionals and free care services for poor and frail older people are provided. Future priorities and opportunities for regional collaboration include: (i) capacity-building in geriatrics and gerontology by facilitating fellowships and specialty training, (ii) establishing long-term care packages with sustainable financing, and (iii) stimulating the quality of services through exchange of good practices.
2.1.3 China

Dr Cai Fei, Deputy Director of Family Development, Department of Family Development, Department of National Health and Family Planning Commission, introduced recent actions taken in China. These include expanding coverage of health insurance in both urban and rural areas, providing free annual physical examinations and health consultations and strengthening the health care system for older people, establishing health records for those aged over 65 years, improving community-based services and investing in health education for older people. Dr Cai Fei stressed that the key challenge in China was to cope with the rising number of those over 60 years, projected to reach over 200 million by late 2013 and one-third of the population by 2050.

This rapid increase would create a heavy demand for health and long-term care services. Pudong, a district in Shanghai, was highlighted as a good example of action across sectors. With over 24% of the population aged 60 years or above (680 000), the district has successfully established a scheme providing medical consultations, home care services, capacity-building for active ageing, and opportunities for social engagement. Special services for vulnerable groups have been implemented, including installing emergency call devices, keeping in daily contact with older people living alone and providing nutrition subsidies for the oldest participants. Dr Cai Fei concluded by outlining three future priorities for China: implementing evidence-based policies, information sharing and introducing long-term care.

2.1.4 Federated States of Micronesia

Mr Marcus Samo, Assistant Secretary for Health, Department of Health and Social Affairs, Federated States of Micronesia, started his presentation with a brief overview of the country's demographics. The Federated States have a comparatively young population. Life expectancy rose from 60 years in 1974 to 67 years in 2000. Approximately 5.6% of the population is aged 60 years and above. Key challenges to work on ageing and health include: (i) island demographics, (ii) lack of public awareness and support, and (iii) lack of policy and services. Nonetheless, a State Senior Group in Pohnpei that promotes active and healthy ageing provides an example of good practice, which has already been expanded to other municipalities. Mr Samo stressed the importance of improving engagement with and delivery of necessary (health) services to older people, including better housing, better involvement of communities and awareness-raising.

2.1.5 Fiji

Ms Baleinabuli Dilitiana, Senior Research and Policy Officer, Social Welfare Department, Fiji, stated that the “oldest old” were the fastest growing age group in Fiji, at 4.9% growth per year. In response, Fiji has introduced three key measures, including the Social Justice Legislation (2001); the National Policy on Ageing (2011–2015); and the National Council of Older Persons (2012). Current challenges include lack of baseline data to track population ageing, bringing ageing issues into the mainstream of work in other
sectors, and harmonizing the implementation frameworks currently in place. A good practice example of progress on ageing and health was the process leading to the establishment of the National Council of Older Persons in July 2013, through the National Council of Older Persons Decree (2012). Future priorities include implementing the key recommendations of the National Policy on Ageing in relation to health through a collaborative approach, strengthening partnerships for resource sharing and improving the efficiency of existing mechanisms and their implementation.

2.1.6 Japan

Dr Masami Sakoi, Director, Ageing and Health Division, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare, summarized a wide range of legislative and policy initiatives on ageing and health adopted in Japan, outlining key features of the health and long-term care system. Current challenges include the rapid and further ageing of society (an estimated 26.5% of people will be aged 75 or over by 2055) and the likely financial impacts on long-term care insurance.

Dementia was highlighted as an issue of growing importance. Changing social contexts and increasingly isolated family structures also present new challenges, along with the low salaries of care workers. Dr Sakoi stated that several good practices could be found at the local level. Japan has introduced prevention programmes at the municipal level funded by insurance premiums. Kashiwa city (Toyoshikidai) is implementing a “local inclusion care system” in which “ageing in place” is made possible through a combined system of health, social and long-term care in the home environment. Dr Sakoi highlighted dementia care as a major priority and an area for regional collaboration. Dementia exemplifies many ageing and health issues, entailing cross-clinical and cross-sectoral collaboration in primary and specialist care, as well as community support. Japan is introducing several measures to ensure that older people and society are better prepared to deal with dementia.

2.1.7 Lao People’s Democratic Republic

His Excellency Dr Bounkong Syhavong, Vice-Minister of Health, Lao People's Democratic Republic, provided an overview of the policy context for action on ageing and health, including recent steps to introduce specific legislation, development of a national policy and the establishment of institutional structures on older people and ageing. Key challenges for action include limited resources and capacities, a large rural population, often living in remote areas, and low levels of education.
Several good practice examples exist at the local level: a home care project funded by the Korean government and implemented by the Lao Red Cross; an “Older People in Development” project involving community-based groups, also operated by the Lao Red Cross, Lao Women's Union and HelpAge International; a group for weaving handicraft textiles and Lao skirts to encourage income generation; and a “Vientiane Healthy City Programme” with the active participation of OPAs. Future priorities and areas for collaboration include poverty reduction through implementation of the National Poverty Reduction Programme, working towards the Millennium Development Goals, improved health care facilities and access for older people, and development of a strategic plan on ageing.

2.1.8 Malaysia

Dr Zaleha Abdul Hamid, Public Health Physician, Senior Principal Assistant Director, Family Health Development Division, Ministry of Health, explained that a number of policy initiatives had been implemented in Malaysia. These included: the National Policy for Older Persons, 1995 and Action Plan of National Policy for Older Persons, 1999 (both through the Ministry of Women, Family and Community Development), and the National Plan of Action for Health Care of Older Persons, 1997 and National Health Policy for Older Persons, 2008 (both through the Ministry of Health).

Major challenges include the lack of human resources, including geriatricians, psycho-geriatricians and gerontologists, lack of coordination between the diverse actors involved, and the need to develop specific legislation to protect older people. The “National Blue Ocean Strategy 7 (NBOS 7): 1 Malaysia Family Care” was cited as an example of good practice, delivering outreach activities to provide holistic services for older people, those with disabilities and single mothers. This includes health screening, assessment, consultation, treatment and referral (if needed), as well as services for bed-ridden older people at home. Dr Zaleha Abdul Hamid concluded by underlining the area of human resources for health as a high priority for Malaysia, including both training for and exchange of experts in ageing.

2.1.9 Mongolia

Dr Khishgee Majigzav, Officer-in-Charge, Policy Coordination for Noncommunicable Disease Prevention and Control, Division of Public Health Department of Policy Implementation Coordination, Ministry of Health, Mongolia, summarized the policy context for action on ageing, including the Law on Social Welfare for the Elderly, revised in January 2012, the Law on Citizen’s Health Insurance (2002), the Law on Health (2011), the National Strategy for Population Ageing in Mongolia (2009–2030) and the National Program on Ageing and Elderly Health (2014–2020), which is now being finalized.

The relatively high prevalence of multiple morbidities among older people was highlighted as a key challenge for action. Dr Majigzav noted that only 0.6% of older people were healthy, while 8 out of 10 had multiple morbidities. Limited numbers of trained
geriatricians and geriatric nurses create additional challenges to appropriate delivery of care. The government is making important strides to address these issues. For example, an age-friendly family health centre was opened in 2007; multidisciplinary geriatric teams were introduced in 2009; voluntary and interest-based clubs facilitate disease prevention and health promotion; and the government aims to cover health care expenses for older people. Reforms in health care financing and insurance for long-term care are an important priority, as is capacity-building in gerontology and geriatrics, and improving prevention and screening services.

2.1.10 New Caledonia

Ms Nalina Tirougnanasammandamourtty, Department Head of Social Welfare, and Mr Philippe Rieux, Deputy Chief of Service Department of Social Protection, New Caledonia, stressed that the population aged over 60 in New Caledonia was predicted to rise from 28,000 in 2010 to 61,000 in 2030 (the total population is currently 245,580). Recent activities have included establishing basic coverage for all and full coverage for chronic illness and disability; guaranteed basic retirement pension above the national poverty line for older people; improvements to the health care system, including a specialized geriatric hospital, 25 health care centres and a new general hospital; and support to older people by introducing a new social security model. Key challenges include the need to maintain older people’s health during the course of their lives and in an appropriate environment with greater community support, prevention programmes tailored to the needs of older people, and increasing equitable access to social and health care services.

With limited resources, the need to deliver effective care in a financially sustainable manner is crucial. An office created by an OPA in the Southern province of New Caledonia was highlighted as an example of good practice. It provides a single entry point for information and coordination of all services for older people and their families, collection of both quantitative and qualitative data for evaluation of the family, social, medical, psychological and financial situation, and development of a personalized support plan. Future priorities include efforts to survey older people’s expectations, finalizing the New Caledonia Geriatric Plan (2014–2019), preventing ill-health among older people through an integrated policy promoting healthy behaviour and strengthening the health and social financing systems to ensure sustainability of service delivery for older people.

2.1.11 Palau

Dr Sylvia Osarch, Physician, Home Health, and Rebecca Koshiba, Social Worker, Palau, outlined the policy context in their country, describing laws for protection from violence, introducing senior citizens’ day, setting the age of retirement at 60, and other general legislation affecting older people. The key challenges are the need to introduce specific laws to protect senior citizens from abuse, to introduce more support programmes, to provide social services, transportation support and discount benefits, and to address cultural beliefs in relation to family roles, nursing homes and hospice care. Several good practice examples exist at the local level, including projects providing home care (covering palliative care), meals on wheels, weaving and carving, along with exercise programmes and income support activities. Future priorities include developing a social health department, increasing political and community awareness, expanding hospitals to include hospice and respite care, and introducing laws to protect older people.
2.1.12 Papua New Guinea

Dr William Lagani, Manager, Family Health Services, National Department of Health, and Dr Lloyd Ipai, Chief Physician, National Department of Health, provided an overview of ageing and health in Papua New Guinea. Within the total population of 7.1 million in 2011, 5% were aged 60 years or older and 50% were under 16 years old. Although there is no specific policy for older people in Papua New Guinea, the National Health Plan (2011–2020) covers all citizens in principle, and provides free health care services to children under seven years and adults aged 60 years and over.

Among the seven priorities of the government over the next five years is to provide free primary health care services for all and to subsidize specialized care. The retirement age has been increased from 55 to 60, and the government has recently proposed the introduction of a pension. Key challenges include lobbying for political support for appropriate policy development. Future priorities include developing a policy on ageing and health that covers pensions and free primary health care, conducting evidence-based research in line with the regional research agenda, and exchanging experiences with and learning lessons from other countries on ageing and health.

2.1.13 Philippines

Dr Irma L. Asuncion, Officer in Charge-Director IV, National Centre for Disease Prevention and Control, Department of Health, gave a presentation on ageing and health in the Philippines, where the population of those aged 60 years or above amounts to seven million people (6.9% of the total population). Relevant legislative and policy instruments include Republic Acts such as the Expanded Senior Citizens Act 2010; Department of Health administrative orders such as the one granting a 20% discount to senior citizens on health-related goods and services; and the Plan of Action for Senior Citizens 2012–2016. Key challenges for action include the full implementation of these acts and executive orders, increasing the number of health workers and geriatric specialists by institutionalizing gerontology and geriatrics in medical and allied curricula and hospital wards, as well as providing better home- and community-based care for older people.

The establishment of management structures including a National Coordinating and Monitoring Board for policy development and monitoring the implementation of the Act, as well as a local management structure called the Office of Senior Citizens Affairs, which coordinates activities of senior citizens and facilitates and monitors the implementation of the Act, were highlighted as examples of good practice. Future priorities include introducing recognition and awards for age-friendly cities, improving reporting and monitoring of age-related health indicators, and enhancing gerontology and geriatrics training. Participation in regional forums to exchange experiences and lessons learnt was seen as a key opportunity.
2.1.14 Republic of Korea

Mr Kim Woo Gi, Senior Deputy Director, Division of Long-Term Care Insurance Management, Ministry of Health and Welfare, Republic of Korea, outlined the policy environment for ageing and health, including the predicted continuing rise of those aged 65 or above from 11% in 2010 to 38% by 2050, and a continuing decline in fertility rates, which began in the 1970s. Current policies for healthy ageing were highlighted, including the Korean long-term care insurance. Available to those aged 65 or above, or those under 65 with geriatric diseases, it establishes three categories of care: first class care, offered to those confined to bed; second class care, targeted at people in wheelchairs; and third class care, for those unable to leave their homes without assistance.

A number of examples of good practice exist: a programme for early detection of dementia, a national health screening service and a denture support service. Exercise and education programmes, e.g. "Healthy for 100 years", are offered in local community centres, village halls, parks and through self-help groups. Future challenges include the rising costs of care and the urgent need to develop policies that reduce the gap between healthy life expectancy and life expectancy, thereby improving the quality of life of older people.

2.1.15 Samoa

Ms Louisa Apelu, Assistant Chief Executive Officer, Division for Women, Ministry of Women, Community and Social Development, and Ms Sarah Filemu, Principal Nurse, Monitoring and Regulations, Health Service Performance, Quality Assurance, Nursing and Midwifery, Ministry of Health, gave a presentation on policy developments in Samoa. These included the Sector-Wide Community-Based Outreach Programme, the Senior Citizens Pension Scheme, the National Noncommunicable Disease (NCD) Prevention and Control Policy (2010–2015) and the Intermediate Care Policy, aimed at establishing a continuum of care.

Key challenges remain with regard to ensuring better coordination, implementation and monitoring of resources for ageing and health, and other competing priorities such as child health and disability. Examples of good practice are seen in the importance of training family members to provide care for their older relatives at home. Future priorities and opportunities for regional collaboration include options for integrating older people’s needs into NCD strategies, prioritizing human resources for health, especially nursing, and linking up with relevant regional and international agendas, including reporting on the Convention on the Elimination of All forms of Discrimination Against Women, the Convention on the Rights of the Child and the Millennium Development Goals.
2.1.16 Tonga

Dr Malakai Ake, Chief Medical Officer, Public Health, Ministry of Health, gave a presentation on ageing in Tonga. He provided a brief overview of the health system, in which health services are free at the point of delivery for all citizens, including older people. However, there are no specific laws, policies or health services for older people. Families have traditionally provided care for older people, along with moral and financial support, and continue to do so. As such, the government has yet to produce specific policies or laws on ageing. The development of the WHO Framework and the Regional Committee discussions offer an excellent opportunity to start discussions about appropriate national legislation, policy and services. A recent milestone was the introduction of a government monthly pension allowance, which indicates the growing importance of the issue of ageing.

2.1.17 Viet Nam

Ms Phuong Thi Thu Huong, Chief, Information, Analysis and Dissemination Section, Centre for Population Research, Information and Database, General Office for Population and Family Planning, gave a presentation on ageing and health in Vietnam, where 10.2% of the population are aged 60 years and above. Older people’s issues have been addressed in the Constitution, the Law on Protection and Care of the Elderly, the Population and Reproductive Health Strategy (2011–2020) as well as the National Program on Action on the Elderly (2012–2020). Key challenges for action include managing the large proportion (two-thirds) of older people living in rural areas, the rapid rate of growth of the "oldest old", the large proportion of older women and widows with specific health risks, and a lack of social security for all older people.

The burdens of co-morbidities and the lack of health system capacity to respond appropriately to older people’s needs were highlighted as important priorities. An intergenerational self-help club initiative, started through HelpAge International in 2010, was described as an example of good practice. This community-based initiative has expanded to 10 provinces, comprising 600 clubs and 30 000 members, 70% of whom are from low-income groups. Their activities include income generation, health care, protecting older people’s rights, home-based care and capacity-building. The initiative aims to improve the quality of life and health of older people, encourage community participation, raise awareness of older people’s roles, and highlight the importance of respect towards older people. Future priorities for Viet Nam include: sharing research and data on ageing, exchanging experiences and lessons on health care options for older people, training of caregivers and greater participation of the private sector.

2.2 Discussion

In the discussions that followed the country presentations, participants noted the rich and diverse experiences and achievements of countries. It was suggested that three typologies could be used to capture developments and discuss options for progress on ageing...
and health: countries' level of economic development; their stage in the demographic transition; and their stage in the epidemiological transition.

Many contributions highlighted the usefulness of learning from different countries, particularly in the area of health system responses to ageing. While there was substantial diversity across countries of the Western Pacific Region, many faced similar challenges. Country representatives saw added value in exchanging experiences, as well as a role for WHO to collate examples and encourage dialogue across countries in the Region.

Participants also commented on the need for more research and better data. The collection and use of data on ageing and health was considered a cornerstone of effective national policy-making. The question of how to ensure comparability of data, including ways of standardizing ageing and health indicators across different countries, was considered. Examples of good practice included the WHO Study on Global AGEing and Adult Health (SAGE). China was among the countries included, and an ageing index was developed by the United Nations Population Fund (UNFPA) and HelpAge International.

Some participants noted that, given demographic and social changes such as urbanization and women's increased participation in the labour force, the traditional role of families in caring for older people was increasingly breaking down. Community-based care options might thus offer promise, but would need further research and policy attention. Participants acknowledged that individuals, families, communities and different sectors and levels of government needed to work in partnership to develop and implement policies on ageing and health effectively. Working across sectors and through strengthened partnerships would be crucial. Participants highlighted the benefits of adopting whole-systems, whole-of-society and intergenerational approaches. Raising awareness on the importance of older people’s contributions could help combat negative stereotypes of ageing.

3. TECHNICAL SESSIONS

The technical sessions included discussions on each of the four pillars of action of the draft framework:

- Pillar 1: Fostering age-friendly environments through action across sectors.
- Pillar 2: Promoting healthy ageing across the life course and preventing functional decline and disease among older people.
- Pillar 3: Promoting universal health coverage through age-friendly health systems.
- Pillar 4: Strengthening the evidence base on ageing and health.

Each session began with a summary of the action pillar, followed by comments from selected experts to provide additional information and discussions among participants.

3.1 Pillar 1: Fostering age-friendly environments through action across sectors

Ms Anjana Bhushan provided an overview of Pillar 1, aimed at fostering age-friendly environments through action, engagement and collaboration across sectors and stakeholders, including local communities, families and older people themselves. She highlighted the following four relevant issues:
the need to address the underlying determinants of the health of older people through actions in sectors such as housing and transport;
the leadership role of the health sector for collaboration and action across sectors;
the need to build age-friendly cities and communities; and
the need for participation and empowerment of older people.

Ms Bhushan concluded her presentation by introducing the following suggested actions under this pillar:

- advocate for age-friendly policies and initiatives within health promotion programmes;
- advocate for intersectoral action by identifying and supporting options for whole-of-government and whole-of-society initiatives across sectors;
- strengthen existing multisectoral mechanisms to address and integrate ageing and health issues as a core objective of their work;
- build new and extend existing networks or partnerships;
- strengthen public awareness;
- advocate for and provide inputs to the development of monitoring and evaluation tools and guidelines for age-friendly environments; and
- strengthen analysis and dissemination of good practices with respect to action across sectors to promote age-friendly environments.

In his comments, Dr John Beard, Director, Department of Ageing and Life Course, WHO Geneva, outlined three reasons to act now: namely, economics, human rights and creating a fair and equitable society. It is important not to frame ageing as a homogeneous phenomenon, but to recognize the diversity of older people. He highlighted the need to adapt responses to the changing society and culture through an integrated and holistic response. Dr Beard stressed that the resources spent in responding to ageing and health issues were in fact a valuable investment.

He suggested that the framework should communicate the need to “reinvent ageing” and should include strengthening intergenerational links and ties with older people’s organizations as a strategic approach. Dr Beard introduced the WHO Global Network of Age-friendly Cities and Communities, which aims to foster the exchange of experience and mutual learning and create inclusive and accessible urban environments for older people. The network provides a global platform for information exchange and mutual support. Efforts are being made to develop indicators to assess the age-friendliness of cities or communities. The network has the potential for expansion in the Western Pacific Region.

Mr Eduardo Klien, Regional Director, HelpAge International East Asia/Pacific Regional Development Centre, commented that older people should be seen as resources for society, not as a burden. Mr Klien welcomed the Framework’s inclusion of the idea of OPAs as a potentially effective mechanism to address the needs of older people. He stated that
multifunctional OPAs were a cost-effective community-based mechanism through which programmes for older people’s social participation, self-care, home care, health checks and income security had been implemented. Viet Nam alone has more than 600 OPAs, which comprise an example of good practice. Mr Klien concluded by stressing that important policy-relevant lessons could be learnt from existing innovative practices across the Region.

In the discussions that followed, participants expressed their general agreement with this pillar of the draft Framework. Positive examples such as OPAs and the WHO Global Network of Age-Friendly Cities and Communities provide important lessons and can potentially be adapted to other country contexts.

Issues pertaining to health equity, human rights and economic development were raised. Participants stressed that limited resources should not prevent policy-makers from taking steps to address inequities in access, and investments should be made in all people’s health, based on need and not age. They welcomed efforts to reframe ageing as a positive development, which represents the success of public health and development policies, and older people as resources to society. Strengthening public awareness of ageing should be a key area of work.

The leadership role of the health sector in ensuring intersectoral action on ageing and health was recognized. As the country presentations showed, many Member States have developed comprehensive policies, plans and institutional arrangements for fostering intersectoral action on ageing and health. It is crucial to build appropriate capacity at all levels to identify and support options for whole-of-government and whole-of-society initiatives.

3.2 Pillar 2: Promoting healthy ageing across the life course and preventing functional decline and disease among older people

Ms Britta Baer, Technical Officer (Gender, Equity and Human Rights), Division for Health Sector Development, WHO Regional Office for the Western Pacific, gave a presentation summarizing the second action pillar on promoting healthy ageing across the life course and preventing functional decline and disease among older people. The objective is to reduce exposure to risk factors and promote healthy behaviours across all stages of life, empower people to maintain their health as they grow older and prevent functional decline and ill-health among older people.

Older people represent a large share of those with NCDs and often have co-morbidities. Health in old age is to a large extent determined by conditions and choices (e.g. whether to smoke, exercise and eat a healthy diet) made in early life. Empowering people to maintain their health as they grow older is therefore an important dimension of healthy ageing. At the same time, efforts are needed to prevent ill-health among older people. Reducing functional and cognitive decline and frailty among older people can significantly improve their quality
of life and maintain their independence. The second pillar includes the following suggested actions:

- Bring healthy ageing into the mainstream across the course of life in health promotion and disease prevention efforts.
- Increase the coverage of and access to targeted priority interventions for health promotion and disease prevention for older people, tailored to their specific health needs.
- Place priority on addressing functional decline and frailty among older people.
- Improve health literacy among older people and promote their knowledge about the options for health promotion and disease prevention activities in their communities.
- Pay attention to the specific needs of population groups with higher exposure to NCD risk factors.
- Advocate for research on the life-course stages that are most critical to older people and develop monitoring and evaluation tools for healthy ageing and disease prevention among older people.

In her presentation, Dr Susan Mercado, Director, Building Healthy Communities and Populations, WHO Regional Office for the Western Pacific, framed healthy ageing as expanding health and well-being, rather than merely preventing disease. The promotion of healthy lifestyles in younger years is critical for preventing cardiovascular disease, diabetes, chronic respiratory disease, cancers and other NCDs. Younger and older people need access to appropriate health promotion and disease prevention efforts. Dr Mercado pointed out additional health issues (beyond reducing exposure to risk factors such as tobacco and alcohol and improving diets and physical activity) of special relevance to older age groups. These included mental health (especially dementia), injuries and falls, disability, dental and sexual health. New lifestyle challenges – for example, living alone vs living with the family – could determine the onset or outcome of disease. Society’s resources, such as educational institutions, could potentially be used to strengthen older people’s capacities. Community-based solutions have provided substantial opportunities for the empowerment and inclusion of older people, to detect problems and manage care as needed. Such an approach to healthy ageing would go beyond merely preventing disease and allow for sustainable improvements in the health and well-being of older people.

In his comments, Mr Andres Montes, Population Affairs Officer, Asia and Pacific Regional Office, UNFPA, congratulated WHO’s Regional Office for its leadership on ageing and health and welcomed the development of the draft Framework. Mr Montes welcomed the Framework's human rights-based approach, which is in line with efforts by other United Nations agencies as well as recent commitments by Member States. It also facilitates going beyond measuring life expectancy to take into account the quality of life of older people. Mr Montes also welcomed the emphasis on function in the second pillar of the Framework, which is a core issue of concern to older people. As the draft Framework recognizes, progress will depend on political commitment and evidence-based advocacy to promote
healthy ageing and mobilize communities, including younger generations. UNFPA has been working with HelpAge International and other partners to develop a new global index on ageing. Mr Montes concluded by stressing UNFPA’s readiness to collaborate with WHO on ageing and health.

In the discussions that followed, participants expressed general support for the issues included under the second pillar of the draft Framework. NCD prevention, including through multisectoral action, is an important entry point for action on ageing and health, given that older people comprise the largest share of those with NCDs, including multiple morbidities.

Advocacy with policy-makers, communities and families is needed on the importance of conditions and choices in earlier years in determining health and well-being in older age. Rebranding of ageing should correct assumptions that automatically associate ageing with ill-health. Community mobilization, social inclusion and mutual support among older people can help promote healthy ageing. Health promotion and disease prevention efforts need to be tailored to the specific needs of older people, including the tackling of priority health concerns such as dementia, functional decline, frailty, etc. Participants recommended adding a suggested action on disability.

3.3 **Pillar 3: Promoting universal health coverage through age-friendly health systems**

Ms Anjana Bhushan presented an overview of the third pillar on strengthening age-friendly health systems. The objective is to strengthen age-friendly health systems to provide acceptable and accessible health services of sufficient quality across the care continuum. This pillar raised discussions on key issues in the following broad health system areas: leadership and governance; health workforce; health financing; service delivery; and essential medicines and technology. Suggested actions are as follows:

(1) Leadership and governance:

- Take into account the needs of older people in the design, implementation and evaluation of health sector plans, with a special focus on encouraging gender-responsive, equity-enhancing and human rights-based action on ageing and health.
- Advocate for the inclusion of health issues and the needs of older people in national laws, policies and actions on ageing as well as in national development plans.
- Exploit synergies between ageing and health and other priority agendas receiving high-level attention.
- Raise awareness of health and ageing issues, framing older people as resources for society and ensuring their participation in health-related decision- and policy-making at all levels.

(2) Health workforce:

- Ensure that health workforce planning and development take account of the numbers of and skills of health workers needed.
- Ensure that health workers have improved understanding and skills to provide age-friendly care.
- Ensure recognition and improve working conditions and staff retention for those providing services to older people.
• Explore ways of providing support for home-based, community and informal caregivers.
• Build expertise in specialties of particular relevance.
• Organize multidisciplinary and comprehensive networks of health professionals and care facilities.
• Build capacity among older people in self-care, expanding on innovative models of informal and community care; disseminate good practice and foster the creation of networks in this area.

(3) Health financing:

• Strengthen health financing systems to support integrated service delivery, paying particular attention to excluded older people.
• Develop appropriate benefit packages to address the health needs of older people, including especially vulnerable households.
• Stimulate research, documentation and dissemination of good practices within and across Member States on tackling financial barriers to access to health services needed by older people.
• Explore options to ensure adequate fiscal space for the financing of health and long-term care.
• Prioritize the development of long-term care options, including at home and in communities, to avoid inappropriate use of health care facilities and to support the health and participation of older people in society.

(4) Service delivery:

• Advocate for service delivery models that are responsive to the health needs and expectations of older people.
• Evaluate existing services for their age-friendliness, address gaps and reduce age-related barriers to access.
• Enhance the quality of service delivery with a view to meeting the specific health needs of older people.
• Strengthen age-friendly primary health care as an appropriate entry point for older people to access the broader continuum of care.
• Place priority on specific services that support the health and functioning of older people.
• Evaluate and strengthen existing capacity to address and manage co-morbidities including through appropriate care pathways and collaboration mechanisms.
• Stimulate analysis and learning on innovative models for delivering care, including in self-, home and community care.
• Develop or strengthen mechanisms and networks to ensure coordinated delivery of health and social care for older people with chronic conditions and long-term care needs.

(5) Essential medicines and technology:

• Advocate for equitable and universal access to essential medicines and health technologies, as part of the right to health of older people and to maintain health and active participation optimally in society.
• Support the monitoring and review of prescribing practices and rational use of medicines, with a focus on older people’s specific pharmaceutical care needs.
• Improve the availability, quality and safety of medicines by reducing regulatory barriers to marketing and strengthening good regulatory practices and enforcement.
• Ensure equitable access by older people to appropriate financial protection mechanisms and increase evidence-informed decision-making on inclusion of affordable essential medicines and technologies in benefit packages therein.
• Monitor global trends in trade and intellectual property rights affecting access to essential medicines and technologies, and incentivize supplier investments including research and development for essential medicines and health and assistive technologies.
• Increase the health literacy/awareness of older people, their caregivers and communities to improve demand for the right essential health and assistive technologies.
• Increase availability and access to assistive technologies by:
  o developing appropriate quality standards and regulatory frameworks to ensure quality and safety and guidance on their use to address functional decline with ageing; and
  o strengthening incentives for research and development of low-cost and/or cost-effective, robust assistive technologies to support ageing populations in resource-limited settings.

Dr Gulin Gedik, Acting Director, Division for Health Sector Development and Team Leader (Human Resources for Health), WHO Regional Office for the Western Pacific, provided a brief overview of the link between ageing and universal health coverage. To achieve universal health coverage, it is critical to build a health workforce with the skills and competencies relevant to population ageing, including for example being able to work in teams to deal with co-morbidities. Ageing has several implications for health workforce planning, including the number, age and skill sets of health workers required to respond to the health needs of older people. Health professional education will need to ensure sufficient numbers of both general health workers with the required skills and competencies and those with specialized skills in areas such as gerontology.

Ms Laura Hawken, Technical Officer (Health Services Development), Division for Health Sector Development, WHO Regional Office for the Western Pacific, gave a presentation on health sector stewardship to manage country resources for the benefit of the entire population, which entails intelligence, vision and influence. While ageing is fundamentally a whole-of-government issue requiring multisectoral responses, the health sector has an important leadership role. Older people need access to age-friendly primary care as well as specialist, long-term and palliative care. A whole-systems approach to ageing and health that works towards integration of services across the continuum of care will be essential to respond to the needs of older people.
Dr Alex Ross, Director, WHO Centre for Health Development, Kobe, gave a presentation on the role of innovation in promoting universal health coverage. Innovation potentially to improve access to affordable, durable, acceptable medical and assistive devices can improve older people’s quality of life, tackle functional decline and morbidity, and promote a more harmonious and inclusive society. Priority areas for innovation include vision, hearing, mobility, cognitive functioning, social inclusion, managing co-morbidities and supporting caregivers. Fostering such innovation has important implications for health system areas such as financing, human resources, quality assurance and regulation. Dr Ross provided a brief update on activities of the WHO Centre for Health Development, including the First WHO Global Forum of Innovation for Ageing Populations, to be held in December 2013.

In the discussions that followed, participants welcomed the strong focus on health systems in the draft Framework. They agreed that the health sector should play an important leadership role. Potential avenues for operationalizing a whole-systems approach were considered, including ways of ensuring a continuum of care that spanned health, social and long-term care for older people. Health workers need to have skills to respond to the needs of older people and to work in multidisciplinary teams. Equitable health financing mechanisms and the availability and appropriate use of medicines and health technologies are critical, along with strengthened partnerships and political commitment.

Member States expressed interest in receiving guidance on how to integrate ageing and health concerns into different aspects of health system policies and actions. Participants agreed that, despite diversity across the countries of the Western Pacific Region, Member States had much to learn from each other. WHO can compile good practices, synthesize lessons learnt and support policy dialogues and study tours.

3.4 Pillar 4: Strengthening the evidence base on ageing and health

Ms Britta Baer provided an overview of the fourth pillar of the draft Framework. The objective is to strengthen evidence-informed policy- and decision-making on ageing and health in the Western Pacific Region. Ms Baer stressed that reliable information was key to evidence-based policy-making. There is a need to strengthen the collection, analysis and use of quantitative information on the health status of older people, disaggregated by age, sex and other social stratifiers. There is also a need to improve longitudinal monitoring and completeness of patient records and history data across points of service delivery and areas for better quality health care for older people. Further efforts are needed to ensure appropriate standardization of methodologies and indicators so as to encourage comparisons across countries. There is also a need to bridge knowledge gaps on ageing and health through research and analysis of policies, laws and actions and their implementation. In addition, appropriate knowledge translation can ensure that available evidence effectively feeds into policy-making. The fourth pillar of the draft Framework included the following suggested actions:
• Improve capacity in Member States to collect, monitor and analyse data.
• Increase efforts to collect quantitative and qualitative data on the availability, accessibility, appropriateness and quality (AAAQ) of health and social care and key underlying determinants of health.
• Improve the analysis and evaluation of existing efforts and their implementation.
• Implement appropriate health data standards to increase access, sharing and use of individual-level health and medical records over time, across geographies and between public and private providers.
• Stimulate research, documentation and dissemination of good practices.
• Improve knowledge translation to inform policy-making.
• Advocate for the empowerment of older people and their support networks, foster their health literacy and ensure their participation.
• Strengthen partnerships across sectors and with different actors in the Region to support data collection and identify research priorities.

Professor Julie Byles gave a presentation summarizing findings from an analysis on the health status of older people in selected countries of the Western Pacific Region, commissioned to inform the development of the draft Framework. She described the wide diversity in the Western Pacific Region, highlighting differences in the demographic transition and health status of older people across countries. Data indicated that, despite many country-specific variations, all countries in the Region faced population ageing. Although some countries have comparatively young populations, the fastest growth in the 60+ age group is taking place in low- and middle-income countries, leaving them much less time to put suitable policies in place. Professor Byles highlighted available data sources and information gaps, echoing concerns about the lack of data disaggregation and the need for standardized methodologies and indicators.

Dr Manju Rani, Senior Technical Officer (Health Research Policy), Division for Health Sector Development, WHO Regional Office for the Western Pacific, outlined a conceptual framework of research domains applicable to topics related to ageing and health. She suggested that research should not be a stand-alone activity, but should cut across all areas and actions foreseen in the draft Framework. She stressed that the complexities of ageing would be most conducive to multidisciplinary research, ranging from basic and clinical research to policy analyses. Demographic health surveys have generated invaluable data on child and maternal health and have fostered collaborative research, advocacy and ongoing monitoring and impact evaluation of several
health interventions. Similar initiatives may be suitable in the area of ageing and health. Dr Rani concluded by highlighting that knowledge generation would need to go hand in hand with its translation into practical solutions, and more specifically towards changing behaviours, practices and policies.

In the discussions that followed, participants agreed that evidence-based policies were essential as the basis for actions included under the other three pillars. Others recognized the usefulness of the analysis that had been conducted and presented. WHO's support is needed to translate good evidence-based research into policy, which remains a practical challenge. Community and national-level research can build the ageing and health agenda in each country. Practical challenges include a lack of agreement on the definition of terms such as ‘frailty’.

4. GROUP WORK

On the third day of the meeting, participants undertook group work in small country groups, with support from WHO staff and temporary advisers. The objectives were to identify country-specific issues in relation to ageing and health and to develop practical actions to address them. The group work materials, outcomes and presentations are provided in Annex 3.

In the feedback session, it was noted that most countries prioritized action in a health systems area, highlighting the strong relevance of ageing to health sector development. Many participants noted that the separation of issues during the group work had been helpful for discussing specific issues and prioritizing actions as appropriate to the context in each country. However, ageing and health is a cross-cutting area, and requires a holistic, whole-systems approach. Participants also repeatedly stressed the need for an intersectoral response on ageing and health, with the health sector (and the Ministry of Health) leading to convene partners. Similarly, WHO could support Member States by using its convening powers to bring together different stakeholders, encourage learning and strengthen partnerships.

Participants emphasized the need to raise awareness on ageing and re-conceptualize it as a positive trend, with older people as resources to society. The importance of strengthening information (both quantitative and qualitative) was underlined. Several participants noted the relatively low prioritization of ageing in several countries in the Region, and the need to strengthen political commitment. The draft Framework and the upcoming Regional Committee discussions represent good opportunities to mobilize such commitment and foster policy dialogue on ageing and health in the Western Pacific.

5. CLOSING SESSION

Ms Anjana Bhushan thanked the participants for their useful contributions. She noted that a wealth of information had been generated during the meeting, particularly in identifying country-specific priorities on ageing and health. WHO’s Regional Office for the Western Pacific would finalize the draft Framework based on comments received from participants and share a revised version in advance of the Regional Committee Meeting in October 2013. She encouraged all participants to inform or brief relevant departments and ministries in their countries and looked forward to remaining engaged on this important issue.
Dr Guln Gedik, Acting Director, Division for Health Sector Development, WHO Regional Office for the Western Pacific, remarked on the growing importance of ageing and health, stressing the need to act urgently. She spoke about the challenge of bringing together diverse voices and partners to promote sustained action. WHO stands ready to support Member States in this area, in collaboration with other partners. Dr Gedik thanked participants for their contributions and the office bearers for their hard work during the meeting.

His Excellency Dr Bounkong Syhavong, Vice-Minister of Health of the Lao People’s Democratic Republic and Chair of the Meeting, concluded the consultation by warmly thanking participants for their active participation. Their helpful advice would inform finalization of the draft Framework to be presented to and discussed by the WHO Regional Committee at its sixty-fourth session in October 2013. If endorsed, the Framework has the potential to strengthen political commitment on ageing and health, guide WHO’s work in this area, and support Member States in developing country-specific policies and actions that respond to the needs of older people.
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<tr>
<th>Time</th>
<th>Tuesday, 9 July 2013</th>
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<tr>
<td>8:00</td>
<td><strong>Session 1: Opening session</strong>&lt;br&gt;• Opening remarks: Dr Shin Young-Soo, Regional Director&lt;br&gt;• Introduction of participants&lt;br&gt;• Objectives of the meeting&lt;br&gt;• Overview of ageing and health in the Western Pacific Region (Anjana Bhushan, WHO Regional Office)&lt;br&gt;• Group photo</td>
<td><strong>Session 5: Country presentations (contd)</strong>&lt;br&gt;• Mongolia&lt;br&gt;• New Caledonia&lt;br&gt;• Palau&lt;br&gt;• Papua New Guinea&lt;br&gt;• Philippines&lt;br&gt;• Republic of Korea&lt;br&gt;• Discussions</td>
<td><strong>Session 9: Group work</strong>&lt;br&gt;• Issue analysis and prioritization&lt;br&gt;• Issue selection&lt;br&gt;• Barrier analysis</td>
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<td>10:00</td>
<td><strong>Session 2: Strengthening the evidence base on ageing and health</strong>&lt;br&gt;• Overview of Pillar 4, draft Regional Framework for Action on Ageing and Health&lt;br&gt;• Presentation on the health of older people in selected countries in the Region (Julie Byles, University of Newcastle, Australia)&lt;br&gt;• Comment (Manju Rani, WHO Regional Office)&lt;br&gt;• Discussions</td>
<td><strong>Session 6: Fostering age-friendly environments through action across sectors</strong>&lt;br&gt;• Overview of Pillar 1, draft Regional Framework for Action on Ageing and Health&lt;br&gt;• Comment (John Beard, WHO HQ)&lt;br&gt;• Comment (Eduardo Klien, HelpAge International)&lt;br&gt;• Discussions</td>
<td><strong>Session 9: Group work (contd)</strong>&lt;br&gt;• Root cause analysis&lt;br&gt;• Solutions and policy suggestions</td>
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<td>13:00</td>
<td><strong>Session 3: Country presentations</strong>&lt;br&gt;• Cambodia&lt;br&gt;• China&lt;br&gt;• Federated States of Micronesia&lt;br&gt;• Fiji&lt;br&gt;• Japan&lt;br&gt;• Lao People’s Democratic Republic&lt;br&gt;• Malaysia&lt;br&gt;• Discussions</td>
<td><strong>Session 7: Country presentations (contd)</strong>&lt;br&gt;• Samoa&lt;br&gt;• Tonga&lt;br&gt;• Viet Nam&lt;br&gt;• Discussions&lt;br&gt;<strong>From 14:00:</strong>&lt;br&gt;<strong>Session 8: Promoting universal health coverage through age-friendly health systems</strong>&lt;br&gt;• Overview of the Pillar 3 draft Regional Framework for Action on Ageing and Health&lt;br&gt;• Comment (Gulin Gedik, DHS, WHO Regional Office)</td>
<td><strong>Session 9: Group work (contd)</strong>&lt;br&gt;• Presentations from group work&lt;br&gt;• Next steps</td>
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<td>15:00</td>
<td><strong>Break</strong></td>
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<td>15:30</td>
<td><strong>Session 4: Promoting healthy ageing across the life course and preventing functional decline and disease among older people</strong>&lt;br&gt;• Overview of Pillar 2, draft Regional Framework for Action on Ageing and Health&lt;br&gt;• Comment (Susan Mercado, DHP, WHO Regional Office)&lt;br&gt;• Comment (Andres Montes, UNFPA)&lt;br&gt;Discussions</td>
<td><strong>Session 8: Promoting universal health coverage through age-friendly health systems (contd)</strong>&lt;br&gt;• Comment (Alex Ross, WHO Kobe)&lt;br&gt;• Comment (Laura Hawken, WHO Regional Office)&lt;br&gt;• Discussions</td>
<td><strong>Session 10: Conclusions and closing</strong>&lt;br&gt;• Next steps&lt;br&gt;• Closing remarks</td>
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<td>17:30</td>
<td><strong>RECEPTION</strong></td>
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Annex 2 – List of Participants

MEETING ON AGEING AND HEALTH IN THE WESTERN PACIFIC REGION
9 to 11 July 2013
Manila, Philippines

FINAL LIST OF PARTICIPANTS, TEMPORARY ADVISERS, OBSERVERS AND SECRETARIAT

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<td>New Caledonia</td>
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</tr>
<tr>
<td></td>
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<td>Department Head of Social Welfare</td>
<td>DPASS SUD</td>
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</tr>
</tbody>
</table>
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Annex 3 – Group work tables and summaries

Figure 1: Spidergram for issue analysis and prioritization on addressing ageing and health highlighting key topics (blue) and priority action areas (red) identified by countries in the Western Pacific Region.

- **Leadership and governance on ageing and health**
  - Fiji, Palau, Philippines, Samoa, Viet Nam

- **Integrated health service delivery to ensure the continuum of care**
  - China, Federated States of Micronesia, Japan, Malaysia, Tonga

- **Health promotion and NCD prevention across the life course**
  - Federated States of Micronesia, Fiji, New Caledonia, Philippines, Samoa

- **Preventing diseases and functional decline among older people**
  - Malaysia

- **Fostering age-friendly environments that promote the health and participation of older people**
  - Republic of Korea, Tonga, Viet Nam

- **Building partnerships and ensuring the participation of older people**

- **Strengthening the evidence base on ageing and health**

- **Equitable financing of health and long-term care**
  - Cambodia, Lao People’s Democratic Republic, New Caledonia, Mongolia

- **Health workers with appropriate skills**
  - China, Japan

- **Fostering age-friendly environments that promote the health and participation of older people**

- **Essential medicines and health technologies for older people**
  - Papua New Guinea
## Task 2: Cambodia

<table>
<thead>
<tr>
<th>Issue</th>
<th>Impact (0–5)</th>
<th>Feasibility (0–5)</th>
<th>Total (0–25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of health workers with appropriate skills</td>
<td>5</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Limited activities on health promotion and NCD prevention across the life course</td>
<td>5</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Integrated health service delivery to ensure the continuum of care</td>
<td>5</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Equitable financing of health and long-term care</td>
<td>5</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

## Task 5: Cambodia

<table>
<thead>
<tr>
<th>Problem statement</th>
<th>Cause</th>
<th>Solution</th>
<th>Practical actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of skilled and competent health staff to provide/manage quality health care for older people</td>
<td>1. There is no existing training at basic and postgraduate levels.</td>
<td>- Include care of older people within school curriculum.</td>
<td>1.1 In-service training to health professions at all levels.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Request assistance from international and regional academics.</td>
<td>1.2 Develop and adapt curriculum.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td>1.3 Short-term geriatric and gerontology training.</td>
</tr>
<tr>
<td></td>
<td>2. There is no funding or technical support from government or partners.</td>
<td>- Advocacy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Budget planning.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Financing schemes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Perceptions from; health care staff, government and partners.</td>
<td>- Raising awareness.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.1 Disseminate information on ageing issues among policy makers in different sectors.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2 Prepare action plan and costing for short term, medium term and long term.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3 Use existing health care financing scheme to facilitate older people’s access to health care.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.1 Multisectoral awareness raising on older people’s health issues for health staff, government, partner and media.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2 Raising awareness on health and ageing related to social, physical and environmental to OPA.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3 Develop information, education and communication (IEC) materials.</td>
<td></td>
</tr>
</tbody>
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Task 2: China

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<th>Issue</th>
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<tr>
<td>Integrated health service delivery to ensure continuum of care</td>
<td>5</td>
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<td>25</td>
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<tr>
<td>Health workers with appropriate skills</td>
<td>4</td>
<td>5</td>
<td>20</td>
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<tr>
<td>Strengthening the evidence base on ageing and health</td>
<td>4</td>
<td>5</td>
<td>20</td>
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Task 5: China

<table>
<thead>
<tr>
<th>Problem statement</th>
<th>Cause</th>
<th>Solution</th>
<th>Practical actions</th>
<th>Effective x feasibility = overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>An effective and cooperative mechanism on ageing and health</td>
<td>1. Lack of information and evidence.</td>
<td>- Provide information and seek evidence.</td>
<td>1.1 literature and policy review.</td>
<td>4 x 5 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2 National survey.</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 Dissemination of results and advocacy.</td>
<td>5 x 5 = 20</td>
</tr>
<tr>
<td></td>
<td>2. Lack of integrated policy.</td>
<td>- Establish cross-sector policy on integrated health service.</td>
<td>2.1 Policy dialogue and meetings across sectors.</td>
<td>5 x 5 = 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Leadership advocacy.</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.3 Preliminary testing of policies in different regions (with different economic and social contexts).</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td>3. Lack of national guidance on integrated health services delivery in</td>
<td>- Formulate national guidance.</td>
<td>3.1 Identify existing good models.</td>
<td>5 x 5 = 25</td>
</tr>
<tr>
<td></td>
<td>the community.</td>
<td></td>
<td>3.2 Analyse the feasibility of models under different circumstances.</td>
<td>4 x 5 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3 Collect and disseminate good practice examples of local innovation to fit the national guidance.</td>
<td>5 x 4 = 20</td>
</tr>
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Task 2: The Federated States of Micronesia

<table>
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<tbody>
<tr>
<td>Health workers with appropriate skills</td>
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<td>4</td>
<td>16</td>
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<tr>
<td>Building partnerships and ensuring the participation of older people</td>
<td>4</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Health promotion and NCD promotion across the life course</td>
<td>5</td>
<td>5</td>
<td>25</td>
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Task 5: The Federated States of Micronesia

<table>
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<tr>
<th>Problem statement</th>
<th>Cause</th>
<th>Solution</th>
<th>Practical actions</th>
<th>Effective x feasibility = overall</th>
</tr>
</thead>
</table>
| Services for older people are not available | 1. Lack of providers. | - Specialized training.  
- Home care training. | 1.1 Conduct geriatric course/training.  
1.2 Train home caregivers. | 4 4 16 |
| | 2. Lack of priority and policy. | - Building the evidence (moving from liability to opportunity myth). | 2.1 Collect data.  
2.2 Package and disseminate.  
2.3 Monitor and evaluate. | 4 3 12  
4 4 16  
3 4 12 |
| | 3. Lack of clarity of need. | - Conduct a situational analysis. | 3.1 Conduct a situational analysis. | 5 4 20 |
### Task 2: Fiji

<table>
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<th>Total (0–25)</th>
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<tr>
<td>Strengthening the evidence base on ageing and health</td>
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<td>Health promotion and NCD prevention across the life course</td>
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<td>5</td>
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### Task 5: Fiji

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<th>Cause</th>
<th>Solution</th>
<th>Practical actions</th>
<th>Effective x feasibility = overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>The government needs to strengthen the evidence base/structural approach, collaboration and partnership to address NCD issues or concerns.</td>
<td>1. Lack of data to determine the scope and management of the target group being dealt with.</td>
<td>- Increase knowledge base.</td>
<td>1.1 Intersectoral action-oriented strategies.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2 Secure political will.</td>
<td>5 5 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 Encourage private sector and civil society participation.</td>
<td>4 5 20</td>
</tr>
<tr>
<td></td>
<td>2. Lack of structured approach (leadership and governance).</td>
<td>- Increase leadership and governance.</td>
<td>2.1 Secure political will.</td>
<td>4 5 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Establish structured model that is holistic and harmonized.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.3 Monitoring and evaluation framework.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td>3. Lack of collaborative approach to address NCDs.</td>
<td>- Secure innovative partnerships for healthy ageing.</td>
<td>3.1 Secure political will.</td>
<td>4 5 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.2 Secure partnerships.</td>
<td>4 5 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3 Monitoring and evaluation analysis.</td>
<td>4 5 20</td>
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Task 2: Japan

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<td>Integrated health service delivery to ensure continuum of care</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Preventing diseases and functional decline among older people</td>
<td>3</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Building partnerships and ensuring the participation of older people</td>
<td>4</td>
<td>3</td>
<td>12</td>
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</tbody>
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Task 5: Japan

<table>
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<tr>
<th>Problem statement</th>
<th>Cause</th>
<th>Solution</th>
<th>Practical actions</th>
<th>Effective x Feasibility = Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal sectors need support from the government and medical specialists in</td>
<td>Informal carers have minimal power.</td>
<td>- To make an organization that assists in collaboration of informal carers.</td>
<td>1.1 Obtain information of good practice examples from prefectures.</td>
<td>2 × 4 = 8</td>
</tr>
<tr>
<td>order to promote integrated health service delivery to ensure the continuum of</td>
<td></td>
<td></td>
<td>1.2 Think about functional schemes to organize and support informal carers.</td>
<td>4 × 3 = 12</td>
</tr>
<tr>
<td>care.</td>
<td></td>
<td></td>
<td>1.3 If there are already good organizers, support them.</td>
<td>4 × 4 = 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.1 Obtain information on good practice, see examples from prefectures.</td>
<td>2 × 4 = 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Survey who is already working in Japan</td>
<td>3 × 3 = 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.1 Increase the awareness and appeal of existing evidence on the needs of</td>
<td>4 × 3 = 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>older persons.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.2 Inform people of good practice examples of informal workforce.</td>
<td>4 × 3 = 12</td>
</tr>
</tbody>
</table>
### Task 2: Lao People’s Democratic Republic

<table>
<thead>
<tr>
<th>Issue</th>
<th>Impact (0–5)</th>
<th>Feasibility (0–5)</th>
<th>Total (0–25)</th>
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<tbody>
<tr>
<td>Health promotion and NCD prevention across the life course</td>
<td>5</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Health workers with appropriate skills</td>
<td>5</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Equitable financing of health and long-term care</td>
<td>5</td>
<td>2</td>
<td>10</td>
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</tbody>
</table>

### Task 5: Lao People’s Democratic Republic

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<tr>
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<th>Practical actions</th>
<th>Effective x feasibility = overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing numbers of older people with chronic diseases and disabilities, but not enough qualified health caregivers to deal with this situation.</td>
<td>1. No appropriate competency in ageing and health care.</td>
<td>- Build up competency.</td>
<td>1.1 Develop training institutions appropriate to the need.</td>
<td>5 4 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2 Set up the specific curriculum and introduce into faculties of nursing and medicine.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 Train existing staff in health centres, family members and volunteers.</td>
<td>5 5 25</td>
</tr>
<tr>
<td></td>
<td>2. No expertise inside Lao People’s Democratic Republic in ageing and health.</td>
<td>- Look for ways to build ageing health expertise.</td>
<td>2.1 Request assistance from abroad; WHO, HAI and universities.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Exchange and study visits with advanced partners.</td>
<td>4 5 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.3 Send health professionals to study overseas for long-term training.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td>3. Lack of funding.</td>
<td>- Secure and sustain the funding.</td>
<td>3.1 Include in health budget specific allocation for training.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.2 Request assistance from development partners.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3 Promote the contribution of family members and local authorities.</td>
<td>4 3 12</td>
</tr>
</tbody>
</table>
### Task 2: Malaysia

<table>
<thead>
<tr>
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<tr>
<td>Preventing disease and functional decline among older people</td>
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<td>20</td>
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<tr>
<td>Fostering age-friendly environments that promote the health and participation of older people</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Building partnerships and ensuring the participation of older people</td>
<td>4</td>
<td>3</td>
<td>12</td>
</tr>
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### Task 5: Malaysia

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<tbody>
<tr>
<td>Health-seeking behaviour of older people and informal carers are the leading factors for older people not attending clinics for treatment, early screening and continuum of care.</td>
<td>Clinics are unpopular and feared by some older people.</td>
<td>- Provide information and a conducive environment for older people.</td>
<td>1.1 Increase outreach programmes from health care providers, health clinic, panel advisers, community and NGOs.</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2 Conducive environment for older people: for example, fast track lane, reduce waiting time and specific activities for older people.</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 Disseminate information through religious activities/assembly.</td>
<td>5 x 3 = 15</td>
</tr>
<tr>
<td></td>
<td>Self-medication (traditional medicine).</td>
<td>- Increase awareness and regulation.</td>
<td>2.1 Disseminate health education material through various methods.</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Increase enforcement and act through the respective authorities.</td>
<td>3 x 3 = 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.3 Home care nursing/home visit staff need to identify older people on traditional medicine.</td>
<td>4 x 3 = 12</td>
</tr>
<tr>
<td></td>
<td>Awareness among informal carers.</td>
<td>- Provide information to informal carers.</td>
<td>3.1 Disseminate IEC materials.</td>
<td>4 x 5 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.2 Provide training for carers.</td>
<td>4 x 3 = 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3 Training for health care providers at a national and state level to give correct information to carers and encourage them to bring older people to clinics.</td>
<td>5 x 4 = 20</td>
</tr>
</tbody>
</table>
Task 2: Mongolia

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<td>10</td>
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<tr>
<td>Health workers with appropriate skills</td>
<td>5</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Equitable financing of health and long-term care</td>
<td>5</td>
<td>1</td>
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Task 5: Mongolia

<table>
<thead>
<tr>
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<th>Practical actions</th>
<th>Effective x feasibility = overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate professional education across all levels of the workforce.</td>
<td>1. Lack of expertise in geriatrics.</td>
<td>- Training of existing and new workforce.</td>
<td>1.1 Send staff to other countries for training.</td>
<td>4 x 2 = 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2 Bring experts to Mongolia to train.</td>
<td>5 x 3 = 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 Support schemes for local training.</td>
<td>5 x 2 = 10</td>
</tr>
<tr>
<td></td>
<td>2. Competing priorities (for example, paediatrics, RH, STI, etc.).</td>
<td>- Improve the value of older people.</td>
<td>2.1 Awareness campaign for the public.</td>
<td>5 x 2 = 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Change negative beliefs about older people.</td>
<td>5 x 1 = 5</td>
</tr>
<tr>
<td></td>
<td>3. Government and donors do not give priority to ageing issues.</td>
<td>- Convince the government and donors of the importance of ageing and the need for good health care for older people.</td>
<td>3.1 Make arguments regarding economic and human rights issues.</td>
<td>5 x 1 = 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.2 Delegates to attend high-level meeting in other countries and with WHO.</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3 Visits by high-level experts to highlight the important issues on ageing.</td>
<td>4 x 3 = 12</td>
</tr>
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## Task 2: New Caledonia

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<tr>
<td>Health promotion and NCD prevention across the life course</td>
<td>3</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Participation of older people</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Health workers with appropriate skills (health and social)</td>
<td>4</td>
<td>2</td>
<td>12</td>
</tr>
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## Task 5: New Caledonia

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<tr>
<td>Health prevention policy started late in 1994 before the ageing of the population became a major demographic issue, and therefore does not include the health of older people, and especially NCDs.</td>
<td>1. Priority was to cure first.</td>
<td>- To develop prevention programmes including ageing and health prevention.</td>
<td>1.1 Include geriatric skills to develop such programmes.</td>
<td>4 5 20</td>
</tr>
<tr>
<td></td>
<td>2. No special representation or inclusion of prevention of ageing effects.</td>
<td>- To communicate and make people aware of the issue, both politically and among the wider population.</td>
<td>1.2 Develop preventive action that includes older people.</td>
<td>4 5 20</td>
</tr>
<tr>
<td></td>
<td>3. Lack of geriatrics culture and education.</td>
<td>- Education, training for all levels of workers and families.</td>
<td>2.1 Develop research and evaluation to demonstrate the importance of older people.</td>
<td>4 3 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Financing of communication programmes.</td>
<td>3 5 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.1 Include geriatric skills in nursing, medicine, social workers and schools.</td>
<td>4 3 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.2 Meetings for families and further communication.</td>
<td>3 4 12</td>
</tr>
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Task 2: Palau

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<tbody>
<tr>
<td>Strengthening the evidence base on ageing and health</td>
<td>5</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Leadership, community work and governance on ageing and health</td>
<td>5</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Preventing diseases and functional decline among older people</td>
<td>4</td>
<td>2</td>
<td>15</td>
</tr>
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Task 5: Palau

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<tr>
<td>The leadership and the community do not know about the issues of ageing and health.</td>
<td>1. Different priority focus as a result of cultural norms.</td>
<td>- Increase awareness. - Change norms in the community.</td>
<td>1.1 Evidence-based information. Data are required to conduct a situational analysis.</td>
<td>5 3 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2 Educate leaders and community through media outreach.</td>
<td>5 5 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 Have the community and caregivers make lots of noise (rally support).</td>
<td>5 5 25</td>
</tr>
</tbody>
</table>
Task 2: Papua New Guinea

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<tr>
<td>Leadership and governance on ageing and health</td>
<td>5</td>
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<td>15</td>
</tr>
<tr>
<td>Essential medicines and health technologies for older people</td>
<td>5</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Preventing diseases and functional decline among older people</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
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Task 5: Papua New Guinea

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<tr>
<td></td>
<td>Supply of essential medicines is thinly spread between all age groups, and therefore older people compete for limited supplies. In addition to essential medicine, health technologies are rarely available.</td>
<td>1. No evidence-based procurement of essential medicines and technologies: i.e. supply and demand are mismatched.</td>
<td>- Planning mechanism for predicting demand.</td>
<td>5x5=25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.1 Develop a planning model for procurement.</td>
<td>5 5 25</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2 Work with AUSAID on the distribution of the 100% health facility kits.</td>
<td>4 4 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 Evaluate the planning model on a yearly basis.</td>
<td>4 4 16</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Tedious tendering process.</td>
<td>2.1 Procure drugs and supplies from WHO-approved and prequalified pharmaceutical companies.</td>
<td>5 3 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2 Input from WHO on rational use of drugs.</td>
<td>4 5 20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3 Get rid of tendering system.</td>
<td>5 2 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Corrupt procurement and distribution practices.</td>
<td>3.1 Investigate the chain of distribution and the procurement process.</td>
<td>3 3 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2 Education/awareness on medication and health technology sold in authorized outlets.</td>
<td>3 4 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3 Increase the number of authorized dispensing outlets</td>
<td>4 3 12</td>
<td></td>
</tr>
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</table>
Task 2: The Philippines

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<td>5</td>
<td>25</td>
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<tr>
<td>Health promotion and NCD prevention across the life course</td>
<td>5</td>
<td>5</td>
<td>25</td>
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<tr>
<td>Integrated health service delivery to ensure continuum of care</td>
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<td>4</td>
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Task 5: The Philippines

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<tr>
<td>Limited resources have constrained efforts on health promotion and NCD prevention.</td>
<td>1. Lack of political will: i.e. budgetary allocations by congress.</td>
<td>- Inform and influence government officials. - Identify champions.</td>
<td>1.1 Identification and profiling of targets; audience augmentation. 1.2 Review and conduct research, studies and surveys.</td>
<td>5 5 25</td>
</tr>
<tr>
<td></td>
<td>2. Society perspective on ageing and older people, specifically prioritization and “investment” in older people.</td>
<td>- Develop behavioural change through communication materials, KASB and advocacy efforts.</td>
<td>2.1 Media (TV, print, radio and social/interpersonal) 2.2 Sectoral participation/viability/representation of older people as “active, functional and productive”. 2.3 Meeting dialogues with various stakeholders.</td>
<td>5 5 25</td>
</tr>
<tr>
<td></td>
<td>3. Inequitable distribution of resources/wealth and socioeconomic status.</td>
<td>- Better coordination and maximization of resources. - Communicate, coordinate and collaborate.</td>
<td>3.1 Engage members of the social protection cluster e.g. Department of Health, Department of Social Welfare and Development (DSWD). 3.2 Mapping of resources and profitable mechanisms, i.e. PHILHealth, social security system. 3.3 Assessment (?) of areas needing equal distribution of resources. Make recommendations.</td>
<td>5 5 25</td>
</tr>
</tbody>
</table>
### Task 2: The Republic of Korea

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### Task 5: The Republic of Korea

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</thead>
<tbody>
<tr>
<td>1. Increasing ageing population.</td>
<td>- Promotion of fertility.</td>
<td>1.1 Government financial aid to child care.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2 Building child-friendly environments.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 Improvement of public awareness.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2. Increasing life expectancy.</td>
<td>- Promotion of healthy life expectancy.</td>
<td>2.1 National health screening service.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2 Older people’s exercise programme.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3 Promoting healthy lifestyles, diet and well-being.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>3. Limited long-term care services.</td>
<td>- Promotion of long-term care insurance system.</td>
<td>3.1 Better budget control.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.2 Continuance of system.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.3 Upgrading service quality through education, training and skills.</td>
<td>2</td>
<td></td>
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### Task 2: Samoa

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<td>Health promotion and NCD prevention across the life course</td>
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### Task 5: Samoa

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<tbody>
<tr>
<td>Communities and targeted groups are empowered through information dissemination, consistent and widespread public awareness programmes.</td>
<td>1. Budget.</td>
<td>- Increase budget allocation.</td>
<td>1.1 Conduct a budget review on ageing allocation.</td>
<td>5 x 5 = 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2 Include a budget measure in budget bid for future.</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 Develop a workplan based on budget.</td>
<td>5 x 3 = 15</td>
</tr>
<tr>
<td></td>
<td>2. Inconsistent key message.</td>
<td>- Ensure key messages are consistent and evidence-based.</td>
<td>2.1 Review and repackage key messages across all sectors including NCD prevention.</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Pre- and post-test key messages for target groups.</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.3 Disseminate messages.</td>
<td>5 x 3 = 15</td>
</tr>
<tr>
<td></td>
<td>3. Slow implementation action efforts.</td>
<td>- Sector-wide approach.</td>
<td>3.1 Meeting for the health sector on issues of ageing.</td>
<td>5 x 5 = 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.2 Discuss ageing issues and opportunities for integrated efforts.</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3 Integrate into current sector programmes.</td>
<td>5 x 4 = 20</td>
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### Task 2: Tonga

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<tbody>
<tr>
<td>Leadership and governance on ageing and health</td>
<td>5</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Fostering age-friendly environments that promoting the health and participation of older people</td>
<td>4</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Building partnerships and ensuring the participation of older people</td>
<td>4</td>
<td>4</td>
<td>16</td>
</tr>
</tbody>
</table>

### Task 5: Tonga

<table>
<thead>
<tr>
<th>Problem statement</th>
<th>Cause</th>
<th>Solution</th>
<th>Practical actions</th>
<th>Effective x feasibility = overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of awareness of health care workers to provide easily accessible services to older people.</td>
<td>1. Lack of training of health care workers.</td>
<td>- Training.</td>
<td>1.1 In-house training of health care workers.</td>
<td>5 x 5 = 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2 Curriculum incorporation (training institutionally).</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 Education of health care workers and the public about ageing population.</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td></td>
<td>2. Lack of hospital policy.</td>
<td>- Develop policy.</td>
<td>2.1 Taskforce (evidence).</td>
<td>4 x 4 = 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Technical sub-committee.</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.3 National health development committee endorsement.</td>
<td>5 x 5 = 25</td>
</tr>
<tr>
<td></td>
<td>3. Lack of public knowledge coverage.</td>
<td>- Media campaign</td>
<td>3.1 Mass media campaign by Ministry of Health.</td>
<td>5 x 5 = 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>coverage.</td>
<td>3.2 Mass media campaign by NGOs.</td>
<td>5 x 4 = 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3 Churches and old people networking.</td>
<td>4 x 4 = 16</td>
</tr>
</tbody>
</table>
Task 2: Viet Nam

<table>
<thead>
<tr>
<th>Issue</th>
<th>Impact (0–5)</th>
<th>Feasibility (0–5)</th>
<th>Total (0–25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fostering age-friendly environments that promote the health and participation of older people</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Preventing diseases and functional decline among older people</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Leadership and governance on ageing and health</td>
<td>4</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

Task 5: Viet Nam

<table>
<thead>
<tr>
<th>Problem statement</th>
<th>Cause</th>
<th>Solution</th>
<th>Practical actions</th>
<th>Effective x feasibility = overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak multisectoral coordination at a national and local level.</td>
<td>1. Weak capacity.</td>
<td>- Capacity-building.</td>
<td>1.1 Training/refreshing.</td>
<td>5 4 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.2 Experience/lessons sharing.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 Developing training materials.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td>2. Lack of evidence.</td>
<td>- Providing data/information.</td>
<td>2.1 Conducting research survey.</td>
<td>5 4 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.2 Communication and advocacy.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.3 Strengthening research and analysis capacity.</td>
<td>5 4 20</td>
</tr>
<tr>
<td></td>
<td>3. Restricted financial resources.</td>
<td>- Mobilization of funding.</td>
<td>3.1 Greater participation of stakeholders.</td>
<td>4 4 16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.2 Restructuring of budget.</td>
<td>4 3 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3 Efficient use of funds.</td>
<td>5 4 20</td>
</tr>
</tbody>
</table>
Annex 4: Presentations
Meeting on Ageing and Health in the Western Pacific Region
Manila, 9-11 July 2013

1. Meeting objectives

1. to share findings from ongoing analysis of (i) health of older persons; and (ii) policies on ageing and health in selected countries in the Region;
2. to discuss the implications of population ageing for health and health systems in the Region; and
3. to discuss and agree upon a regional framework for action on ageing and health.

Your inputs are vital and much appreciated!

Meeting objectives

2. Varying demographic transitions

Varying demographic transitions

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

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

Meeting on Ageing and Health in the Western Pacific Region
Manila, 9-11 July 2013

3. Ageing-related challenges in the Region

Ageing-related challenges in the Region

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

Meeting on Ageing and Health in the Western Pacific Region
Manila, 9-11 July 2013

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

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

Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2010 Revision

Meeting on Ageing and Health in the Western Pacific Region
Manila, 9-11 July 2013

5. Morbidity and disability in older people

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

Meeting on Ageing and Health in the Western Pacific Region
Manila, 9-11 July 2013

6. Ageing and health: updates from the Western Pacific Region

Ageing and health: updates from the Western Pacific Region

Anjana Bhushan, Technical Officer (Health in Development)

Meeting on Ageing and Health in the Western Pacific Region
Manila, 9-11 July 2013

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6. Ageing and health: updates from the Western Pacific Region

Ageing and health: updates from the Western Pacific Region

Anjana Bhushan, Technical Officer (Health in Development)
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.
- 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

Key events 2013

- Informal Experts’ Consultation on Ageing and Health in the Western Pacific Region, 9-10 April 2013, Manila
- Consultation on Ageing and Health in the Western Pacific Region, July 2013
- Regional Committee Meeting, 25-29 October 2013
- Follow-up country support

Background

Regional framework for action on ageing and health

Comparative analysis the health situation of older people in selected countries

Review and analysis of policies on ageing and health in selected countries
Vision
An age-friendly Western Pacific Region where older people are adequately supported for maintaining their health and leading active lives, where population ageing is regarded as an opportunity and the health of older people as a resource for society, where the highest attainable standard of physical and mental health is framed as a fundamental right of all older people, without discrimination, and where the participation of older people in all aspects of daily life is recognized and upheld as a core principle.

The vision assumes that healthy ageing is a recognized component of action across the life course and across sectors, ensuring that older people live in environments that support them in remaining healthy, active, empowered and socially engaged, as well as in having access to age-friendly health systems and information.

Goals
a) Promote increased understanding of ageing and health in the Western Pacific Region
b) Suggest actions to address new challenges and set priorities on ageing and health in the Region
c) Strengthen leadership on ageing and health in the Region

Timeframe
The regional framework for action on ageing and health covers six years (three WHO biennia) from 2014 to 2019.

Pillars of action on ageing and health
1. Foster age-friendly environment 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
4. Strengthen the evidence-base on ageing and health

AGED CARE IN AUSTRALIA

Thank you
http://www.wpro.who.int/topics/ageing/en/
Policy Reform – Step 1
Situation analysis

2010/11 Productivity Commission Inquiry into Aged Care

- Examined social, clinical and institutional aspects of aged care
- Addressed the interests of special needs groups
- Developed regulatory and funding options for residential and community aged care
- Examined the future workforce requirements of the aged care sector
- Recommended a path for transitioning from the current arrangements to a new system
- Examined whether the regulation of retirement living options should be aligned more closely with
  the rest of the aged care sector
- Assessed the fiscal implications of any change in aged care roles and responsibilities.

Policy Reform – Step 2
2012 Living Longer, Living Better

http://www.livinglongerlivingbetter.gov.au

- Help people to stay at home through home support program
  - Consumer directed care
  - Carer support and respite care
- More and better residential aged care
- Aged Care Financing Authority/Improved Aged Care Funding Instrument
- Stronger aged care workforce, better health connections through:
  - Complex health care, multidisciplinary care, service innovation
- Consumer advocacy
- Better connecting lonely and socially isolated
- Improving knowledge of older people’s needs
- Tackle the dementia epidemic:
  - In home and residential care
  - Improved hospital and primary care
  - Increased focus on people with younger onset dementia
  - Earlier diagnosis
- Support for older Australians from diverse backgrounds including indigenous Australians and those from different cultural backgrounds

Policy Reform – Step 3
Public support and political will

- Australians deserve to age well
  http://agewellcampaign.com.au

Policy Reform – Step 4
2013 -2015 Implementation

- Aged Care Reform Implementation Committee
- Aged Care Financing Authority
- Gateway to aged care services to help older Australians be informed, assessed, and move through the aged care system
- Streamlined quality regulation and complaints system
- National Aged Care Alliance http://www.naca.asn.au
- On 28 June 2013, five Bills forming the Living Longer Living Better package of bills received Royal Assent and passed into law.

Policy Reform – Step 5
Monitoring and Evaluation

- Use of linked data from large surveys and health and aged care administrative data sets
- Access to data for researchers
- Quality indicators
- Equity impact assessment
- Feedback loop for continuous monitoring and improvement

Meeting on Ageing and Health in the Western Pacific Region
9-11 July 2013
Manila

Prak Piseth Raingsey
Director Preventive Medicine Department

RIGHTS AND CARE OF OLDER PEOPLE IN CAMBODIA

Meeting on Ageing and Health in the Western Pacific Region
9-11 July 2013
Manila
Key challenges for action on ageing and health

- Older people have struggled on how to adapt to a rapidly changing market economy and a flood of foreign technology and culture.
- Older people cannot rely on any form of state support.
- Both government and non-government organizations failed to effectively address the needs and tap the potentials of the older people.
- The government’s strategic five-year plan has included the elderly sector but failed to develop concrete plans and adequate budget to implement it.
- Government agencies responsible for providing basic services and protection to the elderly lacked the necessary manpower, facilities and materials resources to effectively respond to the needs and problems of older people.
- The huge expense of medical care very often pushes older people to prioritize the food and livelihood security of their families in favor of their health and medical needs.

Future priorities and opportunities for regional collaboration

- Capacity building on geriatric and gerontology by supporting to appeal fellowship for specialities
- Regional network for health professional to apply comprehensive career opportunity
- Provide appropriate packages for long term care of chronic diseases through financing mechanism scheme
- Stimulate the quality of services by exchange of good practices for appropriate needs of elderly people

Good practice example

- Older people are a valuable resource, which government should empower to work together as advisor, planning management and evaluation of development programs.
- A successful implementation of an integrated development program in the countryside has increased the capacity of immediate families and communities to care and support for the elderly sector (ODA, Home Based Care for Frail Elderly, Cow and Rice Bank).
- Training on Home Care for the Elderly to VHSG.
- In Service Training on Health Care for the Elderly to the PHC staffs.
- Free care services for poor and frail elderly and disabled as well.

Policy context for action on ageing and health

- The findings of the 1998 study on the situation of older people in Cambodia revealed that many development programs implemented by government and NGOs have excluded older people in their activities due to their old age.
- March 1999 MOH endorsed the Health Care for Elderly and Disabled Policy.
- Goal: Promote healthy ageing and disabled among Cambodian population.
- General Objective: To pay attention on ageing and disabled care by integrating into existing health care system and collaborate with other sectors especially with MOSALVY, IOs, NGOs and civil society.
- Specific Objective:
  1. To improve healthy ageing and disabled people
  2. Human Resource development
  3. To promote health education (NCDs risk factors)
  4. Establish home based care for elderly and disabled people

1999 the RGC had proclaimed the celebration of October 1 as the International Day for Older Persons.
In September 2001 "National Forum on Older People" attended by elderly with equally diverse and economic backgrounds.
Representatives also attended the forum from 12 national and international NGOs and members of the Inter-Ministerial Committee representing 12 government ministries.
Recommendations from the national forum were presented to the International Forum on Older People in Madrid, Spain in April 2002.
2003 the National Committee for the International Day for the Elderly and Ageing People has approved the Policy for the Elderly.
Goal: Care for the well being of the elderly population and take appropriate and timely action to respond to its problems and needs according to defined priorities such as social, health, economic and participation scheme.
The government’s support to the formation of Older People’s Associations (OPAs) in all provinces in Cambodia.
Responding the largest ageing population actively

Cai Fei
Department of family development
National Health and Family Planning Commission
China

Policy context for action on ageing and health

- Achieve full coverage of basic medical insurance in both urban and rural areas.

Subsidy by public finance in NCMS

Policy context for action on ageing and health

- Strengthen the medical service system for the elderly.
- Improve the community health service network.

Urban: 25,400 community clinics
454,000 personnel
Rural: 37,300 township-level clinics
662,900 village-level clinics
(by the end of 2012)

Policy context for action on ageing and health

- Provide free annual physical examination and health consultation; establish health record for elders over 65 years.
- Prevent age-related disease through health education.

Key challenges for action on ageing and health

- Rapid growth in the number of aged population.
  over 65 years: 123 million (by the end of 2011)
  over 60 years: 194 million (by the end of 2012)
Population over 60 years will exceed 200 million by the end of 2013.
The pace of population ageing in China is 1.5 times than that of world average level.
In 2050, one in three of the Chinese is 60 years or older.

Key challenges for action on ageing and health

- Heavy demands for health service by aged population.
- Long-term care is urgently needed.
**Good practice**

---Actions across sectors in Pudong---

- A district in Shanghai
- Population aged 60 or above: 680,000, 24.41% of the total
- Population aged 80 or above: 118,000, 17.2% of aged population

**What they do**

- Establish a home-based old-age care scheme across sectors.
- Provide services: home care, capacity building for active ageing, consultation, health services, and social links.
- Pay special attention to the vulnerable elderly group: install emergency call devices for the elderly living alone or the frail elderly; keep a daily contact with elderly people living alone; provide nutrition subsidy for the oldest-old.
- Volunteers are organized to help the elderly.

**Future priorities and opportunities for regional collaboration**

- Evidence based policy making process
- Information sharing
- Long-term care services

**FSM’s Elderly**

Marcus Samo
Eleanor S. Mori
Federated States of Micronesia

**Policy context for action on ageing and health**

- About 35.7% of the total population were aged 0-14 years, 58.7% were aged 15-59 years, and 5.6% were aged 60 years and above. The median age is 21.5 years, an increase of about 3 years since 2000, indicating the FSM population is ageing. FSM Census 2010
- Age 60+: 5,654 (FSM Census 2000), 5,601 (FSM Census 2010)

**Key challenges for action on ageing and health**

- Island demographics/population
- Lack of awareness and support
- Lack of policy; services
**Good practice example**

- Establishment of State Senior Groups (Pohnpei)
- Expansion into the municipalities
- October 1: International Day of Older Persons

**Future priorities and opportunities for regional collaboration**

- “Recognition through Accommodation”
- Identify to engage and deliver
- Involve communities: Awareness
- Support

---

**WAY FORWARD…**

“We want to develop a policy that will concentrate on community support in health promotion, mental health support and family home care training.” Dr. Vita A. Skilling

**The Republic of Fiji**
Ageing Trends in Fiji

- Ageing is occurring rapidly in Fiji;
- The rate of growth of the 60+ population will likely remain above 3% per year for the next 20 years;
- The “oldest old” is the fastest growing age group in Fiji (4.9% per year);
- Over the next 5 years, 15,000 people in Fiji will be added to the old population (3,000/year).
- Annual increase will peak in 2025 at 3,200 and will still be around 3,000 in 2050;

Figure 1: Projected population 60 years of age and over in Fiji 2000-2050

Figure 2: Projected population 60 and over in Fiji 2000-2050 by sex

Figure 3: Projected increase in the 80 and over population in Fiji 2000-2050

What is in place to address the issue??

- Fiji’s Social Justice Legislation of 2001;
- Fiji’s National Policy on Ageing [2011-2015];
- Fiji’s National Council of Older Persons [2012];

National Ageing Policy Goal 4: Healthy Living

Objectives
(1) Improve the overall health of older persons;

Strategies
• i. Integrate provisions for older persons in all health sector planning and programming;
• ii. Strengthen primary health-care services to meet the needs of older persons;
National Ageing Policy
Goal 4: Healthy Living

2) Improve understanding of the health status and needs of the older persons

Strategies:

i. Develop awareness raising programmes on nutrition for older persons;

ii. Review training programmes for health professionals (including those working in psychiatric services) on the care and support of older persons.

Key Challenge

- Baseline data to ascertain the realities of ageing in context;
- Mainstreaming ageing into the different sectors;
- Commitment to implementation via the existing mechanisms (urban and rural settings);
- Resourcing/ Outsourcing funding required;
- Harmonizing implementation frameworks.

Good practice:

1. Legislating the establishment of the National Council of Older Persons.

Fiji on 4th July, 2013, officially established its National Council of Older Persons as per the National Council of Older Persons Decree (2012)

Future Priorities:

- Collaboratively implement the key recommendations of the National Policy on Ageing in relation to Health;
- Strengthen partnerships for resource sharing;
- Using existing mechanisms refine sustainably inclined approaches of implementation.

THANK YOU

Ageing and Health Policies in Japan

SAKOI Masami, M.D., M.P.H.
Director, Ageing and Health Division
Health and Welfare Bureau for the Elderly
Ministry of Health, Labour and Welfare
Japan
1. Policy context for action on ageing and health in Japan

<table>
<thead>
<tr>
<th>Decade</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960s</td>
<td>Beginning of Elderly Welfare</td>
</tr>
<tr>
<td>1961:</td>
<td>Universal Pension System</td>
</tr>
<tr>
<td>1963:</td>
<td>Universal Health Care</td>
</tr>
<tr>
<td>1964:</td>
<td>Elderly Welfare Law (start of Special Nursing Home, SHF)</td>
</tr>
<tr>
<td>1967:</td>
<td>Free Health Care for Elderly</td>
</tr>
<tr>
<td>1969:</td>
<td>Elderly Health Act</td>
</tr>
<tr>
<td>1972:</td>
<td>Partial Co-payment for Elderly</td>
</tr>
<tr>
<td>1973:</td>
<td>Municipalities to make health and welfare plans for Elderly</td>
</tr>
<tr>
<td>1979:</td>
<td>National Strategy to secure Elderly services</td>
</tr>
<tr>
<td>1980s</td>
<td>Expansion of Expenditure for Elderly health care</td>
</tr>
<tr>
<td>1981:</td>
<td>Free Health Care for Elderly</td>
</tr>
<tr>
<td>1982:</td>
<td>Elderly Health Act</td>
</tr>
<tr>
<td>1983:</td>
<td>Partial Co-payment for Elderly</td>
</tr>
<tr>
<td>1988:</td>
<td>Municipalities to make health and welfare plans for Elderly</td>
</tr>
<tr>
<td>1990s</td>
<td>Implementation of Gold Plan</td>
</tr>
<tr>
<td>1994:</td>
<td>New Gold Plan</td>
</tr>
<tr>
<td>1995:</td>
<td>Aging Society Basic Law</td>
</tr>
<tr>
<td>1999:</td>
<td>Long Term Care Insurance</td>
</tr>
</tbody>
</table>

2. Key challenges for action on ageing and health in Japan

- Further ageing of society
  - Increase in dementia patients
  - Increase in elderly living alone
  - Rapid aging especially in urban area

- Increase in cost of the Long-Term Care Insurance System
  - 7.8 trillion in 2010 → 21 trillion in 2025 (Estimate, Cabinet Secretariat)

- Low salaries for common care workers

---

**Long-Term Care Insurance System in Japan**

<table>
<thead>
<tr>
<th>Insurers (Municipalities)</th>
<th>Insured Participants (All citizens over 40)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nation 25</td>
<td></td>
</tr>
<tr>
<td>Prefecture 12.5</td>
<td></td>
</tr>
<tr>
<td>Municipality 12.5</td>
<td></td>
</tr>
<tr>
<td>Service Providers 90%</td>
<td></td>
</tr>
<tr>
<td>Copayment</td>
<td></td>
</tr>
<tr>
<td>certified</td>
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</tbody>
</table>

**Population Pyramids in Japan**

**Estimated number of the Elderly with dementia in Japan from the Long-term care insurance statistics**

**Estimation of Future Forms of the Elderly Households**
3. Good practice examples in Japan
- Local prevention programmes -

Various prevention programmes are provided by municipalities using insurance premium.

4. Future priorities and opportunities for regional collaboration - Dementia Policies -

Medical Care System and Training Programmes for Dementia in Japan

- Development of Standard Dementia Care Pathway
- Improved Health Care Services to support Living in Community
- Improved LTC Services to support Living in Community
- Better Support for Daily Living and Family Caregivers
- Reinforcement of Measures for Younger Onset Dementia
- Acceleration of Human Resources Development

Lao PDR is a landlocked country, covers an area of 236,800 square kilometres, Bordered by China, Viet Nam, Cambodia, Thailand and Myanmar.

Most of the area is covered with plateau and forests and approximately 70% of the population are involved in subsistence agriculture.

The Lao population is approximately 6.5 million with an estimated 5.26% of the population who are ageing.
**Policy context for action on ageing and health**
- Social Welfare Strategy 2011-2020
- National Policy towards the Elderly in the Lao PDR (2004)
- Decree (No 156/PM) on the Approval and Declaration of Application of the Nation Policy towards the Elderly in the Lao PDR
- National Committee of the Elderly with The Deputy Prime Minister as President
- Association of older people set up 2011

**Key challenges for action on ageing and health**
- Laos is a developing country with a small population and limited resources
- Laos was severely affected by the Indochinese war with many people still being killed and injured by unexploded ordinance (UXO).
- Many of the Laos population live in remote areas with limited resources and facilities
- Low level of education

**Good practice example**
Home Care Project funded by the Korean government and implemented by the Laos Red Cross. Fifty people supported in seven villages in the Naxaithong District, Vientiane Capital
Older people in Development project. Community based solidarity groups aimed at improving the quality of life for older people. Operated by Laos Red Cross, Laos Women’s Union and Help Age International in Luang Prabang Province. Involving twenty villages in the Paxeang district.

**Good practice example**
Handicraft weaving of textiles and Laos skirt Group in Phone Hong District, Vientiane Province using the Village Circulating Fund to implement activities which generate incomes for ageing people and therefore improve their living conditions.
Active participation of Elderly Association Members in the “Vientiane Healthy City program”’s action encouraging people to do physical exercise, reduce or stop smoking.....

**Future priorities and opportunities for regional collaboration**
- Poverty reduction through the implementation of the National Poverty Reduction Program
- Millennium Development Goals and other government strategies.
- Improved health care facilities and access for the ageing.
- Strategic plan for the Ageing population to be developed and implemented.

**MALAYSIA**

**HEALTH CARE SERVICE FOR ELDERLY**

Dr. Zaleha Abdul Hamid  
(Public Health Physician)  
Senior Principal Assistant Director  
Family Health Development Division  
Ministry of Health Malaysia
Policy context for action on ageing and health

- National Plan of Action for Health Care of Older Persons in 1997 (Min. of Health).
- National Health Policy For Older Persons in 2008
  - Policy Statement
    - To ensure healthy, active and productive ageing by empowering the older persons, family and community with knowledge, skills, an enabling environment; and the provision of optimal health care services at all levels and by all sectors.
  - Strategies
    - 7 strategies

Key challenges for action on ageing and health

- Human Resource / Man Power
  - Geriatricians, psychogeriatricians, and others...
- Coordination
  - lack of coordination
    - e.g. multiple agencies do training
    - MOH – carers
    - Welfare department – volunteer
    - other NGOs - carers
- Law to protect elderly (e.g. Child Law)

Good practice example

- 1996 – health care service for elderly was introduced and integrated in the Primary Health Care
- “National Blue Ocean Strategy 7 (NBOS 7): Malaysia Family Care” which delivered an outreach activity to provide a holistic services for persons with disabilities, elderly and single mothers.
  - For the elderly in the institution, the services given were health screening, assessment, consultation, treatment and referral (if needed), and for the bed-ridden elderly at home, the services given were health screening, assessment, consultation, treatment and referral (if needed), home assessment and recommendation for modification (if needed) and training for their caregivers.

Future priorities and opportunities for regional collaboration

- Man Power
  - Training – for experts
  - Exchange of experts

Brief introduction...

- Total population 2.8 million
  - 14 under 27.2%
  - 15-64 68.8%
  - 65 and over 4%
- Life Expectancy is 68.7
  - Male 64.9
  - Female 74.2
- Elderly people
  - Men 60 and over
  - Women 55 and over
Policy context for action on ageing and health

- Law on Social welfare for the elderly, newly revised on Jan 19, 2012
- Law on Citizen’s health insurance, Apr.25, 2002
- Law on Health, newly revised on May 05, 2011
- National strategy for population ageing in Mongolia (2009-2030)
- National program on Aging and Elderly health (2014-2020)

Under processing

National strategy for population ageing in Mongolia (2009-2030)

Strategy to prepare for population ageing

- Objective 1. Increase employment
- Objective 2. Enhance social security for employed population
- Objective 3. Promote decent births of women with aim to maintain the favourable population age structure for longer period of time

Strategy to improve livelihood of older people

- Objective 1. Strengthen income security for older people by ensuring their participation in development and expanding opportunities for accessing the benefits
- Objective 2. Reduce morbidity among older people by improving accessibility and quality of health care, health information and promotion for healthy ageing
- Objective 3. Foster a positive image of and attitude to older persons among people and create an age-friendly environment for older people to enjoy a life of dignity enabling them to live and work in their families, society and community while mutually helping each other

Nutritional status among older persons

<table>
<thead>
<tr>
<th>Nutritional status</th>
<th>Percentage share in health needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>With malnutrition</td>
<td>3.10%</td>
</tr>
<tr>
<td>With risk to malnutrition</td>
<td>65.76%</td>
</tr>
<tr>
<td>No malnutrition</td>
<td>31.14%</td>
</tr>
</tbody>
</table>

Key challenges for action on ageing and health

- The prevalence of disease among elderly and their mental and social health status, 2011
  - 0.6 % are healthy
  - 8 out 10 are ill (1 elderly has 3-4 diseases)
- Geriatrician 11, geriatric nurse 20 in nationwide

Health needs

<table>
<thead>
<tr>
<th>Health needs</th>
<th>in quantity</th>
<th>Percentage share in health needs</th>
<th>Percentage share in total needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission to hospital</td>
<td>299</td>
<td>14.0</td>
<td>24.8</td>
</tr>
<tr>
<td>Long term care at state institutions</td>
<td>80</td>
<td>3.7</td>
<td>6.6</td>
</tr>
<tr>
<td>Be at state nursing home</td>
<td>51</td>
<td>2.4</td>
<td>4.2</td>
</tr>
<tr>
<td>Have palliative care</td>
<td>76</td>
<td>3.5</td>
<td>6.3</td>
</tr>
<tr>
<td>To be served at state sanatorium</td>
<td>384</td>
<td>17.9</td>
<td>31.8</td>
</tr>
<tr>
<td>Access to homecare</td>
<td>251</td>
<td>11.7</td>
<td>20.8</td>
</tr>
<tr>
<td>Have rehabilitation treatment</td>
<td>394</td>
<td>18.4</td>
<td>32.6</td>
</tr>
<tr>
<td>To be at day care center</td>
<td>150</td>
<td>7.0</td>
<td>12.4</td>
</tr>
<tr>
<td>Spend time at the resort</td>
<td>441</td>
<td>20.6</td>
<td>36.5</td>
</tr>
<tr>
<td>To see a doctor</td>
<td>17</td>
<td>0.8</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>36.8 (1207)</td>
<td></td>
</tr>
</tbody>
</table>
### Other need, which is required for the elders

<table>
<thead>
<tr>
<th>Other needs</th>
<th>In quantity</th>
<th>Percentage share in other needs</th>
<th>Percentage share in total needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a family</td>
<td>37</td>
<td>2.6</td>
<td>3.1</td>
</tr>
<tr>
<td>Have place for spending free time</td>
<td>426</td>
<td>30.5</td>
<td>35.3</td>
</tr>
<tr>
<td>Visit the elderly club</td>
<td>293</td>
<td>20.9</td>
<td>24.3</td>
</tr>
<tr>
<td>Make a friend</td>
<td>335</td>
<td>23.9</td>
<td>27.8</td>
</tr>
<tr>
<td>Go for tourism</td>
<td>163</td>
<td>11.6</td>
<td>13.5</td>
</tr>
<tr>
<td>To be employed</td>
<td>85</td>
<td>6.1</td>
<td>7.0</td>
</tr>
<tr>
<td>Have a caregiver</td>
<td>62</td>
<td>4.4</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>29.9 (1207)</strong></td>
</tr>
</tbody>
</table>

### Fostering age-friendly environments through action across sectors

- “Age-friendly family health center” since 2007
- Multidisciplinary geriatric team since 2009

### Promoting healthy ageing across the life course and preventing functional decline and disease among older people

- Develop suitable exercise for the elderly and organize competition among elderly in different age group
- Voluntary and interest based clubs are working

### Promoting universal health coverage through age-friendly health systems

- Government covers the healthcare service expense for the elderly people.

### Strengthening the evidence base on ageing and health

- Research on determining physical, mental and social health of elderly, 2009-2011
- Research on commonly used medication, assistive devices for the elderly and age-friendly environment, 2009
- Research on health and social protection for the disabled elderly, 2011
- Survey on elderly malnutrition, 2010-2012
- Survey on determining caregiver burden of elderly with dementia, 2010-2012

### Future priorities and opportunities for regional collaboration

- Reforms in health care financing and health insurance in long term care
- Capacity building of gerontology and geriatrics
  - Built the special geriatric service for the elderly in health system of Mongolia
  - Open the center with multi-function addressed to elderly including inpatient and outpatient hospital
- National survey to determine special needs of elderly
- Improve prevention and screening for all ages of population
THANK YOU FOR YOUR KIND ATTENTION!

AGEING AND HEALTH
9th - 11th July 2013

NEW CALEDONIA

Miss Nalina TIROU
Mr Philippe RIEUX

Policy context for action on ageing and health

- A modern and efficient social protection
  - A basic coverage for all and a full coverage chronic illness and disability.
  - Guaranteed means for our elders
    - Raising the basic retirement pension and the basic welfare above the national poverty line (01/01/2012).
- Renovation of the health system
- Supporting ageing and caring for older people
  - Creation of a social security for disabled persons and aged persons (01/07/2009):
    - based on a global assessment (medical, psychological and social)
    - offering a personalized age-friendly response
    - developing specific health care services for the elderly

Key challenges for action on ageing and health

Cultural, social and medical challenges:
- The most important challenge is to maintain during life course the elderly in a good environment including community support and social participation.
- 2nd challenge is to create a specialized health prevention programme for healthy ageing.
- 3rd challenge is to increase equality and accessibility to social and health care services.

Financial and economic challenges:
- control impacts of ageing upon health and social security spending.
- develop health and social care workforce, education, training programme to improve geriatric culture.

Good practice example

A single office created by an association for the elderly in the Southern Province of New-Caledonia

A single place for information and coordination toward the elderly and their families:
- about all the social security measures
- about all the services and old people’s homes.

A single place to evaluate family, social, medical, psychological and financial situation and to develop personalized support plan.

A single place to collect information and evidence about ageing and to take a census of quantitative and qualitative data.
Future priorities and opportunities for regional collaboration

- Questioning directly the elderly to know about their expectations.
- Preventing the effects of ageing by an integrated policy promoting healthy behaviour (food, hygiene, brain and physical activities, social activities).
- Strengthen health and social financing systems by a specific and appropriate tax system.

Policy context for action on ageing and health

- Violence protection law—Apply to all ages
- There is a law designating May 5th as Senior Citizen’s Day
- Retirement Law at age 60
- Law against human trafficking
- Law protecting mentally ill people
- Child protection Law

Key challenges for action on ageing and health

- Specific law protecting senior citizens from Abuse:
  - Physical
  - Verbal
  - Neglect
  - Environment
- Lack of support programs
  - Social services
  - Discount benefits and accessibility—parking, buildings, stores.
  - Lack of activities, transportation—wheelchair bound
- Cultural Beliefs
  - Do not believe in nursing home, respite and hospice care
  - Children are expected to take care of their parents.

Good practice example

- MCCA
  - Meals on wheels
  - Weaving and carving plus exercise, Senior citizen’s day
  - Monthly stipend—those with no income
- BNH
  - Home health services/Palliative/IEA
- Others
  - Social security
  - Pension plan
  - Medical savings Account, Health care funding—Insurance

Future priorities and opportunities for regional collaboration

- Develop Social health department
- Increase political and community awareness
- Expand hospital for Hospice or Respite care
- Specific protection law against elderly.
Snap shot of Papua New Guinea

- Population of 7.1 million (Census 2011) with 40% under the age of 15 and 5% are 60yrs and above
- Fertility Rate 4.3%; Growth Rate 2.7%
- 800 languages &1000 dialects with many ethnic & sub ethnic groups, clans and sub-clans in 22 provinces
- 86% of population lives in rural areas; only 3% of roads are paved & many villages can only be reached on foot
- Most travel between provinces is by air; even within provinces and districts

Policy context for action on ageing and health

- No specific policy for Ageing Population in PNG
- However National Health Plan 2011-2020 generally covers all including the elderly population
  - Free health care services for <7yrs and 60yrs+
- Currently one of the 7 priorities of the Government for the next 5 yrs is on “Free Primary Health Care services for all and subsidized specialist care”
- Retirement age has been increased from 55 yrs to 60 yrs of age (compulsory retirement at 65yrs old)
- Government is currently proposing pension for the Ageing population

Key challenges for action on ageing and health

- To initiate the development of the ageing and health policy as soon as possible
  - Cultural values for the care of the elderly is rapidly changing
- Lobby for political support and also support from other stakeholders and government agencies (such as Department for Community Development)

Good Practice Examples

- Relatives and Family members taking care of the elderly both at home and in the health facilities (when sick)
  - This is a cultural norm in PNG and must be maintained at all cost
Future Priorities and Opportunity for Regional Collaboration

- Develop the Policy on Ageing and Health and include
  - the Free Primary Health Care and subsidized specialist care services for the elderly
  - Pension
  - Cultural norms and values must be protected and promoted
- Conduct evidence-based research as per Regional Research agenda
- To learn lessons from other developed countries like Japan, Australia, China, as well as from other developing nations

Thankyou

Philippines

Older persons/elderly (Senior Citizens)- 60 years old & above

The population of 60 years or older was 3.7 million in 1995 (5.4% of total population).

Population increased to about 4.8 million or almost 6% in 2000 (NSCB).

At present there are 7M senior citizens (6.9% of the total population), 1.3M of which are indigents.

Policy context for action on ageing and health

- RA 9994: Expanded Senior Citizens Act of 2010: An Act Granting Additional Benefits and Privileges to Senior Citizens
- RA 7432: An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges
- Phil. Plan of Action for Senior Citizens 2012-2016 provides guidance on advancing health and well-being into old age
- DOH Administrative Orders:
  1. AO No. 2013-0007: Guidelines on the Grant of 20% Discount to Senior Citizens on Health Related Goods and services and for Other Purposes
  2. AO No. 2015-0032: Guidelines and Mechanisms to Implement the Provisions of RA No. 9994
  3. AO No. 2011-0018: Guidelines on Influenza and Pneumococcal Immunization

Key challenges for action on ageing and health

- Strengthening implementation and monitoring of Republic Act 9994 (ESCA 2010), especially on the 20% discount on health and social services
- Expansion of coverage of immunization, to cover more senior citizens
- Health benefit packages for the elderly and increase insurance coverage of non-indigent elderly (no previous employment – no SSS, no GSIS)
- General lack of capacity among health workers (at all levels) on promoting and managing health of the elderly
- Inadequate number and maldistribution of geriatric specialists (geriatricians) and gerontologists (160 geriatricians, 60% based in Metro Manila)
- Weak home- and community-based care of the elderly
- Expansion of the coverage of the pension for the elderly
Key challenges for action on ageing and health

- Establishment of geriatric wards or units in all government and private hospitals
- Institutionalizing Gerontology and Geriatrics in medical and allied curricula
- Implementation and monitoring of the PPASC 2012-2016

Good practice example

At the national level, the National Coordinating and Monitoring Board (5 national agencies & 5 NGOs) has been created for policy development, address operational issues and monitor the implementation of RA 9994 provisions.

Presence of local management structure: Office of Senior Citizens Affairs (OSCA) which coordinates activities of senior citizens and monitors and facilitates implementation of RA 9994 in place in all local government units, as mandated by law (ID card & Purchase Slip Booklet)

Involvement/Participation of senior citizens, geriatricians, and other stakeholders in policy and programme development, e.g. development of DOH administrative guidelines and national laws (Federation of Senior Citizens Association of the Philippines, Coalition of Services of the Elderly)

Future priorities and opportunities for regional collaboration

- Recognition and awards program for age-friendly cities
- Participation in Regional meetings and sharing of experiences with other countries on promoting health of the elderly including development of a regional journal on care of the older people
- Ageing, NCDs included in the MDGs
- Reporting, monitoring
- Technical collaboration on ASEAN projects on home care/community-based support programs and researches on social pension and active ageing
- Gerontology/geriatric courses/programs for health human resource development
- Standardization in the definition of terms

Maraming Salamat!

Policy for Healthy aging
In Korea

2013. 7.
Current major Policy for Healthy Aging

II

Medical care fee of older persons


Early detection of dementia services

- Early detection program in public health centers
  - Target: 60+ elderly
  - MMSE-D5 test
  - For those found to be high-risk group, costs for dementia diagnosis test are supported

- Cognitive disorder test as part of National Health Examination
  - Target: All who turn 66, 70, 74 years of age
    - (Primary) questionnaire: 5 questions → (Secondary) 15 questions

Who can apply?
65+ aged or under 65 aged with geriatric disease

Who can use?
Approved as 1st ~ 3rd class based on 2-stage assessment results
- (1st stage) assessment in home
- (2nd stage) rating in LTC needs certification committee

1st Class
- Staying in bed all day long
2nd Class
- Staying in wheelchair all day long
3rd Class
- Staying in home and hard to go out without help
Annex 4 - Presentations

Elderly denture support service
- Target
  - more than 65 years Basic livelihood security and some of the near poor
- Contents
  - Public health centers refer target patients to clinics or hospitals for denture services
  - Follow-up service: 1 year
- Implementer: City-Country-State Public health center/Dental clinic, National or Public hospital dental department

National health screening service
- Target: 66+ Participants of National Health Insurance & Medical Aid beneficiaries
- Contents
  - Primary screening items: Examination and Consultation, Elderly function test, etc. (total: 26 items)
  - Secondary screening items: Hypertension-Diabetes test, Mental health check (Dementia, Melancholia), Lifestyle checks (Smoking, Physical activity, Nutrition, Drinking)
  - Cancer screening: Gastric cancer, breast cancer, Colorectal cancer, Liver cancer, Uterine cervical cancer

Senior Exercise Program
- Healthy for 100 years Exercise classes
  - Implementer: National health Insurance service
  - Exercise guidance: Three times a week, 6 months
    Yoga, Tai chi and so on
  - Lecturer: Sports for all related licence holders
  - Place
    ▶ (Facility) senior center, Village hall: 3,487
    ▶ (Outside) Park, Vacant lot: 135
    ▶ Self-help groups: 60
- 2012: Lecture (230,000 times), 80,000 people

Policy direction for Healthy Aging

Goal: Healthy aging
- Personal: Improving the quality of life
- National Finance: Reduce health care costs

Toward the lowest gap between life expectancy and healthy life expectancy by 2020

<table>
<thead>
<tr>
<th></th>
<th>Japan</th>
<th>UK</th>
<th>Switzerland</th>
<th>America</th>
<th>Korea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy</td>
<td>83</td>
<td>80</td>
<td>82</td>
<td>79</td>
<td>80</td>
</tr>
<tr>
<td>Healthy life expectancy</td>
<td>76</td>
<td>72</td>
<td>75</td>
<td>70</td>
<td>71</td>
</tr>
<tr>
<td>Remaining life expectancy</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

2020
Korea
82[+max.20%]
76[Goal]
6

THANK YOU!
AGEING IN SAMOA

PRESENTED BY SARA FILEMU
AND LOUISA APELU

Policy context for action on ageing and health
- Sector Wide Community Based Outreach Program: Fanau & Aiga Ma Nuu Manuia-Healthy Village & family Wellbeing Program
- Senior Citizens Pension Scheme
- National NCD Prevention & Control Policy 2010 - 2015
- Free Hospitalization & Medications, public transport
- Intermediate Care Policy-assures continuous care at home (family focus on caring for the elderly)
- National Women’s Policy & National Disability Policy

Key challenges for action on ageing and health
- Resources which impacts on coordination, implementation and monitoring efforts
- Competing priorities children, youth, disability etc
- Disaggregated data on older persons by age & gender

Good practice example
- Sector wide approach
- Training of family members to care for the elderly at home

Future priorities and opportunities for regional collaboration
- Integrate elderly care needs/objectives into NCD strategies of Pacific Health Architecture
- In terms of nursing HRH needs for elderly care ensure integrating as a key strategic focus for South Pacific Chief Nurse & Midwives Alliance plans
- Linking up with other regional platforms on CEDAW, CRC, MDGs,

FA’AFETAI
THANK YOU
**TONGA**

Dr Malakai 'Ake

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**AGEING IN THE KINGDOM OF TONGA**

Currently there is no special law/ policy/ health service for ageing.

---

**AGEING IN THE KINGDOM OF TONGA**

Currently there is no special law/ policy/ health service for ageing.

---

**AGEING IN THE KINGDOM OF TONGA**

This is because Tonga assumes since ancient times - care for ageing is a normal routine. Responsibilities of immediate/ extended families and this includes financial/ moral support as well as Palliative Care as there are no hospices, old peoples homes, etc.

---

**AGEING IN THE KINGDOM OF TONGA**

This is because Tonga assumes since ancient times - care for ageing is a normal routine. Responsibilities of immediate/ extended families and this includes financial/ moral support as well as Palliative Care as there are no hospices, old peoples homes, etc.

---

**AGEING IN THE KINGDOM OF TONGA**

However a milestone for ageing happened this year when the Government stated a monthly pension/ allowance.

---

**AGEING IN THE KINGDOM OF TONGA**

However a milestone for ageing happened this year when the Government stated a monthly pension/ allowance.

---

**AGEING IN THE KINGDOM OF TONGA**

Health services in Tonga are free at the point of delivery for all including for older people.
POPULATION AGEING AND HEALTH ISSUES IN VIET NAM

Phuong Thi Thu Huong
General Office for Population and Family Planning
Ministry of Health

Meeting on Ageing and Health in the Western Pacific Region
Manila, 9-11 July 2013

Percent of the population aged 60+
1989-2012

Source: General Statistics Office, Results of the Population Change and Family Planning Survey 2012.

Ageing index, 1989-2012

Source: General Statistics Office, Results of the Population Change and Family Planning Survey 2012.

Policy context for action on ageing and health

- Issues of older persons are addressed in legal documents: Constitution, Criminal Law, Law on the Elderly, Law on Marriage and Family, Labour Law...
- Government’s decrees, decisions on care, support for the elderly
- National Program on Action on the Elderly, 2012-2020

Key challenges for action on ageing and health

Ageing:
- Rapid growth among the oldest population
- Two-third of the elderly live in rural areas
- Older women make a larger proportion
- More widows at older ages
- Lack of a social security system appropriate for older persons

Health:
- Burden of dual diseases
- Higher risk of disability, special care services
- Older women are facing with more health risks
- Response of the health system to older persons’ increasing needs
Good practice example

Mutual-help inter-generation club
- Started in 2010, in 10 provinces, community-based
- 600 clubs, 30,000 members (70% are poor elderly)
- Activities: income generation, health care, protecting older persons’ rights, home-based care, capacity building…
- Impact: improving life and health of older persons, greater community participation, awareness on older persons’ roles, attitudes and respect towards the elderly…

Future priorities and opportunities for regional collaboration
- Sharing research, data on ageing
- Exchanging experiences in health care for older persons
- Training of care giving
- Greater participation of private sector

Thank you for your attention!

Objective
- To foster age-friendly environments through action, engagement and collaboration across sectors and stakeholders, including local communities, families and older people themselves.

Background
- Role of determinants in health e.g. transport
- Leadership role of the health sector for collaboration and action across sectors
- Age-friendly cities and communities
- Participation and empowerment of older people
Suggested actions

- Advocate for age-friendly policies and initiatives within health promotion programmes.
- Advocate for intersectional action by identifying and supporting options for whole-of-government and whole-of-society initiatives across sectors.
- Strengthen existing multi-sectoral mechanisms to address and integrate ageing and health issues as a core objective of their work.
- Build new and extend existing networks or partnerships.
- Strengthen public awareness.
- Advocate for and provide inputs to the development of monitoring and evaluation tools and guidelines for age-friendly environments.
- Strengthen analysis and dissemination of good practices with respect to action across sectors to promote age-friendly environments.

WPRO Meeting on Ageing and Health

Dr John Beard
Director, Department of Ageing and Life Course, WHO HQ

Why Act?

- Economics
- Human Rights
- Creating a Fair and Equitable Society
  – “Society for All Ages”

Years of Life Lost Age 60 and Over

Key Points

- Diversity
- Shared burden
- Needs integrated response
- Society and culture is changing

Earning Enough
WHO Global Network of Age-friendly Cities

Ageing Preparedness Index

WHO Global Network of Age-friendly Cities and Communities

Comments to Pillar 1

Eduardo Klien
Regional Director
HelpAge International
East Asia/Pacific

Associations of older people: an approach to cost effective age friendly environments

How to go from intentions to practice?
How to go from general agreement to action?
• Is it awareness of the magnitude of change?
• Is it understanding of the risks of inaction?
• Is it evidence (pilot projects, research, analysis)?
• Is it a “correct” advocacy strategy?
• “No quick fixes” but there is a short “window of opportunity”
What are OPAs?

- Community based organisations, mainly in poor contexts
- Multifunctional
- About 50-60 members
- Adapted to specific contexts
- They can become sustainable (durable) organisations

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)

Scalability of the ISHC model

Since 2006, more than 600 ISHCs have been replicated in urban, rural and remote mountainous communities to date.
Who is mentioning OPAs?

- MIPAA review after 10 years
- ASEAN
- National Policies on Ageing
- WHO
- ICPD
- UNFPA
- UNDESA
- WB

Back to the question: How to go from acceptance to action?

Political will grows from:
- Awareness of need and potential
- Understanding of viability (cost effectiveness)
- Political interest
- Knowledge of how to do it
- Multisectoral commitment
- Multistakeholder involvement

Thank you

Objective

- To reduce exposure to risk factors and promote healthy behaviours across all stages of life so as to empower people to maintain their health as they grow older and to prevent functional decline and ill-health among older people by responding to their specific health needs.

Background

- Reduce exposure to risk factors and promote healthy behaviours across the life course
- Empower people to maintain their health as they grow older
- Prevent functional decline and ill-health among older people
**Suggested actions**

- Mainstream healthy ageing across the life course in health promotion and disease prevention efforts.
- Increase the coverage of and access to targeted priority interventions for health promotion and disease prevention for older people, tailored to their specific health needs.
- Place priority on addressing functional decline and frailty among older people.
- Improve health literacy among older people, promote their knowledge about the options for health promotion and disease prevention activities in their communities.
- Pay attention to the specific needs of population groups with higher exposure to NCD risk factors.
- Advocate for research on life-course stages that are most critical to older people and develop monitoring and evaluation tools for healthy ageing and disease prevention among older people.

**Disease or well-being?**

Do we just want to prevent disease or expand health as a resource for living?

Dr Susan Mercado
Director, Division for Healthy Communities and Populations
WHO Regional Office for the Western Pacific

**Risk reduction**

- Promotion of healthy lifestyle in younger years is critical for the prevention of cardiovascular disease, diabetes, chronic respiratory disease and cancer.
- But are there other risks in this age group? (Beyond tobacco, alcohol, diet and physical activity)
- What are the lifestyle (vs. behavioural) risks of this age group?

**Possible parameters for measuring the impact of interventions**

- “Connectedness”
- Learning institutions and workplaces that open their doors to older persons
- Educational programmes for early detection and referral of disease at the community level
- Self-reported health and well-being

**New lifestyle challenges that may determine the advent / outcome of disease**

- Living alone vs. living with the family
- Expanding one’s social network vs. staying within a comfort zone
- Learning new things vs. doing what one has been doing before

**Risk reduction**

- Mental health — dementia (35.6 million globally), depression and suicide (higher in older persons)
- Injuries and falls
  - 28-35% in people aged 65 <; increases to 32-42% in people aged 70 <
  - 4-5% of older persons face some form of abuse, the greater the disability or dependence the higher the risk
- Disability — blindness, deafness
- Dental health — loss of ability to chew
- Sexual health
- Diminished mobility
PILLARS OF ACTION ON AGEING AND HEALTH

3. Promote universal health coverage through age-friendly health systems

Objective

- To strengthen age-friendly health systems which provide acceptable and accessible health services of sufficient quality to be effective across the care continuum

Health system building blocks

Leadership & governance: Background

- Health law, policy and practice to take into account population ageing
- Laws, policies and practice on ageing to take into account health issues
- Whole-government and whole-of-society approaches to ageing and health
  - Leadership from Ministry of Health

Leadership & governance: Suggested actions

- Take into account the needs of older people in the design, implementation and evaluation of health sector plans, with a special focus on encouraging gender-responsive, equity-enhancing and human-rights based action on ageing and health
- Advocate for the inclusion of health issues and needs of older people into national laws, policies and actions on ageing as well as into national development plans
- Exploit synergies between ageing and health and other priority agendas receiving high-level attention
- Raise awareness for health and ageing issues, framing older people as resources to society and ensuring their participation in health-related decision- and policymaking at all levels

Health workforce: Background

- Increasing demand for health workers
- Changes to skills and competences
- Need for age-friendly generalists as well as specialists
  - Professional education
- Role of informal carers
  - Support required?
  - Role of families and communities
  - Role of older people
Health workforce: Suggested actions

- Ensure that health workforce planning and development take account of the numbers and skills for health workers needed.
- Ensure that health workers have improved basic understanding and skills to provide age-friendly care.
- Ensure recognition and improve working conditions and staff retention for those providing services to older people.
- Explore ways of providing support for home-based, community and informal caregivers.
- Build expertise in specialties of particular relevance
- Organize multi-disciplinary and comprehensive networks of health professionals and care facilities.
- Build capacity among older people in self-care, expanding on innovative models of informal and community care, disseminate good practice and foster the creation of networks in this area.

Health financing: Background

- Links between population ageing and health care costs
  - Acute events and end-of-life care
  - Chronic care
  - Social security/ income
- Financial protection for chronic health conditions, acute health shocks and determinants e.g. transport and rehabilitation
- No perfect model but several options
  - Equity considerations
  - Political voice of older people

Health financing: Suggested actions

- Strengthen health financing systems to support integrated service delivery, paying particular attention to excluded older people.
- Develop appropriate benefit packages to address the health needs of older people, including especially vulnerable households.
- Stimulate research, documentation and dissemination of good practices within and across Member States on tackling financial barriers to access to needed health services by older people.
- Explore options to ensure adequate fiscal space for the financing of health and long-term care.
- Prioritize the development of long-term care options, including at home and in communities, to avoid inappropriate use of health care facilities and to support the health and participation of older people in society.

Service delivery: Background

- Reorientation of service delivery systems:
  - Management and care of (often multiple) chronic conditions
  - Interfaces and coordination between sectors
- Integrated service delivery models to ensure the continuum of care
  - Ageing to be mainstreamed across service delivery systems
- Need for age-friendly primary care as well as age-friendly specialist care
- Interface between health and long-term care:
  - Role of families and communities
  - Transitional care models

Service delivery: Suggested actions

- Advocate for service delivery models that are responsive to the health needs and expectations of older people.
- Evaluate existing services for their age-friendliness, address gaps and reduce age-related barriers to access.
- Enhance the quality of service delivery with a view to taking into account the specific health needs of older people.
- Strengthen age-friendly primary health care as an appropriate entry point for older people to access the broader continuum of care.
- Place priority on specific services that support health and functioning of older people.
- Evaluate and strengthen existing capacity to address and manage co-morbidities including through appropriate care pathways and collaboration mechanisms.
- Stimulate analysis and learning on innovative models for delivering care, including in self-, home- and community-care.
- Develop or strengthen mechanisms and networks to ensure coordinated delivery of health and social care for older people with chronic conditions and long-term care needs.

Medicines & technology : Background

- Barriers vs. opportunities
  - Barriers: Out of pocket expenditure, adverse events
  - Opportunities: older people’s quality of life, empowerment and participation
- Challenges with regard to the availability, accessibility, acceptability, and quality of essential medicines and health technologies
  - Equity considerations
Medicines & technology: Suggested actions

- Advocate for equitable and universal access to essential medicines and health technologies, as part of the right to health of older people and to optimally maintain health and active participation in society.
- Support the monitoring and review of prescribing practices, rational use of medicines with focus on their specific pharmaceutical care needs.
- Improve the availability, quality and safety of medicines by reducing regulatory barriers to marketing and strengthening good regulatory practices and enforcement.
- Ensure equitable access by older people to appropriate financial protection mechanisms and increase evidence-informed decision-making on inclusion of affordable essential medicines and technologies in benefit packages therein.

Promote universal health coverage through age-friendly health systems

Dr Gulin Gedik
WHO Regional Office for the Western Pacific

Medicines & technology: actions (contd.)

- Monitor global trends in trade and intellectual property rights affecting access to essential medicines and technologies, and incentivise supplier investments including research and development for essential medicines and health and assistive technologies.
- Increase health literacy/awareness of older people, their caregivers and communities to improve demand for the right, essential health and assistive technologies.
- Increase availability and access to assistive technologies by:
  - developing appropriate quality standards, regulatory frameworks to ensure quality and safety and guidance on their use to address functional decline with ageing
  - strengthening incentives for research and development of low-cost and/or cost-effective, robust assistive technologies to support ageing populations in resource-limited settings

Myths about Universal Health Coverage

1. UHC is free services for all. [X]
2. UHC is only about treatment. [X]
3. UHC is everyone covered by health insurance. [X]
4. UHC is only about health financing. [X]
5. UHC is not a concern for priority health programmes or global health initiatives. [X]
6. UHC means immediate free coverage for all possible health interventions, regardless of the cost. [X]
7. UHC means abandoning the health MDGs. [X]

Universal Health Coverage (UHC)

- Access to good quality of needed services
  - Prevention, promotion, treatment, rehabilitation and palliative care
- Financial protection
  - No one faces financial hardship or impoverishment by paying for the needed services.
- Equity
  - Everyone, universally

Three Dimensions of UHC
How to define health workforce?

“The stock of all individuals engaged in the promotion, protection or improvement of health of the populations”

Health professional education – guiding principles

Stewardship / governance

Protecting public welfare and equity

Vision

Influence

Housing
Education
Employment
Environment
Health
Social welfare
Agriculture
Trade
Finance
Public service
Foreign Affairs

Collecting and using intelligence
Formulating health policy defining vision and direction
Exercising influence partnerships and regulation

Justice
Security
Communication

Lauren Winslow, WHO Regional Office for the Western Pacific
Service delivery model
- How the community enters and interacts with the health system
- What types of facilities and services available at each level
- When facilities or services are open, e.g. 24/7
- Who does what - the number and mix of staff at each level, what they can and should do, and how they work together
- Payment – OOP or Insurance? Pricing of services
- Referral system, controls on access to higher level services and incentives to providers and patients to comply
- Linkages between levels of service, e.g. communication, transport, supervision, specialist visiting, financial linkages, etc.
- Non-state providers role and how they interact with state services to support reaching national and local health goals

Protecting people’s health and equity
Annex 4 - Presentations

**Prevention and early detection**

**Financial protection**

**Care at home**

**Elder friendly**

**Hospital care, Step-down care**

**Residential care**
In the context of universal health coverage

- Current increased attention on universal coverage has created some kind of momentum and platform for developing national health financing systems
- Services = promotion, prevention, treatment, rehabilitative, palliation
- Who? Everyone!
- Financing models

Towards universal coverage

Access to primary health care, long term care and palliative care

Social and technological innovation

Ageing in Place
Many types of innovation

- Technological innovation
- Medical innovation
- Social innovation
- Disruptive innovation
- Frugal innovation
- Reverse innovation
- Strategic innovation
- Innovative financing

Health Systems, Ageing, Innovation: goals

- Healthy, productive, active ageing
- Keeping people in their homes
- Reduced health and social costs
  - Compressing morbidity
  - Prevention (and life course)
- More harmonious society
  - Social inclusion
  - Reduced loneliness
- Improved environment
  - Affordable, durable, acceptable medical devices and assistive devices
  - Integrated approach to rollout of new approaches and technologies

Innovation, Health Systems-Sector, & Ageing

- Innovation
  - New products, approaches
  - Adaptations: across disciplines, specific to LMIC environment

Innovation, Health Systems-Sector, & Ageing

- Technological and Social Innovations
  - Health technologies:
    - Medical devices
    - Assistive devices
  - Information, communication technologies
    - Including mHealth, telemedicine, health informatics
  - Pharmacology
  - Social and built environment: intersectoral, urban planning
  - Community and integrative models of care, service delivery
- Health systems
  - Metrics: Urban HEART, AFC core indicators
Some priority needs

- Vision
- Hearing
- Mobility
- Maintaining cognitive functioning
- Social inclusion
- Managing co-morbidities, functional decline risk
- Reducing hospitalization/institutionalization
- Supporting caregivers
- Built environment

Availability – who has them?

- More than a billion people, or 15% of the population experience disability, of which 110-190 million adults experience very significant disability
- Unmet need for Assistive Devices is considerable in low, middle, and high-income countries
- In many low-income and middle-income countries, only 5%-15% of people who need them have them. For example:
  - 360 million people globally with disabling hearing loss (5.3% of the world’s population).
  - An estimated one-third of those over 65 years of age are affected by disabling hearing loss.
  - About 20% of people with hearing loss require hearing aids.
  - Current hearing aid production meets around only 10% of the global need and only 3% of the need in developing countries.

Heath technologies for ageing population

- Needed for people
- Simple/Literate
- Sustainable
- Adaptable
- Replicable
- Scalable
- Equitable
- Responsive
- Increase compliance

Principles

- Respond to the needs of people (observed and surveyed)
- Priorities epidemiologically guided
- Health and governance system variations
- Durability and meeting environmental conditions
- Health technology assessment/resource allocation
- Focus on monitoring and evaluation to track effectiveness and efficacy

Barriers

- Leadership and governance – low priority, lack of policies
- Older populations may not be a priority in health systems
- Financing and affordability
  - No financial schemes for purchasing the devices needed
  - Family out of pocket payment and some insurance to pay for treatment and products.
- Service delivery
- Human resources
- Production
- Awareness, cultural and social barriers

- Push-pull for device industry: interest?
- Lack of industry-academia/innovator-government-civil society dialogue
- Most are devices for chronic diseases
- High demand for innovative affordable devices for home health care and rural populations

Health system implications/requirements

- National policy:
  - National plans, strategies, health, other sectors
  - Ageing policies
- Integration:
  - Social + technological innovation
  - Community-based health systems, social welfare
  - Technical expertise, Community & health system backup requirements
  - NGOs, life course programmes
  - Disabled population programmes
- Key other sectors: e.g. social services, telecom, education, etc
- Service delivery:
  - Local context: PHC, hospitals, NGOs, Universities...
  - Local context = social/cultural values
- Measurement: equity, cost
- Needs assessment
  - Community-driven
  - Literacy
  - Product usability
  - Sigma, related issues
- Evidence
  - Preferred product profiles (minimum standards)
Health system implications/requirements - II

- Clinical trials facilitation
- Regulatory
  - Capacity, standards
  - Data Base & Registry of End-Users and Service Providers
- Financing
  - Health technology assessment
  - Market forecasting and financing mechanisms (linked to UHC)
  - Eligibility, different insurance systems, affordability
  - Taxes/incentives
- Human resources
  - Training
- Quality assurance: Safety and efficacy
- Procurement systems
- Technology transfer
  - IP regimes
  - Local production, South-south
- WHO Compendiums
  - Devices, eHealth

What is needed to promote availability of appropriate interventions?

- Innovators need to know what needs and limitations are.
- Manufacturers need to know what the market is, and what the regulatory environment is.
- Governments (health care providers) to communicate the policies and market.
- Users (health care workers) to communicate their needs and limitations.
- Users (individuals) need to be empowered to make decisions on their health care

Technological Innovation

- Assistive Technology:
  - Affordable assistive devices, tools or aids that restore and extend human function
- Housing, Transport, and urban planning innovations
  - Innovative building designs, development of ‘fall-safe’ floors, etc.
- Development of IT-based communication and decision support technologies
  - Personal surveillance and alarm systems

Technological innovations: Meeting needs of developing countries

- Biomedical discoveries, technological innovations— are public goods, and the context and needs may vary across developed and developing countries
- Individual developing country may not have capacity, incentives and resources to invest in these innovations
- Establishment of International or regional research or product development partnerships
- Facilitate investments for technological innovation affordable and suitable for developing countries context
Global Forum on Innovation for Ageing Populations

- First of its kind
- Convenes government, research community/innovators, industry, health care workers, and civil society
- Outcome
  - Key research and development needs: connecting needs to seeds
  - Priority actions required to facilitate broader response for and availability of technologies to ensure maximum independence, longevity, productivity, health of ageing
  - Dialogue across sectors

INNOVATIONS IN MEASUREMENT

URBAN HEART
URBAN HEALTH EQUITY ASSESSMENT AND RESPONSE TOOL

User-friendly guide to identify and act on health inequities

Assessment: an indicator guide
Response: guide to best practices

Target audiences
Local/national authorities
Academia and communities

Urban HEART
URBAN HEART (concepts and framework)

Urban HEART User Manual

Urban HEART Core Indicators

Health outcomes
- Infant mortality
- Diarrhoea
- Tuberculosis
- Road traffic injuries

Physical environment & infrastructure
- Access to safe water
- Access to improved sanitation

Social and human development
- Completeness of primary education
- Skilled birth attendance
- Fully immunized children
- Prevalence of tobacco smoking

Economics
- Unemployment

Governance
- Government spending on health

URBAN HEART COUNTRIES 2008-9

Disclaimer: The boundaries and names shown and the designation used on all maps do not imply official endorsement or acceptance by the United Nations

2008-09
2010-11
2012
Core Indicators for Cities/Communities to Monitor their “Age Friendliness”

- Based on Urban HEART
- Starting point: Age Friendly City domains + new key issue areas (e.g. economic security, more on health)
- Core set of indicators
  - Based on existing indicators and information systems
  - Limited number
  - Ability to tailor to local needs
- Piloting review underway
- Further consultation: next few months
- Monitoring framework

The original monitoring framework for Age Friendly Cities

- Inclusion of the pilot study domains: governance, health and economic security.
- To use the literature to search for a potential foundation on which to base the framework.
- To use the literature to create core elements of focus which reflect the cross-cutting themes of the domains.

Updated monitoring framework for Age Friendly Cities

J-AGES

Japan Gerontological Evaluation Study (J-AGES)

- Longitudinal study of the elderly population in Japan since 1999
- Based on a bio-psycho-social model of health
- To develop a benchmarking system to evaluate Japanese policies on healthy ageing
- Financed by Ministry of Health, Labor and Welfare
Annex 4 - Presentations

**Ageing and health in Japan**

- J-AGES HEART
  - J-AGES is a population-based survey for the elderly across Japan.
  - Focused on social determinants of health and social environment.
  - In 2010/11 questionnaires: 172,221 older people answered by 132,213 individuals across 31 municipalities in 12 prefectures (response rate: 63.1%).

**Survey Items**

- **Health status** indicators: self-rated health, chronic conditions, health behavior, 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.

**JAGES HEART 2011 Core Indicators**

**Core indicators 2011**

1. All-cause mortality
2. Proportion of people eligible for long-term care
3. Proportion of new certifications for long-term care requirement
4. Proportion of people with a high OOL
5. Self-rated health
6. Cause-specific mortality
7. Rate of response to Basic checklist
8. Number of remaining teeth
9. Low BMI
10. Depression
11. Parks or roads suitable for walking
12. Number of falls in a year
13. Proportion of having health checkup (over the past year)
14. Proportion of people with smoking habits
15. Walking time
16. Number of "shut-in" older individuals
17. Proportion of participation in sports clubs
18. Proportion of volunteer participation
19. Number of projects for social exchange such as "salons" (community center programs)
20. Average taxable income
21. Proportion of welfare benefits
22. Budget amount for projects to prevent the need for long-term care (per older individual)
23. Long-term care insurance premium (by income class)

**Self-rated health: “Very/Somewhat good”**

**Physical environment: Parks and pedestrian paths**
Annex 4 - Presentations

Social-physical environment:
Places to visit for a casual drop in

Social capital:
Trust in the community

Rate of falls from below 15% to over 45%

Proportion of people engaging in sports-related activities

% Participation in hobby group & Depression

Example of Web GIS
Thank you!

http://www.who.int/kobe_centre


Key Focus: Inequities

PILLARS OF ACTION ON AGEING AND HEALTH

4. Strengthen the evidence base on ageing and health
Objective

- To strengthen evidence-informed policy- and decision-making on ageing and health in the Western Pacific Region by stimulating the collection, analysis and use of quantitative and qualitative data that are disaggregated by relevant social stratifiers, such as age, sex and rural-urban residence; as well as needed research. To improve longitudinal monitoring and completeness of patient records and history data across points of service delivery and areas for better quality health care for older people.

Background

- Reliable information on ageing in relation to health is critical
  - Disaggregation of data
- Standardization of methodology and indicators
  - e.g. Study on global AGEing and adult health.
- Review of policies, laws and actions — and their implementation
- Knowledge translation

Suggested actions

- Improve capacity in Member States to collect, monitor and analyse data.
- Increase efforts to collect quantitative and qualitative data on AAAQ of health and social care and key underlying determinants of health.
- Improve analysis and evaluation of existing efforts and their implementation.
- Implement appropriate health data standards to increase the access, sharing, and use of individual-level health and medical records over time, across geographies, and between public and private providers.
- Stimulate research, documentation and dissemination of good practices.
- Improve knowledge translation to inform policy-making.
- Advocate for the empowerment of older people and their support networks, foster their health literacy and ensure their participation.
- Strengthen partnerships across sectors, and with different actors in the Region to support data collection and identify research priorities.

Health of older persons in selected countries in the Western Pacific Region

Professor Julie Byles
Priority Research Centre for Gender, Health and Ageing

The World Health Organisation Collaborating Centre for International Longitudinal Studies on Gender, Ageing and Health.

Western Pacific Region

Population Ageing

- Countries are ageing at different rates, and are at different stages of population ageing.
- Fastest growth in the 60+ age group is taking place in low and lower middle income countries.
- Older people can be a resource for their families and communities

Health of older people

- Non-communicable disease burden has increased.
- Communicable diseases, and unintentional injury burden remains high.
- Health inequalities among people 65 years or over.
- Opportunities to improve health and participation in older age.
Republic of Korea

- Population by age and sex, 2010 (Median age 38 years)
- Population by age and sex, 2030 (Median age 47 years)

Population trends in younger and older age groups, 1950-2100

- Republic of Korea

Population trends in younger and older age groups, 1950-2100

- Republic of Korea
- The Lao People's Democratic Republic

Proportion of people aged 60+ and 80+

- 2010 60+
- 2010 80+
- 2030 60+
- 2030 80+

Life Expectancy at birth

- Viet Nam
- Philippines, the
- Lao People's Democratic Republic, the
- Malaysia
- China
- Korea, the Republic of
- Australia

Healthy Life Expectancy at birth

- Selected countries

Life Expectancy at birth

- Viet Nam
- Philippines, the
- Lao People's Democratic Republic, the
- Malaysia
- China
- Korea, the Republic of
- Australia

Healthy Life Expectancy at birth

- Selected countries
Conclusion

- Population ageing has important social, economic, political and cultural implications.
- Risks of chronic illness and disability increases with older age, but older people also represent a population of survivors who make significant contributions to their families and communities.
- Many opportunities exist to encourage optimal health and participation by older people, and to maximise the potential for future generations to age well.
- Improvements in older people’s health cannot be achieved in isolation, but require a multisectoral approach to promote health capacity across the lifespan, provide supportive environments and social policies, and to provide adequate and effective health and long term care for those in need.

Strengthening the Evidence Base on Ageing and Health

Dr. Manju Rani
Senior Technical Officer (Health Research and Policy)
July 9, 2013
Meeting on Ageing and Health in Western Pacific Region
Manila, Philippines
Biomedical & Clinical Research
• For better prevention, and management of age-related disease (e.g. dementia) and functions
• Development of early functional markers for biological and psychological ageing and surviving without functional decline
• Challenges:
  – Expensive with uncertain success
  – Ethical issues, cost-benefit analysis

Technological Innovation
• Assistive Technology:
  – Affordable assistive devices, tools or aids that restore and extend human function
• Housing, Transport, and urban planning innovations
  – Innovative building designs, development of ‘fall-safe’ floors, etc.
• Development of IT-based communication and decision support technologies
  – Personal surveillance and alarm systems

Epidemiological Research
• Monitoring and understanding the health trends among older people
  – Understanding the distribution (time, place, person) of age-related morbidity and mortality
  – Understanding determinants (social, economic and physical environment, individual characteristics and behaviors) for active and healthy life
  – Identification of critical phases of life and risk factors which in a whole life perspective are significant predictors for early loss of functional ability.

Behavioural and Sociological research
– To understand social & environmental determinants of adoption & maintenance of healthy behaviours
– Understanding the concept of social cohesion and social capital in an ageing and age-integrated society
– Changing family structures & other social institutions (e.g. Marriage) and influence of availability of informal care within family and on the future demand for health and social care

Health Systems and Policy Research
• What are the policy’s proposed aims, objectives, interventions, targets, timescales and funding
• Who does the policy affect?
• Does the proposed policy address the identified issues?
• What are the values and theoretical models underpinning the policy?
• Long-term comparison of different health strategies
Health Systems and Policy Research (2)

- Amendment of "Law of Protection of Rights and Interests of the elderly" in China this month forcing young children to visit their parents regularly
  - What would the feasibility, cost and impact of this measure?
  - Will this improve the cognitive ability and health status of the elderly? What may be other outcomes?
  - Development of innovative model of coordinated service provision based on sound rationale and conceptual basis.

Multidisciplinary research

- Ageing a complex bio-psycho-social process.
- Financing and provision of healthcare is embedded within other policy issues like employment, taxation, social security systems.
- Research on labor markets:
  - Older people’s attitude for life-long learning, and preferences for staying longer in the work-force
  - Analysis of late-life career patterns among wage earners or the self-employed
- Need for multidisciplinary and multi-sectoral approach to research

Take Home Message :1

Need for a balanced multi-disciplinary research approach : a full spectrum of basic and clinical research through to population surveys and policy analyses.

Take home message 2: A Large Translational Research Agenda

Translating existing knowledge into behaviours, practice and policies.

Substantial emerging evidence and Translational Research agenda

- Translating already available knowledge into policy and practice
  - Known relationships between ill health & tobacco, physical inactivity, poor diet, alcohol misuse, high BP and cholesterol
  - Knowledge about impact of social & built environment in facilitating healthy ageing
  - Need to reform health systems to make them age-friendly

Way Forward: Strengthening Evidence base

- Developing multi-disciplinary and multi-stakeholder partnerships to implement research agenda: Public, private, industry, universities, civil society, etc.
- Establishing a priority research agenda with consensus
- Institutionalizing systems to generate, analyze and use routine statistics and data on healthy ageing
- Building capacity for research and data analysis
- Mobilizing resources for special research studies and routine surveys:
  - Better dissemination of findings to government, industry, and communities
Technological innovations: Meeting needs of developing countries

- Biomedical discoveries, technological innovations—are public goods, and the context and needs may vary across developed and developing countries
  - Individual developing country may not have capacity, incentives and resources to invest in these innovations
  - Establishment of international or regional research or product development partnerships
  - Facilitate investments for technological innovation affordable and suitable for developing countries context

Take Home Message: 2

The first priority in developing countries may be to build systems in the form of periodic population-based surveys that collect data on multi-disciplinary and multi-sectoral issues relevant to healthy ageing

Setting Systems for Multi-disciplinary Statistics on Older People (1):

Demographic statistics: More readily available
- Counts of older population by age, sex, residence, work, HH status, employment?
- Census, inter-census projections

Economic & social status & labor force participation:
- % of elderly population classified as poor
- Employment rates, attitudes towards labor force participation
- % of older people receiving any pension; pension as proportion of total income
- % of older men and women living alone?
- % of older men and women having access to informal family support if needed

Setting Systems for Multi-disciplinary Statistics on Older People (2)

Access, affordability, and use of health care
- % older people covered with health insurance schemes
- % of older people with hearing disability having a hearing aid
- % of older people with correctable vision disability having services
- % of older people immunized for influenza/pneumonia
- Per capita health expenditures for 65+ population versus 25-64 year old

Health Status: morbidity and mortality
- Age- and cause-specific mortality: Vital Registration system?
- Morbidity including cognitive and functional disability: periodic surveys
- Prevalence and trends in lifestyle risk factors: periodic surveys
- Health life expectancy at age 65 years

Generating Evidence on Ageing: Way Forward

- A full spectrum of multi-disciplinary research approach
- Immediate priority: Institutionalizing periodic population-based surveys of older people covering multi-disciplinary domains
  - Existing national health surveys (e.g., DHS, MICS, STEPS, etc)
  - 65+ population traditionally excluded from large scale national health surveys
- Existing ageing surveys
  - Ad hoc, mostly externally driven, designed and funded, with poorly analyzed and used data
- Comparative regional or global survey initiatives (pros & cons)
- A critical number of longitudinal studies in selected countries
- Research translation

Thank you

Any comments, suggestions, and questions are welcome...
**Introduction to group work**

**Objectives**
- Undertaken in country groups
- To identify country-specific issues in relation to ageing and health
- To develop practical actions to address these issues

**TASK 1: Issue analysis**

**TASK 2: Issue selection matrix**

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<th>Feasibility (0-5)</th>
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**TASK 3: Barrier analysis**

**TASK 4: Root cause analysis**

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</table>
**TASK 5: Solutions and practical actions**

<table>
<thead>
<tr>
<th>Problem statement</th>
<th>Cause</th>
<th>Solution</th>
<th>Effective x Feasibility = Overall Practical Actions</th>
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**Structure and timetable**

<table>
<thead>
<tr>
<th>Session 9 — Group work</th>
<th>0830-1000</th>
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<tbody>
<tr>
<td>Break</td>
<td>1000-1030</td>
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<tr>
<td>Session 9 (contd.) — Group work</td>
<td>1030-1200</td>
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<tr>
<td>Lunch</td>
<td>1200-1300</td>
</tr>
<tr>
<td>Session 9 (contd.) — Group work presentations</td>
<td>1300-1430</td>
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