What should care for older people look like by 2030?
Perspectives from WHO

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Populations are getting older
The speed of population ageing is increasing

235 million people aged 60 years and above account for over 13% of the total population of the Western Pacific Region.
People are living longer

How these extra 20 years can be spent depends on health.
Ageing wears a woman’s face, but women spend fewer years in good health.

Sex ratio of population aged 60 years and above, selected countries, Western Pacific Region, 2012.
EVERY OLDER PERSON IS DIFFERENT

Some have the level of functioning of a 30 year old.

Some require full time assistance for basic everyday tasks.

Health is crucial to how we experience older age.
Public health framework

High and stable capacity | Declining capacity | Significant loss of capacity

Functional ability

Intrinsic capacity

Age
WHO supports Member States in addressing ageing and health

- May 2016: World Health Assembly endorsed WHO Global Strategy and Action Plan on Ageing and Health

- Plans now ongoing for technical collaboration with Member States on implementation
WHO supports Member States in addressing ageing and health

Regional Framework for Action on Ageing and Health in the Western Pacific (2014-2019)
This support is guided by WHO’s action framework for UHC.

Health system attributes and action domains of UHC

- **QUALITY**
  - Regulations
  - Effective, responsive services
  - Individual, family, and community engagement

- **EFFICIENCY**
  - System design
  - Incentive for appropriate provision and use of services
  - Managerial efficiency and effectiveness

- **RESILIENCE**
  - Public health preparedness
  - Community capacity
  - Health system adaptability and sustainability

- **EQUITY**
  - Financial protection
  - Service coverage
  - Non-discrimination

- **ACCOUNTABILITY**
  - Government leadership
  - Partnerships
  - Transparency, monitoring and evaluation
Regional framework for action on ageing and health: Action pillars

1. Foster age-friendly environments through action across sectors

2. Promote healthy ageing across the life course and prevent functional decline and disease among older people

3. Reorient health systems to respond to the needs of older people

4. Strengthen the evidence-base on ageing and health
3. Reorient health systems to respond to the needs of older people

**Objective:** To make health systems **responsive** to the needs of older people, starting with providing **acceptable, accessible and effective** health services across the **continuum** of care.
Health care for older people: today

- Rising demand
- Barriers to use:
  - direct/indirect costs
  - failure to accommodate older people’s capacity limitations
  - communication barriers
- Poorly aligned services:
  - mostly designed for acute conditions
  - limited ability to handle chronic and age-specific conditions
  - lack of coordination
  - unprepared health workers
  - ageism
Access to integrated services

- Integrated clinical care spanning the care continuum, care levels and sites
- Strong case-management: needs assessment, comprehensive care plan to maintain functional ability, regular follow-up
- Systematic self-management support: information, skills and tools to manage conditions, prevent complications, maximize intrinsic capacity and maintain quality of life
- Support for ageing in place: age-friendly primary care, home visits, outreach, physical activity
Health workers with appropriate skills

- Changes in demand for specific skills and competencies:
  - Work arrangements: boundaries of health workforce
  - Learning and education systems
  - New competencies set: screening, assessment, management
  - Multi-disciplinary teamwork; skill mix
- Age-friendly generalists and ageing-related specialists
- Informal carers: recognition, compensation and training
- Collaboration between health and long-term care workers, community partners, older people and families
The importance of long-term care systems

- Establish the foundation for a functioning system
- Develop the long-term care workforce
- Ensure the quality of long-term care

Elements of an older person-centred system of long-term care

Affordability and financial protection

Pressures on health spending from population ageing:

1. Increased use of services: acute illness, end-of-life care
2. Cumulative costs from managing the increase in chronic conditions
3. Limited spending power of older people given weak social security systems

- Implications for benefit packages
- Financial barriers to access for older people from vulnerable groups
Access to essential medicines and health technologies

- Reorient essential medicines lists
- Promote rational use, appropriate prescribing
- Ensure basic assistive devices
- Enable ageing in place and access to care at home and in communities through innovative technologies
Effective governance for healthy ageing

- Health in national ageing policies, strategies, plans and legislation
- Ageing in national health policies, strategies and plans, as well as relevant legislation
- Ageing in sub-sectoral health policies, and disease control plans, especially for NCDs, nutrition, mental health and health promotion
Example: Japan

Integrated Community Care System (Long-term care) Towards 2025

Healthcare

Long-term care

Housing

Living support

Prevention

Integrated community care support center/care manager

Provides consultation and coordinating services

Own home/elderly housing with long-term care

Commuting to medical facilities/care facilities

Home-visit care • Nursing care

Old people’s club, residents’ association, long-term care prevention, living support, etc.
2. Promote healthy ageing across the life-course and prevent functional decline and disease among older people

- Reduce exposure to risk factors and promote healthy behaviours across the life-course
- Empower people to maintain health as they grow older
- Maximize functional ability, prevent functional decline and ill-health:
  - Falls
  - Dementia
Example: **Multifunctional Older People Associations (OPAs)**

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

- **Education in personal health + participation in community activities**
- **Twice yearly health checkups and monthly measurements**
- **Assist members to access ID cards + social pension**
- **Training + preparation for disasters**
- **Microloans + training in agricultural practices + income security. IGA**
- **70% of members are women and at least two are on the club management board**
- **Participate in age appropriate group exercise**
- **Invited to submit views on government policy**
- **Practice + perform music & dance. Religious activities**
- **OPA volunteers visit home bound older people for friendship + support**

**OPA**

- **Self-help**
- **Women’s participation**
- **Healthy & active living**
- **Governance & Community participation**
- **Disaster Risk Reduction**
- **Rights & entitlement**
- **Healthcare**
- **Income security**
- **Social & culture**
- **Home care**
1. Foster age-friendly environments through action across sectors

- Role of determinants of health, e.g., transport
- Leadership role of the health sector for collaboration and action across sectors
- Participation and empowerment of older people
Domains of functional ability

- be mobile
- learn, grow, and make decisions
- meet basic needs
- build and maintain relationships
- contribute
Different sectors need to work together

Housing

Transport

Work

Nutrition

Urban planning

Health

Social welfare
Example: WHO Global Network of Age-friendly Cities and Communities
4. Strengthen the evidence base on ageing and health.

- Reliable information on ageing and 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
- Knowledge translation
Thank you!

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