TURNING SILVER INTO GOLD
CAPACITY-BUILDING WORKSHOP FOR
STARTING COMMUNITY-BASED
INTEGRATED CARE

25–29 September 2023
Saitama, Japan
Turning Silver into Gold: Capacity-building Workshop for Starting Community-based Integrated Care
25-29 September 2023, Saitama, Japan
MEETING REPORT

Turning Silver into Gold: Capacity-building Workshop for Starting Community-based Integrated Care

Convened by:

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and

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The views expressed in this report are those of the participants of the “Turning Silver into Gold: Capacity-building Workshop for Starting Community-based Integrated Care” and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the “Turning Silver into Gold: Capacity-building Workshop for Starting Community-based Integrated Care” in Wako-City, Japan from 25 – 29 September 2023.
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SUMMARY

The Western Pacific Region is undergoing a significant demographic shift, with a rapidly increasing ageing population, especially among those aged 65 and above, and projections indicate a doubling of this demographic by 2050. This shift presents both challenges, such as a growing burden of noncommunicable diseases and the need for extensive health and social system transformation, and opportunities, as people are living longer. Adapting to these changes requires a broader societal transformation that goes beyond the healthcare sector and necessitates a shift away from negative attitudes towards ageing and older individuals.

While some Member States in the region have initiated policies to promote healthy ageing and prepare for ageing societies, implementing these policies remains challenging due to limited experience, information, and resources in these countries. To address these issues, a workshop has been designed with a dual purpose: offering practical experience in various healthy ageing initiatives, including social prescribing and community care forums within community-based integrated care systems, and assisting Member States in developing customized approaches for implementation. This workshop aims to empower Member States in the Western Pacific Region to create age-friendly environments, starting with community-based care, ultimately contributing to the well-being and societal contributions of older adults in the region.

The workshop was co-hosted by the National Institute of Public Health (NIPH), Japan in Wako, Saitama, Japan, 25 to 29 September 2023, with participation from 10 countries in the region. Through lectures, interactive discussions, site visits, and hands-on workshops, participants learned in depth about community-based integrated care. On the last day of the workshop, the participants discussed and presented their plans for identifying priority areas and concrete action plans for the next one year in their respective countries, based on what they had learned through the workshop.

Member States are encouraged to do the following:

1. Steadily implement the priorities set during and the country-specific action plans formulated during the workshop
2. Disseminate the established priorities and action plans to relevant stakeholders in the country and share the knowledge and experiences from this workshop among them
3. Mobilize the necessary financial and human resources to implement the action plans (if it is difficult to secure them immediately, develop a plan on how to implement resource mobilization)
4. Conduct monitoring and evaluation of the action plan and its implementation status on a regular basis
5. Proactively participate in inter-country exchanges when necessary and when opportunities arise regarding the implementation of the action plan

WHO is requested to do the following:

1. Facilitate exchange opportunities for countries in the region to share knowledge on ageing and community-based integrated care
2. Provide the technical assistance needed for countries to implement the action plan.
3. Provide the necessary support for countries to mobilize the necessary financial and human resources.
4. Promote awareness-raising on ageing and community-based integrated care within WHO country offices
5. Explore ways in which ageing can be explored with other programs within country offices in each country
1. INTRODUCTION

Meeting organization

The meeting was held in Wako-City, Saitama prefecture, Japan, 25 to 29 September 2023. The meeting was co-organized by the Healthy Ageing unit, Division of Healthy Environments and Populations (DHP), WPRO and the National Institute of Public Health, Japan. The workshop was comprised of several sessions, including opening and closing sessions, site visits, group work and group presentations by each country. Workshop sessions were designed to address different aspects of promoting community-based integrated care: an overview of population ageing in WPRO and Japan, the role of local government in promoting community-based integrated care, social prescribing, community coping activities, and next steps for promoting community-based integrated care in each country. A full outline of the programme is provided in Annex 2. A workbook was also developed to support the sessions and to guide the group work and skill-building activities (Annex 2).

Background

The Western Pacific Region is currently experiencing a rapid demographic shift, marked by a significant increase in its ageing population. With over 240 million individuals aged 65 years and above, this number is projected to double by 2050, particularly in the older age group of 75 years and above. While this demographic shift poses challenges such as a heightened burden of noncommunicable diseases and chronic conditions that require health and social system transformation and increased funding, it also offers a substantial societal opportunity, as people are living longer. Adapting to these changes calls for a holistic societal transformation extending beyond the health sector and necessitates a shift away from negative attitudes towards ageing and older people.

While some Member States within the region have initiated policies and strategies to promote healthy ageing and prepare for ageing societies, operationalizing and implementing these policies are challenging due to limited experience, information, and resources within these countries.

This workshop serves the dual purpose of offering practical experience with diverse healthy ageing initiatives, including social prescribing and community care forums within the framework of community-based integrated care systems. It also aids Member States in exploring customized approaches to implement these activities, bolstering their capacity to promote healthy ageing.

Furthermore, this workshop equips Member States to address the pressing challenges faced by older people today and to pre-emptively mitigate similar issues for future generations of seniors, especially during health emergencies.

Through expert lectures and site visits, participants will enhance their knowledge on initiating community-based integrated care and be able to advance tailored healthy ageing programmes. This workshop aims to empower Member States in the Western Pacific Region to create age-friendly environments, starting with community-based care, with the ultimate goal of healthier older adults in the Western Pacific Region thriving and contributing to society.

Meeting objectives

The objectives of the meeting were:
(1) To enhance knowledge on healthy ageing – specifically, on how to start community-based integrated care by organizing person-centred health, social and long-term care services;

(2) To initiate priority actions for each participating country – participants are to identify three actions and the next steps to implement these actions upon returning to their home country; and

(3) To enhance knowledge on a monitoring and evaluation plan to track progress, report back and share lessons learned six months and 12 months after the workshop.
2. PROCEEDINGS

Opening session (Day 1)

Dr. Tomofumi Sone, President of the National Institute of Public Health, Japan, gave opening remarks. He welcomed participants from the region and said that even in Japan, where the population is ageing the fastest in the world, various attempts are being made to achieve healthy ageing, and he hoped that these experiences would be shared with other countries and lead to learning for each participant. He also introduced some Japanese initiatives, such as the community-based integrated care system, which will be an important reference for learning about community-based integrated care, the theme of this workshop.

Overview of healthy ageing – population ageing by Prof. Reiko Hayashi (Day 1)

Prof. Reiko Hayashi emphasizes the significant challenges and opportunities posed by global and regional population ageing trends. It outlines the demographic shifts leading to an increased proportion of older persons, particularly in regions like Japan, where the speed of ageing is notably faster compared to other parts of the world. The presentation covers the projection of the world population from 1950 to 2100, highlighting a peak of 10.4 billion people in 2086 and the shift in age demographics towards an older population. It delves into the specifics of Japan's ageing population, presenting data on the life expectancy increase alongside a rise in the number of deaths, and the changes in the population's age structure over time. Policies on ageing and long-term care (LTC) in Japan, Korea, and China are examined, showing the evolution of approaches to address the challenges of an ageing population. The latter part of the presentation focuses on the health and active ageing framework, discussing initiatives and indexes such as the ASEAN-Japan Healthy and Active Ageing Index (HAAI) to measure and promote active ageing. It also explores the causes of death in Japan, with a particular focus on senility and the impact of coding changes in the International Classification of Diseases (ICD) on mortality statistics. Additionally, the presentation looks at the global increase in the number of older persons, projecting care needs in Eastern and South-Eastern Asia and addressing the workforce involved in health and social work. Innovative solutions for care needs, including technology and international cooperation, are proposed to manage the implications of an ageing population effectively. This comprehensive overview underscores the necessity of multifaceted strategies to support ageing populations, integrating policy, healthcare, social services, and technological innovation.

Overview of healthy ageing – what is healthy ageing? By Dr Mikiko Kanda and Ms April Lee (Day 1)

Dr Mikiko Kanda and Ms April Lee gave an overview of the current state of ageing in the Western Pacific Region, noting that the region has the largest older population and that it is expected to continue to grow, which could create various challenges for the health and long-term care sector. On the other hand, it was also mentioned that ageing is in itself a positive potential for society if addressed correctly; the Healthy Ageing unit, Division of Healthy Environments and Populations (DHP) published an action plan on ageing in 2019, which was explained, as well as the policies that each country should prioritize in the future, based on the actual ageing situation in the region. They also explained the policies that
should be prioritized by each country in the future in light of the actual ageing situation in the region and each country.

**Concept and operation of community-based integrated support centre by Mr Kenji Oryoji (Day 1)**

Mr Kenji Oryoji introduced the efforts by “Hikari no Sato.” The "Hikari no Sato (community-based integrated support centre)", which is commissioned by Wako City, functions as a place to assist local residents with any problems they may have. The first floor of the facility is a consultation area where local residents can feel free to ask for advice not only on medical care and long-term care, but also on childcare, disability support, and daily life support (poverty and neediness). Consultations are mainly provided by nurses, social workers, clinical psychologists, and others, and referrals are made to medical and long-term care facilities or specialized facilities when necessary. Although people tend to focus on medical and long-term care issues when considering healthy ageing, it is actually necessary to address various problems that fall between medical care and long-term care in order to attain healthy ageing in the community.

**Site visit (Hikari no Sato, community-based integrated support centre) (Day 1)**

As described in Section 2.4, the first floor of the facility is a platform where local residents can easily discuss various concerns and where other professionals can collaborate to solve problems. On the day of the visit, we observed a mock discussion on a case handled at Hikari no Sato to see how other professions actually discuss how to solve the problem. The participants observed how various occupations, including nurses, care workers, clinical psychologists, community volunteers, and city officials, were involved in the discussions. In addition, the second and third floors of the facility are reserved for people with dementia and those in need of long-term care, and the group toured the interior of the facility. Inside the facility, they observed how people with dementia and those in need of long-term care live in the facility and how caregivers provide care for them.

**Community-based integrated care by Dr. Yuiko Nagamine (Day 2)**

Dr. Yuiko Nagamine gave a comprehensive presentation on Japan's policies for older adults. Since around 1980, Japan has implemented various policies in anticipation of the population ageing. Among them, she explained the long-term care insurance system introduced in the early 2000s and the community-based integrated care system introduced in 2008. Participants asked many questions about Japan's medical and long-term care systems, learning from Japan's historical medical and long-term care insurance systems and at the same time learning that Japan is also facing the problem of sustainability of these social security systems due to the declining and ageing of its working population. In addition, since 2008, Japan has been promoting the introduction of community-based integrated care to enable older adults to spend the last days of their lives in their familiar communities, and there was a lively exchange of views on what challenges and barriers exist in implementing community-based integrated care.

**Roles of the local government administration in health promotion by Shiki-City (Day 2)**
Shiki City, adjacent to Wako City, spoke about the role of local government in promoting community-based integrated care. In particular, they introduced the city's ongoing projects for preventing frail and NCDs. These projects incorporate game elements to make it easier for older adults to participate, set specific goals, and utilize data to create a system that can further reflect the results of these projects in policy. During their lecture, they emphasized the importance of cross-sectoral collaboration within and outside of the city hall through these projects. They also discussed the importance of nurturing community leaders from within the local community, as well as increasing community ownership through the development of these leaders themselves, in order to ensure the success of community-based integrated care.

Social prescribing by Dr Kheng Hock Lee (Day 2)

Dr. Kheng Hock Lee introduced the concept of social prescribing. He went over what social prescribing is why SingHealth chose to introduce social prescribing and how social prescribing was being implemented in the Singapore context. He explained that the idea of social prescribing is based on many preceding works since 1947, up to community-based integrated care in 2006. It has also been included in Singapore’s Healthier SG population health policy as one of the five core elements. Social prescribing is integral to a healthcare plan, alongside a clinical prescription. As clinical care only makes up 20 per cent of one’s health factor, emphasis should be placed on health behaviours, social and economic factors and physical environment to improve health outcomes. PERMA model (positive emotions, engagement, relationship, meaning, achievement) could be considered in designing a social prescribing plan. And the key is in utilizing community assets. Wellbeing coordinators, also referred to as link workers, often use effective communication skills for relationship building with those being prescribed. Lastly, for monitoring and evaluating, the use of tools like the SBAR4 framework is helpful when working with individuals with complex care needs.

Community Coping (Day 2)

Facilitated by Korekara Support, a non-profit organization based in Japan, participants learned how to do community coping through a game. In the form of a board game, participants were assigned cards of community members with various problems (e.g., spouse is sick and does not know what to do). Other cards contain "prescriptions" for dealing with the problems, and participants learn how to use these "prescription" cards to deal with the problems of community members. Participants learned that the issues faced by local residents, including older adults, are diverse, that a variety of sectors are involved in addressing problems, not only the medical and long-term care sectors, and that one method of addressing those problems is community coping.

Site visit 1) – Satte City Housing Complex (Day 3)

The housing complex we visited this time holds a community café for older adults, creating a place where people can casually drop in. The café provides a place where older people can consult not only on medical and long-term care issues but also on casual lifestyle issues. The café owners and staff connect older adults with medical and long-term care facilities when necessary, and also work to match older adults who have problems with those who would like to volunteer in the community.
In addition to the café for older adults, they also have a café for mothers raising children. The café provides a place where mothers of child-rearing age, who tend to be isolated from the rest of the community, can gather casually and network with each other. At the café, mothers spontaneously hold events such as cooking classes, which are attended not only by mothers of the same generation but also by older people living in the apartment complex, thereby creating interaction within the community.

In addition, the café owner also runs a box lunch shop. Some people (especially men) do not go to places like community salons on their own. However, men who have lost their spouses, for example, often find it difficult to eat their daily meals, and they inevitably go to the bento shop to buy prepared foods more often. Therefore, by opening a bento shop next to the café, they are also able to have contact with older adults in the community.

Site visit 2) – Health Room for daily life (Day 3)

Historically in Japan, there was a place called a "health room" in schools where school nurses were stationed to listen to students' problems. This idea was expanded to the local community in the form of the "health room for daily life. This activity is now widely seen throughout Japan, where people in the community, including older adults, can casually drop by and ask for advice on medical and long-term care issues, as well as on daily life. Generally, most "health rooms for daily living" are located in public facilities or medical institutions, but the health room we visited in Satte City was unique in that it was a completely private individual home.

The form of the health room varies: some receive financial support from the local government, while others are operated by medical institutions as part of their outreach activities. In addition, many health rooms have nurses, social workers, and other professionals. What is important is that there is a place in the community where local people can feel free to consult on various problems and issues that cannot be clearly separated from the medical and long-term care sectors.

Site visit 3) – Studio Rich (Social Welfare Corporation) (Day 3)

We visited the social welfare corporation that aims to empower people with disabilities in the community. During the visit, people with disabilities were creating various items, and the goal was to help them become independent by earning income through their activities, rather than simply being supported by the community.

At the entrance of the facility, there is a candy shop and selling rice, and this is a place where adults and children passing by come to buy rice and candy, which is a natural interaction between people with disabilities and the local community. The café just inside the entrance is staffed by people with disabilities and is a space where local residents can come for coffee and other refreshments. In the past in Japan, it was common for people with disabilities to stay in institutions for long periods. Recently, however, various efforts have been made to enable people with disabilities to return to the community and live as a part of it as much as possible. The same is true of policies for older adults. While institutionalization has been the norm in the past, recently there have been many efforts to return older adults to the local community and how they themselves can live lively lives as members of the local community.

Site visit 4) – Manabitto village (art activity for children) (Day 3)
We visited a facility that offers art activities for children. In Japan, art classes are included in the compulsory education curriculum, but they are not emphasized as much as they should be. According to the owner, art is an important part of education, as it helps increase self-esteem and helps children learn how to control their emotions.

There are two reasons why we saw children's activities on this visit: one is to break the negative cycle. It is similar to a life-course approach, but these children will grow up to become adults, become leaders in their communities, and eventually become older adults. Children who are valued in the community will eventually become leaders in the community and will be motivated to make the community they grew up in a better place. Children who are not cared for by their families and communities will never become attached to their communities and the people who live there.

The other is to create an "inclusive society". A long time ago in Japan, the goal of community building was to create a good place to live "for older adults". Recently, however, the goal has become to create an "inclusive" community where all people, not only older adults, but also all kinds of people, including children, child-rearing generations, young people, foreign nationals, and many others, can live comfortably together. The representative of this facility also said that he had talked with Dr. Nakano about creating a "caring community for children," and I believe that creating a society that is livable for everyone, rather than only for older adults, will ultimately lead to a good community for older adults as well.

Afternoon lectures (Day 3)

After the site visits in Satte City, the participants listened to a series of lectures on the initiatives of Satte City and deepened their understanding of how integrated community-based care has been promoted in the city as a whole. At the beginning of the lecture, Sumio Kimura, Mayor of Satte City, welcomed all the participants to Satte City. The lecture then covered: 1) oral health, 2) how care should be provided in the community in times of disaster and other types of emergencies, 3) the role of pharmacists in the community, 4) the importance of supporting care providers including the informal sector, and 5) the specific role of the Community-based Integrated Care Support Center. At the end of the lecture, Dr. Nakano, who is leading the community-based integrated care in Satte City, gave a lecture on his passion and desire for the community.

Monitoring and Evaluation by Dr. Yugo Shobugawa (Day 4)

Dr. Yugo Shobugawa introduced the importance of collecting and analyzing appropriate data on healthy ageing and reflecting them in policies. In particular, Japan Agency for Gerontological Evaluation Study (JAGES), in which he is involved, has been collecting and analyzing data on healthy ageing in collaboration with various local governments in Japan. In recent years, JAGES has been working with local governments and local residents to verify the results of these analyses and reflect them in policies. Many of the participants showed great interest in the project, and many expressed an interest in collaborating with JAGES on technical assistance in the future.

Country assessment and sharing of experiences (Day 4)

Professor Naoki Kondo and Professor Dr. Kheng Hok Lee moderated this session. Participants were required to complete a pre-assignment in advance, and the presentation on the day followed the content
of this pre-assignment. The pre-assignment consisted of 1) viewing materials and videos related to healthy ageing; 2) summarizing the current situation of ageing and ageing-related policies in each country, and 3) identifying the top three priority issues to be addressed in the future (in the coming year).

A summary of each country’s presentation is as follows:

1. Demographic changes, especially how older adults will change in each country in the future, were presented. In addition to the percentage of the older population, many countries also presented medium- and long-term trends in the working population.

2. The most frequently cited challenges associated with ageing were: the increasing prevalence of NCDs, increasing dementia and their care needs, the importance of oral health care, the fact that healthy life expectancy has not increased as much as life expectancy, decline in physical functions including frailty, and problems of loneliness and isolation (e.g., older people living alone).

3. Challenges in implementation: While some countries had developed action plans on ageing, most had not yet done so or were in a very early stage. Policy implementation challenges include the absence of care providers, lack of human resources who can provide training on ageing, lack of facilities that can cope with medical and long-term care for older adults, coordination of related sectors (medical-long-term care sector coordination, multi-sectoral coordination), generation of evidence and its reflection in policy The lack of a smooth referral system from the perspective of community-based integrated care, empowerment of community, and financial resources to implement policies.

Next steps for promoting community-based integrated care in each country (Day 5)

Each country had already summarized the current state of ageing and ageing section measures in their countries in the pre-assignment, based on the knowledge gained through the workshop, the participants revised their pre-assignment slides and identified three priority areas to be addressed over the next year, and formulated an action plan on what they would specifically do in each of these areas. The participants also summarized the paths to be taken by relevant stakeholders in implementing the action plans and the specific support that would be required from external partners, including the WHO, if any.

Many countries do not yet have action plans on ageing, and related laws and regulations have not yet been developed. Therefore, many countries have set the goal of first raising awareness of ageing within their own countries, including among politicians and relevant ministers, and then developing some kind of action plan or guidelines on ageing.

In addition, many countries have set as priorities the building of local capacity necessary to implement community-based integrated care, the development and strengthening of linked medical and long-term care facilities, and the training of human resources involved in the care of older adults in both the local community and in facilities.

Finally, many countries cited securing the financial and human resources needed to implement the above action plans as a challenge, and it became clear that resource mobilization in this area will also be a major issue in the actual implementation of the action plans. See Annex 4 for specific details of each country’s presentation.

Closing Session (Day 5)
After the countries showcased their priority actions for integrating community-based care and shared lessons relevant to their contexts, Dr. Naoki Kondo offered insightful reflections and recommended resources in response to the presentations.

The workshop concluded with a comprehensive closing session, where Dr. Tomofumi Sone provided overarching reflections and commended the participants for their accomplishments. This was followed by Dr. Mikiko Kanda, who emphasized the importance of three key actions for the participants: 1) disseminate their workshop experiences among colleagues upon their return to the country, 2) collaborate closely with the WHO Country Office focal points to enact the action plans formulated during the workshop, and 3) maintain engagement with this invaluable network to continue sharing and learning from each other's experiences. Participants were urged to take prompt action by leveraging existing community assets and to prepare for upcoming demographic changes, all while continuing the conversation on healthy ageing and pursuing the initiatives identified for follow-up in the next six to twelve months.
3. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The participants reaffirmed their awareness of the ageing of the population in all countries, and the accompanying increase in NCDs, isolation, loneliness, and several other issues, and understood the importance of community-based integrated care as a key to solving these problems. Through lectures, hands-on workshops, and the site visit to Satte City, participants were able to learn how community-based integrated care is actually implemented. Through a series of workshops, participants compiled a roadmap of priorities in the field of ageing in their countries and an action plan of what to do within the next one year.

Recommendations

3.1.1 Recommendations for Member States

Member States are encouraged to do the following:

(1) Steadily implement the priorities set during and the country-specific action plans formulated during the workshop

(2) Disseminate the established priorities and action plans to relevant stakeholders in the country and share the knowledge and experiences from this workshop among them

(3) Mobilize the necessary financial and human resources to implement the action plans (if it is difficult to secure them immediately, develop a plan on how to implement resource mobilization)

(4) Conduct monitoring and evaluation of the action plan and its implementation status on a regular basis

(5) Proactively participate in inter-country exchanges when necessary and when opportunities arise regarding the implementation of the action plan

3.1.2 Recommendations for WHO

WHO is requested to do the following:

(1) Facilitate exchange opportunities for countries in the region to share knowledge on ageing and community-based integrated care

(2) Provide the technical assistance needed for countries to implement the action plan.

(3) Provide the necessary support for countries to mobilize the necessary financial and human resources.

(4) Promote awareness-raising on ageing and community-based integrated care within WHO country offices

(5) Explore ways in which ageing can be explored with other programs within country offices in each country
ANNEXES

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Annex 2. Participants’ workbook, including meeting programme
Turning Silver into Gold: Capacity-building Workshop for Starting Community-based Integrated Care

Participants workbook
National Institute of Public Health, Saitama, Japan
25-29 September 2023
# Contents

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Introduction

The Western Pacific Region is currently experiencing a rapid demographic shift, marked by a significant increase in its ageing population. With over 240 million individuals aged 65 years and above, this number is projected to double by 2050, particularly in the older age group of 75 years and above.

While this demographic shift poses challenges such as a heightened burden of noncommunicable diseases and chronic conditions that require health and social system transformation and increased funding, it also offers a substantial societal opportunity, as people are living longer. Adapting to these changes calls for a holistic societal transformation extending beyond the health sector and necessitates a shift away from negative attitudes towards ageing and older people.

To facilitate this transformation, the Regional Action Plan on Healthy Ageing in the Western Pacific outlines five key objectives focused on societal transformation, healthcare system enhancement, the provision of community-based integrated care, the promotion of technological and social innovation, and the strengthening of monitoring and research efforts pertaining to older people.

The COVID-19 pandemic has further accentuated existing inequalities among older demographics, intensifying their susceptibility to the virus. Stringent physical distancing measures, especially within long-term care facilities, led to restricted family visitations. Additionally, older people without access to technology encountered difficulties in maintaining social connections.

While some Member States within the region have initiated policies and strategies to promote healthy ageing and prepare for ageing societies, operationalizing and implementing these policies are challenging due to limited experience, information, and resources within these countries.

This workshop serves the dual purpose of offering practical experience with diverse healthy ageing initiatives, including social prescribing and community care forums within the framework of community-based integrated care systems. It also aids Member States in exploring customized approaches to implement these activities, bolstering their capacity to promote healthy ageing. Furthermore, this workshop equips Member States to address the pressing challenges faced by older people today and to preemptively mitigate similar issues for future generations of seniors, especially during health emergencies.

Through expert lectures and site visits, participants will enhance their knowledge on initiating community-based integrated care and be able to advance tailored healthy ageing programmes. This workshop aims to empower Member States in the Western Pacific Region.
to create age-friendly environments, starting with community-based care, with the ultimate goal of *healthier older adults in the Western Pacific Region thriving and contributing in society*.

**Objectives**

The objectives of the workshop are:

1. to enhance knowledge on healthy ageing – specifically, on how to start community-based integrated care by organizing person-centred health, social and long-term care services;

2. to initiate priority actions for each participating country – participants are to identify three actions and next steps to implement these actions upon returning to their home country; and

3. to enhance knowledge on a monitoring and evaluation plan to track progress, report back and share lessons learned six months and 12 months after the workshop.
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### Classroom exercise

- **Morning**
  - **9:00 – 09:30**
    - Registration

- **Evening**
  - **17:30 – 19:00**
    - Reception

### Site visit

- **Afternoon**
  - **15:00 – 16:30**
    - Site visit
      - **Hikari no sato**, Community-based Integrated Support Center, Wako City

- **Morning**
  - **10:10 – 12:30**
    - Overview of healthy ageing
      - Population ageing (60)
      - Prof. Refko Hayashi
      - What is healthy ageing? (60)
      - Dr Mikiko Kanda,
        Ms April Siwon Lee
    - Long-term care
      - Dr Yuiko Nagamine
    - Roles of the local government administration in health promotion
      - Ms Hiroko Shimizu,
        Ms Kuniko Saito

- **Afternoon**
  - **13:30 – 14:30**
    - Concept and operation of community-based integrated care system
      - Mr Kenji Oyaji

### Classroom lecture

- **Morning**
  - **9:30 – 10:10**
    - Opening session
      - Welcome remarks (10)
      - Group photograph
      - Introductions (20)
  - **9:45 – 12:30**
    - Community-based integrated care (CBIC) (75)
      - Overview
      - Roles of sectors (Health and Social)
    - Long-term care
      - Dr Yuiko Nagamine
    - Roles of the local government administration in health promotion
      - Ms Hiroko Shimizu,
        Ms Kuniko Saito

- **Afternoon**
  - **14:45 – 17:30**
    - Community coping
      - Facilitator: Mr Koichi Chiba
        (Korekara support)

### Mid-term reflection Q&A

- **Morning**
  - **9:00 – 17:00**
    - Reflection of Day 2
      - (On the way)

- **Afternoon**
  - **14:45 – 17:00**
    - Group work on priority setting
      - Introduction
      - Group work
Day 1: Introduction to Healthy Ageing

Opening session 09:30 – 10:10
1. Opening remarks
2. Group photo
3. Introductions

OBJECTIVES
1. To get to know each other;
2. To establish workshop expectations; and
3. To reflect upon your personal journey in addressing population ageing

INSTRUCTIONS
List down 3 things that you expect to achieve in this workshop.
(We will review these at the end of the workshop)

Overview of population ageing by Prof. Reiko Hayashi 10:10 – 11:10

Dr. Reiko Hayashi is Deputy Director-General of Japan’s National Institute of Population and Social Security Research (IPSS). Prior to joining IPSS in 2012, she served in Senegal as technical advisor to the Minister of Health (2008–2011), and was engaged in projects of international cooperation concerning population, health and development in various countries. Her research covers global population ageing, health and longevity, migration and population development. She holds a PhD in policy studies from the National

OBJECTIVES
1. To understand the dynamics of demographic change;
2. To understand population ageing and its impact on society.

Column 1. Overview of population ageing in Japan
Japan has the world’s most aged population, with an aging rate (percentage of the total population aged 65 and over) of 29.1% as of 2022. The aging of the population is expected to continue, and the aging rate is expected to reach 37.7% by 2050. Among them, the percentage of those aged 75 and over who are classified as "late-stage older adults" is expected to increase by a particularly large margin.
**What is healthy ageing? by WHO/WPRO**

**OBJECTIVES**
1. To understand the vision for healthy ageing, the five objectives outlined in the regional action plan, and recommended actions for Member States;
2. To learn about WHO WPRO’s initiatives for healthy ageing.

**Overview of the Regional Action Plan on Healthy Ageing**

**INSTRUCTIONS**
In light of the five objectives set forth in WPRO’s regional action plan, please write down the issues you would like to prioritize in your country.

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<th>Objective</th>
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## Column 2. History of Japanese system for the older adults

The history of health care for older adults in Japan can be traced back to 1963. On that day, the percentage of older adults increased due to the decline in the mortality rate caused by improved hygiene and the rapid decline in the birth rate after World War 2, and the public began to take an increasing interest in their old age. In the same year, the government enacted the "Act on Social Welfare for the Elderly" with the aim of promoting the welfare of the aged by providing necessary measures for the maintenance of mental and physical health and stability in life. Subsequently, however, the government made medical care for the aged free of charge in the 1970s, which led to a sharp increase in medical expenses for the aged and had a marked impact on the nation's healthcare financing system.

Therefore, the "Health and Medical Service Act for the Aged" was enacted in 1983 to separate and strengthen the system related to health care for older adults. Since then, the Health and Medical Service Act for the aged and the Act on Social Welfare for the Elderly have been the main instruments in Japan's measures for older adults: with the former being responsible for the health care for older adults, while the latter being responsible for the long-term care for them. However, as the aging of the population progresses, various issues become apparent in both health care and long-term care for older adults. For example, services under the Act on Social Welfare for the Elderly were provided by the government as part of public assistance to those who had difficulty in leading a minimum standard of living due to lack of relatives or other reasons, and the scope and content of the services were very limited.

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<th>Specific issues you would like to prioritize in your country context</th>
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Concept and operation of community-based integrated care system

13:30 – 16:30

Part 1: Presentation by Mr Kenji Ohryoji and demonstration of the welfare commissioner meeting

Part 2: Site visit: Hikari no Sato, Community based integrated support center, Wako city, Saitama prefecture

Overview
Hikari no Sato is outsourced by Wako City to a private company called "Shoyuhkai", which has a general support center on the first floor and group homes¹ for people with dementia and disabilities on the second and third floors. The first floor Community-based integrated support Center is staffed by professionals (social workers, mental health workers, public health nurses, midwives, care managers, nurses, childcare workers, and financial planners) so that local residents can consult with them on all kinds of issues. In addition, with a view to collaborating with the community to resolve issues, the center works in diverse ways with elementary and junior high schools, kindergartens and nursery schools, city hall, public health centers, medical institutions, civil service commissioners, neighborhood associations, volunteers, NPOs, and other private sectors.

OBJECTIVES
1. To learn about the diverse challenges that older adults may face.
2. To understand that supporting older adults to overcome these challenges requires the involvement of various sectors, not limited to the healthcare and social welfare sector.
3. To learn how various life problems that fall between "medical" and "social-welfare" could be dealt with.
4. To understand that various people with different issues from all age groups live in the community, and the importance of creating a livable community for all.

¹ In Japan, group home refers to a facility where a small group of socially vulnerable people live together in a general housing facility while receiving support. They range from long-term care facilities mainly for older adults and severely disabled, to shared houses for people with minor disabilities and children who cannot live with their parents, to apartment-like housing complexes.
INSTRUCTIONS
Please describe three things that impressed you the most after visiting “Hikari no Sato” and that you would like to bring to your own country/community.

Reflections of DAY 1
Please describe three things that you learnt from today's session. You will be asked to present them at random at the first session tomorrow morning.
Day 2: Policies and community activities on population ageing

Reflections of Day 1 09:30 – 09:45

Community-based integrated care (CBIC) by Dr Yuiko Nagamine 09:45 – 12:30

Dr. Yuiko Nagamine MD. PhD. MSc. DTM&H is the Deputy Director of Division of the Health for the Elderly Health and Welfare Bureau for the Elderly Ministry of Health, Labour and Welfare, Japan. As a doctor, she is involved in acute care, remote island medicine and family medicine in urban areas in Japan, while at the same time being involved in the establishment of comprehensive community care. Since 2014, she has been a researcher in social epidemiology, studying individual and environmental factors related to healthy ageing. In her current position from 2022, she is involved in the utilization of data from long-term care insurance system.

OBJECTIVES

1. To gain an understanding of Japan's policies for older adults in general.
2. To specifically comprehend Japan's policies for older adults, particularly in relation to the community-based integrated care system.
3. To grasp how the community-based integrated care system contributes to improving the quality of life for older adults within the community.

Column 3. Community based integrated care system in Japan

By 2025 when the “baby boomers” will become age 75 and above, a structure called “the Community-based Integrated Care System” will be established that comprehensively ensures the provision of health care, long-term care, preventive services, housing, and livelihood support. By this, older adults could live the rest of their lives in their own ways in environments familiar to them, even if they become heavily in need for long-term care. Also, as the number of people with dementia is estimated to increase, establishment of the community-based integrated care system is important to support community live of the people with dementia. All the local governments are required to have the system in their respective districts, but the progression status varies place to place; large cities with stable total population and rapidly growing number population of over 75, while towns and villages (usually in remote areas) with decrease of total population but gradual increase of (or even stable/decrease of) population over 75.
INSTRUCTIONS
Please describe three ideas that you found helpful while listening to the lecture on Japan’s policies for older adults and that you would like to apply in your country.

Roles of the local government administration in health promotion by Ms Hiroko Shimizu and Ms Kumiko Saito (Shiki city, Saitama) 11:15 – 12:30

Overview of Shiki City
Shiki City is located in Saitama Prefecture, next to Tokyo, with a population of 76,000 and an area of 9.05 km². The city’s ageing ratio is 24.75%, which is slightly lower than the national average. The city is easily accessible, being only 20 km from central Tokyo and with a direct train.

Column 4. Long-term care insurance system in Japan
The traditional family system in Japan placed primary responsibility for support of older people on families, and nearly 55% of people aged 65 years and above lived with their children in 1995. However, the proportion of one-person households among this older population more than doubled between 1975 and 1995. With rapid demographic change and the dissolution of traditional family structures, the government took a number of measures to promote the “socialization of care” for frail older people during the mid-1990s. In response to the expected shift from traditional family care to social care, the
Japanese government started the national long-term care insurance (LTCI) system in 2000 to alleviate the burden on family caregivers. LTCI is based on the Long-Term Care Insurance Act. This system aims to certify the care-level needs of older adults and to provide care services suited to this level. There are seven care levels, including two requiring support (levels 1 and 2) and five requiring long-term care (levels 1–5).

- LTCI is a public insurance scheme and all persons living in Japan aged 40 and over must contribute by paying a monthly insurance premium that varies according to income.
- The program is administered by municipalities, while providers range from for-profit companies to non-profit companies. All the fee for services is determined by the central government and this fee is applicable to all the providers (even for private providers).
- All persons aged 65 and over can access benefits once they are certified as “requiring long-term care level” as mentioned above, and all services are subject to 10% co-payment.

**INSTRUCTIONS**

Please describe three initiatives at the municipal level that may be helpful. In particular, what unique policies local governments can develop from their own perspective, unlike policies at the central level.
Community engagement, social prescribing

Part 1: Social prescribing by Dr Kheng Hock Lee

Dr Lee Kheng Hock is recognized both locally and internationally for his work in developing new models of care, care integration and social prescribing. In his current role as Deputy Chief Executive Officer (Education and Community Partnerships) at SingHealth Community Hospitals, he oversees the design and execution of training of clinicians and practitioners of social prescribing. He is also responsible for developing community partnerships to support the practice of social prescribing. He served as the President of the College of Family Physicians and is currently the Assistant Master (Academic Affairs) of the Academy of Medicine Singapore. He is an Associate Professor of Family Medicine in DukeNUS Medical School and a Senior Consultant Family Physician at the Singapore General Hospital. In recognition of his outstanding contributions to education and public healthcare he had received many awards including the Distinguished Senior Clinician Award from the Ministry of Health and the Public Administration Medal (Bronze) at the National Day Awards of Singapore.

OBJECTIVES
1. To understand how social prescribing can support older people when they are discharged from hospitals and return to their communities.
2. To explore the challenges and opportunities of linking health and social services at the community level.

Part 2: Community engagement by Ms Tran Bich Thuy (Intergenerational self-help club)

OBJECTIVES
1. To learn about the importance of the role of the communities for promoting healthy ageing;
2. To understand how to mobilize communities to support and empower older people;
3. To learn about the Vietnamese initiative, “the integrational self-help club” model at national level.

Column 5. Social prescribing in the context of population ageing

WHO Western Pacific Regional Office launched “A toolkit on how to implement social prescribing” in 2022. According to the toolkit, social prescribing is a means for health-
care workers to connect patients to a range of non-clinical services in the community to improve health and well-being. Social prescribing can help to address the underlying causes of patients’ health and well-being issues, as opposed to simply treating symptoms. Thus, social prescribing is a more holistic approach to health care, which promotes community-based integrated care and helps to de-medicalize health service provision.

Social prescribing can be used to refer patients to a variety of activities and services. The exact “social prescriptions” are specific to each community and care setting, but typically they include services providing support in mental health, social inclusion, and financial and housing advice, as well activities promoting physical activity and creative self-expression.

Social prescribing can take various forms and can be adapted in different communities and care settings. In the most common model, primary health-care providers can refer patients to specialized “link workers” who work with patients to identify their social needs. These link workers typically work with patients to co-design personalized plans to improve well-being, routinely follow up with patients to monitor their progress, and make use of behaviour change techniques.

INSTRUCTIONS
Please reflect on the following: Could similar initiatives in community engagement and social prescribing be introduced in your country? Which aspects of the programmes covered today would be most beneficial for older people in your country? List three lessons learnt that could be applicable in your country context.
Community Coping (Classroom exercise) by “Korekara Support”

14:45 – 17:30

Overview
With the goal of resolving the issue of social isolation in a hyper-aged society, “Korekara Support” will discover potential interest groups through analog game development and game experiences, exchange people and information by holding online communities, train and support players and influencers who will play the role of link workers connecting people and local resources and cooperate in game development, and practice consultation support activities for older adults and their families through "social prescription and specialist collaboration" in the community.

OBJECTIVES
1. To learn about the diverse issues older people face in an ageing society.
2. To know what solutions (coping methods) are available to address the challenges faced by older adults.
3. To understand the role of community in addressing the challenges faced by older adults.

INSTRUCTIONS
Who are my critical stakeholders in promoting social prescribing activities?
1. In the left column, please list the challenges you believe older adults tend to face in your country’s context.
2. In the right column, which social prescriptions do you think would be useful to address those issues? Please list them along with the corresponding occupations/stakeholders.

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**Reflections of DAY 2**

Please describe three things that you learnt from today's session. You will be asked to present them at random at the first session tomorrow morning.
Day 3: Site visit: Resident-centered integrated care system

Reflections of Day 2 (on the way)

Site Visit to Satte city, Saitama
1. Community care hub, “Nanohana”
2. Health room in the community
3. Care café “Satte”

Overview of Satte city
Satte is a city in the Saitama Prefecture. It has a population of 50,000 and an area of 33.93㎢. Located at the convergence of Saitama, Chiba and Ibaraki Prefectures, the economy of the city is primarily agricultural. The city’s ageing ratio is 35.0% (2021), which is higher than the national average.

OBJECTIVES
1. To observe firsthand, different services for older people.
2. To identify lessons and good community-based and age-friendly practices that can be applied in different settings

INSTRUCTIONS
As you reflect on our visit to Satte City and the valuable insights gained, please consider these questions to explore how the lessons learned from this visit can be utilized to enhance community-based integrated care for older people in your country.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What kind of programmes/activities impressed you the most during your visit to Satte City?</td>
<td></td>
</tr>
<tr>
<td>How does Satte City prioritize preventive healthcare and health promotion as part of their community-based care approach, and what outcomes have they achieved as a result?</td>
<td></td>
</tr>
<tr>
<td>Were there any challenges or obstacles faced by Satte City in implementing resident-centered care, and if so, how did they address them?</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>What lessons, good practices and innovations, have you learned from Satte City that you could apply to improve the quality of life for older adults in your country?</td>
<td></td>
</tr>
<tr>
<td>In what ways do you think the Satte City model aligns with the principles of age-friendly communities, and how could these principles be adapted to your local context?</td>
<td></td>
</tr>
</tbody>
</table>

**Mid-term reflection (on the way)**

An open Q&A and discussion: It’s an opportunity for all participants to ask questions and engage in discussions regarding any topics or queries that have arisen during the previous sessions and visits.

**Reflections of DAY 3**

Please provide an account of three memorable aspects from today’s session. You may be called upon to share them randomly during tomorrow morning’s session.
Day 4: Healthy ageing in the Western Pacific Region

General Discussion – sharing country status, opportunities, and challenges,
Moderated by Professor Naoki Kondo 09:30 – 12:30

OBJECTIVES
1. To share the current situation of population ageing at the country level; and
2. To identify the opportunities and barriers to the promotion of community-based integrated care in the respective countries.

INSTRUCTIONS
Each country makes a 10-minute presentation on assessment of the situation of the overall population ageing and healthy ageing programme in the country. The contents were discussed and presentation were developed in the country as pre-assignment.

Presentation includes the following:
1. Overview of ageing population
   a. Total population
   b. Ageing ratio and projections
   c. Ratio for other generation (i.e., working age), dependency ratio
   d. Major burden of disease among older people
   e. Any other critical issues related to population ageing
2. Overview of community-based care and services for older people (including inter-generational activities)
3. Overview of long-term care system
4. Major challenges and issues: a. governance, policy and regulation; b. workforce (education, training); c. financing (or community engagement); d. practice and services; e. evidence and research; f. others (if any)
5. Major stakeholders: a. name of the organization b. role

The order of presentations is as follows.

<table>
<thead>
<tr>
<th></th>
<th>Country</th>
<th></th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brunei Darussalam</td>
<td>6</td>
<td>Mongolia</td>
</tr>
<tr>
<td>2</td>
<td>Cambodia</td>
<td>7</td>
<td>Palau</td>
</tr>
<tr>
<td>3</td>
<td>China</td>
<td>8</td>
<td>Palau</td>
</tr>
<tr>
<td>4</td>
<td>Cook Islands</td>
<td>9</td>
<td>Vanuatu</td>
</tr>
<tr>
<td>5</td>
<td>Malaysia</td>
<td>10</td>
<td>Viet Nam</td>
</tr>
</tbody>
</table>
After the presentations, participants will exchange reflections and lessons learnt, discuss common barriers and challenges, best practices and solutions.

**Monitoring and Evaluation of healthy ageing activities by Professor Yugo Shobugawa**

Dr. Yugo Shobugawa is a professor of the Department of Active Ageing, Graduate School of Medicine and Dental Sciences, Niigata University. After graduating from Niigata University, he trained at Niigata General Hospital before joining the Division of Public Health, Niigata University Graduate School of Medicine and Dental Science, where he received his PhD. After gaining experience as an internal medicine physician in the Aizu region of Fukushima Prefecture, he studied in the U.S. and devoted himself to GIS research at Loma Linda University, School of Public Health. He returned to Japan after the Great East Japan Earthquake. He served as Assistant Professor and Associate Professor in the Division of International Health at Niigata University Graduate School of Medical and Dental Sciences and conducted a field survey of older adults in Tokamachi City, in collaboration with government and academia. He also conducted field visits to Myanmar and Malaysia to study older adults.

**OBJECTIVES**

1. To learn how various activities related to healthy ageing can be monitored and evaluated.
2. To understand the significance of Monitoring and Evaluation (M&E) in the promotion of healthy ageing.
3. To explore how central ministries, local governments, and academia can collaborate to facilitate M&E and to identify potential challenges associated with promoting such M&E.

**INSTRUCTIONS**

1. What are some of the policies or programmes for older adults that you would like to monitor and evaluate in your country? Please list.
2. Is data required for monitoring and evaluation as listed above, already available in your country? If so, please specify the name of the survey and the organization responsible for collecting and managing these data.

3. If such data are not yet available in your country, which surveys do you believe would be feasible to conduct, and which organization would be suitable for conducting them?

Priority setting – group work by country 14:45 – 15:00
Each country will identify the priority areas and action plans to promote community-based integrated care in the coming year.

OBJECTIVES
1. To determine the most pressing priorities for community-based integrated care, considering factors such as population demographics, emerging health challenges, and integration into the existing services for the other health priorities in the country.
2. To identify the tangible actions that promote community-based integrated care.
3. To identify required resources/support to implement priority actions.

INSTRUCTIONS
Discuss and select two or three issues that are of particular priority among those previously listed as challenges in the pre-assignment.
Please also, discuss and identify:
   a. Short-term actions
   b. Stakeholders (e.g. MOH, MOSW, MOE)
   c. External support by whom, especially by WHO/WPRO
   d. Any critical issues in the Healthy Ageing programme can be also highlighted, if any.
This will be presented during the final session on Day 5 morning. Each country will be given 10 minutes to present a maximum of 5 slides. Please consider the top 2-3 priorities, feasible and actionable plan by utilizing existing systems and services, considering Country Cooperation Strategy (CCS). The contents were discussed in the country as pre-assignment, however, please revisit and update based on what you have learned and experienced in the last 3.5 days.

**Proposed areas and actions (next 6 – 12 months)**

<table>
<thead>
<tr>
<th>Priority area / actions</th>
<th>By whom</th>
<th>Technical support needed (yes/no)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance, policy and regulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education and training</td>
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<td></td>
<td></td>
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<tr>
<td>Financing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community engagement</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Practice and services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Evidence and research</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Reflections of DAY 4
Please describe three things that impressed you throughout today's session. You will be asked to present them at random at the first session tomorrow morning.
Day 5: Moving forward with Healthy Ageing

Group work presentation, Moderated by Dr Munehito Machida, Dr Eri Osawa
09:00 – 11:45

OBJECTIVES
1. To share and discuss priorities and context appropriate plans for healthy ageing

INSTRUCTIONS
Each country presents the top 2-3 priorities, feasible and actionable plan utilizing existing systems and services, considering County Cooperation Strategy. Reflections and comments will be provided by participants and temporary advisors.

Closing Session
1. Closing remarks

Overall reflections of the workshop
Please describe three things that impressed you the most throughout the workshop. You may also wish to reflect on some the immediate actions feasible in your context.
Notes
Temporary Advisors

(Alphabetical order)

1. Dr Reiko Hayashi, Deputy Director-General, National Institute of Population and Social Security Research (Page 5)

2. Dr Naoki Kondo, Professor, Graduate School of Medicine, Kyoto University

   Naoki Kondo has been a Professor of Department of Social Epidemiology, Graduate School of Medicine and School of Public Health, Kyoto University, since September 2020. His primary research themes are social determinants of health. He is the vice chief investigator of the Japan Gerontological Evaluation Study, a cohort study following up more than 200,000 older adults nationwide in Japan. JAGES initiative has investigated the community and social environments that promote the preventive measures for non-communicable diseases and healthy and equitable longevity. His recent study focuses on how to address health inequality in the community settings, conducting intervention studies with local and central governments, utilizing “community-diagnosis” data. Professor Kondo is the member of Clinical Consortium on Health Ageing and a core member of the Global Network on Long-term Care, World Health Organization. He holds multiple roles as committee members and advisors for Parliamentary Groups and Ministry of Health, Labour and Welfare in Japan. He has published over 200 peer reviewed papers in journals such as the Lancet, BMJ, Int J Epidemiology, etc.

3. Dr Kheng Hok Lee, Associate Professor, Deputy CEO, Education & Community Partnerships, Singhealth Community Hospitals (Page 14)

4. Dr Munehito Machida, Department Director, National Institute of Public Health

   Dr Munehito Machida has been assigned as a department director, department of public health policy, National Institute of Public Health, Japan, since April 2023. He graduated from Fukushima Medical University School of Medicine, before earning a Master of Public Health (MPH) in global health from Harvard School of Public Health, PhD in environmental toxicology from Jichi Medical University.

   After joining Ministry of Health and Welfare in 2000, he has been working as public health physician. Through his work at the central government, he was involved in the operation and the administration of the medical reimbursement system, promotion of pharmaceutical research and development, patient safety, pre-hospital emergency care systems, and environmental health. When he was temporarily transferred to Nagano, a local
government, he worked hard to set up an integrated community care system. From 2012 to 2014, he was seconded to the WHO West Pacific Regional Office as an external relation officer to monitor and evaluate health projects. His main interests as a researcher are community health system, human resources development and global health.

5. **Dr Yuiko Nagamine, Deputy Director, Division of the Health for the Elderly, Ministry of Health, Labour and Welfare, Japan** (Page 11)

6. **Dr Yugo Shobugawa, Specially appointed professor, Graduate School of Medical and Dental Sciences, Niigata University** (Page 21)

7. **Dr Tomofumi Sone, President, National Institute of Public Health**

   Dr. Sone Tomofumi has been President of National Institute of Public Health since October 2021. After graduating from University of Occupational and Environmental Health (UOEH), School of Medicine, Kitakyushu, Japan in 1986, he spent ten years at Department of Public Health, UOEH as a faculty member. He was awarded Doctor of Medical Science at UOEH in 1993 and Master of Public Health at Emory University, Rollins School of Public Health, in Atlanta, the United States in 1994.

   He joined former National Institute of Public Health as Head of Health Education Section, Department of Public Health Administration in 1997. Since re-establishment of current National Institute of Public Health in 2002, he has experienced various positions, such as Head of Community Health System Section, Department Director of Public Health Policy, Department Director of International Health and Collaboration, and Director for Planning and Coordination, and Vice President. His main interests as a researcher are community health system, human resources development, international health and tobacco control.

8. **Ms Tran Bich Thuy, Country Director, HelpAge International, Vietnam** (To be added)
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Turning Silver into Gold
Capacity-building Workshop for Starting Community-based Integrated Care
National Institute of Public Health, Saitama, Japan
25-29 September 2023
Annex 3. Meeting evaluation

Turning Silver into Gold:
Capacity-building Workshop for Starting Community-based Integrated Care
Wako-City, Saitama, Japan, 25-29 September 2023

Workshop evaluation

The workshop was attended by nineteen participants, responsible for population ageing, either in the health sector or other relevant ministry, from ten countries – Brunei Darussalam, Cambodia, China, Cook Islands, Malaysia, Mongolia, Philippines, Samoa, Vanuatu and Viet Nam. The five-day programme was evaluated using a questionnaire where participants gave scores on a scale of 1-5 (5 being the highest, 1 being the lowest) for operational arrangements and for the technical sessions. The distribution of the scores is provided below.

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. The training/workshop succeeded in meeting its objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>25.0%</td>
<td>75.0%</td>
<td>4.75</td>
</tr>
<tr>
<td>Q2. I have gained a better understanding and new knowledge of the topics presented</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>37.5%</td>
<td>62.5%</td>
<td>4.625</td>
</tr>
<tr>
<td>Q3. The training/workshop materials were relevant and informative</td>
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<tr>
<td></td>
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<td>0%</td>
<td>25.0%</td>
<td>75.0%</td>
<td>4.75</td>
</tr>
<tr>
<td>Q4. The balance between presentations, discussions/questions and group work was good</td>
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<td></td>
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<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>12.5%</td>
<td>25.0%</td>
<td>62.5%</td>
<td>4.5</td>
</tr>
<tr>
<td>Q5. The speakers and facilitators were effective and engaging in delivering their presentations and facilitating the sessions</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>37.5%</td>
<td>62.5%</td>
<td>4.625</td>
</tr>
<tr>
<td>Q6. Methods used in running the training/workshop were appropriate for each session (PowerPoint presentation, lectures, group work, focus group discussions, hands-on exercise, simulation exercise, one-on-one discussion/consultation, field visit, short video presentation, etc)</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
Q7. The technologies used to support meeting effectiveness were useful. (i.e., live streaming, virtual participation via TC/VC, WPRO App, online survey, social media app, YouTube, e-mail discussion, share point site for meeting documents, wi-fi, etc)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>6.25%</td>
<td>31.25%</td>
<td>62.5%</td>
<td>4.56</td>
</tr>
</tbody>
</table>

Q8. For participants: I felt confident that I have achieved the intended learning outcomes and will be able to use them in my work

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>25.0%</td>
<td>75.0%</td>
<td>0%</td>
<td>3.75</td>
</tr>
</tbody>
</table>

Administration and logistics

![Bar chart showing administration and logistics satisfaction levels](chart.png)
Annex 4. Country presentations (action plan for the coming year)
Brunei Darussalam

Proposed areas and actions (Next 6 – 12 months)

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
<th>By whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Ageing</td>
<td>Updating and mandating &quot;The Action Plan for Older Person 2023 -2030&quot; (Towards Successful Ageing), and socializing it to other ministries for them to take action</td>
<td>MOH, MCYS (Social Service division) as the leading ministries.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>To develop/ enhance social prescribing.</td>
<td>• Facts finding of what services (non-clinical) are currently available in community that can be tapped on. • Training on Comprehensive Geriatric Assessment (CGA) &amp; ICOPE</td>
<td>MOH, MCYS (+ other relevant agencies including NGOs)</td>
<td>Yes (ICOPE)</td>
<td>WHO</td>
</tr>
<tr>
<td></td>
<td>To draw plan of setting up the services (facilities, manpower &amp; data collection). This will be included into MOH next 5 years strategic plan 2024-2029</td>
<td>MOH</td>
<td>Yes (in particular policy writing)</td>
<td>WHO</td>
</tr>
</tbody>
</table>
### Main objectives of National Action Plan for Older Person 2023 - 2030

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1</td>
<td>Strengthening governance to encourage healthy &amp; successful aging</td>
</tr>
<tr>
<td>Objective 2</td>
<td>Transforming Brunei society towards healthy &amp; successful aging</td>
</tr>
<tr>
<td>Objective 3</td>
<td>Supporting and educating about healthy &amp; successful aging</td>
</tr>
<tr>
<td>Objective 4</td>
<td>Strengthening comprehensive services through an integrated approach</td>
</tr>
<tr>
<td>Objective 5</td>
<td>Fostering technological and social innovation</td>
</tr>
<tr>
<td>Objective 6</td>
<td>Strengthening systems and research, monitoring, and evaluation</td>
</tr>
</tbody>
</table>

### Proposed Areas and Actions for Improving Healthy Ageing in Cambodia

**NIPH, Saitama, Japan**

**Turning Silver into Gold: Capacity-building Workshop for Starting Community-based Integrated Care**

**25-29, September 2023, Saitama Japan**
Community engagement:
Gaps in Community-Based Care Engagement for Older People

Up to date, in total 1,646 Older Peoples’ Associations (OPA) in the country but not all are functioning since there is no National Guidelines or Standard Operating Procedures (SoP) for OPA implementation has been developed yet.

Practice and Services
Gaps in Monitoring and Follow-up after ICOPE initial training

In 2022, more than 200 healthcare workers at the primary healthcare level (health center) were trained in ICOPE by the national and provincial trainers who were trained in ToT with technical support from the WHO-HQ technical officers. However, after training till today, there is no monitoring, supervision, or follow-up of their daily practice for providing ICOPE services delivery for older people. Furthermore, the is no tools have been developed for use in monitoring and supervision yet.
Evidence and research:
Limited information on the welfare and medical needs of older people

Even though Cambodia has periodic surveys every 5 years to identify further information related to demographics and health (CDHS) and general population census (GPC), the information from the collected data and analysis was very limited for older population groups similar to the gaps of quantitative information in the routine data of the health information system (HIS).

Proposed areas and actions (Next 6 – 12 months)

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community engagement</td>
<td>Develop Guideline for Older People Association</td>
<td>MoSwy</td>
<td>Yes, WHO, UNDP, Help Age Cambodia</td>
</tr>
<tr>
<td>Practice and services</td>
<td>Capacity building for health workers on integration of healthy ageing</td>
<td>MoH</td>
<td>Yes, WHO, UNDP, Help Age Cambodia</td>
</tr>
<tr>
<td></td>
<td>(ICOPE) into primary health care (PHC) boosting implementation framework (BIF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence and research</td>
<td>Bassline assessment on health and welfare need for older people</td>
<td>MoH, MoSwy</td>
<td>Yes, WHO,</td>
</tr>
</tbody>
</table>
THANK YOU FOR YOUR ATTENTION!

Kizona, the 2nd bridge (donated by Japanese people) crossed the Mekong River at Kampong Cham province

The Priority Area / Actions in Community-based Integrated Care

People's Republic of China
### Major challenges and issues

#### Governance, Policy and regulation

- Community elderly care service institutions and facilities are still insufficient.

#### Workforce (Education, Training)

- The service ability should be enhanced further
- Lack of the community service worker

#### Financing (or community engagement)

- The multi-channel funding mechanisms have not yet been established.

---

### Major challenges and issues

#### Practice and services

- The smooth referral mechanisms between home (community) and facility have not yet been fully established.

#### Evidence and research

- We don't know how the care workforce (like medical staff and civil workers) understand the community-based integrated care and to what extent they know.

#### Others (if any)
Critical Issues in Healthy Ageing programme

1. to develop home-based community elderly care services.
2. to enhance the professional service capacity for the community elderly care.
3. to expand the number of elderly care staff.
4. to raise the whole society awareness of the importance of community-based integrated care.
5. to establish the multi-channel funding mechanisms.
6. to encourage the old people engaged in the community activity.

China
Proposed areas and actions (Next 6 – 12 months)

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice and Services</td>
<td>To carry out a program to improve the basic elderly care services at home and in communities.</td>
<td>Ministry of Civil Affairs</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>Education and Training</td>
<td>To conduct community-based integrated care training for the leaders in geriatrics and the professionals of community health care.</td>
<td>National Health Commission</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>WPRO</td>
</tr>
</tbody>
</table>
The Priority Area / Actions in Community-based Integrated Care

COOK ISLANDS

Critical Issues

- Healthy ageing and Positive Ageing are supported by at least two Ministries (Internal Affairs and Health) and all political parties. This might be good advantage at this moment. We have at least 3 years until due for next political election.
- All Government supports achieving SDGs as One Government.
- Healthy ageing might be supported by the Government.
- However, coordination among all stakeholders and sense of territorials might be a risk. We need to provide good incentives for all to make win-win situation.
- A national policy on health information system is not strongly supported/implemented.
- Resource mobilization for sustainability is critical.
## Cook Islands

### Proposed areas and actions (Next 6 – 12 months)

<table>
<thead>
<tr>
<th>Priority area 1</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
<th>Yes or No</th>
<th>By whom</th>
</tr>
</thead>
</table>
| Integrate “Healthy Ageing Component” into the draft National Positive Ageing Policy which the Ministry of Internal Affairs has already developed. | • COK team will have a meeting with senior level officers in the MOH to discuss outcomes of the meeting in Japan, present and obtain agreement from them.  
• A stakeholder consultation for development of National Positive Ageing Policy has been conducted (mid Sept 2023). The MOH provides “healthy ageing component” to be consolidated into the draft. A finalized draft document to be reviewed and agreed by both Ministry of Internal Affairs and Health.  
• Conduct advocacy for getting support from the national high level policy decision makers to support the policy (political lobby).  
• Seek political guidance from the Cabinet Members (through the Minister of Internal Affairs and the Minister of Health) to gain maximum support from all Cabinet Members for endorsement. (Advocacy, negotiation.) | • The Ministry of Internal Affairs (INTAFF)  
• The Ministry of Health (TMO)  
• Pacific Homecare (NZ) – International NGO  
• Toku Nei Oraanga Ou (Cook Island version of Homecare) – private sector  
• Te Vaerua (Community Rehabilitation provider and provide training for care givers etc.): NGO | Yes | WHO  
ADB  
Other potential development partners |

## Cook Islands

### Proposed areas and actions (Next 6 – 12 months)

<table>
<thead>
<tr>
<th>Priority area 2</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
<th>Yes or No</th>
<th>By whom</th>
</tr>
</thead>
</table>
| Strengthen health information system which includes data related to healthy ageing | • Analyze existing national health information system and identify the core (minimum) data set on healthy ageing to be included in the existing health information system and surveillance mechanism. A lot of consensus process must be properly done.  
• For example, data collection on the statistics on major burden and critical issues among elder people, One Stop Shop database system for older population, monitoring of healthy ageing  
• Develop a guideline for collecting the data, reporting, analysis, and utilization of the collected data for better community-based integrated care.  
• Provide training for appropriate staff who collect the data, report, and analyze | • Health related data  
• TMO (MoH): health professionals, public health nurses, health information officers, mental health professionals, community coordinators,  
• Social related data  
• The Ministry of Internal Affairs (INTAFF): social workers, | Yes | WHO  
ADB  
Other potential development partners |
### Cook Islands

**Proposed areas and actions (Next 6 – 12 months)**

<table>
<thead>
<tr>
<th>Priority area 3</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
</tr>
</thead>
</table>
| Finalize a model of aged care service options in COK with emphasis on community-based integrated care | • A conceptual model for “positive ageing” developed by the Ministry of Internal Affairs with technical support of ADB and Price Waterhouse Coopers (Financial institution in NZ).
• The MoH has been currently working on reorientation of health system which emphasizes community engagement and partnerships.
• The concept of reorientation of health system should be well integrated into the model for “positive ageing”. The MoH will closely collaborate with the Ministry of Internal Affairs for integrated approaches. | • The Ministry of Internal Affairs (INTAFF)
• The Ministry of Health (TMO)
• Pacific Homecare (NZ) – International NGO
• Toku Nei Oraanga Ou (Cook Island version of Homecare) – private sector
• Te Vaerua (Community Rehabilitation provider and provide training for care givers etc.): NGO
• Religious Advisory Council
• Ui Ariki – Traditional Leaders | Yes | WHO
ADB
Other potential development partners |

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Turning Silver into Gold: Capacity-building Workshop for Starting Community-based Integrated Care

25-29, September 2023, Saitama Japan

Looking forward to meeting you for future collaboration
Welcome to the Cook Islands, known as the “Heaven on Earth”
The Priority Area / Actions in Community-based Integrated Care

**MALAYSIA**

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Malaysia National Ageing Nation Blueprint and Action Plan</td>
<td>Ministry of Economy, MWFD, MoH, MoE, MHR</td>
<td>Support will be requested if necessary</td>
</tr>
<tr>
<td>Training</td>
<td>Introduction of ICOPE as screening for elderly Population Integration into National Health Screening Initiatives</td>
<td>MoH, other Govt Agencies, community and NGO</td>
<td>Yes</td>
</tr>
<tr>
<td>Practice</td>
<td>Implementation of Integrated health care for elderly in Primary Care setting in 5 Health clinics</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
### Malaysia

<table>
<thead>
<tr>
<th>Priority area</th>
<th>By whom</th>
<th>Technical support needed (Y/N)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governance, policy and regulation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaysia National Ageing Nation Blueprint and Action Plan</td>
<td>Ministry of Economy</td>
<td>Support will be requested if necessary</td>
<td></td>
</tr>
<tr>
<td><strong>Education and training</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction of ICOPE</td>
<td>MoH</td>
<td>Yes</td>
<td>2024</td>
</tr>
<tr>
<td><strong>Financing (or community engagement)</strong></td>
<td></td>
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### Malaysia

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<th>By when</th>
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<tbody>
<tr>
<td><strong>Practice and services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation and evaluation of integrated health care for elderly in Primary Healthcare setting in 5 health clinics</td>
<td>MoH</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Evidence and research</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info: National Health Morbidity Survey</td>
<td>MoH</td>
<td>No</td>
<td>Every 5 years</td>
</tr>
<tr>
<td><strong>Others (if any)</strong></td>
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</table>
# The Priority Area / Actions in Community-based Integrated Care

## MONGOLIA

<table>
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<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Healthy Aging Action Plan</td>
<td>* To finalize the plan for approval and advocacy of the Healthy Aging program</td>
<td>MOH, MOLSP, MCUD, MOTD, MOF, MOC, Local government, NGOs</td>
<td>Yes</td>
</tr>
<tr>
<td>ICOPE</td>
<td>* To finalize the updated ICOPE guidance for the approval</td>
<td>MOH, MOLSP, MOE, MOF, NGOs, Local government</td>
<td>Yes</td>
</tr>
<tr>
<td>LTC</td>
<td>* To finalize LTC guidance for approval and develop an implementation plan with the integration of an ADB-supported project led by MOLSP</td>
<td>MOH, MOLSP, MOE, MOF, NGOs, Local government</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Proposed areas and actions (Next 6 – 12 months): 

- **Healthy Aging Action Plan**: To finalize the plan for approval and advocacy of the Healthy Aging program. Stakeholders include MOH, MOLSP, MCUD, MOTD, MOF, MOC, Local government, NGOs. External support needed is Yes, by WHO.

- **ICOPE**: To finalize the updated ICOPE guidance for the approval. Stakeholders include MOH, MOLSP, MOE, MOF, NGOs, Local government. External support needed is Yes, by WHO.

- **LTC**: To finalize LTC guidance for approval and develop an implementation plan with the integration of an ADB-supported project led by MOLSP. Stakeholders include MOH, MOLSP, MOE, MOF, NGOs, Local government. External support needed is Yes, by WHO.
### MONGOLIA

**Proposed areas and actions (Next 6 – 12 months)**

<table>
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<tr>
<th>Priority area</th>
<th>By whom</th>
<th>Technical support needed (Y/N)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Governance, policy and regulation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• To approve the HEALTHY AGING action plan and Health Ministerial orders on ICOPE, LTC</td>
<td>MOH MOLSP Other stakeholders</td>
<td>Yes/WHO</td>
<td>2024</td>
</tr>
<tr>
<td>• To organize advocacy activities for increasing awareness of Healthy Aging, including ICOPE, LTC, and its insurance for policy and decision-makers</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• <em>To establish a multisectoral committee on Healthy Aging</em></td>
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</tbody>
</table>

### MONGOLIA

**Proposed areas and actions (Next 6 – 12 months)**

<table>
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<tr>
<th>Priority area</th>
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<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and training</strong></td>
<td></td>
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</tr>
<tr>
<td>• To conduct short-term capacity-building training on ICOPE including LTC, community engagement, and social prescribing for health and social workers working, respectively at PHC centers and the local governor’s office</td>
<td>MOH MOLSP MOE</td>
<td>Yes/WHO</td>
<td>2024-25</td>
</tr>
<tr>
<td>• To organize post-graduate training (6 months) for doctors and nurses to be specialized in geriatrics to increase the provision of geriatrics at province/district hospitals</td>
<td></td>
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</tr>
<tr>
<td>• <em>To involve geriatrics and social workers in short-term training and experience exchange programs abroad</em></td>
<td></td>
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<tr>
<td>• To update the training program for caregivers and organize short-term training for them</td>
<td></td>
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<tr>
<td>• To develop a training program for community volunteers on social prescribing and prepare them in the selected areas</td>
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</tbody>
</table>
### Mongolia

#### Practice and services

<table>
<thead>
<tr>
<th>Priority area</th>
<th>By whom</th>
<th>Technical support needed (Y/N)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>To expand ICOPE practice and services at the PHC and referral level of hospitals and the social sector</td>
<td>MOH</td>
<td>Yes/WHO&amp; JICA</td>
<td>2024-25</td>
</tr>
<tr>
<td>To update terms of reference of social workers and social health workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To upgrade geriatric cabinet according to the standards at the district and province general hospitals</td>
<td></td>
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<tr>
<td>To provide new medical equipment at the new building of the National Center for Gerontology</td>
<td></td>
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<tr>
<td>To support the services delivered by new rehabilitation centers for elderly people</td>
<td></td>
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</tbody>
</table>

#### Evidence and research

<table>
<thead>
<tr>
<th>Priority area</th>
<th>By whom</th>
<th>Technical support needed (Y/N)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>To conduct nationwide study on socio, mental and physical health status among elderly people.</td>
<td>MOH</td>
<td>Yes/WHO</td>
<td>2024-25</td>
</tr>
<tr>
<td>To update monitoring and evaluation indicators</td>
<td></td>
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</table>

#### Financing (or community engagement)

<table>
<thead>
<tr>
<th>Priority area</th>
<th>By whom</th>
<th>Technical support needed (Y/N)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop a budget proposal and submit it to MOF for supporting healthy aging program implementation, including ICOPE, LTC, and community-based daycare</td>
<td>MOF</td>
<td>Yes/WHO/ADB</td>
<td>2024</td>
</tr>
</tbody>
</table>
The Priority Area / Actions in Community-based Integrated Care

PALAU

Palau – Priority 1 area and actions (next 6-12 months)

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
</tr>
</thead>
</table>
| Rolling out the transitional facility (acute care to transitional care) | • Human Resources arrangement (certified care giver) – outsourcing (budget allotted)  
• Develop M&E plan and framework | MOH | Yes for M&E plan and framework  
WHO |
## Palau – Priority 2 area and actions (next 6-12 months)

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
</tr>
</thead>
</table>
| Operationalization of the "National Policy on Care for the Ageing"           | • Revitalization of the multi sectoral steering committee  
                                 • Develop plan of action (interventions, stakeholders, budget, timeline)  
                                 • Community-led social activities to be expanded to outlying areas. | MOH in collaboration with >7 ministries  
                                                                                 MOH, steering committee, multi-stakeholders.  
                                                                                 MOH in collaboration with State government | Yes  
                                                                                 Yes  
                                                                                 No | WHO  
                                                                                 WHO, UN agencies |

## Palau – Priority 3 area and actions (next 6-12 months)

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
</tr>
</thead>
</table>
| Roll out of the community care workers (1st batch, completed 6-month training) in outlying areas | • Sensitization with community residents  
                                 • Learn from nurses, establish roles and responsibilities (Community profiling, identify the health and social needs, find solutions)  
                                 • Develop SOP (?)  
                                 • Develop M&E plan and framework | MOH and state government | Yes for SOP and M&E  
                                                                                 WHO |
Critical Issues in Healthy Ageing programme (if any)

- For lack of Age-friendly housing and transport vital to access services requires long-term strategy and solutions, involvement of other ministries (e.g. MHRTCD: Ministry of Human Resources, tourism, culture and development, MPII: Ministry of Public infrastructure and industry)

- Lack of resources (Financial and HR) in Ministry of Health prevent the physical support to develop and sustain services

<table>
<thead>
<tr>
<th>Priority area</th>
<th>By whom</th>
<th>Technical support needed (Y/N)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance, policy and regulation</td>
<td>MOH in collaboration with &gt;7 ministries MOH, steering committee, multi-stakeholders. MOH in collaboration with State government</td>
<td>Y</td>
<td>By end of 2023</td>
</tr>
<tr>
<td>Operationalization of the National Policy on Care for the Ageing</td>
<td>MOH in collaboration with &gt;7 ministries MOH, steering committee, multi-stakeholders. MOH in collaboration with State government</td>
<td>Y N</td>
<td>By end of 2024 By May 2024</td>
</tr>
</tbody>
</table>
### Education and training

<table>
<thead>
<tr>
<th>Priority area</th>
<th>By whom</th>
<th>Technical support needed (Y/N)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community care workers – training for 6 month, 1st batch completed. Rolled out in outlying areas (mapping of the community, identify the needs (health and social), find solutions). - Sensitization with residents, - Learn from nurses, establish roles and responsibilities - SOP? - M&amp;E plan and framework</td>
<td>MOH and state government</td>
<td>Y for SOP and M&amp;E</td>
<td>By end of 2024</td>
</tr>
</tbody>
</table>

### Practice and services

<table>
<thead>
<tr>
<th>Priority area</th>
<th>By whom</th>
<th>Technical support needed (Y/N)</th>
<th>By when</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion of meal program to outlying states through school meal program</td>
<td>MOH in collaboration with MOE</td>
<td>N</td>
<td>By end of September 2024</td>
</tr>
<tr>
<td>Rolling out the transitional facility (acute care to transitional care) - Human Resources (certified care giver) arrangement – outsourcing (budget allotted) - Develop M&amp;E plan and framework</td>
<td>MOH</td>
<td>N</td>
<td>By end of September 2024</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td>By end of April 2024</td>
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</tbody>
</table>
### The Priority Area / Actions in Community-based Integrated Care

**PHILIPPINES**

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evidence and Research</strong></td>
<td>Conduct a situational analysis of the current health needs and healthy ageing initiatives in the Philippines</td>
<td>National Institute of Health, DOH, NCSC, WHO, LGUs, CSOs, NGOs</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>● Scoping Review</td>
<td></td>
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<td></td>
<td>● KII, FGDs, IDI</td>
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<tr>
<td></td>
<td>● Data analysis</td>
<td></td>
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<tr>
<td></td>
<td>● Validation</td>
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</table>
### Philippines

#### Proposed areas and actions (Next 6 – 12 months)

<table>
<thead>
<tr>
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<th>By whom</th>
<th>By when</th>
</tr>
</thead>
</table>
| **Education and training** | Increasing geriatric trained primary service providers and barangay health workers  
- Training of Trainers  
- Integration of geriatric training into barangay health workers manual | DOH, NCSC, WHO, LGUs       | Yes                      | WHO      | 12 months |
| **Governance, policy and regulation** | Development of tools for the implementation, monitoring, and evaluation of the Philippine Plan of Action for Senior Citizens 2023-2028  
- Consultations  
- Workshop for drafting of tools  
- Validation  
- Pilot testing and roll out | NCSC, National Advisory Body, Consultants, WHO | Yes                      | WHO      | 12 months |
Vanuatu priority areas and action plan

1. Population Ageing will fall under the NCD National Unit for monitoring purposes as well as get buy in from MoH executives, COMs, stakeholders and communities.

2. Implementation period will be 12 months

1. Build on existing structures and networks

This first 12 months will be implemented in Port Vila awaiting the review of Vanuatu Decentralization act before proper roll out plans to Provinces can be drafted.
### Proposed areas and actions (12 months)

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
</tr>
</thead>
</table>
| MOH Executive and Council of Ministers (COM) Endorsement | • Develop a narrative for population ageing  
  • Socialize the concept with the Director of Public Health  
  • Develop Policy paper for MOH executive endorsement | No                                                                           | Yes WHO                  |
| Multi-sectorial committee                         | • Identify the key stakeholders and prepare specific narratives to each stakeholders respectively.  
  • Stakeholders to mainstream and intergrade healthy ageing activities into their strategic plan with clear monitoring and evaluation indicators. | MOH, MOET, Provincial Government, Faith Based Organization, Vanuatu People with Disability, Youths, Women, Chiefs | Yes WHO                  |

### Proposed areas and actions (12 months)

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Actions</th>
<th>Stakeholders</th>
<th>External support needed</th>
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| Financial and technical assistance         | • Identify priority areas and resources  
  • Develop a work plan and M&E plan  
  • Sign MoU with potential donors  
  • Submit proposal to secure adequate operational costs etc. | MOH, Finance, National security council and Donor partners                   | Yes WHO                  |
Critical Issues in Healthy Ageing programme:

**Natural Disaster**:
Shift focus/resources to disaster response deprioritizing/delaying Healthy ageing interventions.

**Political instability**:
Political agenda displacing national priorities which can directly impact Healthy ageing plans/outcomes.

**Financial resources**:
Cumulative impact of the above can deplete financial resources and delay workplans.

The Priority Area / Actions in Community-based Integrated Care

VIETNAM
Critical Issues in Healthy Ageing programme (if any)

1. Critical issues to be addressed:
   • The number of older people is increasing in community especially people with significant lost of cognitive and mobility functions. They live with their family but face isolation and difficulties during day time when their relatives are working outside home.
   • There is not yet care and services available to this high-need group and this situation not only makes life of the older people in need miserable but also places considerable pressures on their families/care givers.

2. Solutions:
   • Designing and piloting a community based day care centre that can address the above issues of the older people and their families.
   • Central Gov introduce ideas and provide technical support; local Gov implement it and fund it.

The initial ideas of the community based care centre – a pilot design

• The day care centre is attached to community and housed within the local district health centre and provide holistic and integrated care to older people.
• Select staff for training on knowledge and skill needed to provide care for the needy older people.
• Produce training materials and conduct training.
• Operate the centre.
• Document the process and lessons learnt of one year operation/piloting and undertake potential modification of the design of the model.
• Dissemination of the lessons learnt at the national level.
• Discuss policy lever for replication/application in other communities.
### Governance, policy and regulation

**Priority area**: To develop a guidelines for local Gov and community in providing care to meet the needs of older people with severe lost of functional abilities  

**By whom**: Leading by central MOH and implemented by the local Gov and local health service system  

**By when**: Q1, 2024

### Education and training

**Priority area**: - Select and provide training to care workers  

**By whom**: Local district health centre and local Gov  

**By when**: Q1 2024

### Financing (or community engagement)

**Priority area**: - To be supported by the local Gov, using existing local district health centre  

**By when**: Q2, 2024

### Practice and services

**Priority area**: - Physical and rehab exercise  
- Care to older people during day time  
- Navigate and connect to other support  

**By whom**: District health centre/populatio n team

### Evidence and research

**Priority area**: - Monitoring and documenting the process and lessons learnt  

**By whom**: MOH, MOLISA in collaboration with WHO country office  

### Others (if any)