

Report of the Asia-Pacific Policy Forum on Ageing

15-16 November 2012
Nanjing, China

1. The Asia-Pacific Policy Forum on Ageing was organized by ESCAP in cooperation with the National Population and Family Planning Commission of China and Zhongshan College, and with the participation of representatives from twenty-six members and associate members of ESCAP.¹ The Forum was also attended by resource persons in the field of population ageing, and health and social services for older persons. The list of participants is annexed to this document.

2. The Forum adopted the following agenda:

- a. Opening of the Policy Forum
- b. Election of officers
- c. Adoption of the agenda
- d. Overview of policies and programmes in ensuring health and social care for older persons in Asia-Pacific
- e. Field visit to elderly care institutions
- f. Lessons learned
- g. Consideration of priorities for action
- h. Adoption of the report of the Policy Forum
- i. Closing of the Policy Forum

3. The Forum reviewed approaches to health and social care services for older persons through presentations and discussions. Presentations were made on the following issues:

- a. Policies and programmes regarding elderly care services, by Mr. Alfred Chan, Director, Asia-Pacific Institute of Ageing, Lingnan University, Hong Kong, China;
- b. Approaches and means: Insurance industry advances regarding elderly care services, by Ms. Li Dan, Vice President, New China Life Insurance Company;
- c. Health and social care, by Mr. Mathew Cherian, Chief Executive, HelpAge India;
- d. Present situation and prospects of elderly medical care in China, by Mr. Zhan Yiyang, Vice President, Jiangsu Province Hospital, China;

¹ Armenia, Bangladesh, Bhutan, Brunei Darussalam, China, Fiji, Georgia, India, Indonesia, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, Philippines, Samoa, Singapore, Sri Lanka, Thailand, Timor-Leste, Turkey, Uzbekistan and Viet Nam.

- e. Adapting to development trends of population ageing: Setting up a professional training base for elderly care services, by Ms. Zhang Weixin, Professor and Head, Zhongshan Research Institute of Ageing Industry Development, China.
4. The Forum acknowledged the key outcomes of the Asia-Pacific Intergovernmental Meeting on the Second Review and Appraisal of the Madrid International Plan of Action on Ageing, held from 10 to 12 September 2012 in Bangkok.
5. The Forum noted key issues raised and recommendations resulting from the Asia-Pacific Capacity-building Workshop on Elderly Care Services, held in conjunction with the Forum, from 13 to 14 November 2012.
6. The Forum further noted key issues and challenges regarding elderly care services. Key challenges included ensuring: adequate human and financial resources, the provision of and capacity building for mental health and long-term care, income security for older persons, awareness raising about and support for active ageing including health promotion, life long learning, attention to changing family structures, and migration.
7. Participants at the Forum reached consensus that family and community care were preferable settings in which health and social care for older persons could be provided. Key issues related to community-based care which required further attention included the following:
 - a) Strengthening existing networks, approaches and mechanisms rather than creating new ones;
 - b) Training for care givers, including family members, and special community-based competency training for health and social care personnel;
 - c) Integrating home-based health care and rehabilitation care with social support;
 - d) Promoting age friendly homes and environments, and facilitating mobility for all particularly older persons;
 - e) Encouraging volunteerism, while considering offering subsistence allowances to cover basic expenses;
 - f) Promoting older persons associations, which could serve as self-help groups for older persons, undertake outreach and advocacy, and organize income-generating activities.
8. The Forum noted the high-level of political commitment to the establishment and strengthening of policies and programmes on ageing with a life course approach,² including attention to health and social services as well as social protection.

² This concerns physical and social hazards experienced during gestation, childhood, adolescence, young adulthood and mid life, as well as chronic disease and health outcomes in later life. It further aims to identify the underlying biological, behavioural and psychosocial processes that operate across the life span.

9. The Forum recognized the importance of multi-sectoral coordination and greater involvement of older persons, civil society organizations and the private sector in the delivery of elderly care services.
10. The Forum noted the importance of ensuring the meaningful participation of older persons based on the rights-based approach.
11. The Forum acknowledged that mechanisms and structures for effective planning, implementation, monitoring and evaluation of national and sub-national policies and programmes on ageing should be strengthened.
12. The Forum highlighted the need to ensure adequate resources for health and social care for older persons.
13. The Forum emphasized the need to adapt health and social systems in response to the needs of older persons through an integrated continuum of care.
14. The Forum put particular emphasis on strengthening community-based care with regard to health and social care for older persons.
15. The Forum agreed on the following recommendations and priorities for action:
 - a) Social protection for older persons:
 - i. Provide universal non-contributory pensions to older persons with a focus on those who are marginalized;
 - ii. Reinforce social protection and health care through developing policies, laws and legislation targeted at the most vulnerable;
 - iii. Ensure that poverty alleviation policies which target families address the specific needs of elderly family members;
 - iv. Establish a cooperation and coordination mechanism at the central and local level in the form of an inter-agency body, that also involves civil society and academia, which:
 - a. Identifies issues of concern to older persons and finds solutions based on policy-oriented evidence;
 - b. Consists of agencies such as social welfare, health, finance, interior affairs, transport, education and labour, as well as civil society including nongovernmental organizations, foundations, volunteer groups and academia;
 - c. Is coordinated by a secretariat that receives adequate funding.
 - b) Health promotion and active ageing:
 - i. Enhance sensitization and capacity building in health promotion and active ageing of government officials, parliamentarians and other stakeholders;

- ii. Allocate more resources for funding health care especially primary care for older persons;
 - iii. Encourage the promotion of public-private partnerships for elderly care, including through economic incentives to develop age friendly products, infrastructure and environments;
 - iv. Encourage delegation and decentralization to local governments and administration for elderly care;
 - v. Emphasize health promotion, prevention and care of older persons by, among others, providing modules, information education and counselling materials;
 - vi. Support formal and informal education and programmes for older persons to encourage life-long learning and promote intergenerational solidarity;
 - vii. Include elderly care in curricula at all levels of education, including medical studies.
- c) A continuum of health and social care for older persons:
- i. Caregiving including to frail older persons:
 - a. Prioritise care of frail older persons and encourage more research, both qualitative and quantitative related to the need for care for older persons;
 - b. Develop policies through a consultative process involving older persons themselves, including on transport, housing and services, and both health and social home-based care;
 - c. Ensure policies are implemented at national and sub-national levels and incorporate monitoring and evaluation processes;
 - d. Emphasize primary care and public health approach rather than high-tech solutions in tertiary settings;
 - e. Encourage health and social professionals to specialize in geriatrics and gerontology, including by subsidizing training and providing incentives;
 - f. Focus on community and cultural competency in training curriculum development;
 - g. Ensure carers are compensated, especially those caring for people with high needs, such as those that are bed-bound or have dementia, and subsidize informal caregiver training.
 - ii. Accessibility and volunteerism:
 - a. Promote universal design in infrastructure planning, and, where appropriate, consider access to information technology for older persons,

such as telehealth, and mobile clinics for outreach service provision and training;

- b. Encourage the development of more older persons associations and self-help groups in both urban and rural communities;
 - c. Promote volunteerism, including through recognizing the value of volunteers and setting up a nationwide volunteer management system.
- iii. Ageism and discrimination:
- a. Promote the enactment of protective legislation against discrimination;
 - b. Develop education policies to overcome discrimination through curricula that inculcate values of inclusivity;
 - c. Engage in sociocultural development, including combating ageism, such as through rebranding, funding active ageing programmes and having role models, media sensitization and education on issues related to ageing and ageism, and valuing respect for and formal and informal care of older people;
 - d. Emphasize training related to the care of older persons living with HIV, and those marginalized for other reasons;
 - e. Consider outreach, especially to rural and remote communities, to promote social inclusion, taking into consideration, among others, ethnicity and cultural values.
- d) Regional cooperation to strengthen health and social care for older persons:
- i. Develop a high-level policy advocacy platform to further regional cooperation to accelerate the implementation of MIPAA;
 - ii. Support members and associate members in the development of policies and programmes including those related to health and social care for older persons;
 - iii. Promote regional and subregional cooperation and exchange of experiences on population ageing among countries with similar needs and characteristics with regard to ageing;
 - iv. Establish a technical collaboration group with a focal point to develop guidelines and support capacity building among member states

16. Participants closed the Forum noting the high degree of collaboration and with expressions of gratitude to the National Population and Family Planning Commission of China, the Government of China and the government of Jiangsu Province for hosting the Forum and the ESCAP Secretariat for organizing the event.

17. The Forum adopted its Report on 16 November 2012.