Second Stakeholder Consultation for the Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing

Advancing health and well-being into old age (addressing MIPAA priority direction II, issues 1, 2, 3, 4, 5, and 6)
Thursday, 28 April 2022 (13:00-16:00 UTC+7), Virtual

SUMMARY REPORT

I. Background

1. In accordance with General Assembly resolution 76/138† and ECOSOC resolution 2020/8, the Economic and Social Commission for Asia and the Pacific (ESCAP), supported by regional partners, is to convene the Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing (MIPAA) from 29 June to 1 July 2022.

2. As part of this review and appraisal, ESCAP organized stakeholder consultations on the three priority directions of MIPAA: (a) older persons and development; (b) advancing health and well-being into old age; and (c) ensuring enabling and supportive environments. Prevalent and emerging issues – such as the impact of COVID-19, intergenerational solidarity, climate change, digital transformation and the future of work – are to be discussed throughout the consultations. Gender considerations will be mainstreamed.

3. Main findings and recommendations of the consultations will be summarized in an information paper to be submitted to the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing in Asia and the Pacific. The objective of these consultations is to bring a bottom-up participatory approach of the review and appraisal of MIPAA at the regional level and identify challenges and opportunities of population ageing that transcend national boundaries from stakeholder perspectives.

4. This second of the three consultations, held on 28 April 2022 and on advancing health and well-being into old age, addressed the following priority issues of Madrid International Plan of Action on Ageing:

   1. Health promotion and well-being throughout life
   2. Universal and equal access to health-care services
   3. Older persons and HIV/AIDS
   4. Training of care provider and health professionals
   5. Mental health needs of older persons
   6. Older persons and disabilities

† General Assembly resolution of 76/138 of 16 December 2021. At N2140160.pdf (un.org)
5. **Issue 1: Health promotion and well-being throughout life**
   Involving promotion of self-care and healthy lifestyles, which includes healthy nutrition and addressing air pollution.

6. **Issue 2: Universal and equal access to health-care services**
   Including the elimination of social and economic inequalities in accessing health care, providing affordable access to health care and medicines, developing a continuum of care to meet the needs of older persons, involving older persons in the development of care services.

7. **Issue 3: Older persons and HIV/AIDS**
   Including assessment of the impact of HIV/AIDS on older persons, providing training on care for people living with HIV/AIDS.

8. **Issue 4: Training of care provider and health professionals**
   Including providing information on adequate training for care providers and health professionals and expanding professional education.

9. **Issue 5: Mental health needs of older persons**
   Developing comprehensive health-care services to address the mental needs of older persons.

10. **Issue 6: Older persons and disabilities**
    Maintaining a maximum of functional capacity of older persons with disabilities and promoting their full participation.

II. **Objectives, organization and attendance**

11. The purpose of the stakeholder consultation was to facilitate and expand collaboration and participation in the regional review and appraisal process, and in particular to elicit stakeholder experiences and views around the review objectives, namely:

    - Take stock of the overall progress of implementation of the priority issues to date
    - Identify key challenges, opportunities, gaps, and prevalent and emerging issues
    - Identify established and emerging good practices and lessons learnt
    - Identify resource requirements and capacity building needs
    - Formulate recommendations

12. The consultation consisted of an opening followed by two rounds of three simultaneous working groups and a closing plenary (please see agenda for more details). The working groups covered all six priority issues under priority direction 2 on health and well-being in old age of MIPAA as follows:

13. **Working Group 1: Health and wellbeing:** Discussing the entire spectrum of health and social care issues such as preventive care, long-term care, mental health, social isolation including universal access to health services, and vaccination in old age (Issues 1, 2 and 5).

14. **Working Group 2:** Older women and vulnerable groups of older persons: Discussing specific challenges related to older women, such as older persons with disabilities, and access to assistive devices for older persons (Issues 2, 5 and 6).
15. **Working Group 3**: Training of caregivers and making care services accessible for older persons: providing training for informal and formal caregivers for older persons, including older persons with dementia (Issues 3 and 4).

16. All working groups addressed the following guiding questions with regard to the implementation of MIPAA (focusing on the preceding 5 years) and the specific priority issues:

- What are the main achievements, good practices and lessons learned?
- What are the remaining challenges?
- How have COVID-19, climate change and ICTs impacted the achievement of the priority issues?

17. The consultation was a closed meeting and was not recorded. In order to have open and frank discussions, Chatham House Rules were followed, which meant that participants were free to use the information received but did not reveal the identity or the affiliation of the speaker(s), or of any other participant.

18. This report aims to be a non-exhaustive summary of the key points raised in the consultation, and it is structured around the priority issues of Priority Direction II of MIPAA.

19. This stakeholder consultation was co-designed and implemented by a team of stakeholders, supported by United Nations agencies and organizations.³

20. A total of 64 stakeholders from 22 countries in Asia and the Pacific attended the consultation. Participants came from a broad range of sectors including academia, civil society, intergovernmental organizations, local authorities and communities, and the private sector. There was balanced gender representation among participants.

### III. Opening

Ms. Julie Byles, Chair in Responsive Transitions in Health and Ageing, ILC Global Alliance and Global Innovation, gave a keynote speech on “Achievements, Challenges, and Opportunities related to Health and Well-being in Old Age”. Healthy ageing was a concept that recognized that most older persons were active, independent and contributing to economic and social life. External support, such as health services, long-term care, and the overall environment played a crucial role in maintaining intrinsic capacity and functional ability of older persons. Further, good nutrition, vaccination, health checks, rehabilitation and social participation were important to slow down mental and psychological decline. With increasing life expectancy, demand for health and social care for older persons was increasing, therefore leading to increased unmet health care needs. According to preliminary data of recent studies on unmet health care needs (forthcoming)⁴, between 0 and 67 per cent of older people who had been interviewed in several countries of the Asia-Pacific region reported that they had unmet health care needs. Unmet health care needs were low in countries with universal access to healthcare. The importance of availability and affordability of healthcare was stressed along with the need for a continuum of care. The study also found that 40 per cent of the women aged between 75 and 80 years old had relatively low care needs, but care needs increased with age. Home care proofed to be beneficial for those with

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³ The organizing team includes: Economic Research Institute for ASEAN and East Asia (ERIA), Indonesia; Gramin Vikas Vigyan Samitin (GRAVIS), India; HelpAge International, Asia and the Pacific; HelpAge India, India; International Longevity Centre, Tsao Foundation, Singapore; International Network for the Prevention of Elder Abuse (INPEA), India; Mongolian National University of Medical Sciences, Mongolia; the organizers are supported by ESCAP, UNFPA and WHO.

⁴ Kowal at al. (2022) and Byles, Rahman at al. (unpublished).
moderate care needs, with better physical functions than those in residential care. In closing, she stressed that age-friendly communities, person-centred integrated care, and community-based social care and support were needed to create a world in which all people could live longer and healthier lives.

21. Dr. Kanwaljit Soin, in her special address, stressed she was speaking from the perspective of an 80-years old woman as well as a practicing orthopaedic surgeon, Mount Elizabeth Medical Centre and Founding President of Women’s Initiative for Ageing Successfully (WINGS), Singapore. She shared simple “life hacks” that empower older persons and contribute to their independence. She encouraged civil society organizations to disseminate such life hacks with the community of older persons. There was a misconception that growing older entailed loss and decline of physical and mental capacities, and COVID-19 had amplified that misconception. However, older persons were a very diverse group with differences in their functional abilities. Changes associated with ageing were not outside an individual’s control, but social, behavioural, and environmental determinants of health accounted for roughly 70 percent of overall health outcomes. The ageing process could be broken down into 5 stages, namely, independence, interdependence, dependency, crisis management, and end of life. In stages 2 and 3, there was great value in teaching the older community some life hacks to address the challenges of reduced mobility, health, or memory issues. Life hacks could provide solutions to day-to-day challenges that would make living easier. For example, functional exercises that strengthened leg and core muscles could be adopted to improve balance. These life hacks could be compiled into a catalogue and disseminated to older persons. Further, broadcasting those life hacks through media would contribute to a wider dissemination and contribute to more older persons being able to maintain their health and well-being.

IV. Outcomes of the consultation

A. Overall progress in implementation of the priority issues within priority direction “Health and well-being in old age”.

23. Participants noted progress made in implementation of priority direction II of MIPAA, such as expanded access to health care and initiatives towards the empowerment of older persons to enjoy their rights and live in dignity. Awareness on healthy ageing had increased since the third review and appraisal of MIPAA in 2017 which was reflected in several policies.

24. Yet, there were gaps between adopting a policy and implementing it, and challenges regarding coverage, accessibility, and affordability of certain policies focusing on older persons remained.

25. Many countries had introduced specific policies on population ageing, however, ageing was not yet mainstreamed into other policies, particularly policies focusing on development planning. While there were general policies on population ageing and older persons, their scope was sometimes limited. Rehabilitation services and mental health care often received little reflection in policies. COVID-19 had further highlighted the gap between policies and their implementation. For instance, older persons had not been asked for their consent on vaccination, but consent was given by families and guardians.

26. Collection of data was crucial to evidence-based policy design, especially on the health and long-term care needs of older persons, including mental health as well as availability of health and care facilities.
27. The role of civil society in the provision of health and care services to older persons should be recognized. The voice of civil society should play a vital role in the Fourth Review of the Madrid International Plan of Action on Ageing.

B. Priority issue 1: Health promotion and well-being throughout life

i. Key challenges

28. Participants stated that the health of some groups of older persons, particularly women and older persons in urban areas, had deteriorated over time.

29. Participants stated that policies on health and well-being of older persons often lacked a lifecycle approach. Moreover, policies were often not implemented, in some cases in spite of implementation plans and local guidelines.

30. The pandemic had exacerbated life course issues, such as equity, poverty, digital divide, ageism, sexism and other forms of discrimination. The pandemic had negative effects on the overall health and well-being of older person, which included suffering from isolation and other mental health issues. Limited technological awareness had made access to telehealth services difficult for older persons. Older persons with chronic diseases often did not see their health care needs addressed during the pandemic.

31. Older women often faced multiple levels of discrimination, which was sometimes reflected in policies that were not gender-sensitive.

32. Older persons of lower socioeconomic status, particularly older women, faced higher care burdens in later life compared to older persons of higher socioeconomic status. Many older women were providing unpaid care for children and other older persons, especially in rural areas and countries where many people in working-age had left and were working abroad. Older women often provided care, but they had limited access to care when they themselves required it and had limited access to social protection.

ii. Good practices

33. Several good practices were shared among participants including raising awareness of the importance of healthy ageing, policy progress in the region, and increasing psychosocial support such as rehabilitation, palliative and end-of-life-care. In many countries, older persons associations were playing an important role in the provision of health services to older persons, and promoting healthy lifestyles, since the public health system often lacked even basic services to older persons.

34. In Japan, community organizations had connected with older persons during the pandemic through tablets. Intergenerational initiatives focused on young people teaching older persons how to use tablets, and they supported them in the purchase of digital devices. Some municipal governments also provided tablets with installations to older persons to provide some entertainment content.

35. Good practices related to community-care for older persons, which were also reflected in policies, were also shared.
36. Good practices on health screening programmes and health education of older persons were reported from stakeholders from several countries. Bhutan had a national health screening day of older persons. In Kyrgyzstan, courses were provided to older persons on leading healthy lives and preventing diseases, particularly heart diseases and diabetes.

37. In Singapore, a self-care programme, led by volunteer trainers, was piloted that informs older persons about the ageing process, such as the identification of risks and the importance of health. Moreover, in Singapore, needs of different population groups were analyzed to support a system of integrated care. This approach supported health promotion and social interventions that delayed disability and hospitalization.

   iii. Recommendations

38. Provide universal access to healthcare and access to income security as these are crucial actions to ensure healthy ageing.

39. Provide education for older persons, particularly in the context of the pandemic, including on the use of ICTs.

40. Invest more in community-based approaches of providing care for older persons including self-care and to formulate more specific responses towards vulnerable groups of older persons, including older women.

41. Expand care for older persons as part of universal health care (which WHO defined as including social care) and require a multisectoral engagement and whole-of-society approach.

42. Make use of older persons’ associations and other community-based approaches in health and wellbeing, particularly in the field of health education and empowerment.


C. Priority issue 2: Universal and equal access to health-care services

i. Key challenges

44. Participants noted improvements in universal access to health care in many countries, although some groups of older persons, particularly women, still faced difficulties accessing it. Older women also faced barriers in access to health insurance. Moreover, in several countries, the health care system took a family-based approach, which often made it difficult for older persons to receive treatment specific to their needs. Only few doctors had received gerontology training, thus sometimes lacking specific skills and knowledge. Mobilization of resources towards health care for older persons was highlighted as a key challenge. During the pandemic, issues with access to health care of older persons had intensified. Older persons often did not seek healthcare for issues other than those related to COVID-19 out of fear to become infected, which again aggravated their overall health. In some countries, there was increased use of telehealth, which was often difficult to use for older persons.

45. Participants highlighted challenges related to the provision of long-term care. Some countries did not have a system of long-term care yet. It was noted that home-based care was the preferred concept in such countries. Others pointed out that although the long-term care system was relatively well developed in some countries, insufficient funds allocated towards care of
older persons often limited the quality of provision of residential care and home support for community care. There were not enough care facilitators to engage care givers on a community-based level. Participants also noted that availability of palliative care was often limited or non-existent.

46. Concern was expressed over the reliance on unpaid, untrained, and unsupported family caregivers prevalent in many countries. With increasing demand for long-term care, Governments would have to develop long-term care systems that include provision of community care through civil society.

47. The health-care and care system of many countries, including the provision of assistive devices, did not take into consideration the different needs of older women. Many assistive devices were designed as unisex without recognizing the different needs of older women compared to men. Women’s specific needs were also insufficiently considered in preventive healthcare.

48. Sexual and reproductive health of older women was seen as absent in the context of MIPAA, including issues related to older transgender persons.

49. Lack of data often prevented the design of evidence-based policies and policies to provide access to healthcare for marginalized groups.

ii. Good practices

50. It was reported that in Nepal, an amendment to the constitution protected the rights of older persons.\(^5\)

51. Several examples of community-based care were shared, which increased access to care for older persons and supported their empowerment by being able to choose between different options of care. As an example, Thailand’s community-based long-term care programme was started in 2017, building on several pilot programmes. Stakeholders from Indonesia, Mongolia, Philippines, Thailand, Tonga and Viet Nam reported on national efforts in the development of strategies for universal long-term care and financing of the systems from governments.

52. Some countries in the region, such as India, had started to implement the WHO Guidelines for Integrated Care for Older People (ICOPE).\(^6\)

53. Some countries had made changes to medical university curriculums, allowing specialization in gerontology. It was hoped that this would increase the availability of doctors with knowledge on gerontology and geriatric care. Other countries reported that the introduction of preventive care would support healthy ageing.

54. In Nepal, support of family members to caregivers for older persons was provided through local governments.

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\(^5\)The constitution of Nepal with the amendment as mentioned can be accessed at: https://www.mohp.gov.np/downloads/Constitution%20of%20Nepal%202072_full_english.pdf.

\(^6\) More information at www.who.int/publications-detail-redirect/9789241550109
Several stakeholders reported on good practices to support older persons during the pandemic. In Kyrgyzstan, the involvement of civil society had contributed to improving the quality of life of older persons. Volunteers helped deliver medicines and other services during the pandemic and also helped to distribute vaccines to older persons. In Bhutan, the establishment of a hotline for older persons by the Government helped them in access to care. From other countries it was reported that strict quarantine requirements prevented high fatalities among older persons, but often led to social isolation of older persons.

**iii. Recommendations**

56. Implement policies for equal access to health care services for all older persons, men and women.

57. Encourage data collection, including data on older women to design evidence-based policies. Develop data processing techniques and tools, including to manage the costs for long-term care and health care.

58. Support older persons with disabilities, including those with dementia in decision making, including on making complex decisions related to their health.

59. Conduct research on the specific health care needs of older women; develop mechanisms to address violence and discrimination against older women in all societies, and recreational facilities were needed and ensure that older women have access to telemedicine.

**D. Priority issue 3: Older persons and HIV/AIDS**

60. Stakeholders did not elaborate on this priority issue.

**E. Priority issue 4: Training of care provider and health professionals**

i. **Key challenges**

61. Participants remarked that there was an insufficient number of caregivers for people in many countries as the demand for healthcare increased. The gap between supply and demand was widening due to the rising number of older persons in need of care, the lack of training programmes, insufficient funding, and poor working conditions in the care sector. Due to changes in family structures, more families were in need of quality care services, which were not always available and had led to neglect of older persons in some cases.

62. Many countries were lacking specialised training for caregivers of older persons, with limited financing available for such training. Further, there was no standardization of content on caregiving courses as every agency had its own training agenda.

63. Participants noted that the COVID-19 pandemic had negative impacts on the provision of long-term care in residential facilities. Many care workers had returned to their provinces or countries of origin during the pandemic, and many training programmes were suspended, which reduced availability of qualified caregivers. Thus, more training of caregivers to increase availability was crucial.

64. Attractiveness of work in the care sector and employee retention was raised as another challenge. It was difficult to attract and retain people to work on care of older persons, especially
younger generation, partly due to the poor working conditions and low wages. Another major reason of low retention rates was low social recognition of care workers.

65. In some countries, professional care services were provided by private services, which made professional care services costly and unaffordable for many income groups.

ii. Good practices

66. Good practices were shared regarding training of caregivers. India had piloted programmes providing training on community-based caregiving. After the pilot programmes had proved to be successful, the Government started advocating the caregiving programme to the whole nation. Hong Kong, China initiated a pilot programme which provided training on caregiving for older persons to foreign domestic workers.

67. Information on the “Buddy Home Care” initiative was shared, a social enterprise in the North of Thailand providing home care services for older persons and training young people, particularly from disadvantaged and marginalized groups in providing care services to older persons.\(^7\)

68. Some countries shared good practices on ensuring the quality of training for caregivers of older persons, such as standardization of training content and certification of courses. In Singapore, for instance, diploma for nurses in gerontology were issued either through hospitals or local communities. In Thailand, the recruitment of health care workers targeted young adults from underprivileged communities or areas. Training programmes were affiliated with universities to enhance their credibility. These programmes provided work opportunities and facilitated trainees with skills to establish relationship with clients.

69. Australia had set up a commission to address the challenges of caregiving. The work of this commission resulted in increased assistance towards informal caregiving to family members and informal care for people with dementia.

iii. Recommendations

70. Set quality standards for national policies on old-age care services.

71. Ensure that caregivers are properly trained, and training facilities are regulated.

72. Provide affordable courses and training for caregivers of older persons, particularly for trainees from developing countries.

73. Utilize digital technology to help provide better training or improve communication with older persons.

74. Find ways to teach older persons to handle and use the latest ICT tools and provide proper support.

F. Priority issue 5: Mental health needs of older persons

i. Key challenges

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\(^7\) For more information on this initiative, see: https://www.setthailand.org/resource/buddy-homecare/
Stakeholders elaborated on mental health challenges of older persons. It was reported that many older persons lacked confidence because of decreasing physical abilities. Living alone posed mental health challenges, particularly for older women who were more likely than men to live as widows.

Services such as rehabilitation centres for mental patients and long-term care for older persons with mental health challenges were often underdeveloped. Little knowledge on mental health care and related training was provided to family members and caregivers. As a result, awareness of mental health challenges of older persons was often limited. Because of this, caregivers, including family caregivers were often not able to identify potential symptoms of mental health issues and did not seek help.

The pandemic had exacerbated pre-existing mental health challenges because of social isolation and lack of access to mental health support. Fear of infection further created anxiety among older persons. With social isolation and mental health challenges, the physical health of older persons also declined. Older persons often lacked awareness where to seek help for mental health issues. Increasing poverty as a result of the pandemic also had negative impacts on the mental health of older persons. Other trends, such as climate change also impacted the mental health of older persons.

Concerns over elderly abuse were also raised. In some cases, younger people who lost their job during the pandemic used the pensions that older persons received for themselves.

From India, it was reported that 18-20 per cent of older persons suffered from moderate depression during the pandemic. There was increased mortality among older persons during the pandemic caused by the mental health effects of lockdowns.

ii. Good practices

Several good practice examples were presented on how older persons’ associations and groups of older persons provided care at the community level and facilitated older persons’ access to health care services. Such associations and groups also promoted social interaction, which was seen as being fundamental to address social isolation and its impact on mental health.

In India, there was increased awareness on how to better address mental health and where to seek help. The government had implemented specific programmes to assist older women.

In Australia, there was a movement called “men ship”, a place where older men came together to do woodwork and tinkering. It was found to be helpful to support the mental health and wellbeing of older persons, especially during the pandemic. Library services were also provided, where books were delivered to older persons in their homes during the pandemic.

iii. Recommendations

Pay greater attention to the mental health of older persons, especially during the post-pandemic recovery period.
84. Teach older persons how to maintain good mental health. It would also be important to empower older persons, highlighting their ability to contribute to their communities, and support vulnerable and socially isolated groups.

85. Collect data on mental health of older persons as well as on availability of facilities that can address mental health issue of older persons.

G. Priority issue 6: Older persons and disabilities

i. Key challenges

86. Challenges shared by all older persons were even more severe for older persons with disabilities. Older persons with disabilities were at higher risk of isolation because of limited mobility and limited ability to interact with others. Thus, older persons with disabilities also faced more mental health challenges. It was stated that in India, 15 million older persons had disabilities and needed long-term care.

87. Stakeholders also pointed at the specific health challenges of older persons with autism, which often aggravated in old age.

88. Providing employment for older persons with disabilities was also raised as a challenge.

ii. Good practices

89. Singapore had laws and policies with an enabling master plan to address issues related to disability. A tripartite alliance addressed discrimination of persons with disabilities. Universal design was promoted to increase the participation of older persons as well as the promotion of disability-inclusive infrastructure. Funding was available for older persons to make modifications to their houses to make them barrier-free.

iii. Recommendations

90. Create and maximize opportunities for older persons to interact and connect across language barriers and generations.

91. Include the rights of older women and older persons with disabilities in the human rights framework.

H. Closing and next steps

92. Ms. Tanyanan Jiranchponsatorn, Co-Founder of “GrandHeart” social enterprise, Thailand, provided reflections from the perspective of a youth representative, based on experience with a project connecting young and older persons. She explained that there were three main reasons contributing to low self-esteem of persons of old age, namely changing social status, lost social connection, and unstable income. Thus, a mentor-mentee system where older persons could share their knowledge and expertise to young people was set up. The initiative strengthened self-esteem of older persons and allowed younger people to benefit from their experience. GrandHeart advocated on social media and organized peer mentoring workshops, and online events. These social activities aimed at educating the older generation and generated employment opportunities for younger people.
Ms. Sabine Henning, Chief, Sustainable Demographic Transition Section, Social Development Division, ESCAP thanked all participants for their active participation. The consultation was the second in a series of stakeholder consultations on the priority directions of MIPAA, and the third consultation on ensuring enabling and supportive environment would be held on 19 May 2022. The stakeholder consultations provided a platform where stakeholders could provide the most up to date information on the progress and next steps on priority issues around topics on ageing. The deliberations of all stakeholder consultations would be summarized in an information paper which would be presented to the intergovernmental meeting. Thus, the voice of stakeholders would be brought to the attention of Governments.

Ms. Henning further informed that an invitation to stakeholder to attend the intergovernmental meeting was forthcoming. At the meeting, stakeholders had the opportunity to listen to the deliberations. Time permitting, stakeholder would have the opportunity to make interventions from the floor during the plenary on the first day of the meeting or during the roundtable discussions on the second day. More information on the intergovernmental meeting would be posted on the meeting’s website at https://www.unescap.org/events/2022/asia-pacific-intergovernmental-meeting-fourth-review-and-appraisal-madrid-international

Ms. Susana Harding provided closing reflections in which she highlighted the importance of building capacity and resilience for older communities. The Tsao Foundation in Singapore had conducted a study to collect good practices that contributed to establishing resilient communities in an ageing society. Next steps should be curating these good practices to create a supportive environment. It was suggested to leverage technology to build hybrid learning exchanges that allowed learning from these practices. Updates on challenges were also needed in the context of the fourth review and appraisal of MIPAA to adapt to the evolving global environment and social context. Moving forward, a new global instrument should be considered to enhance and better address priority needs for older persons.
# AGENDA

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<th>Time</th>
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<tr>
<td>12:40</td>
<td>Participants join virtual meeting</td>
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| 13:00 – 13:35 | Welcome and opening session  
Moderator: Ms. Susana Harding, Tsao Foundation, Singapore  
- Keynote speech: Achievements, challenges, and opportunities related to Health and Well-being in old age to date, Prof. Julie Byles, ILC Global Alliance and Global Innovation Chair in Responsive Transitions in Health and Ageing  
- Voice of older persons Dr. Kanwaljit Soin, Practicing Orthopaedic Surgeon, Mount Elizabeth Medical Centre and Founding President of WINGS (Women’s Initiative for Ageing Successfully), Singapore  
- Participants being allocated to working groups |
| 13:35-14:15 | Working groups – Round 1*  
Moderator: Ms. Kim Choo Peh, Tsao Foundation, Singapore  
Resource person: Prof. Arvind Mathur, Director, Asian Centre for Medical Education, Research & Innovation, India  
**Working group 1**  
Health and wellbeing: Discussing the entire spectrum of health and social care issues such as preventive care, long-term care, mental health, social isolation including universal access to health services, vaccination in old age. (Issues 1, 2 and 5)  
*Moderator: Dr. Prakash Tyagi, GRAVIS, India  
*Resource person: Dr. Takuma Kato, Economic Research Institute for ASEAN and East Asia (ERIA)  
**Working group 2**  
Older women and vulnerable groups of older persons: Discussing specific challenges related to older women, such as older persons with disabilities, people with dementia etc., access to assistive devices for older persons. (Issues 2, 5 and 6)  
*Moderator: Ms. Anjana Bhushan and Ms. Isabel Espinosa, WHO  
*Resource person: Dr. Mala Kapur Shankardass, Consultant in the fields of Gerontology, Sociology and Health Social Sciences.  
**Working group 3**  
Training of caregivers and making care services accessible for older persons: providing training for informal and formal caregivers for older persons, including older persons with dementia, (Issues 3 and 4) |

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*The same clusters of priority issues will be discussed in round 1 and 2 of the consultation.*
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<td>14:15-14:20</td>
<td>Participants allocated to working groups (repeat working groups)</td>
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<td>14:20-15:05</td>
<td><strong>Working groups – Round 2</strong></td>
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<td>Working groups as above</td>
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<td>15:05-15:15</td>
<td>Break</td>
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<td>15:15-15:45</td>
<td><strong>Highlights, challenges and recommendations from the working groups</strong></td>
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<td><strong>Moderator:</strong> Ms. Susana Harding, Tsao Foundation</td>
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<td>• Rapporteur Working Group 1: Ms. Caitlin Littleton, HelpAge International</td>
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<td>• Rapporteur Working Group 2: Ms. Anupama Datta, HelpAge India</td>
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<td>• Rapporteur Working Group 3: Ms. Asuka Nagatani, ERIA</td>
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<td>• Q&amp;A</td>
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<td>15:45-16:00</td>
<td><strong>Closing and next steps</strong></td>
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<td>Moderator and closing remarks: Ms. Susana Harding</td>
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<td>• Reflections by youth representative: Ms. Tanyanan Jirachponsatsorn and Ms. Siriwan Buathong, Co-Founders, GrandHeart</td>
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<td>• Ms. Sabine Henning, ESCAP</td>
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PROVISIONAL LIST OF PARTICIPANTS

PRESENTERS
Ms. Julie Byles, Chair in Responsive Transitions in Health and Ageing, ILC Global Alliance and Global Innovation
Ms. Kanwaljit Soin, Practicing Orthopaedic Surgeon, Mount Elizabeth Medical Centre and Founding President of WINGS (Women’s Initiative for Ageing Successfully), Singapore
Ms. Tanyanan Jirachponsatorn and Ms. Siriwan Buathong, Co-Founders, GrandHeart, Thailand

STAKEHOLDER ORGANIZATIONS
Action Research & Training for Health (ARTH) Society
Active Ageing Consortium Asia Pacific (ACAP)
Aging Nepal
Asian Centre for Medical Education, Research & Innovation (ACMERI)
Asian Development Bank (ADB)
Bangladesh Women’s Health Coalition
Board of Retired Staffs
Coalition of Services of the Elderly (COSE)
Economic Research Institute for ASEAN and East Asia (ERIA)
Fiji Council of Social Services (FCOSS)
Foundation for Older Persons’ Development (FOPDEV)
Gramin Vikas Vigyan Samiti (GRAVIS)
GrandHeart
Hall & Prior
HelpAge Cambodia
HelpAge India
HelpAge International
HelpAge Korea
Hong Kong University
International Federation of Red Cross and Red Crescent Societies (IFRC)
International Federation on Ageing (IFA)
International Longevity Center Global Alliance, Ltd.
International Network for the Prevention of Elder Abuse (INPEA)
Janaseva Foundation
Japan Center for International Exchange (JCIE)
Mahidol University International College (MUIC)
National Council for the Senior Citizens Organisation Malaysia (NACSCOM)
National Economic University of Vietnam
National Senior Citizen Federation (NASCIF)
Nihon University
Older Persons Advocacy Network (OPAN)
Public Charitable Foundation Babushka Adoption
Research Institute of Science for the Better Living of the Elderly
Resource Center for the Elderly (RCE)
Resource Integration Centre (RIC)
Royal Society for Senior Citizens (RSSC)
Senior Rights Services
Sir William Beveridge Foundation
The International Institute of Migration and Development (IIMAD)
Tsao Foundation
Turkey Retired Persons Organization (TÜRKİYE EMEKLİLER DERNEĞİ)
University of Indonesia
University of New South Wales
Women’s Initiative for Ageing Successfully (WINGS)
Yayasan Emong Lansia

UNITED NATIONS AND OTHER AGENCIES
United Nations Economic and Social Commission for Asia and the Pacific (ESCAP)
United Nations Population Fund (UNFPA)
World Health Organization (WHO)