Healthy Ageing

Report of the Regional Meeting on Healthy Ageing

Bangkok, Thailand
26–28 October 2016
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<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
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<tr>
<td>DoHS</td>
<td>Department of Health Services</td>
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<td>GESI</td>
<td>Gender Equality and Social Inclusion</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GSAP</td>
<td>Global Strategy on Ageing and Health</td>
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<td>JICA</td>
<td>Japanese International Cooperation Agency</td>
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<td>MIPAA</td>
<td>Madrid International Plan of Action on Ageing</td>
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<td>MCWSW</td>
<td>Ministry of Women, Children and Social Welfare</td>
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<td>MOF</td>
<td>Ministry of Finance</td>
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<td>Ministry of Health and Family Welfare</td>
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<td>MOHS</td>
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<td>Ministry of Information (in Myanmar)</td>
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<td>MOJL&amp;P</td>
<td>Ministry of Law, Justice and Parliamentary Affairs (in Bangladesh)</td>
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<td>MOLG</td>
<td>Ministry of Local Government</td>
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<td>MOPH</td>
<td>Ministry of Public Health (in Thailand)</td>
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<td>MOPW</td>
<td>Ministry of Housing and Public Work</td>
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<td>MOSW</td>
<td>Ministry of Social Welfare</td>
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<td>MOSWRR</td>
<td>Ministry of Social Welfare, Relief and Rehabilitation (in Myanmar)</td>
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<td>NGO</td>
<td>Nongovernmental Organization</td>
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<td>PHC</td>
<td>Primary health care center</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>UNESCAP</td>
<td>United Nations Economic and Social Council for Asia and Pacific</td>
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<td>UNFPA</td>
<td>United Nations Fund for Population Activities</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO HQ</td>
<td>World Health Organization Headquarters</td>
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<td>WHO SEARO</td>
<td>World Health Organization Regional Office for South-East Asia</td>
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Introduction

A regional meeting on Healthy Ageing was organized by the World Health Organization’s Regional Office for South-East Asia [WHO-SEARO] in Bangkok, Thailand, from 26 to 28 October 2016.

The meeting was attended by representatives from ten Member States of WHO-SEARO [Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste]. Representatives from the United Nations Economic and Social Council for Asia and Pacific [UN-ESCAP], United Nations Fund for Population Activities [UNFPA], International Association of Gerontology and Geriatrics as well as National and International non-governmental organizations involved in the care of older people, also participated in the meeting.

The overall objective of the meeting was to strengthen country capacities and commitments for Healthy Ageing in WHO South-East Asia Region, while the specific objectives were to: i) review progress in development and implementation of national plans and policies on healthy ageing in Member States; ii) review and finalize the revised regional framework on Healthy Ageing and to align it with the Global Strategy and Action Plan on Healthy Ageing; iii) identify priority actions for monitoring and research on Healthy Ageing.

Before the start of the inauguration session, Dr Pem Namgyal, Director, Department of Family Health, Gender and Life-course, WHO-SEARO, called for a minute’s silence to express our solidarity with the peoples of Thailand on their great sorrow and loss at the passing away of their beloved King, His Majesty Bhumibol Adulyadej. Following this, in his introductory remarks, he highlighted that SEA Region has been active in pushing the ageing agenda and, as early as 2012 the ministers of health of the SEA Member States adopted the Yogyakarta Declaration on Ageing. However, there has been relatively little action at the country level. He emphasized that the World Health Assembly adopted the Global Strategy for Healthy Ageing in May 2016 which sets the framework for Member States to initiate relevant actions for the Decade of Healthy Ageing 2020-2030. This meeting, Dr Namgyal emphasized, would enable Member States to prepare for the forthcoming decade of ageing as well as measure activities in the Member States against the newly-formulated global strategy and plan of action on ageing and health. He highlighted the importance of the involvement of sectors other than health in providing care to older people as this is an issue that health alone cannot deal with it.

The message from Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia, was delivered by Dr Daniel Kertesz, WHO Representative to Thailand. On behalf of the WHO South-East Asia Region and its staff, the Regional Director expressed her most sincere condolences to the Royal Thai Government and the people of Thailand at the passing away of His Majesty King Bhumibol Adulyadej. In her message, Dr Singh referred to the rapidly
increasing proportion of older people in the world, particularly in the low- and middle-income countries. However, in spite of several global and regional meetings highlighting the importance of ageing and the availability of international policy instruments guiding actions on ageing, the response to address ageing as a demographic and public health challenge remain inadequate. This lack of progress is a concern because population ageing is linked with many global public health agenda, particularly in relation to universal health coverage, noncommunicable diseases and disability, and the sustainable development goals (SDGs) and without taking into consideration the health and well-being of older people, many of these agendas will not be achieved entirely. The WHO World Report on Ageing and Health has looked at the latest evidence about ageing and has recommended changes to the existing policies addressing the ageing populations and the services they require. Over time, Member States of South-East Asia have demonstrated strong interest in Healthy Ageing. This regional meeting on healthy ageing aims to strengthen the capacities of Member States in promoting healthy ageing through several initiatives. The Regional Director expressed her confidence that the deliberations at this meeting would identify and introduce the necessary transformative measures needed to strengthen the required capacities.

The provisional programme had three sessions. The first session was ‘setting the stage – global and regional situation’; the second session was on ‘identifying key elements of the regional framework on healthy ageing’; and the third session examined the ‘priorities of the regional framework and ways forward on country implementation on healthy ageing’. These three sessions comprised plenary sessions, seven group work activities and poster presentation of country activities.
Plenary Session

A **global overview of ageing and health** was provided by Dr Ritu Sadana from the Department of Ageing and Life course, WHO HQ, Geneva. The overview comprised challenges, the new approach to healthy ageing, coherence of policies and alignment across all levels and the opportunities for action and improving lives. While the rapid increase in the proportion of older peoples remained a concern, their rights ensured appropriate national responses to various related issues. In addition, the sustainable development goals (SDGs) required that older people be also accounted in global targets and indicators as the core theme of the SDGs is “leaving no one behind”. The key aspects of the ‘world report on ageing and health’ and the new definition of healthy ageing were elaborated in the presentation along with the approach that functional ability is determined by the intrinsic capacity of the individual, the environments they inhabit and the interaction between them. The framework of action outlined in the World Report on Ageing and Health combines knowledge on what can be done in different sectors or policy spheres, to build and improve intrinsic capacity and functional ability. The presentation reviewed the vision, goals and the strategic objectives of the ‘global strategy and action plan for ageing and health’.

The **regional progress on healthy ageing** was presented by Ms Benedicte Briot from WHO South-East Asia Regional Office. Between 1975 and 2050, the proportion of older people in the eleven Member States of WHO SEAR would increase rapidly from the current estimated 8% or 142 million people of the region who are above the age of 60 years. Older women usually outnumber older men with a ratio that increases as the population ages. The health challenges of older women are complex and related to several factors, some that begin from birth. Issues related to gender inequities and health problems of the populations of the region were highlighted. Several actions have been undertaken in the region and mention was made of the ‘Yogyakarta Declaration on Ageing and Health’ in 2012 and the ‘Regional Strategy for Healthy Ageing, 2013–2018’. Several Member States have taken actions ranging from formulating national policies and plans, training of different categories of health workers to targeted support to older people and the inclusion of nongovernmental organizations in healthy ageing activities. Preliminary findings from a recent questionnaire survey conducted by WHO SEARO were presented.

An overview of countries situation on healthy ageing from a health systems perspective: **presentations of Japan’s experience**, was provided by Dr Ichiro Fujita, Chief Adviser of the Japanese International Cooperation Agency (JICA). The presentation gave an overview of the course of healthcare delivery system in Japan and currently the private health care sector is the major health care provider in Japan. The social security system has also changed over the years and since the end of World War II, there has been a growing dependence on government administration and finance, with the basic characteristics comprising poverty
prevention, respect for rights to receive benefits and a comprehensive and universal social insurance system. The proportion of older population has continued to increase over the year which in 2010 stood at 12% for the age group 65–74 years and at 11% for those 75 years or over. By 2060, these figures are expected to reach 13% for the 65–74 years age group and 27% for those 75 years or over. Welfare policies for older people have evolved over the years since 1960. In the 2000s, the long-term care insurance system was introduced. An estimated 11.1% of GDP is currently allocated for pension. The ‘Community-based Integrated Care System’ ensures that the older population could live the remainder of their lives in their own familiar environment, even if they require extensive long-term care. The ‘community-based integrated care’ also addresses the need for older people with dementia. There are 7865 facilities providing long-term care to older people and an estimated 516,000 receive these long-term care services. Additional resources from public funds are made available to further reduce the long-term care insurance premiums for the older people with low-income.

Thailand’s progress on healthy ageing; enabling factors and challenges was presented by Dr Ekachai Piensriwatchara from the Department of Health, Ministry of Public Health, Royal Thai Government. The presentation comprised the demographic profile of older people in Thailand, the country’s healthy ageing policy, the life-course approach, existing health care service, aspects of age-friendly cities and long-term care, and the overall enabling factors, challenges and recommendations.

Older people comprise 16.5% (10.8 million) of Thailand’s population and 95% of the older population suffers from hypertension (41%), diabetes (18%), osteoarthritis of the knee (9%) and dependence or disabilities (7%). The strategic objectives of Thailand’s policy and plan of action for the elderly are: i) fostering healthy ageing in every country; ii) creating age-friendly environments; iii) aligning health systems; iv) developing long-term care systems; v) improving monitoring and research. The public health actions across the life course - high and stable capacity, declining capacity and significant loss of capacity - were described along with the corresponding health services, long-term care and environments. The goals of the ASEAN approach to promoting health lifestyle were presented. The national policy for Thai elderly for the period 2002 – 2021 consisted of: i) preparedness and readiness for quality ageing; ii) promotion and development of the elderly; iii) social protection for the elderly; iv) creating a national comprehensive system for integrative implementation; v) processing and disseminating knowledge on the elderly and monitoring. Monitoring and assessment of the national plan for older persons (2011) has provided information about the different parameters for the population ageing quality index.

Broad challenges are fragmented approach to the policy on the elderly, lack of concrete transformation of the policy, budget constraint, weakness in the management of the elderly clubs and relevant personnel lacking appropriate knowledge in geriatrics. Several challenges exist in rural and urban areas. Areas requiring urgent implementation are; (i) concrete
transformation of policies toward action, (ii) cultivation of understanding and awareness among the young and working-age population (iii) improvement of the national income security system, (iv) integrated long-term elderly care system in health, economic and social dimensions, (v) strengthen the roles of local administrative organizations and, (vi) increase the capacity of the elderly clubs and older people’s assembly.

Examples of actions in promoting the various aspects of the age-friendly city approach were provided in the presentation. The case of a 77 year old hemiplegic male living alone, was presented to highlight the integrated, multisectoral approach to long-term care pursued in Thailand. Visits by compassionate family care team, physiotherapy, provision of assisting equipment, improvement in housing and environment, were seen to dramatically improve the physical and psychosocial well-being of the older person.

After a presentation on the alignment of health systems to the needs of older populations, which refers to the Strategic Objective 3 of the GSAP and has also been prioritized in the Regional Framework on Healthy Ageing under the Strategic element 3, some proposed actions to support were suggested.

Data from the World Health Survey indicated that more than 60% of older people, in low-income countries, did not have access to any care because of the cost of the visit, lack of transportation, or transportation being too expensive. WHO is promoting older person-centered and integrated care, as a way to package and implement many of these proposed actions. Evidence supports that older person-centered and integrated care should focus on the following components: 1) people and their goals, not illness or conditions; 2) intrinsic capacity, not disease management; 3) older person as an active participant and self-manager, and not a passive recipient of care; 4) comprehensive assessments and care plans, should not be fragmented or "siloed"; 5) strengthening links between health, social and long term care, including home-based interventions. Overall, ageing is considered to be a normal and valued part of the life course, not a pathological state. Maximizing intrinsic capacity and functional ability so people can do what they value, is the fundamental approach to align health systems to be centered on older people. Brazil’s example was used to show how a country is providing comprehensive and affordable integrated care for all of its older population, under the country’s Family Health Programme.

After this presentation, the participants then worked in groups on “Health Systems: countries’ perspectives and lessons learnt from the different levels. Given the challenges, what can be done in the countries? What actions can be taken to improve the Health System to meet the need of older adults and suggest one indicator for the national, subnational and local level?” (see Appendix I).

Ms Channe Lindstrom Oguzhan from the Social Development Division of the United Nations Economic and Social Council for Asia and Pacific (UN-ESCAP) spoke on the third Madrid
International Plan of Action on Ageing (MIPAA) Review and Appraisal in Asia and the Pacific. The populations of all countries in Asia and Pacific were in the process of ageing at an unprecedented pace. MIPAA is a global guiding document on population ageing with three priority areas – older persons and development, advancing health and well-being into old age and ensuring enabling and supportive environments. Since its adoption by the General Assembly in 2002, the Madrid International Plan of Action on Ageing (MIPAA) has undergone review and appraisal exercises every 5 years. The main objective of the MIPAA review and appraisal process at the regional level is to track progress and identify gaps and emerging issues in the national implementation of MIPAA, as well as to suggest specific recommendations for accelerating progress in MIPAA implementation in the context of the Asia-Pacific region. The outcome of the regional review is expected to be an agreed regional framework of action to support countries to comprehensively address the remaining challenges in the effective implementation of MIPAA.

The regional framework would be fully aligned with the 2030 Agenda for Sustainable Development and the SDGs. The Sustainable Development Goals contain several goals that address the needs of older persons, in particular those related to social protection, reducing inequalities and ending poverty (Goals 1, 10, 11). Older persons are also mentioned under targets related to nutrition, resource use, healthcare, accessibility, safety and age-specific data collection and analysis. The Third Review Meeting will take place in Bangkok from 12–14 September 2017. The outcome of the regional review will also serve as the regional input into the global review, which will take place during the Commission on Social Development in New York, most likely in March 2018.

After a presentation on “Long Term Care: countries’ perspectives and lessons learnt from the different levels”, which refers to the Strategic Objective 4 of the GSAP and has also been prioritized in the Regional Framework on Healthy Ageing under the Strategic element 4, some actions were suggested to establish/strengthen programmes to ensure that all older people in need of care have access to ‘long-term care’ services regardless of age, gender, financial and other considerations. Some proposed actions to support:

- Design and establishment of multi-sectoral system including a regulatory framework, training and support for caregivers, coordination and integration across various sectors
- Advocacy and communication to recognize that LTC is an important public health priority, including an acknowledgment of the right of older people.
- Ensuring access to LTC as part of UHC, without financial hardship

The example of Costa Rica was presented. The country is facing an increasing population ageing and care dependent older people who are in poverty and faces other forms of social risk or have a high level of dependency. The challenge was to improve older people’s quality of life, by satisfying their physical, material, biological, emotional, social and spiritual needs.
The action was to put together legislation that had sustainable and progressive financing -- generated by a new law on Tax Charges over Liquors, Beers and Cigarettes and adjustment to the Social Development of Family Allowances Law. The programs were based on local Support Committees (technical teams composed of representatives of public, private institutions, community organizations, older people and stakeholders) who assess needs and coordinate services, including nutritional support, personal hygiene articles, medication and health equipment, social attention, support products, technical and housing equipment, home assistance, community centres, health promotion and institutional LTC services. The financial resources have permitted a rapid extension of coverage of LTC services based on pooled funding, particularly important for people in unfavorable economic and social conditions.

The groups then worked on concrete proposals of what can be done in the countries on Long Term Care. The summary of the discussions can be found in Appendix I).

After a presentation on Age-Friendly Environments, which refers to the Strategic Objective 2 of the GSAP and has also been prioritized in the Regional Framework on Healthy Ageing under the Strategic element 2, some actions were suggested to create an enabling environment that addresses the needs and preferences of older people in a comprehensive manner:

– Creation of social and physical environment that foster health and participation of older people through: Promotion of age-friendly environment including, cities, communities, and other settings as appropriate for each country situation.

– Promoting participation of older people in all activities and recognizing their contributions to society

The WHO Global Network for Age Friendly Cities and Communities was presented. As many older people in the region live in rural areas, but they also are concentrated in urban areas, it is encouraged to work together across sectors and with diverse stakeholders, including older people themselves, and help capitalize on opportunities for co-benefits across sectors and for society at large. There is a big opportunity to support cities and communities in the South East Asian region.

There are a few good examples, that highlight how communities in all resource setting want to improve their environments. In 2012, in Sri Lanka's Uva Provence, Senarath Attanayake—worked with SEARO and country office plus Ministry of Social Services, Ministry of Health, Uva Provincial Council, other Government administrative bodies. Although the resources were limited, there was a strong political will. Since it was recognized that being involved in activities outside of the home encourages older people to walk more and exercise, and can also contribute to improved intrinsic capacity, the Wellawaya Age & Disability Friendly City helped to provide ramps, tactile paving and accessible toilet facilities – to community
centers, places of worship, and public services including police stations, bus stations and community medical centers.

The groups were then asked to answer the following question “Given the challenges, what can be done in the countries? What actions can be taken to improve age-friendly environments to meet the need of older adults and suggest one indicator for the national, subnational and local level?”. The group’s suggestions can be found in Appendix I.

Some elaboration on the strategic objective ‘commitment to action on healthy ageing in every country’ and the strategic objective ‘improving measurement, monitoring and research on Healthy Ageing’ were made by Dr Ritu Sadana. As part of these strategic objectives, several actions had been proposed. The development process for the healthy ageing policy in Gabon was cited. The country sought technical support from the regional and country offices of WHO, identified and negotiated the national priorities, maintained policy coherence with the regional and global priorities, identified clear areas of responsibility, timeframe of actions and appropriate indicators, prepared relevant documentation. Promotion of healthy ageing in Gabon and other countries was because of need, vulnerability of the population and right to health. The ‘longitudinal ageing study in India (LASI)’ was cited as a good example of research on healthy ageing. The longitudinal study would be conducted in several India states on population 45 years onwards, for the next 25 years. The study was being designed to balance scientific goals with national priorities in policy development and programme implementation. In addition, the evidence collected would be added to the global knowledge base, an action outlined in the Global Strategy and Action Plan.

The regional framework on healthy ageing was presented by Dr Kunal Bagchi, WHO Consultant. The regional framework has been developed to assist Member States in establishing core interventions to promote and strengthen healthy ageing in their countries. The regional framework is of five years duration with a goal to promote healthy ageing and care of the aged through the life course. The regional framework is based the ‘Yogyakarta Declaration on Ageing and Health’ and the WHO SEARO Strategy for Healthy Ageing and maintains a harmonious alignment with the ‘global strategy and plan of action on ageing and health’. Five guiding principles and five policy directions are followed in the development of the framework. Six strategic elements have been identified in the framework: i) developing an evidence-based, integrated policy and plan of action for healthy ageing; ii) developing age-friendly environments; iii) aligning health systems to the needs of older people; iv) developing sustainable and equitable systems for long-term care; v) developing appropriate human resources necessary for meeting the health and related care needs of older people; v) improving measurement, monitoring and research on healthy ageing. Objectives and suggested actions for the strategic elements were described. The regional framework has identified seven indicators to assess progress at the regional level and nine indicators for assessing progress in the Member States.
Group Work

‘Health Systems – countries perspectives and lessons learnt from the different levels’

The global strategic objective ‘aligning health systems to the needs of older populations’ and the strategic element of the regional framework on healthy ageing ‘aligning health systems to the needs of older people’, along with suggested actions, were reviewed. It is clear that we need to focus on people and their aspirations, their intrinsic capacity, comprehensive assessments and care plans, and strengthening the links between health, social and long-term care. Programmes for the older people from Brazil and Singapore were cited as examples. Participants were asked the question ‘given the challenges, what can be done in the countries and what actions can be taken to improve health systems to meet the needs of older adults’ along with identifying an indicator that was making progress.

‘Long-term care: countries perspectives and lessons learnt from the different levels’

The global strategic objective ‘developing sustainable and equitable systems for providing long-term care (home, communities and institutions) and the strategic element from the regional framework ‘developing sustainable and equitable systems for long-term care’, along with suggested actions in support, were reviewed. Participants were asked that given the existing challenges, what can be done to improve long-term care to meet the needs of older adults, identifying one indicator that was making progress.

Age-friendly environments: countries perspectives and lessons learnt from the different levels.

The global strategic objective ‘developing age-friendly environments’ and the strategic element from the regional framework ‘developing age-friendly environments’, along with suggested actions, were reviewed. Stakeholders from diverse sectors including older people themselves can help capitalize on opportunities for co-benefits across sectors and for society at large. The location of 320 age-friendly cities was shown and an age-friendly and disability-friendly community initiative in Wellawaya city, Uva province of Sri Lanka was described. Participants were asked that given the challenges, what actions can be undertaken to improve the health systems meet the need of older adults, citing one indicator that has made progress.

Enabling commitments and research for evidence-based policy

A plenary discussion took place on the technical assistance required from Ministries to further develop the countries strategies and their implementation. The discussion generated several ideas; i) Thailand indicated that it would be useful to undertake implementation research, as such research can motivate people, ii) Indonesia suggested to conduct systematic review related to healthy ageing research, iii) India has established a longitudinal study on healthy ageing to identify the key aspects of healthy ageing; but small-scale operational research was also needed, iv) Sri Lanka mentioned that the country has undertaken considerable research and the information should be shared, v) guidelines for ‘end of life’ care were needed, vi) Myanmar indicated that national standards for housing and health facilities conforming to healthy ageing were needed.
Reviewing the Goal, Duration, Guiding Principles and Strategic Objectives of the Regional Framework
The group suggested the following changes:

- To amend the goal to read as `to promote healthy ageing through the life-course and care of the aged with dignity’.
- Addition of the following to the guiding principles: i) ensuring an enabling and supportive environment; ii) empowerment at the personal and community; iii) interdisciplinary and intersectoral approach; iv) sustainability and value for money.
- A strategic element on sustainable financing / investments to be added.
- The duration of the regional framework could be reduced

Reviewing the Strategic Elements and Indicators of the Regional Framework
The group suggested the following:

- Indicators should reflect the existence of policies, strategies and institutions. Each strategic elements should be linked to appropriate indicator(s).
- The regional-level indicators would need to relate to: laws promoting age-friendly environment; return on investment on healthy ageing; and return on investment on healthy ageing.

Each Member State was asked to develop national action plans on healthy ageing for the period 2017 – 2018. Relevant information was to be provided as per given categories: strategic themes; Leader / Other assisting ministries; how will the actions be achieved; estimated time-frame; Level of responsibility – national / state; kind of support required; involvement of the civil society.
Details of the national action plans of the Member States are appended in Appendix II.
Conclusions and Recommendations

Conclusions

1. The “Regional Framework on Healthy Ageing for the South-East Asia Region” has been presented and discussed with 10 Member States. All agree the framework is aligned with the recently endorsed Global Strategy on Ageing and Health. This ensures policy coherence and synergy for its implementation. Furthermore, the timeframe for the “Regional Framework on Healthy Ageing for the South-East Asia Region” is proposed as 2017 – 2020, leading up to the preparation, approval and launch of a Decade of Healthy Ageing (2020 – 2030), in sync with the Sustainable Development Goals.

2. The framework for Healthy Ageing and its strategies and action plan should aim towards fulfilling the goal “to promote healthy ageing and care of the older people through the life-course, with dignity”. Furthermore, it should do so by the principles agreed upon, including reducing inequities, discrimination against older persons, addressing gender issues and fulfilling progressive realization of the right to health of older people.

3. All participants further recognize the need for partnerships across multiple sectors and inter-sectoral collaboration at the national, sub-national and local levels to institutionalize, sustain and monitor Healthy Ageing programmes and their impact, so that they reach ‘all older people’.

All participants agreed with the six Strategic Elements mentioned in the Regional Framework Developing and some suggestions to further improve them were made.

1) An evidence-based, integrated policy and plan of action for healthy ageing
2) Developing age-friendly environments
3) Aligning health systems to the needs of older people
4) Developing sustainable and equitable systems for long-term care
5) Developing appropriate human resources necessary for meeting the health and related care needs of older people
6) Improving measurement, monitoring and research for healthy ageing

The need for an additional Strategic Element (seventh) on ‘Sustainable and progressive financing to enable a path towards Universal Health Coverage (UHC)’ that is inclusive to the needs and rights of older persons without financial burden to them or their families, was suggested.

4. All participants agreed that indicators are necessary to track implementation processes for the region, supplemented by national quantitative and qualitative progress indicators. These should feed into global accountability.
**Recommendations**

**For Member States**

- National governments to **assume leadership** for a system wide approach for strengthening and refocusing work to commit and further advance Healthy Ageing programmes by ensuring supportive policy environment and active participation of older people.

- To **create / strengthen institutional mechanism at national, subnational and local levels** to lead and coordinate the programmes towards Healthy Ageing, particularly aligning health systems and long-term care to the needs of older adults.

- Optimize **multisectoral collaboration and partnerships** among all relevant stakeholders including the private sector, professional bodies and civil society to develop and sustain an integrated and inclusive approach for equitable, gender-sensitive, rights-based Healthy Ageing programmes.

- Ensure a sustainable and progressive financing, which will enable a path towards Universal Health Coverage (UHC), inclusive to the needs and rights of older persons without financial burden to them or their families.

**For WHO and Partners**

- To share the final draft of the “Regional Framework on Healthy Ageing for the South-East Asia Region” with Member States after incorporating inputs of the participants.

- To share the final draft of the “Regional Framework on Healthy Ageing for the South-East Asia Region” with Global Experts and Older People’s Association after incorporating inputs of the Member States.

- Provide technical support to develop / strengthen strategy and implementation plans on Healthy Ageing, reflecting the principles noted in the framework.

- Support strengthening the evidence-based on what can be done to improve actions (national, subnational and local levels) on each of the strategic themes.
Annex -1. Group Work Diagrams

AGE-FRIENDLY ENVIRONMENT

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<th>National level</th>
<th>Subnational level</th>
<th>Local level</th>
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<tr>
<td>- Regulation &amp; Policy about AFE</td>
<td>- HR Development</td>
<td>- Capacity building of Regulation &amp; Policy of AFE</td>
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<td>- Legislation= Indicator : AFE not only regarding building specifications, but including also transport (consultative process / civil society)</td>
<td>- Increasing number of specialized nurses (Possibly at national level : attention within medical / case gives curricula to elderly issues. Also at undergraduate level (Diploma on Geriatrics)</td>
<td>- Logistic</td>
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<td>- Public awareness programs for all sectors / policy makers / officials understand why AFE=necessary.</td>
<td>- Develop strategies to implement national regulations and policy of AFE.</td>
<td>- Assistance to older people</td>
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<td>- Indicator: Percentage of health facilities fulfilling National standard.</td>
<td>- Multisectoral coordination mechanisms</td>
<td>- Establish one-stop facilities / geriatric clinics at a community level within existing facilities (can be an indicator)</td>
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<td>- Countries having standard AFE</td>
<td>- Political commitment</td>
<td>- Quality of life can be an indicator (autonomy and access to facilities)</td>
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<td>- Political commitment</td>
<td>- Intersectoral collaboration</td>
<td>- Lack of awareness of AFE</td>
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<td>- Weak in multisectoral collaboration</td>
<td>- Week of awareness of Age-friendly environment</td>
<td>- Multisectoral</td>
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<td>- Identification of the specific access for AFE like housing / transport</td>
<td>- Depending on decentralization local policy</td>
<td>- Authority of making the AFE</td>
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<td>- Mechanisms in policy for the involvement of older people in identifying action.</td>
<td>- Campaigns to promote awareness of age friendly.</td>
<td>- Weakness in human resources</td>
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<td>- Promote age-friendly population through schools and campaigns.</td>
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<td>- Older people engagement</td>
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- Legislation as indicator:
  i. at National level
  ii. Translated to local level
HEALTH SYSTEMS

**National level**
- Software development (EDB) regarding information of senior citizens about NCDs and other rehabilitation with financial support from government + non-governmental organisations at national level.
- Monitoring, evaluation and research about senior citizen.
- B.O.R by elderly person at tertiary level hospital.
- Human resource development
- Regulation and Act for Healthy lifestyle
- Assess the magnitude of problem in the existing and plan programme/services for implementation and monitoring progress
- Lack of information on older people situation (needs).
- How to create Healthy Life Control.

**Subnational level**
- Prepare plan for implementation of activities and arrange resources (i.e. creation of HG, HR, funds)
- B.O.R of senior citizen at district/medical college hospital
- Referral in percentage (%) from District/MCH to tertiary level.
- No. of doctors, nurses and other medical paramedics training about healthy lifestyle education and management of chronic disease of senior citizen.
- Multi-sectoral integrated team approach at sub-district level.
- Software development (EDB) regarding information of senior citizens about NCDs and other rehabilitation with financial support from government + non-governmental organisations at regional level (Rural and Urban area)
- Decentralisation
- Lack of expertise

**Local level**
- a. How to combat ageism
- a. Software development regarding information of senior citizens about NCDs and other rehabilitation with financial support from government + non-governmental organisations at sub-district level.
- % of elderly persons (≥60 years) covered / accessing health services at community level
- how many % of the referral attending at Primary Health care facilities.
- Number of training of health workers/volunteers at community level about healthy lifestyle of senior citizens i.e. exercise, smoking, healthy diet through IEC materials for all family members
- Number of persons (Elderly persons) for monthly checkup
- Multi-sectoral integrated team support at community level
- Limitation of finance regulation
- To have in position a team of skilled persons/multi-skilled individuals / mobile workers / volunteers or mobile approach to assess needs of people by screening, undertake sample tests, provide medication, supportive devices / rehabilitation services.
- Number of bed-ridden people provide rehabilitation.
LONG TERM CARE

**National level**
- Insurance mechanism for LTC
- Rules and regulations for sustainable LTC for elderly persons
- Develop standardized curriculum for care givers
- Establish evidence-base for policies for LTC
- Indicator – Percentage of elderly have access to LTC according to their need.
- Specific legislation at national level
- Adopt policies to country specific context
- Rates government / family
- Address burden supporting family members through tax initiatives, compensation and training
- Sensitize youngsters on filial piety
- National Definition of LTC
- Framework defining different levels of care needs (ADL, IADL)
- Financial commitments

**Subnational level**
- Activity planning
- Resources – money, men, materials (based on national / sub-national policy)
- Coordinated (multi-agency) integrated analysis
- Political commitment for local implementation, budget
- Include private sector
- Standardized training – care givers including family and professionals.
- Supervision systems
- Monitoring and Evaluation
- Tax breaks, fiscal measures
- Case management systems.
- Need-based model development and resource available
- Training and capacity building of LTC
- Long term care centre establishment

**Local level**
- Define care giving team – case management
- Local training
- Case screening
- Assessment / care planning
- Programme awareness raising
- Support system for care givers
- Equipment, medicines, materials.
- Need model assessment to LTC
- Monitoring & Evaluation mechanism
- Advocacy and awareness on LTC
- Empowering family
- Establish institutions for isolated senior citizens who need 24 hours care with no family to rely on.
- (Community assisted living)
- Government / Private Sector

Tax breaks / payment / insurance system
Regulatory framework/policy
Analysis of ---- problem
Programme performance monitoring

### Bangladesh

<table>
<thead>
<tr>
<th>Action Points</th>
<th>Lead sector</th>
<th>Timeframe</th>
<th>Technical support required</th>
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</thead>
<tbody>
<tr>
<td><strong>Revision and formulation of policy on healthy ageing</strong></td>
<td>Ministry of Social Welfare (MOSW)</td>
<td>2017</td>
<td>Inter-Ministerial Action Plan with integration of public, private and international efforts</td>
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<td>National guidelines on formulation of commitment at various levels of administration</td>
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<tr>
<td><strong>Formulation of strategic action plan</strong></td>
<td>MOSW</td>
<td>2017 - 2018</td>
<td>Enacting Act and Rule with cooperation from Parliament, MOJL&amp;P, relevant Ministries / Divisions of the Government, nongovernmental and international agencies</td>
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<td>Ministry of Law, Justice and Parliamentary Affairs (MOJL&amp;P)</td>
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<tr>
<td><strong>One-Stop health care services for senior citizens at different levels of the health care delivery system</strong></td>
<td>Ministry of Health and Family Welfare (MOH&amp;FW)</td>
<td>2017 - 2018</td>
<td>Multisectoral coordination and cooperation amongst the service providing agencies</td>
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<td>MOHW</td>
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<td>Ministry of Local Government (MOLG)</td>
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<td></td>
<td>Professional Bodies, Civil Society, International Agencies, NGOs</td>
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<tr>
<td><strong>Strengthening existing financial support</strong></td>
<td>MOSW</td>
<td>2018</td>
<td>Financial support from MOF, Monitoring and evaluation by MOSW</td>
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<td>MOF</td>
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<td>MOLG</td>
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<tr>
<td><strong>Establishment of Senior Citizens’ Shelters in different regions throughout the country, as a pilot project</strong></td>
<td>MOSW</td>
<td>2018</td>
<td>Land allocation with construction by Ministry of Housing and Public Work (MOPW)</td>
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<td>Ministry of Finance (MOF)</td>
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<td>Financial support from MOF and international donors</td>
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<td>MOPW</td>
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<td>Supervision and monitoring by MOSW</td>
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<td>MOH&amp;FW</td>
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<td>MOLG</td>
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### Bhutan

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<th>Action Points</th>
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<tbody>
<tr>
<td>Qualitative study on the needs of older people</td>
<td>Healthy Ageing programme, MOH</td>
<td>2016</td>
<td>WHO-SEARO for identification of an expert in the field of Healthy Ageing as lead researcher</td>
</tr>
<tr>
<td>Community-based Elderly care to 20/20 Dzongkhags in Bhutan (currently at 10/20)</td>
<td>Healthy Ageing programme, MOH</td>
<td>2016 - 2017</td>
<td>WHO-SEARO for identification of an expert in the field of Healthy Ageing as lead researcher</td>
</tr>
<tr>
<td>Capacity-building for health care providers on NCD / LSRD</td>
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<td>Sensitization / orientation for caregivers on issues related to ageing</td>
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<td>Annual medical screening for older people</td>
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<td>Case management and monthly follow-up</td>
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<tr>
<td>Development of Bhutan National Healthy Ageing Strategy</td>
<td>Healthy Ageing programme, MOH</td>
<td>Early 2017</td>
<td>WHO-SEARO for identification of an expert in the field of Healthy Ageing as lead author WHO Bhutan for support in organizing rounds of consultations</td>
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<tr>
<td>[including: value education on older people’s care; advocacy / awareness; mobilization of funds; prevention]</td>
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<tr>
<td>Review existing framework, adopt new strategies as endorsed by the global and regional strategy document and prepare revised plan of action of approval of the Ministry of Health &amp; Family Welfare</td>
<td>Ministry of Health &amp; Family Welfare</td>
<td>3 – 6 months</td>
<td>Technical consultant with expertise in proposal development Logistic Support</td>
</tr>
<tr>
<td>Develop / revise existing guidelines, standards, training materials, IEC materials, as well as IT-based monitoring tools</td>
<td>Ministry of Health &amp; Family Welfare National Informatics Centre Other IT agencies</td>
<td>4 – 8 months</td>
<td>Technical consultant with expertise in older people (healthy ageing) and IT and IEC development</td>
</tr>
<tr>
<td>Expansion of programme activities and all the identified Regional Geriatric Centres and motivate the operationalization of facilities for delivery of services</td>
<td>Ministry of Health &amp; Family Welfare</td>
<td>Continued activity</td>
<td>Trainers to provide training to all categories of staff and technical experts to develop IEC campaign</td>
</tr>
<tr>
<td>Intersectoral collaboration for implementation of activities related to age-friendly environment and long-term care</td>
<td>Allied Departments and Ministries</td>
<td>Continued activity</td>
<td>Technical support for consultation on intersectoral collaboration</td>
</tr>
<tr>
<td>IEC campaign through mass media, mobile health, school education and interpersonal communication, small group discussions</td>
<td>Ministry of Health &amp; Family Welfare Allied Ministries</td>
<td>Continued activity</td>
<td>Experts in IT and IT agency for planning and implementation campaign</td>
</tr>
<tr>
<td>Monitoring and surveillance of programme activities, follow-up and research projects</td>
<td>Ministry of Health &amp; Family Welfare Allied Ministries</td>
<td>Continued activity</td>
<td>Web-based experts for developing programme for monitoring progress of older people’s programme</td>
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### Indonesia

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<tbody>
<tr>
<td>Encourage and propose specific treatment initiative for geriatric patients and home care / long-term care services to be covered by the national health insurance system</td>
<td>Coordinator: Ministry of Human Resources and Culture Development</td>
<td>2016 – 2018</td>
<td>Supportive actions in advocacy Technical supervision</td>
</tr>
<tr>
<td>Propose and advocate to include the specific data of older people in the national survey / research and national health information system</td>
<td>Ministry of Health</td>
<td>2016 - 2018</td>
<td>Reference data from other countries Additional budget</td>
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### Maldives

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<tbody>
<tr>
<td>Obtain Parliament endorsement to National Plan of Action on Ageing</td>
<td>Ministry of Health Ministry of Gender National Social Protection Agency</td>
<td>6 – 8 months</td>
<td>Technical assistance on reviewing the National Strategy for Ageing</td>
</tr>
<tr>
<td>Partnership with Civil Society</td>
<td>NGOs Association of Beneficiaries Private Sector</td>
<td>12 months</td>
<td>–</td>
</tr>
<tr>
<td>Awareness on old age and building positive image among young learners</td>
<td>Ministry of Health Ministry of Gender National Social Protection Agency</td>
<td>6 months</td>
<td>Technical assistance in awareness campaign in public media</td>
</tr>
<tr>
<td>Action Points</td>
<td>Lead sector</td>
<td>Timeframe</td>
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</tr>
<tr>
<td>Organizing the National Steering Committee for Healthy Ageing (regular meeting, planning, resource mobilization, action empowering visit, monitoring)</td>
<td>MOSWRR MOHS</td>
<td>2017</td>
<td>N/A</td>
</tr>
<tr>
<td>Organizing the steering committee for healthy ageing in state, region, township and villages</td>
<td>Local Governments MOSWRR MOHS</td>
<td>2017</td>
<td>N/A</td>
</tr>
<tr>
<td>Create age-friendly health facilities [criteria, instructions, inspection and accreditation]</td>
<td>MOHS</td>
<td>2017 - 2019</td>
<td>WHO to ensure compliance with global criteria</td>
</tr>
<tr>
<td>Promote the age-friendly city – select the model city [criteria, instructions, inspection and accreditation]</td>
<td>Local Governments</td>
<td>–</td>
<td>WHO to ensure compliance with global criteria</td>
</tr>
<tr>
<td>Develop a law and regulation on healthy ageing</td>
<td>MOSWRR MOHS</td>
<td>2017 – 2019 (2020)</td>
<td>Funding and technical support required</td>
</tr>
<tr>
<td>Establishing a trust fund for healthy ageing</td>
<td>MOSWRR MOHS</td>
<td>2017-2019</td>
<td>–</td>
</tr>
<tr>
<td>Raise awareness about healthy ageing to the community [development of Pamphlets, Posters, Radio, Television, Music, Short videos, Celebrities]</td>
<td>MOSWRR MOHS MOI WHO</td>
<td>2017-2019</td>
<td>Funding support</td>
</tr>
<tr>
<td>Involvement of the religious leaders, ethnic group leaders</td>
<td>Village Development Committee</td>
<td>2017-2019</td>
<td>N/A</td>
</tr>
<tr>
<td>International Study Tour for Healthy Ageing (Parliamentarians, Clinical Doctors, Public Health Doctors, Health Assistants, Midwives, Nurse and related ministry) with a team approach</td>
<td>MOSWRR MOHS Related Ministry WHO</td>
<td>2017-2019</td>
<td>Technical and funding support required</td>
</tr>
<tr>
<td>Training of Basic Health Staff and Volunteers on Healthy Ageing</td>
<td>MOSWRR MOHS WHO</td>
<td>2018</td>
<td>Funding support</td>
</tr>
<tr>
<td>Collaborate with other National and International Associations, Civil Societies on Healthy Ageing on health aspect</td>
<td>MOSWRR MOHS</td>
<td>2017-2019</td>
<td>–</td>
</tr>
<tr>
<td>Global Survey on the Status of Healthy Ageing</td>
<td></td>
<td>Every 10 years</td>
<td>Technical and financial support from WHO</td>
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</table>
### Nepal

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<tbody>
<tr>
<td>Dissemination of the regional meeting to the focal point and formulation of a multisectoral committee (MOH, MCWSW and Planning Committee) – Steering Committee</td>
<td>Health</td>
<td>December 2016</td>
<td>Organizing a meeting with technical support</td>
</tr>
<tr>
<td>Situation analysis (Desk Review) on related policy, act, legislation, strategy, plans, act in relation to the older people’s situation and services. Follow-up at all health institutions on services available for the older people.</td>
<td>MOH with the Committee</td>
<td>July 2017</td>
<td>Research, design, process and support</td>
</tr>
<tr>
<td>Adaptation of Regional Framework of Healthy Ageing</td>
<td>MOH GESI unit Multisectoral Committee</td>
<td>2017-2018</td>
<td>Technical support for presentation and local expert</td>
</tr>
<tr>
<td>Advocacy to give emphases on curriculum for geriatric health</td>
<td>MOH Related Council</td>
<td>2017 – 2020</td>
<td>Technical support to conduct meeting and follow-up</td>
</tr>
<tr>
<td>Develop medical treatment protocol for common chronic diseases for older people (PHC level)</td>
<td>MOH DOHS Insurance</td>
<td>2017 - 2018</td>
<td>Technical expert to develop, printing and training</td>
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<td>Action Points</td>
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<tr>
<td>Establish a mechanism to strengthen the policy guidelines and service delivery measures for comprehensive health care service for older persons</td>
<td>Ministry of Health National Secretariat for Elders</td>
<td>January – June 2017</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Establish a high level steering committee with the participation of national, provincial and district level multidisciplinary stakeholders to strengthen policy guidelines on older people’s health care for older persons [Integrate healthy ageing indicators]</td>
<td>Ministry of Health National Secretariat for Elders</td>
<td>Jan – March 2017</td>
<td>WHO Assistance JICA UNFPA HelpAge-Sri Lanka</td>
</tr>
<tr>
<td>Advocate authorities to mobilize funds for national council and district levels</td>
<td>Ministry of Health National Secretariat for Elders</td>
<td>Jan 2017</td>
<td>NGOs</td>
</tr>
<tr>
<td>Establish multidisciplinary and multisectoral coordination at all levels on care of older persons</td>
<td>Ministry of Health National Secretariat for Elders</td>
<td>March 2017</td>
<td>WHO Assistance JICA UNFPA HelpAge-Sri Lanka</td>
</tr>
<tr>
<td>Establish a mechanism to link community-based elderly care with institutional-based elderly health care</td>
<td>National &amp; Provincial level health authorities Elderly Committees</td>
<td>April – Dec 2017</td>
<td>WHO Assistance JICA UNFPA HelpAge-Sri Lanka</td>
</tr>
<tr>
<td>Ensure optimal facilities and human resource provision to provide equitable, integrated, curative, preventive and rehabilitative services at every service level</td>
<td>Ministry of Health National Secretariat for Elders</td>
<td>June 2017-June 2018</td>
<td>WHO Assistance JICA UNFPA HelpAge-Sri Lanka</td>
</tr>
<tr>
<td>Strengthen long-term care / interim care / half-way homes with facilities including community-based rehabilitation services for elders</td>
<td>Ministry of Health National Secretariat for Elders</td>
<td>Jan 2017</td>
<td>WHO Assistance JICA UNFPA HelpAge-Sri Lanka</td>
</tr>
<tr>
<td>Capacity building of formal and informal care providers at every service level (including older people’s homes)</td>
<td>Ministry of Health National Secretariat for Elders</td>
<td>Aug 2017 – Dec 2018</td>
<td>WHO</td>
</tr>
<tr>
<td>Ensure planning, implementation, monitoring and evaluation for culture-specific, age-appropriate interventions to promote healthy ageing at all levels</td>
<td>Ministry of Mass Media Ministry of Health Secretariat for Elders</td>
<td>Jan 2017 – Jan 2018</td>
<td>World Bank JICA UNFPA</td>
</tr>
<tr>
<td>An effective communication mechanism on advocacy on promotion of active healthy ageing using information technology and mass media ensuring older persons as a resource group</td>
<td>Ministry of Health National Secretariat for Elders</td>
<td>Aug 2017 – Dec 2018</td>
<td>WHO</td>
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<tr>
<td>Establish a mechanism to build capacity of health and other relevant service providers on care of older persons</td>
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<tr>
<td><strong>Develop / adapt standard guidelines and training guidelines on older people’s care for different target groups</strong></td>
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<td>Ministry of Health National Secretariat for Elders Other relevant stakeholders</td>
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<td>Jan 2017 – Jan 2018</td>
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<tr>
<td>WHO Assistance JICA UNFPA HelpAge-Sri Lanka</td>
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<tr>
<td><strong>Capacity-building of community-based organizations – private sector on older people’s care</strong></td>
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<tr>
<td>Ministry of Health National Secretariat for Elders Other relevant stakeholders</td>
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<td>Jan 2017 – Jan 2018</td>
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<td>WHO Assistance JICA UNFPA HelpAge-Sri Lanka</td>
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<tr>
<td><strong>Promote research and utilization of evidence-based information into practice</strong></td>
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<tr>
<td>To conduct research to identify the unmet needs of elders, social and financial factors, elder abuse and elderly care related to low-cost interventions.</td>
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<tr>
<td>Ministry of Health National Secretariat for Elders Academia Other relevant stakeholders</td>
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<tr>
<td>Jan 2017 – May 2018</td>
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<tr>
<td>WHO Assistance JICA UNFPA HelpAge-Sri Lanka</td>
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<tr>
<td>Strengthen the mechanism to share evidence-based information on elderly care among multisectoral stakeholders, including establishment of research forum.</td>
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<tr>
<td>Ministry of Health National Secretariat for Elders Academia</td>
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<td>Jan 2017 – Jan 2018</td>
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<td>Academia</td>
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<tr>
<td><strong>Establish information system including old age disabilities</strong></td>
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<tr>
<td>Establishment of a Management Information System (database) on older people’s care</td>
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<td>Ministry of Health National Secretariat for Elders Academia Other relevant stakeholders</td>
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<td>Mar 2017 – June 2018</td>
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<td>WHO UNFPA</td>
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<tr>
<td>Establishment of a referral system on older people’s health</td>
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<td>Ministry of Health National Secretariat for Elders Academia Other relevant stakeholders</td>
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<td>Mar 2017 - June 2018</td>
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<tr>
<td>World Bank JICA</td>
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### Thailand

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<tbody>
<tr>
<td>Encourage establishment and running of older people’s clubs, schools, quality of life development and career promotion centers and support activities of senior citizens networks</td>
<td>MSD HS</td>
<td>2017-2021</td>
<td>-</td>
</tr>
<tr>
<td>Support and provide older people’s enabling and friendly housing and environment Adjust and modify all public service systems to be accessible to and usable by the older people Promote employment either full-time or part-time job both formal and self-employment and promote occupational training</td>
<td>MOI</td>
<td>2017-2021</td>
<td>WHO (Age-Friendly City)</td>
</tr>
<tr>
<td>Organize health promotion activities in a variety of formats suiting older people and their families Establish older people clinics in public hospitals and rehabilitation services in PHC centers Establish and develop health and social services including the long-term community-based care accessible to and usable by the older people by emphasizing home care model</td>
<td>MOPH</td>
<td>2017-2021</td>
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### Timor-Leste

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</thead>
<tbody>
<tr>
<td>Develop National Action Plan on healthy ageing for 5 years</td>
<td>Ministry of Health</td>
<td>Feb- March 2017</td>
<td>Technical support from WHO</td>
</tr>
<tr>
<td>Develop database for older people at all levels through integration with activities of the Ministry of Social Solidarity</td>
<td>Ministry of Health</td>
<td>July 2017</td>
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</tr>
<tr>
<td>Public awareness through consultative meeting on healthy ageing for national authority and relevant ministries</td>
<td>Ministry of Health</td>
<td>Quarterly</td>
<td>IEC material and technical support from WHO</td>
</tr>
<tr>
<td>Strengthening health services for older people through routine domiciliary visit / family health activities</td>
<td>Ministry of Health</td>
<td>April 2017</td>
<td>Technical expert</td>
</tr>
<tr>
<td>Expansion of routine (weekly) physical activity for older people in all 13 Municipalities</td>
<td>Ministry of Health</td>
<td>Every month</td>
<td>_</td>
</tr>
<tr>
<td>Train health staff on geriatric guidelines in 67 community health centres and five referral hospitals</td>
<td>Ministry of Health</td>
<td>May 2017</td>
<td>Expert from WHO</td>
</tr>
</tbody>
</table>
Annex-3 Agenda

1. Setting the Stage – Global and regional situation
   a. Global overview of ageing and health
   b. Regional progress on Healthy Ageing
   c. Overview of countries situation on Healthy Ageing from a Health System’s perspective: Japan’s experience
   d. Thailand’s progress on Healthy Ageing: enabling factors and challenges
   e. Poster session: Overview of countries situation on Healthy Ageing from a Health System’s perspective
   f. Group work I on “Health Systems: countries’ perspectives and lessons learnt from the different levels”
   g. Group work II on “Long Term Care: countries’ perspectives and lessons learnt from the different levels”

2. Identifying key elements of the Regional Framework on Healthy Ageing
   a. Linking with the Madrid International Plan of Action (MIPAA) review
   b. Group work III on “Age-Friendly Environments: countries’ perspectives and lessons learnt from the different levels”
   c. Plenary discussion on IV “Enabling commitments and research for evidence-based policy”
   d. Regional Framework on Healthy Ageing
   e. Group work V on “Reviewing the Goal, Duration, Guiding Principles and Strategic Objectives of the Regional Framework”
   f. Group work VI on “Reviewing the Strategic Elements and Indicators of the Regional Framework”

3. Priorities of the Regional Framework and ways forward on country implementation on Health Ageing
   a. Group work VII on “Development of country action plans for the next two years”
   b. Presentation of Country Plans
Annex-4 List of Participants

Country Participants

Bangladesh

1. Dr Md Omar Ali Sarkar
   Program Manager, NCDC
   Directorate General of Health Sciences
   Ministry of Health & Family Welfare
   Dhaka, Bangladesh

2. Mr Sushanta Kumar Pramanik
   Additional Secretary
   Ministry of Social Welfare
   Dhaka, Bangladesh

Bhutan

3. Mr Tashi Phuntsho
   Senior Program Officer
   Health Care and Diagnostic Division
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   Ministry of Health
   Thimphu, Bhutan

India

4. Mr Lav Agarwal
   Joint Secretary
   Ministry of Health & Family Welfare
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Indonesia

6. Ms N Nurlina Supartini
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   Ministry of Health
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7. Ms Mayda Wardianti
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   Section of Family Health and Nutrition
   Central Java Province Health Office
   Java, Indonesia

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   RSCM Hospital
   Universitas of Indonesia
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10. Mr Mujuthaba Jaleel
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    National Social Protection Agency
    Ministry of Health
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11. Ms Aminath Shahuza
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Myanmar

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16. Mrs N D H Singappuli
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    Ministry of Social Empowerment and
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Thailand

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    Ministry of Public Health
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18. Dr Paskorn Chaivanichsiri
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19. Ms Siriwan Aruntippaitune
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    Ministry of Social Development and
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Timor-Leste

20. Mr Francisco Baptista de Carvalho Soares
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    and Disableidade
    Ministry of Health
    Dili, Timor-Leste

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    Social Protection and Former
    Combatants of National Liberation
    Ministry of Social Solidarity
    Dili, Timor-Leste

Temporary Adviser / Global Expert

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UNESCAP

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27. Prof. Siriphan Sasat
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    Janaseva Foundation
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Associations on Geriatrics

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    Department of Geriatric Medicine
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Bangkok, Thailand

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WHO Consultant

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WHO/HQ

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WHO/SEARO

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49. Ms Pushpa Prabhu  
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Gender, Equity and Human Rights  
New Delhi, India
Annex-5. The Regional Director’s Message

Message from Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia
(Delivered by Dr Daniel Kertesz, WHO Representative to Thailand)

Distinguished participants, ladies and gentlemen,

A very good morning.

On behalf of Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region, and on my own behalf, I am pleased to welcome you to this regional meeting on healthy ageing. Although, the Regional Director would have liked to attend this important event, she is unable to do so due to prior commitments and, therefore, it is my pleasure to deliver her message.

At the outset the Regional Director Dr Poonam K. Singh would like to express the most sincere condolences to the Royal Thai Government and people of the Kingdom of Thailand on her personal behalf and on behalf of the WHO South-East Asia Region and all its staff in this grave hour of bereavement and mourning for the passing away of His Majesty King Bhumibol Adulyadej of Thailand. WHO South-East Asia stands by the nation and people of Thailand in this hour of their serene grief and irreparable loss.

The Regional Director has conveyed that she is pleased that this meeting is taking place here in Bangkok. She expresses her sincere appreciation to the Government of the Kingdom of Thailand and, in particular, to the Ministry of Public Health, for hosting this regional workshop.

Populations around the world are rapidly ageing, with some of the fastest changes occurring in low- and middle-income countries. By 2050, Asia will have 25% of its population aged 60 years old and beyond.

A child born in Myanmar in 2015 can expect to live 20 years longer than one born 50 years ago. And the pace at which populations are ageing is much faster than ever in the past. This increased longevity will essentially depend on good health. If these added years are led by declines in physical and mental capacity, then the implications for older people and society are more negative. It is unfortunately often assumed that an increased longevity is accompanied by good health but there is little evidence to suggest that older people today are experiencing better health than their parents did at the same age.
The Regional Director goes on to add that policies must be framed in such a way as to achieve positive trajectories of ageing. By 2050, 1 in 5 people will be 60 years or older. Embedding Healthy Ageing in all policies at all levels of government will be crucial. National or state strategies and action plans for ageing can help to guide this intersectoral response, and ensure coordination across multiple sectors and levels of government. Policies must also encourage the ongoing social participation and contributions of older people.

Evidence suggests that older people are not experiencing better health than previous generations, and that those who have experienced disadvantage across their lifetime have a higher risk of poor health. People with the greatest health need at any point in time may also be those with the fewest resources to call on to address this need. Policy responses need to ensure that they do not reinforce these inequities.

Dr Singh reminds us all about two international policy instruments that have guided action on ageing since 2002: the Madrid International Plan of Action on Ageing and the Political Declaration and the World Health Organization’s Active Ageing: A Policy Framework. These documents sit within the context of an international legal framework afforded by human rights law and covenants.

Yet, she adds, a recent review of the progress made globally since 2002, covering more than 130 countries, noted that “there is low priority within health policy to the challenge of the demographic transition”.

This lack of progress is important because population ageing is linked with many global public-health agendas, particularly in relation to universal health coverage, noncommunicable diseases and disability, as well as the Sustainable Development Goals (SDGs). Without considering the health and well-being of older adults, many of these agendas will be unachievable. The SDGs include age among their goals and targets and reiterates the pledge to “leave no one behind”. Among the goals is also the one to “ensure healthy lives and promote well-being for all at all ages”.

In order to provide a comprehensive response, the WHO World Report on Ageing and Health was released in 2015, Dr Singh states. It looks at the latest evidence about ageing and recommends changes in the way policies address the challenges and opportunities of ageing populations and the services provided. It also outlines a framework for action to foster “Healthy Ageing” built around the concept of functional ability. With the right policies and services, healthy ageing can be viewed as a new opportunity for individuals and societies.

In 2016, a Global Strategy and Action Plan on ageing and health (2016-2020) was developed. Fostering “Healthy Ageing” requires leadership and commitment. To ensure that the
Political and operational platforms exist for effective multisectoral action, collaboration is needed between government and non-government actors, including service-providers, designers and academics. Dr Singh takes us through the five key actions that include:

- commitment to action on Healthy Ageing in every country;
- developing age-friendly environments;
- aligning health systems to the needs of older populations;
- developing sustainable and equitable systems for providing long-term care (home, communities, institutions); and
- improving measurement, monitoring and research on Healthy Ageing.

The South-East Asia Region is showing a growing interest in “Healthy Ageing”, and this has been translated into a certain number of commitments and documents.

In November 2015, ASEAN countries adopted the Kuala Lumpur Declaration on Ageing that seeks to empower older persons in the ASEAN community, Dr Singh recalls. The members committed to foster concrete actions towards the empowerment of older persons subject to each ASEAN Member State’s national laws, policies and programmes; promote the development of reliable information, evidence-based and gender disaggregated data on ageing, including improved capacity to bridge the gaps in policy, research and practice; promote age-friendly communities/cities in the region through sustainable and accessible infrastructure; build and strengthen the networking and partnerships within and among ASEAN Member States as well as with Dialogue Partners and Development Partners including UN Agencies, civil society organizations, private sector, and relevant stakeholders in supporting and providing adequate resources and effective implementation of the commitments reflected in the Declaration.

With this “Regional workshop on Healthy Ageing”, our objective, Dr Singh says, is to strengthen country capacities for healthy ageing in the WHO South-East Asia Region by reviewing the current “Regional Strategy for Healthy Ageing” and the national action plans, developing a situation analysis in each country, and seeing to what extent they are in alignment with the Global Strategy.

Ladies and Gentlemen, Dr Singh says she is sure that the deliberations at this regional meeting will identify and introduce the transformative changes needed to strengthen country capacities and commitments for Healthy Ageing in our Region.

She would like to thank you all for your presence in this meeting. She also would like to thank the WHO Representative to Thailand and his staff for their support to make this workshop happen. She has wished you all a fruitful meeting and an enjoyable stay in Bangkok.
She also adds that she looks forward to receiving the conclusions and recommendations of this meeting in the next couple of weeks and, of course, the comprehensive report as soon as it is available.

Ladies and gentlemen,

As WHO Representative to Thailand, I will of course inform the Regional Director about the deliberations of this workshop and its outcomes. I join the Regional Director in wishing you a fruitful meeting and a pleasant stay in Bangkok.

Thank you.
A regional meeting on Healthy Ageing was organized in Bangkok, Thailand, from 26 to 28 October 2016 with the objective to strengthen country capacities and commitments for Healthy Ageing in WHO South-East Asia Region. The progress in implementation of national plans and policies on healthy ageing in Member States was shared. A draft “Regional Framework on Healthy Ageing for the South-East Asia Region” aligned with the recently endorsed Global Strategy and Action Plan on Ageing and Health, was shared to obtain inputs from Member States.

The key recommendations presented include: to create and strengthen institutional mechanism to lead and coordinate the programmes to cater to the needs of older adults; ensure a sustainable and progressive financing, which will enable a path towards Universal Health Coverage (UHC), and optimize multisectoral collaboration and partnerships among all relevant stakeholders including the private sector, professional bodies and civil society to develop and sustain an integrated and inclusive approach for equitable, gender-sensitive, rights-based Healthy Ageing programmes. Member States developed draft plan of actions for 2017-18 under different strategic themes.