

Implementation of the Health Pillar of the Madrid International Plan of Action on Ageing (MIPAA)

Outcome Document of the
Regional Seminar on Health Promotion and Active Ageing in Asia and the Pacific
15-16 November 2010, Bangkok

The Regional Seminar on Health Promotion and Active Ageing in Asia and the Pacific was convened from 15 to 16 November 2010 at the United Nations Conference Centre, Bangkok. The Seminar discussed the challenges of and approaches to addressing chronic diseases and needs among older persons, as well as the current status of the implementation of the MIPAA health pillar in some of the member States of the Asia-Pacific region.

In order to address the gaps and challenges of implementing the MIPAA health pillar towards improving the health and well-being of older persons, the Seminar made the following recommendations:

Recommendations

1. There is a need to overcome attitudinal barriers of older persons as well as towards older persons so as to consider them as a resource (rather than a burden), and to promote their role and untapped contribution in the development of people-centred health care at the individual, family, community, national and international level. There is also a need to bridge inter-generational gaps through policy and locally-relevant approaches.
2. In order to address the multi-faceted health issues and challenges being faced, Governments should adopt an inter-ministerial approach (including key ministries, such as in education, finance, health, information and social welfare). Governments should also work with a broad range of stakeholders, including NGOs, the private sector, local government and communities, as well as older persons themselves, their families and related organizations. In addition, an overarching mechanism on ageing is required to coordinate the work of multiple stakeholders, which should preferably be positioned at the level of the executive office, such as the cabinet of the Prime Minister.
3. Health systems should be adapted to recognize and include chronic diseases and the needs of older persons. Furthermore, health and social systems should facilitate a continuum of care through institutionalized mechanisms, including primary health care.
4. There is a need, particularly for low-income countries, to explore cost-effective approaches for health promotion and health care, such as self-care management and self-help groups, to improve health access as well as health and non-health outcomes for older persons.

5. Taking into account the high proportion of women among the population of older persons, it is important to address the gender dimension of ageing, including health conditions of women, the role of women as caregivers and the vulnerability of women to poverty, social isolation and violence.
6. There is a need to address health financing, which is a key obstacle to achieving health promotion for active ageing and universal access to health care for older persons. To this effect, Governments should ensure universal coverage and design health financing schemes and social security programmes that address the health needs of older persons.
7. There is an urgent need for Governments to promote training in the geriatric health-care profession. Governments should also take steps to promote the training and profession of caregivers.
8. Governments should improve the body of statistics in order to inform a better understanding of healthy living after the age of 60, including sex and age disaggregated data on older persons.
9. Governments should use regional and subregional mechanisms, such as ASEAN, as platforms for political advocacy to promote the health and well-being of older persons.
10. United Nations agencies, funds and programmes and donor and development partners should play a strong role to support the mainstreaming of healthy and active ageing.

The above 10 overarching recommendations are elaborated on under the 4 main areas that follow:

I. Health Promotion for Active Ageing

In the area of health promotion for active ageing in Asia and the Pacific, the Seminar identified the following gaps and challenges:

- a. The region is facing the epidemiological impact of unhealthy diets, tobacco, alcohol, physical inactivity, obesity and under-nutrition, as well as the impact of dramatic social changes resulting from migration and families becoming smaller, which lead to a reduction of traditional social and family support networks.
- b. Chronic diseases and mental and neurological conditions should be priority areas for health promotion among older persons.
- c. There is the double challenge of increasing life expectancy, while decreasing morbidity in order to increase the years lived in good health in old age.
- d. There is a need to translate the wealth of existing knowledge on health into healthy behaviour through appropriate policy and enabling environments.
- e. There is a need to raise awareness at different phases of the life course to work toward healthy ageing.

- f. There is a need to address issues regarding the mental health of older persons.
- g. There is a need to collect robust and systematic evidence on the effectiveness of the self-care approach, and hence support, both technical and funding, should be sought for credible research on self-care.

In order to address the above, the Seminar proposed:

- a. Governments should develop concrete targets and national indicators to track the implementation and progress of policies and programmes on ageing, in order to better inform and target policies as well as to attract funding.
- b. Governments should develop a multi-sectoral approach to promote healthy ageing and an enabling environment, supported by policies.
- c. Governments should allocate resources to support the promotion of self-help groups and clubs of older persons through an institutionalized approach.
- d. There should be increased knowledge management and dissemination of the wide range of good practices and information available on promoting active ageing.
- e. Policies to improve the health of the poor must be formulated and implemented to enable healthy ageing across the population.
- f. Self-care as an approach to prevent and manage chronic diseases should be actively promoted by practitioners in the region, and self-care programmes should be developed to effectively and efficiently link with existing health systems.
- g. The formation of a regional technical working group of experts, including those from WHO, ESCAP, Ministries of Health, academia and research institutions, to advise on the development of self-care work in the region should be considered.

II. Universal and Equal Access to Services for Older Persons

The Seminar identified the following challenges and barriers to achieving universal and equal access to services for older persons:

- a. There is insufficient coverage of social insurance.
- b. Rural-urban migration has led to a lack of caregivers for older persons in rural areas.
- c. Changing family structures, particularly in urban areas, have led many older persons to fend for themselves.
- d. Non-communicable diseases and chronic conditions pose major financial challenges for older persons.
- e. Currently, health systems are designed primarily for acute illnesses, and thus are inadequate in addressing the range of chronic conditions which need a multidisciplinary continuum of care, including specialized diagnostic and therapeutic care.
- f. Private health-care services and alternative systems of medicine are avenues that are not fully tapped.

In order to address the gaps and challenges faced by health systems, the Seminar identified the importance of political will and proposed the following:

- a. Governments should ensure universal coverage and design and strengthen health financing schemes and social security programmes that address the health needs of older persons.
- b. Health systems should be adapted to recognize and include chronic diseases and the needs of older persons. Moreover, health and social systems should facilitate a continuum of care through institutionalized mechanisms, including primary health care.
- c. Governments should promote gender and age friendly health-care services, and strengthen primary health care, as part of all policies and programmes.
- d. Governments should promote innovative approaches to address disparities between rich and poor through cross-subsidies in health care and tax incentives.
- e. Governments should involve the private sector in providing health care for older persons through appropriate regulation and monitoring.
- f. There should be enhanced use of traditional and alternative medicine for chronic conditions.
- g. Governments should promote care in the community through peer-to-peer support and institutionalized mechanisms.

III. Capacity Building of Caregivers and Health-care Professionals

With regard to the training of caregivers and health-care professionals, the Seminar identified the following barriers:

- a. There are limited human, institutional and financial resources to provide training for caregivers for older persons.
- b. There is a social burden of care, for example, where young people have to leave their jobs to care for older-age parents. In addition, the social burden of care falls heavily on women, reducing their income generating opportunities.
- c. There are currently many different groups providing various trainings, however, they do not always train in skills that are needed.
- d. Due to a lack of accreditation for informal caregivers, their valuable skills are often not recognized and utilized effectively.

In order to address the barriers faced by health systems to train caregivers and health care professionals, the Seminar recommended the following:

- a. Governments should urgently promote the development of health-care professionals in geriatrics. All health-care workers should be sensitized to the needs of older persons, and appropriate curricula modifications should be considered in their training programmes.
- b. Governments should develop programmes for caregivers and support peer-to-peer education and community-based programmes to promote active and healthy ageing.
- c. Training should not be limited to formal caregivers, but also provided to all who may be involved in promoting the well-being of older persons, such as the family, or general medical practitioners.
- d. Governments should develop an accreditation system for informal caregivers.

IV. Monitoring Progress in Implementing the MIPAA Health Pillar

The Seminar identified the following gaps and barriers in monitoring progress in implementing the MIPAA health pillar:

- a. There is a need to disaggregate data by sex, age and disability, and age disaggregation should not stop at 60 years (further disaggregation for older ages is needed).
- b. There is a need to disaggregate data by socio-economic status/income in order to address issues of access to health care and health promotion for the poor.
- c. In the health domain, there is a lack of data on morbidity (diseases, prevalence and incidence), mortality (death rates and causes of death), risk factors (such as alcohol and tobacco) and mental health, as well as data on older persons with multiple chronic conditions.
- d. In the economic domain, there is a need for data on the average health expenditure/year (among older persons), how much money is spent on older persons (by Government) and how much international donor assistance is directed to older persons.
- e. In the social domain, there is a need to define “quality of life” indicators, life-style patterns, who are the caregivers and what are their needs.
- f. In terms of health-service utilization (through a registration number to avoid over-counting by re-counting patients), there is a need for increased data on effectiveness of services and outreach of services, number of elderly covered by social insurance schemes, and availability of a continuum of care for older persons.
- g. There is a need to link monitoring and data analysis to strengthen follow-up actions.

In order to address these gaps and barriers, the Seminar proposed the following strategies and tools:

- a. Data collection through appropriate indicators, along with adequate resources, should be an integral part of any policy related to older persons.
- b. Data collection tools should be standardized and comparable, for instance as with the WHO “STEPS approach” to non-communicable diseases.
- c. Health-related questions on older persons should be included in national surveys, and age and sex disaggregated data should be included in existing data collection programmes (for example on tuberculosis).
- d. If feasible, comprehensive regular national surveys of the status of older persons should be conducted, including detailed health, economic and social data, as well as information on how older persons cope.
- e. With regard to health promotion, in addition to measuring the four main factors of non-communicable diseases, social participation should be included as an indicator of healthy ageing, such as those recognized in the WHO components of an active ageing index on interaction with family members and participation in clubs and groups.
- f. There should be better information dissemination and clearer presentation of data for advocacy.
- g. Regional analysis comparing different country data and country experiences should be conducted.

The following stakeholders were identified to ensure accountability and an effective implementation mechanism for the monitoring of the MIPAA:

- a. National Statistical Offices (NSOs) to take the lead.
- b. Mandated ministries (such as health and social affairs) to provide NSOs with information.
- c. National ageing focal points to coordinate with different stakeholders and disseminate data.
- d. The United Nations system and international organizations to provide guidelines on the standardization of data.

The Seminar identified the need for capacity development and exchange of technical expertise in the monitoring of progress regarding MIPAA, in particular, in the following areas:

- a. At the national and regional level, addressing standardization, comparability and dissemination.
- b. Development of outcome and process indicators.
- c. Survey methodology, database management and analysis, and use of technology in data collection and dissemination.

The Seminar also highlighted the need for support from donors and international agencies, especially in the least developed countries.