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REPORT OF THE ASIA-PACIFIC EXPERT MEETING ON LONG-TERM CARE AND CHINA/ESCAP "STRENGTHENING NATIONAL CAPACITY FOR PROMOTING AND PROTECTING THE RIGHTS OF OLDER PERSONS" PROJECT LAUNCHING CEREMONY

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I. BACKGROUND

1. The Asia-Pacific Expert Meeting on long-term care was organized by ESCAP in cooperation with National Health and Family Planning Commission of the China, in the context of the project "Strengthening national capacity for promoting and protecting the rights of older persons".

2. The Meeting was attended by experts from the Asian and Pacific region, including experts from China, representing Government departments and academia, as well as representatives of civil society and organizations of older persons and the UN system. The list of participants is annexed to this document as Annex-I.

II. OVERVIEW OF THE MEETING AND LONG-TERM CARE IN THE ASIA-PACIFIC REGION

3. On behalf of the organizers, Mr. He Zhaohua, Deputy Director-General of Department of Family Planning Family Development of the National Health and Family Planning Commission, China, welcomed participants and partners to the Meeting.

4. Opening remarks were delivered by Srinivas Tata, Chief, Social Policy and Population Section, Social Development Division, ESCAP; Ms. Zhang Yang, Deputy Director-General of Department of International Cooperation of the National Health and Family Planning Commission, China; Mr. Zhang Meixing, Vice Counsel, Shanghai Municipal Commission of Health and Family Planning Commission; and Mr. Wang Haidong, Director-General of Department of Family Planning Family Development of the National Health and Family Planning Commission, China .

5. Ms. Therese Bjork, Social Affairs Officer, ESCAP, briefly outlined the background, main objectives and the programme of the Meeting.

6. Mr. Tata reminded the Meeting of the commitments made by ESCAP member States in the Bangkok Statement regarding long-term care for older persons. He provided an overview of the status of population ageing in the in the Asia-Pacific region, emphasizing the rapid pace of ageing in countries of the region, the significant proportion of older persons living alone and the vulnerability of older women, who tend to outlive their male partners by several years. In his presentation, Mr. Tata outlined different financing modalities for long-term care, including insurance, general income tax, household cash or in-kind contributions, and voluntary contributions. In addition, he highlighted the various policy delivery options, ranging from self-care, to home care, community care and institutional care, both of a formal and informal nature, which he hoped would be taken up in detail during the Meeting.

7. Ms. He Jinglin, Senior Programme Officer, WHO China, focused on the four areas of action in which WHO is involved regarding population ageing: (i) age friendly environment through intersectoral action (Global Network of Age-Friendly Communities and Cities); (ii) healthy ageing across the life course; (iii) the need to reorient the health system to meet the needs of older persons (including by integrating ageing into national health plans, providing integrated service delivery to ensure continuity of care, providing health workers with appropriate skills, ensuring essential medicines and health techniques, and equitable health financing); and (iv) strengthening the evidence base on ageing and health.

III. COUNTRY AND SUBREGIONAL EXPERIENCES REGARDING HEALTH-CARE AND LONG-TERM CARE SERVICES FOR OLDER PERSONS

8. In his overview of the HelpAge/UNFPA study on models for community care, Mr. Eduardo Klein, Regional Director, HelpAge International, Thailand, emphasized that population ageing required not only ensuring the well-being of older persons, but redesigning societies in a deeper manner. He noted that this structural change included issues such as rethinking retirement age, pension systems and moving towards flexible work arrangements. He further called on countries on consider self-care, when possible, to reduce the burden of non-communicable diseases. He also emphasized the contribution of organisations of older persons, and to the need preserve the sense of generosity between generations. Mr. Klein noted that, when looking at labour income and consumption through the life-course, children and older persons sometimes have higher consumption than labour-income. The ways in which the gap between consumption and labour income is filled differs from country to country, with varying degrees of reliance on assets, private transfers, and public transfers.

9. One of the key lessons learnt through the study coordinated by HelpAge International was that one size does not fit all. Instead, Mr. Klein emphasized that the context of each country in the region should determine the specific balance between family and self-care, between institutional or community care, between civil society and government involvement, between the provision of cash and the provision of services, and between health-care and social care. He stressed community-based care as a priority for the future to ensure sustainability of long term care programmes, as well as the need to provide coverage for the most urgent cases, and to design an integrated social and health care system(Key elements of the presentation are provided as part of Annex-II).

10. Mr. Himanshu Rath, Founder of Agewell Foundation, India, provided an overview of health-care and long-term care in India. While noting a number of policies set up by the Indian Government, such as the National Policy on Older Persons adopted in 1999. He also provided details on the National Programme for the Healthcare of the Elderly (NPHCE) including its specific focus on mental health, day care homes, multiservice centres, mobile medicare units, help-lines and counselling centres, training of caregivers and an awareness generation programme on the needs and rights of older persons. Mr. Rath also acknowledged important challenges in their implementation, such as the limited coverage of health insurance and the lack of standardized quality of care (Key elements of the presentation are provided as part of Annex-II).

11. Ms. Quynh Nguyen Ngoc, United Nations Population Fund Country Office for Viet Nam, provided an overview of population ageing in Viet Nam. Viet Nam has entered the ageing phase 16 years earlier than expected, in 2011. Thirty per cent of older persons in Viet Nam live alone, the average years of sickness are 7.3, 14 per cent of older persons have difficulties in activities of daily living, and over 5 million (more than half) older persons do not receive income support. Ms. Nguyen further explained the strengths and challenges of different types of community care services in Viet Nam and the care models for older persons implemented by the Ministry of Health, which prioritize medical examination and treatment. The National Plan of Action on Older Persons 2012-2020, had been designed by the Ministry of Labour, Invalids and Social Affairs (MOLISA), but yet to be implemented, prioritizes a nursing and community-based service provision system with linkages and integration with nursing homes in the public and private sector; volunteer-based home care model; and self-help club models (Key elements of the presentation are provided as part of Annex-II).

12. In the discussions that followed, the need to share good practices regarding financing and revenue-generation, an issue of particular relevance for low-and middle income countries in the region dealing with ageing societies was highlighted. Human resources requirements for old-age economies were also discussed, with stress being placed on the need for health staff, social workers and volunteers to be invested with increased knowledge on service provision to older persons and enhanced care-giving skills; and for family members to be better equipped for home-based care and assistance in activities of daily living.

13. An overall picture of community care services for older persons in Thailand was presented jointly by Siriphan Sasat, Associate Professor, Chulalongkorn University, Thailand and Ms. Viennarat Chuangwiwat, Programme Officer, ILO Country Office for Thailand, Lao PDR and Cambodia. The presentation covered the implementation of existing policies on care of older persons in Thailand, with a particular focus on the Lamsonthi district model. In this model, long-term care was provided by a joint team formed by medical providers from the district hospital and paid care givers from the community. The value of paying volunteers was emphasized, thereby shifting from informal to formal care and increasing the quality of services provided by, and recognition of volunteers. This model was highlighted as a good practice as it overcome the shortage of skilled family carers, establishing good collaboration between the health and social sectors, and enabled "ageing in place" in a practical way (Key elements of the presentation are provided as part of Annex-II).

14. Ms. Sasat and Ms. Chuangwiway emphasized the need for institutional care as a complement when required, in spite of its higher costs as regards home- and community-based care, as in their experience it proves unrealistic to rely on family carers and volunteers only. They also noted the need to regulate private institutions to ensure quality standards and prevent abuses against older persons.

15. Mr. Cho Hyunse, member of the Advisory Committee on Ageing, Seoul City and member of the Policy Forum for the Elderly and the Policy Department for the Elderly in Ministry of Health and Social Welfare, Republic of Korea, shared the experience in implementing a programme on volunteer-based home care in the ASEAN subregion. He explained that the programme was delivered either by an NGO or by an Older Person's Association, depending on the country. He outlined the positive outcomes of the programme as follows: (i) Reduced isolation of older persons; (ii) allowing younger family members to engage in productive activities while volunteers assisted older persons during the day, thus reducing the caring burden; and (iii) volunteers' self-development. In terms of challenges faced in implementation of the model, he indicated that (i) services provided by volunteers were insufficient to meet the needs of older persons with non-communicable diseases, (ii) lack of manpower/ volunteers to attend to the older persons; and (iii) the need for more collaboration and coordination between implementing entities. In the discussion that followed, participants tackled the issue of introducing quality control in the implementation of ageing policies and programmes. The Meeting also discussed the improvements planned on the HelpAge Korea follow-up project in the ASEAN subregion to deal with non-communicable diseases (A copy of a brief drawn from key elements of the presentation is provided as part of Annex-II).

IV. CRITICAL ISSUES RELATED TO THE PROVISION OF LONG-TERM CARE SERVICES

16. Mr. Fang Ningyuan, Professor of Renji Hospital, Shanghai Jiao Tong University School of Medicine, highlighted some key issues affecting clinical diagnosis in older persons. He noted that environment factors such as education, preventive measures and financial conditions become more important in old age health and the genetic factors less so. Some of the difficulties faced in old age diagnosis and treatment were related to the fast pace of disease development among older persons and the prevalence of multi-organ involvement, which hinders the identification of the cause of illness or death. On a more personal level, he noted the difficulty experienced by many older persons and their family members in accepting death in spite of if being considered logical due to old age.

17. An overall picture on old-age nursing was presented by Ms. Hou Huiru, Deputy Director, Nursing Department, The General Hospital of People's Liberation Army.. She indicated the need for more personalized and cost-effective nursing due to the existence of multiple diseases,. The difficulties experienced by many older persons in eating and swallowing, as well as the incidence of pulmonary diseases, required specific skills among nursing staff. She noted that the shortage of trained caregivers and nursing staff, which needs to be addressed through proper skills training, a proper evaluation system, and the extension of hospital services beyond the hospital walls and into communities and families.

18. As one of the key recommendations facing population ageing, Ms. Huiru noted that clinical nursing of older persons should address health in a cross-cutting manner spanning the various departments, so that caregivers address the impact of all diseases in an integrated manner. She also mentioned the need for nurses not only to reduce pain and reduce hospitalization period but also to facilitate self-care skills of older persons to enjoy a better quality of life. Being able to predict disease and making the patient aware of safety issues (such as preventing falls of older persons) were also noted as key requirements for old-age nursing.

19. The important role played by rehabilitation medicine for improving the functions of old persons and their health was explained by Mr. Shan Chunlei, Vice Director of Center of Rehabilitation Medicine, Zhongshan Elderly Rehabilitation Hospital. He described different evaluation techniques to assess the physical, cognitive, relational and emotional status of older persons. He also stressed the importance of physical therapy, occupational therapy (recreation, hand-eye coordination, improving at ADL, etc.), speech, cognitive and swallowing therapy as being central to improving the quality of life and improving the mobility of older persons. The role of traditional systems of medicine (including Chinese medicine) and advanced and innovative techniques for rehabilitation were also discussed.

20. Ms. Zhang Tuohong, Professor of School of Public Health, Peking University, delivered a presentation on old-age healthcare needs and utilization in China. She noted that, while the coverage of medical insurance system in China has increased significantly over the last decades to over 90 per cent currently, inequities exist in coverage between urban and rural areas, men and women and between age groups. For instance, in all security schemes, women have lower coverage than men, and the oldest old also have lower coverage than other age groups. Other challenges faced by the health care system in China include the low number of specialized geriatric hospitals and lack of awareness among medical professionals of the ways to address the needs of older persons.

V. LONG-TERM CARE IN CHINA

21. An overview of the policy and situation of long-term care services in China was provided by Prof. Du Peng, Institute of Gerontology, Renmin University of China. He outlined the process leading up to the revision of the law to protect the rights of older persons. Whereas the first version of the law, dating from 1996, stated that support to older persons was mainly the responsibility of the family, the Elderly Rights Protection Law revised in 2012 emphasized the role of the Government in providing social security and long-term care for the elderly. Prof. Du Peng described the current distribution of the three types of care in China: 90 per cent home care, 7 per cent community care, 3 per cent institutional care; and noted that incentives should be put in place to encourage the involvement of the private sector to provide services for older persons. Two types of support models were highlighted, i.e. direct services (direct allowance in which the service providers and service consumers can receive the subsidy directly); and indirect support (government purchasing of healthcare services). Further, he explained how each type was provided in different parts of China and noted the gaps in the social pension system in particular in rural areas in terms of targeting and benefits.

22. In his concluding remarks, Prof. Du Peng noted areas for further improvement including meeting the rising need for services, the need for a clear plan for home care, and better coordination of services. He recommended developing client-centred services, attracting diverse engagement in terms of financial investments and service provision, enforcing standards for service quality, and establishing long-term care insurance.

23. Mr. Wang Xiaodong, Deputy Director, Changzhou Population and Family Planning Commission, Jiangsu Province provided a presentation on the pilot study on elderly care services in selected urban and rural settings in China with a focus on Changzou, which was projected to have older persons contributing to one fourth of the population by 2015. He described the types of community care services provided to older persons in 12 out of the 60 selected communities in the city. These services included dining at a low cost, health insurance and housing schemes with preferential treatment to families that adhere to family policies, free health consultations, home visits by health community workers, rehabilitation, therapy, hot-lines, and trainings for professionals who deliver services. In the discussion that followed, participants raised the issue of increasing pension coverage within the informal sector and suggested that in order to increase effectiveness, countries should strive towards mandatory systems that do not depend on voluntary contributions. The challenges faced in providing long term care for older persons including the retention of care workers in rural areas and the ensuring adequate standards for service provision were also discussed.