REVIEW OF WHO/WPRO HEALTH OF THE ELDERLY PROGRAMME

Manila, Philippines
January - April 1995
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ELDERLY PROGRAMME

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Key words:

Health services for the aged / Health promotion / Health policy / Western Pacific
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1. INTRODUCTION

Since the early 1980s issues associated with health of older persons have been given increasing attention by WHO and Member States in the Western Pacific Region. Motivation for this growing responsiveness to the health of the elderly in the Region has been multifold. In demographic terms the Region, has been characterized by an increasing life expectancy at birth of all of the countries of the Region, with a consequent significant increase in the numbers of older people and especially in the numbers of those categorized as the "oldest old" (80 years and over). At the same time there have been evident changes in socioeconomic and societal terms throughout the Region which have put pressure on traditional family-based approaches to the care and support of older people in communities everywhere. In addition the capacity for modern health care technologies to be applied to the medical needs of the older population has increased in recent years, so that the elderly are becoming more frequent consumers of expensive health care services.

While these and other trends, relevant to the health care of the elderly in the Region, have become evident there have, at the same time, been some fundamental shifts in both the orientation of health care delivery and the setting of priorities for health care in the Region. To achieve the ultimate goal of "health for all" it has become clear that the traditional approaches of disease control, medical diagnosis, treatment and rehabilitation, while still important, are insufficient of themselves as means of ensuring the health of communities. A much wider perspective must be taken which recognizes the attainment of positive health status as the desired outcome of a broad and complex set of social, economic and environmental influences.

In response to these and other issues, the WHO Regional Office for the Western Pacific (WPRO) has developed a framework for future directions, New horizons in health which proposes a multidisciplinary team approach to the work of WHO in the Region beyond the year 2000. Two central concepts form the basis of future WHO action in the Region: health promotion and health protection. This approach recognizes that actions and exposures at any stage in the life course can have health impact throughout the rest of life, and puts in place three thematic groupings of issues and programmes related to key life stages: preparation for life, protection of life, and quality of life in later years.

The health of the elderly programme has an important role to play in this reorientation of the work of the Region and in turn will be profoundly influenced by the operational outcomes of the New horizons in health initiative. This is especially true of the third component, namely "Quality of life in later years". In terms of efforts to prevent or delay the onset of noncommunicable disease and maximize disability-free and productive life in older age the "protection of life" component is also relevant to Health Care for the Elderly (HEE).

This review provides a brief evaluation of the Health Care for the Elderly (HEE) programme in the Region during the five years (1990–1994) and proposes future directions and an overall plan of action during the next five years (1995–2000). In addition proposals are made for a research strategy which incorporates the recommendations made during the most recent (1994) joint meeting of the Western Pacific Advisory Committee on Health Research and Directors of Health Research Councils or Analogous Bodies.
2. BACKGROUND

2.1 Issues in health of the elderly in the Region

The principal issues facing the Region with respect to aging have been well documented in regional HEE papers. The general increase in life expectancy and decrease in fertility, resulting in substantial increases in numbers with a steady increase in the proportion of elderly in the population throughout the Region, has been discussed frequently. The demographic transition and accompanying epidemiological transition, along with a period of generally rapid industrialization and urbanization in most countries of the Region, have been identified as the key factors contributing to an impending 'crisis' in the provision of adequate health care and social support for older persons, especially in developing the newly industrialized countries. To respond to these pressures, action has been called for, in various forums, at regional, national and local levels. Essentially, what is being argued for is a preventative approach. Armed with an unprecedented extent and depth of knowledge of prospects for the future in demographic, health status, social and economic terms, it should be possible, within the limitations of the total resources available, to effectively prepare to meet the health challenge posed by the growing elderly population, especially relative to other emergent health issues. The now fairly standard responses to the health needs of older people are not difficult to formulate and, from the WHO perspective, have been very well enunciated in previous HEE programme descriptions and reviews. In these documents specific attention has been drawn to the need for WHO to collaborate on strengthening national awareness, assisting in policy review and development, promotion of community-based health care initiatives, development of education and training for health workers, and the conducting of epidemiological and other research.

2.2 Regional diversity

The Western Pacific Region presents a picture of great diversity in terms of population and demographic characteristics, social and economic development, culture and religion, geophysical features, political systems and traditions. Thus, the Region includes China, with a population of more than a billion, and island states with populations numbered in just thousands. Life expectancy at birth ranges from Japan and Macao, where females at birth can expect an average of more than 80 years of life, to Cambodia and the Lao People’s Democratic Republic, where the corresponding figure is just under 50 years. Economies range from the wealth of Japan, through the rapidly developing economies of the newly industrialized countries of the Region, to much poorer and economically very dependent countries. There can be no effective, simplistic, generally applicable formula for action. Common principles can, however, be identified and much of the population-based research undertaken thus far in the Region has shown the universality of many of the fundamental issues associated with aging and the provision of care and support to the elderly. In some respects the diversity of countries in the Region is a useful factor which facilitates comparative study, exchange and diversified experimentation. The more developed countries of the Region have in recent times moved toward recognition of population aging as a priority area for health and social development and the provision of special health and community support services. The experience of these countries is valuable but limited in its application to the situation now facing the newly industrialized and less developed countries of the Region. In these latter instances the rate of demographic change is without historical precedent and it is occurring at a time when many other pressing health and social problems face national governments.

It is possible, in terms of the general demographic, epidemiological, socioeconomic, health infrastructure development and resource characteristics of countries in the Region, to identify at
least four broad groupings in terms of the priority and capability for investment in the development of health care services for the elderly. Such a grouping also suggests that there are real opportunities for technological exchange and support from the more advanced systems to those that are less developed at this stage. The analysis which supports such a country grouping is provided in Annex 1. Provisional groups are as follows (note in this categorization countries with a total population aged 65 years and over of less than 25,000 persons are shown unbolded in brackets):

**Group 1: Demographically ‘older’ (>10% aged 65 years and over)**

- High-income OECD, highly developed countries, with established systems of health care for the elderly
  - Australia
  - Japan
  - New Zealand

**Group 2: Demographically ‘middle aged’ (>4.5% aged 65 years and over)**

(a) High-income non-OECD, newly industrialized countries or areas, showing clear evidence of population aging with recently established systems for health and care of the elderly

<table>
<thead>
<tr>
<th>&gt;25,000 aged &gt;65</th>
<th>&lt;25,000 aged &gt;65</th>
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<tbody>
<tr>
<td>Hong Kong</td>
<td>(Brunei Darussalam)</td>
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<tr>
<td>Singapore</td>
<td>(French Polynesia)</td>
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(b) Upper-middle income, rapidly developing countries or areas with emerging consequences of population aging and more recent initiatives in development of health services for the elderly

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<th>&lt;25,000 aged &gt;65</th>
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<tr>
<td>Macao</td>
<td>(American Samoa)</td>
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<tr>
<td>Malaysia</td>
<td>(Guam)</td>
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<tr>
<td>Republic of Korea</td>
<td>(New Caledonia)</td>
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</table>

(c) Lower middle income and low-income developing countries, showing early evidence of consequences of population aging and some attention now being given to the development of health services for the elderly

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<th>&gt;25,000 aged &gt;65</th>
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<tr>
<td>China</td>
<td>(Marshall Islands)</td>
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<td>(Samoa)</td>
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Group 3: Demographically 'still young' (<4.5% aged 65 years and over but increasing)

Lower-middle income and low-income developing countries, now beginning to initiate health services for the elderly

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<th>&gt; 25 000 aged &gt; 65</th>
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<tr>
<td>Fiji</td>
<td>(Kiribati)</td>
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<td>Philippines</td>
<td>(Marshall Islands)</td>
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<td>Viet Nam</td>
<td>(Micronesia)</td>
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<td>(Vanuatu)</td>
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<td>(Samoa)</td>
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Group 4: Demographically very young (<3% aged 65 years and over or <5000 total)

Low-income, least developed countries or very small, generally very limited attention given to health of the elderly

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<th>&lt; 25 000 aged &gt; 65</th>
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<tr>
<td>Lao PDR</td>
<td>(Cook Islands)</td>
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<tr>
<td>Cambodia</td>
<td>(Mariana Islands)</td>
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<td>Papua New Guinea</td>
<td>(Niue)</td>
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<td></td>
<td>(Palau)</td>
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<td></td>
<td>(Solomon)</td>
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<td>(Tuvalu)</td>
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It is also possible to grade countries according to demographic, socioeconomic and health infrastructure characteristics to provide some indication of the overall priority for development of aged care service. Again, countries are divided into those with more or less than a total of 25 000 people aged 65 years or more. The method of deriving individual scores is described in Annex 2.
Countries with population > more 65 years or over of at least 25,000

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<th>RANK</th>
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<tr>
<td>1</td>
<td>Japan</td>
<td>25</td>
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<tr>
<td>2</td>
<td>Australia</td>
<td>23</td>
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<td>3</td>
<td>New Zealand</td>
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<td>Singapore</td>
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<td>Hong Kong</td>
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<td>8</td>
<td>China</td>
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<td>Fiji</td>
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<td>10</td>
<td>Viet Nam</td>
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<td>11</td>
<td>Philippines</td>
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<td>12</td>
<td>Cambodia</td>
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<tr>
<td>13</td>
<td>Lao PDR</td>
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<tr>
<td>14</td>
<td>Papua New Guinea</td>
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Countries with population > 65 years or over of less 25 000

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<tr>
<td>1</td>
<td>Brunei Darussalam</td>
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<td>French Polynesia</td>
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<td>3</td>
<td>Guam</td>
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<td>4</td>
<td>New Caledonia</td>
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<td>Niue</td>
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<td>Cook Islands</td>
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<td>Tonga</td>
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<td>10</td>
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<td>11</td>
<td>American Samoa</td>
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<tr>
<td>13</td>
<td>Marshall Islands</td>
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<td>14</td>
<td>Mariana Islands</td>
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<tr>
<td>17</td>
<td>Solomon Islands</td>
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<tr>
<td>18</td>
<td>Kiribati</td>
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This approach has obvious limitations as within each group there are significant variations and any classification of this sort is necessarily arbitrary but it does serve some useful purpose in providing an alternative, more rational framework for identifying objectives which relate more reasonably to needs and resources.

2.3 The limitation of available data

While a considerable amount of macro data on population aging and its consequences is now available there are significant gaps in detailed information on these topics in the Region. Data is frequently collected in countries throughout the Region in a nonstandardized fashion making cross-national comparisons and the development of a Regional database in this field difficult. For smaller countries of the Region little or no data is available in many key areas. Even when comprehensive data is available, much of it is collected on an occasional or ad hoc basis which means it is often not suitable for regular monitoring of the situation. Older data (e.g. on prevalence rates) can become rapidly out of date giving a false impression of the current circumstances. It would be useful to develop requirements for a minimum data set on aging which could progressively be instituted throughout the Region with standardization of definitions, collection procedures, analysis and presentation.

The descriptive data at present collected on socioeconomic indicators is very valuable but is unable to provide the indicators which are called for in New horizons in health. A great deal more work needs to be done on the development, testing and refinement of indicators of health and well-being among the elderly populations of the Region.

The data that is available is not very "user-friendly" and would, as a rule, not be accessible to policy and decision-makers in Member States. A good case can be made for investing some effort in improved presentation of the available information so it will be more widely used.

A great deal of the research data which is collected in the Region, including that generated by WHO-sponsored studies, is not widely disseminated to those who would find it useful in their work. In this respect some effort could be made to create a central documentation and research information resource which could serve a clearing house function.

3. KEY ROLE FOR THE WORLD HEALTH ORGANIZATION

The Charter for the World Health Organization is very broad, and in addressing an issue as all encompassing of life as aging, there is a real risk that effective action will be lost through too wide a dispersal of attention and effort. Aging ultimately is everyone’s problem and eventually it must be faced up to, and be dealt with, at every level of human organization from the individual to the global. WHO could not, within the constraints of available resources and organizational capability, effectively contribute to solving the problems associated with the experience of human aging in all of its manifestations and at all of these levels. Therefore, if WHO/WPRO is to make an effective contribution to improving the quality of life of older persons in the Region, then it should target those areas where it can contribute the most and use those approaches which it is uniquely placed to use most effectively.

WHO as a global organization can most practically tackle those issues which have some significant degree of universal application. The enunciation of the essential principles which
underlie programme planning and implementation and the articulation of the conceptual ideas which can guide effective action at national and local level is a critical function which the Organization is well placed to perform. Thus, while support of a small locally-based community health promotion activity or piece of research in one country may be a useful contribution judged as a specific activity, that may not be an appropriate response from WHO unless it can be placed in a broader context and presented as a deliberate model for evaluation and possibly wider application, nationally or internationally.

WHO could be most effective in this area through the promotion of well-designed programme ventures as models of practice, provided sufficient attention is given at the outset to systematic and built-in strategies for evaluation. In addition WHO can perform a most useful role in promoting technological exchange and in the strengthening of national resources for research, planning and evaluation.

Education and training of health personnel including development of model curricula, identification of teaching aids and materials and provision of training fellowships is a further useful contribution which can be actuated by WHO.

The promotion of intersectoral action to achieve goals in population health and well-being is an important function which can often be best achieved with some guidance from outside national structures, which tend to focus upon portfolio defined sectoral responsibilities. There are some limitations on the capacity of WHO's influence in this arena, as agency which works directly through the national health authorities, but, nevertheless, by drawing attention to important intersectoral considerations the awareness of national authorities in this respect can be raised appreciably.

The endorsement by WHO of concepts and principles verging on any particular health-related issue is a powerful influence in the formulation of professional responses to the topic and an important aid to policy formulation and programme activities at national and local levels.

WHO has the advantage of being able to take the global overview of health-related issues, to draw on all of the currently available expertise and to dispassionately view the future trends beyond shorter-term social and political considerations. This provides the Organization with a unique capacity to identify important health trends and needs in areas such as the health of the elderly which are not currently afforded high priority at national level but where anticipatory action is clearly required to avoid formidable future impediments to the achievement of equitable high levels of population health and well-being.


A number of reviews and policy statements are relevant in considering the activities of the HEE programme during the past five years. They are:

1988 Regional Medium-Term Programme Statement 9.5 (WPR/MTP(GPW)/HEE/1)
1991 Programme Review of the Health of the Elderly Programme (HEE)
1991 STC Review of the Health of the Elderly Programme (RS/91/0731)
There are two pertinent regional workshop reports:

1991 Regional Workshop on Human Resource Development in the Health Care of the Elderly (RS/90/GE/34/PHL)

1993 Regional Seminar on National Policy Planning for Health of the Elderly (RS/93/GE/02/PHL)

The last formal review of the HEE programme was the 1991 programme review. The Programme Committee at that time noted the growing importance of the HEE programme in the Region and re-endorsed the programme objectives. It was noted that future activities should take account of the following points:

(1) Care of the elderly should be an important component of total health promotion including giving due respect and attention to the elderly because of their experience and because they often occupy leading positions in their countries.

(2) This programme is a regional priority and will be given added importance. The targets in the medium-term programme need to be defined by developing meaningful and tangible targets with specific parameters or indicators.

(3) Collaboration with other institutions working in this field, not only with the three collaborating centres, must be enhanced by mobilizing their resources for studies and research in priority areas of aging.

(4) WHO should not be concerned only with prolonging life but also with improving the quality of life, productivity, and healthy aging, and ways of making the elderly contributors instead of burdens of society.

Coincidentally, the programme was reviewed by the writer as a consultant shortly after the programme review. This review proposed a more proactive approach to health of the elderly by WPRO.

The overall activities of the regional Health of the Elderly programme were reviewed. It was evident that increasing attention was being paid to the health issues associated with population aging at both regional and national levels. However, governments were noted to be generally still reluctant to act in response to the special health problems and needs of the elderly. The need was identified for WHO to take a lead role in raising awareness of the requirement for action to be taken at the time to avoid future problems.

Although a great deal had already been achieved by the Health of the Elderly programme, the programme was judged to be ill-defined, patchy, often remote from realities and limited by lack of resources.

The following were the reviewer's principal recommendations:

(1) A regional adviser in Health of the Elderly should be appointed at a senior level as soon as possible.

(2) The goals and objectives of the programme should be restated to reflect more fully its scope.
(3) All regional programmes should be reviewed for their relevance to aging and, where appropriate, each should develop a subprogramme for health of the elderly.

(4) Follow-up action on consultations, reports, workshops, etc. from two previous biennia (1988-1991) should be reviewed to determine reasons for any lack of response.

(5) The WHO/WPRO information documents should be reviewed to include more comprehensive data on aging.

(6) A feasibility study on regional application of measurement of healthy (disability-free) life expectancy should be initiated.

(7) A regional planning framework for health care of the elderly should be developed.

(8) A monitoring and evaluation process with defined targets should be instituted as recommended by the Unit on Aging, CSDHA/UN Vienna.

(9) New collaborating centres should be designated in relevant areas, including education, training, policy formulation, and planning.

(10) Regional resource networks should be created to be coordinated by collaborating centres.

A series of specific actions should be taken during the next two bienniums as detailed in the report.

Although not all of these activities have been completed the WHO Regional Office for the Western Pacific HEE programme has achieved much in the five year period 1989-1994. During this time there has been an evident upsurge in attention given to the health needs of the elderly population the great majority of countries in the Region. The most recent evidence of this is provided by the country reports and return of a brief questionnaire in relation to the Workshop on Community Health Care Approaches to Improve Quality of Life in the Elderly, held in the Regional Office for the Western Pacific from 20 to 24 March 1995 (Annex 3).

Some of this increased interest and activity can be ascribed to WHO-sponsored events and advocacy. Regional seminars, national workshops, fellowships, study visits, WHO research activities and the activities of the designated WHO collaborating centres have all contributed to development in the depth and scope of HEE-related activities throughout the Region.

An exhaustive analysis of specific activities during the five years would serve little purpose. Rather, a critical appraisal of the extent to which stated objectives and proposed activities have been achieved will be analysed in this review. From this, it should then be possible to identify some of the major strengths and weaknesses of the programme and provide a guide to where it should proceed from here.

The regional medium-term programme for Health of the Elderly Review (Programme 9.5) in relation to the Eighth General Programme of Work for the Period to 1995 set the objective:

"...To improve the well-being and quality of life of the aged through the achievement of community-based health services..."
The following specific targets were to be achieved by the end of 1995:

(1) most countries will have determined the nature, extent and magnitude of the health and health-related problems of the elderly;

(2) the majority of countries will have formulated and will be implementing policies and programmes of community-based health care of the elderly, paying special attention to encouraging care within the family and their social integration in the community; and

(3) the majority of countries will have completed studies and research on priority problems of the elderly.

These targets are generally too broad to quantify. As noted earlier in this review there are major differences between countries within the Region in demographic, socioeconomic development, and health infrastructure terms. Consequently, the extent to which health of the elderly programmes have been developed varies greatly between groups of countries in the Region. Future objective setting should take account of this variation and objectives should be set at levels which reflect the degree of development and other relevant variations between countries. This will make it more feasible to set quantitative targets against which progress can be more definitively assessed. In broad terms, however, it can be said considerable progress has been made towards the main objectives as stated.

The extent to which the targets have been achieved and a description of the specific activities undertaken by HEE in the five-year period (1989–1994) were detailed in a recent consultancy (report on "Quality of life; Health of the elderly; and Noncommunicable diseases" submitted by Dr Ranjit Ratnaike, RS/94/0400, 16 November 1994).

The following table analyses the extent to which the activities proposed to support the targets have been effectively pursued to date.

**Target 1. Most countries will have determined the nature, extent and magnitude of the health and health-related problems of the elderly**

| ACTIVITIES |
|----------------|--------------------------------------------------|
| Support of epidemiological studies | A limited number of epidemiological studies have been supported. |
| Support of in-depth analysis and reviews of health sector responsibilities | Some limited related activities have been undertaken. |
| Compilation and wider dissemination of comparable data on health | In the context of the regional meetings concerned with aging, data has been compiled and disseminated. |
Target 2. The majority of the countries will have formulated and will be implementing policies and programmes of community-based health care of the elderly, paying special attention to encouraging care within the family and the social integration in the community

### ACTIVITIES

<table>
<thead>
<tr>
<th>Establishment of national focal points and multidisciplinary committees on care of the aged</th>
<th>Several countries in the Region have taken these initiatives but the majority have not.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion of intersectoral coordination</td>
<td>Generally pursued.</td>
</tr>
<tr>
<td>Legislation to protect the health and well-being of the aged</td>
<td>Some countries have enacted relevant legislation</td>
</tr>
<tr>
<td>Promotion of community care systems</td>
<td>Community care approaches have been effectively fostered and projects have been implemented in many countries.</td>
</tr>
<tr>
<td>Refining indicators for monitoring and evaluation of health status of the aged</td>
<td>Work has commenced on further development of indicators in association with <em>New horizons in health</em></td>
</tr>
<tr>
<td>National promotional activities to increase awareness of needs and problems of the aged</td>
<td>Several national symposia and workshops have been supported to this end.</td>
</tr>
<tr>
<td>Development of self health care learning materials to assist the elderly, family and community</td>
<td>Remains to be done. Recently produced booklet on <em>Things to do to stay healthy</em> will be useful in this respect.</td>
</tr>
<tr>
<td>Health education efforts aimed at the young elderly for healthy longevity, especially nutrition, exercise, etc.</td>
<td>Pursued within the context of the Health Education and Promotion Programme</td>
</tr>
<tr>
<td>Preparation of technical guides to different categories of health professionals based on current knowledge Integration of geriatrics and gerontology in educational programmes of health professionals</td>
<td>The production of the manual <em>Quality health care for the elderly</em> has contributed significantly to this. Follow-up at national level of the 1991 Workshop on Human Resources Development has also had some results.</td>
</tr>
</tbody>
</table>
Target 3. The majority of countries will have completed studies and research on priority problems of the elderly.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization of two collaborating centres in research coordination and initiation and designation of other collaborating centres</td>
</tr>
<tr>
<td>Provision of research grants to high priority research areas in selected countries</td>
</tr>
<tr>
<td>Promotion of exchange of information on newer technologies and approaches</td>
</tr>
<tr>
<td>Interregional collaboration on global issues of care of the elderly</td>
</tr>
</tbody>
</table>

It can generally be said of the HEE programme over the past five years that within the constraints under which it has operated considerable progress has been made and the foundations have been laid for a more defined and ambitious agenda in the context of New horizons in health for the future.

5. SETTING THE STAGE FOR FUTURE ACTION

There are a number of documents which are particularly relevant to consideration of the directions of HEE in the next five years. They are:

1994 *The ninth general programme of work* (covering the period 1996–2001)  
WHO Headquarters

1994 *New horizons in health*  
WHO Regional Office for the Western Pacific

1995 Health of the Elderly Background Document, WHO Headquarters Division of Health Promotion and Education

1994 Report on the Joint Meeting of the Western Pacific Advisory Committee on Health Research and Directors of Health Research Councils or Analogous Bodies (RS/94/GE/21/PHL)
Account should also be taken of the recommendations of the two regional workshops conducted during the last period [1991 Regional Workshop on Human Resource Development in the Health Care of the Elderly (RS/90/GE/34(PHL)), and 1993 Regional Seminar on National Policy Planning for Health of the Elderly (RS/93/GE/02(PHL)). The STC report on "Quality of life; Health of the Elderly; and Noncommunicable disease" submitted by Dr Ranjit Ratnaike, 16 September 1994, included in terms of reference "...to evaluate progress made in respect of the recommendations made in 1991 for the health of the elderly programme...". In addition, the Workshop on Community Health Care Approaches to Improve Quality of Life in the Elderly was held during the course of this review from 20 to 24 March 1995.

The Ninth General Programme of Work proposes some fundamental shifts in policy and programme management for the Organization as a whole which have direct implications for the further development of the health of the elderly programme at regional level. In the review of health situation and trends (Chapter 1), the implications of the demographic shift towards global population aging, for planning, financing and delivery of health services in the coming decades are noted. The rising prevalence in both developed and developing countries of chronic and degenerative diseases related to changes in lifestyle and behaviour is recognized. The 'double burden' on many developing countries of increasing prevalence of diseases, such as cancer, cardiovascular diseases, diabetes and mental disorders, superimposed upon the 'long-standing communicable diseases' is also noted. The relationship between aging and disability is referred to and the need for more work to be undertaken in the application of measures to assist in priority setting and in assessing cost effectiveness of health interventions is remarked upon. Finally, the changing role of the family in many countries and the consequent 'weakening traditional patterns of social solidarity and support' is highlighted. These and other issues underlie the emergence of population aging as an area of greater priority for action by the world health community. Four general interrelated policy orientations identified in the document have clear repercussions for the future directions of HEE programmes. They are:

- integrating health and human development in public policies;
- ensuring equitable access to health services;
- promoting and protecting health; and
- preventing and controlling specific health problems.

These policy orientations of the Organization have profound implications for the way we pursue the achievement of health of the growing numbers of the elderly people and population aging. On the other hand, the aging of the world's population has significant implications for the way in which the policies are translated into a plan of action by WHO.

The goals and targets set out for the period covered by the Ninth General Programme of Work all have some direct or indirect implications for aging and Goal 2 "...To ensure universal access to an agreed upon set of essential health care and services of acceptable quality, comprising at least the eight essential elements of primary health care" and the associated Target 2.3 "All countries will have launched initiatives for healthy aging and will have appropriate preventive, curative and rehabilitative services for the elderly..." are directly applicable.
Elsewhere the Programme of Work notes that as a priority WHO will cooperate with countries and give support as appropriate:

"... to the formulation of development policies and programmes which give particular attention to: reducing inequities in health; the relation between population factors such as population growth, aging and urbanization and health; the important tasks and special needs of women; the differential impact of health conditions and treatment on women and men; strengthening the role of the family in health and development of all of its members; and the health and social status of vulnerable groups...."

"... to provide for an increase in the aged population; to foster programmes to enhance the autonomy of the elderly people and to ensure the full development and the use of the capacities of disabled people, engaging family and social support for both groups;...."

The general principles for programme management set forth in the Programme of Work also provide a lead as to how the health of the elderly can be addressed within the WHO framework. In setting priorities, criteria which were set by the Executive Board in preparing the 1994-1995 programme budget will be applied to the development of detailed programmes of work through the three biennial programme budgets. The criteria were to tackle problems that are:

- of major public health importance;
- of high social relevance and reflecting components of national, regional and global strategies for health for all;
- capable of solution and stimulating a multiplier effect at country level through strategic interventions; and
- within WHO's special competence because it is in a unique position to deal with them or because its particular form of international collaboration is required.

The issues associated with health and aging clearly fulfil these criteria fully. The fundamental reforms proposed for the way in which WHO carries out its work, both in terms of its technical cooperation with countries and in terms of its directing and coordinating role in international health work, will also have an impact upon the regional HEE programme. In particular the proposals to allocate resources to regional and global levels, subdivided according to policy orientation rather than to programmes, and the approach to achieving a more unified Organization through strengthening country offices will influence how HEE programmes should be developed at regional level.

The Health of the Elderly Background Document (WHO headquarters Division of Health Promotion and Education) specifically identifies the new directions for the global programme on health of the elderly with the objective of establishing an integrated WHO programme which will be operational by the beginning of the Ninth General Programme of Work. It builds upon the recommendations of the WHO Expert Committee on Health of the Elderly that met in 1989 and the more recent Fifth Interagency Meeting on Aging held in 1993. It provides a basis for operationalization of the health of the elderly programme within the context of the Ninth General Programme of Work. It is proposed that the programme's name is changed to "Aging and Health" in recognition of a broader "life course perspective" on the issues associated with health and old age. A consultation with regional HEE counterparts is proposed for 1995 "... to develop an Organization-wide strategy for making best use of resources through combined effort in preparation for the Ninth General Programme of Work".
If the future directions proposed for the global programme on Aging and Health are initiated as set out in the background document, especially the key programme components proposed for 1995-1997, then there are significant implications for regional HEE efforts. Substantial Headquarters and Regional Office collaboration is envisaged. This includes a proposal to establish mechanisms to support developing countries in formulating health policies for their aging populations through a series of country-based workshops "... in cooperation with Regional Offices and other agencies...". Countries will be encouraged to conduct national surveys of their elderly populations based on a common WHO protocol (unspecified, presumed yet to be developed). A range of manuals and guidelines covering key programme areas are proposed. Education and training modules for basic and continuing training of health and social service professionals in gerontology are proposed. Regional offices will be asked to coadopt these for testing with training institutions willing to cooperate.

The WPRO HEE programme will be able to contribute significantly to the global directions, particularly as a result of the experience gained in recent years in working with countries in policy and programme development and through the outcomes of the regional workshops on education and on national policy formulation.

The New horizons in health initiative has considerable consequences for the HEE activities of the Region. This plan for future action within the Region is in harmony generally with the Ninth General Programme of Work and will set the stage for the further development of the HEE in the Region. The third programme group (Theme 3 Quality of life in later years) is particularly focused upon health promotion and protection applied to the issues associated with population aging and the demographic and epidemiological transitions. Taking a life course perspective in relation to aging Theme 2 Protection of life activities are also very relevant, especially as they related to the objective ". . . (3) To prevent or delay the onset of the noncommunicable diseases, including reduction in occupational diseases, in order to maximize disability-free and productive lives in older age". The objectives related to the quality of life orientation are those most pertinent to the health of the elderly. They are:

1. to improve the well-being and quality of life of the elderly;
2. to ensure that health systems in the Region are organized, managed and sustained so that appropriate, accessible and affordable services, including those that promote the achievement of personal health potentials and high quality of life are available to all people;
3. to develop the potential for healing and health in people who live with chronic illness and disabilities, including their supporters;
4. to ensure people’s rights including the rights of mental patients, and to promote equity in access to resources necessary for optimal health; and
5. to provide an environment that enhances quality of life.

A revitalized HEE programme and the New horizons in health initiative should work very harmoniously and provide substantial cross-benefit. HEE activities are by nature essentially multidisciplinary and intersectoral and this linkage will facilitate the achievement of HEE objectives. Similarly, the HEE programme will be able to contribute substantially to New horizons in health.
6. WESTERN PACIFIC REGION - HEALTH OF THE ELDERLY PROGRAMME - FUTURE DIRECTIONS

6.1 General

The principal influence governing the future orientation of the HEE programme in WPRO is undoubtedly the New horizons in health initiative. This reorientation of the work of the Region, with its implications for the HEE programme, is in harmony with the objectives set forth for the global Ninth Programme of Work and the future directions for the global HEE programme which were endorsed by the Ninety-fifth Executive Board session in January this year.

Essentially, these policy directions call for basic changes in the orientation and way of operating of WHO. A people-centred or human development approach is proposed to replace the former disease and treatment orientation. The limitations of traditional programme focus are recognized, as is the need for multisectoral and multidisciplinary action in formulating and implementing activities aimed at solving human development issues in sustainable ways.

New horizons in health recognizes the importance for healthy old age of behaviours and exposures in earlier life and the limitations to improving quality of life for the elderly of programmes focused only on those who are already old. The objective of enhancing quality of life for the elderly will be achieved through approaches aimed at promoting healthy lifestyles over the whole life course, preventing or delaying the occurrence of noncommunicable diseases so as to maximize disability-free and productive lives in older age, preventing disability and effectively dealing with environmental health-related disease and disability as well as approaches which are directed solely to the elderly population.

The HEE programme at WHO headquarters has established an integrated programme on aging and health that will concern itself with both old age and aging. The WPRO programme has effectively adopted a similar shift in orientation and this should also be reflected in a change of name, to either Aging and Health as Headquarters has adopted, or Health and Aging.

6.2 Health promotion and health protection perspectives

As defined in New horizons in health, "Health promotion refers to the sort of measures that can be taken to encourage and enhance what people can do themselves in conjunction with their families, communities and nation, to improve and manage their own health. The focus is on intrinsic strengths enhanced by education and motivation, in the context of living and working conditions that foster such development. Health protection recognizes the fragility of human life, and the need to provide whatever reinforcement science and other advances on learning and understanding can bring. Its activities are based on the assumption that there is a constantly growing number of external factors that influence health status, such as the environment." In this context it will be more important for the programme to contribute to the understanding and to assist in the development of appropriate responses to those factors both personal and environmental that contribute to keeping people healthy.
6.3 Life course approach

As noted earlier, action to ensure quality of life in old age can begin well before older age, however defined, is reached. A healthy childhood and adulthood, may indeed, be the most important determinant of healthy old age. In order to maximize disability-free and productive living at older ages it is essential to achieve the earlier prevention or at least delay in the onset of the major noncommunicable diseases. The programme, to be ultimately effective, will need to work collaboratively and facilitate the efforts of those seeking to improve the lifestyles, environmental risk exposures and opportunities for health protection at earlier ages. This is especially true of the prevention of those disorders that, at least in part, have their origins in earlier life, such as osteoporosis, vascular diseases and most cancers.

6.4 Recognizing diversity

6.4.1 Introduction

No simple solutions are likely to be effective in dealing with aging associated health issues generally. There are great variations in the experience, manifestations and consequences of aging in different circumstances and such variations must be taken into account in devising appropriate strategies to effectively deal with the issues. The following key aspects should, at least, be taken into account in formulating new directions for the programme: aging and development, cultural, gender, cohort and health system variables, intergenerational issues and strategic planning.

6.4.2 Aging and development

The social and economic variations encountered in the Western Pacific Region illustrate the inappropriateness of applying the standard dichotomy of developed versus developing countries in any analysis of issues and in recommending appropriate action to respond to population aging. Countries and areas in the Region can be seen to exhibit the full spectrum of demographic trends, socioeconomic development and social and health resources. At the least, the World Bank categorization of low-income, middle-income (lower-middle and upper-middle) and high-income economies is more appropriate for classification of national income groupings but does not take account for other relevant factors. A provisional classification such as that proposed earlier in this review could be useful in identifying issues common among several countries and in setting of regional (and sub-regional) objectives which will be appropriate for particular groups of countries. The impact of socioeconomic development must certainly be taken into account in considering the situation of the elderly, including morbidity patterns, mortality, available health and social resources and appropriate health and care strategies.

6.4.3 Cultural variation

There is an extraordinary diversity of cultures throughout the Western Pacific Region. Beliefs, behaviours and attitudes to health and aging are greatly influenced by traditions, religious beliefs and values, so that these elements must be taken account of in any regional approach to dealing with the issues associated with aging. There are many positive influences upon aging, such as traditional respect for elders and the role of families in providing care, that need to be fostered and utilized to contribute to attainment of improved quality of life for the elderly. Traditional health practices should also be taken into account.
6.4.4 Gender variation

The importance of recognizing and responding to the differences in experience of aging between men and women has been increasingly recognized. Differentials in mortality, morbidity and disability have been widely described. In addition, the vital role of women as carers must be taken into account. In the Western Pacific Region culturally-based attitudes and practices will also influence gender-related responses to aging. The report on the Health of Older Women in the Western Pacific recently prepared by Dr E. Eckermann (RS/95/0166) will be a most useful resource in directing attention to key gender-related considerations in the future.

6.4.5 Cohort variations

Research studies have demonstrated substantial variation between different cohorts of older people. There is now some evidence that successive age cohorts may exhibit improved health and well-being over those born earlier. Certainly any analysis of aging issues and programmes designed to deal with these should take account, as far as possible, of cohort variations. Planning processes need to take account of the fact that the recipients of programmes now at the planning stage may ultimately be younger cohorts with somewhat differing experiences, attitudes and expectations of aging than the present elderly. This is especially true of countries that are rapidly developing demographically and socioeconomically. Fuller understanding of the significance and extent of cohort variation within the Region will only be possible through longitudinal research.

6.4.6 Health system variations

The way in which health care for the elderly is organized in particular countries will depend to a considerable extent upon the nature of the health care delivery system in each country. Thus, the level of development of primary health care, the degree of specialization of medical services, the degree of decentralization and the funding arrangements for health service delivery will all influence the way health services are provided for older people. In the Western Pacific Region there is a great variation in these respects. While many general principles certainly apply across the Region, guidelines, standards and models of policy and practice developed by WHO WPRO may need to be adapted to the local political, social, organizational and cultural diversity which prevails.

6.5 Intergenerational issues

Especially in countries with strong traditions of filial piety and preservation of extended family networks the issues associated with intergenerational relations and exchange are very important. Within the Region there are changes occurring in patterns of intergenerational coresidence and the strength of family linkages. There are also critical issues to be faced in terms of potential intergenerational competition and conflict over access to and control of resources. With increasing life expectation multigenerational families will be more common and in many situations the so called young/old will be caring for their old/old parents.

6.6 Strategic planning

Given the issues facing HEE in the Region and the need for a systematic and considered response to addressing them it would be timely to introduce a strategic planning approach. Such a process requires attention to be given to critical appraisal of the organizational mandates which provide direction to the programme and the specific mission and values which guide it. The external environment is analysed to identify the opportunities and limitations posed by it. Political, economic, social and technological forces and trends (PESTS) impacting upon the programme are reviewed. The internal environment is assessed to identify the main strengths and
weaknesses of the programme. The strategic issues are then identified and strategies are formulated to manage them. In this process tangible and realistic targets are formulated and means of monitoring the achievement of defined goals and objectives are put in place as an integral component of the programme itself, rather than as an externally imposed review process.


7.1 Coordination and leadership

As recommended in 1991, when the writer previously reviewed the WPRO HEE programme, a critical factor for further development of the programme is the appointment of a senior officer with primary responsibility for oversight of it. This appointment will be a key factor in ensuring the capacity of WHO Regional Office for the Western Pacific to undertake the activities proposed beyond 1995.

7.2 Information, collection, analysis and dissemination

There has been an impressive improvement in quality and coverage of national and regional databases on population, health status indicators and health services in recent years. The HEE programme has benefited from this and is served by better information than was previously available, including data collected from countries on the initiative of the programme itself. However, much more can be done in this respect. Efforts should now be made to identify the elements requisite to an ideal regional database on aging, and the mechanisms that need to be put in place to ensure this is regularly updated. In the future, this should be greatly facilitated by the use of electronic mail which will also be able to draw upon the HQ proposed "global information centre/clearing house on trends in aging and health, and studies and surveys most relevant to health and social services".

Close attention should be given, not only to collecting information, but also to its presentation and dissemination in a form useful to policy and decision makers as well as practitioners working in the Region. A standard annual or biennial report presented with easily understood graphics and concise commentary which was widely distributed and made available at minimum or no cost to bona fide users would be of great benefit.

Reports and publications relevant to the health of the elderly produced by WHO should be made more accessible to relevant people in the field. In this respect, the compilation of a general mailing list of individuals and organizations in the Region who are actively engaged in the development of health services for the elderly could usefully be compiled and updated regularly.

7.3 Education and training

A major contribution can be made by WHO Regional Office for the Western Pacific to the preparation of an appropriately trained health workforce to respond to the challenge of aging and the improvement of quality of life for the elderly in the Region. The outcomes of the Regional Workshop on Human Resource Development in the Health Care of the Elderly, held in November 1990, should now be urgently revisited. At that time a recommended action plan was presented which proposed a set of specific steps including the establishment of a Regional Curriculum Planning/Resources Development Committee, designation of a network of training centres and the instigation of a series of activities in successive three- to five-year periods. While certain
activities have been pursued including the development of the manual on *Quality health care for the elderly*, little further action has been taken to implement any of the suggestions made. This deficiency should now be corrected and consideration should be given to a further workshop during 1996 to review progress and new developments in this critical area.

The fellowship programmes and study visits which have been initiated in the area of education and training in the past five years appear to have been most helpful and these activities should continue and if possible, be augmented.

The current proposal to undertake a series of workshops to train trainers in community health practice, using the above-mentioned manual as a resource, should be encouraged and undertaken as widely as possible throughout the Region.

7.4. Health policy development

The formulation at national level of appropriate health care policies is an important supporting action in the development of appropriate health care services to the elderly. The Regional Seminar on National Policy Planning for Health of the Elderly noted that about 60% of the 16 participating countries had some national policy in place. There was, however, considerable variation in the scope and detail of these policies and there remains a continuing need for further consideration and development in this area. The recent Workshop on Community Health Care Approaches to Improve Quality of Life in the Elderly concluded "For many countries a national policy on health care of the elderly, expressed in some form, is an important step in achieving a framework for the future development of community services for the elderly. Policy statements on health care of the elderly may be integrated into existing directives about community and primary care. Policies should highlight the perspective that achievement and maintenance of health and well-being in old age is essentially both a health and social welfare issue and that it requires consideration of other arenas, such as education, housing, social security and the environment."

Encouragement should now be given to countries in the Region to convene national seminars on policy developments for health and care for the elderly. These seminars should be intersectoral and should be preceded by systematic review of national needs and resources.

7.5 Health promotion resources

Nutrition, oral health, accident prevention, alcohol use and smoking are all critical factors in influencing the health and well-being of the elderly. The importance of these issues has been well substantiated in research which has been undertaken in the Region and elsewhere. In several respects the needs and behaviours of the elderly in these arenas are different from those of younger persons and a specific approach needs to be taken to dealing with them. Unless such special attention is given to the elderly as a group, in programmes designed to cover these health problems, their most critical needs to go unmet.

There are real opportunities for the application of health promotion principles generally to the health of the elderly. The elderly are particularly vulnerable group in terms of maintenance of health. They are especially at risk from the adverse effects of the lack of healthy public policies through inequitable access to financial, technological and other social resources. They may be discriminated against by inappropriate legislation and frequently lack a supportive environment outside the family situation. The elderly suffer more frequently from chronic conditions than do other community groups and collectively, with few exceptions, are relatively powerless. They are the group most in need of a holistic approach to provision of health care and yet are paradoxically least likely to receive it. A "lifestyle approach", the fostering of self-help
and self-determination and the facilitation of more effective coping mechanisms for those with chronic disease and disability are all measures which could have wide application within the Region but which have thus far been developed in relation to the elderly to only a very limited extent.

The psychosocial well-being of older populations is often overshadowed by considerations related to physical morbidity, function and disability, yet the prevalence of such problems as depression, loneliness, suicide, alcohol abuse and social isolation among older populations suggests that a great deal can be done to improve their mental health. The prospects for effective preventive measures are considerable, together with improved social support, access to social activities and surveillance of at-risk groups, such as those living alone, the disabled, recently bereaved or recently discharged from hospital.

The booklet currently in production in WPRO, Things to do to stay healthy is an important start in bringing important information on the maintenance of health at older ages to the attention of older people themselves, their relatives and carers.

7.6 Community-based approaches

The recent workshop on Community Health Care Approaches to Improve Quality of Life in the Elderly (March 1995) developed a model action plan as follows. The workshop recognized that the extent to which individual countries should consider implementing the specific elements in the plan, and priorities, will vary according to existing structures and policies and nationally defined needs and resources.

The following broad elements should be considered:

- a review of mechanisms at national level which contribute to coordinated action and national oversight of responses to population aging, and the strengthening or creation of such mechanisms where this is considered necessary (Vienna International Plan of Action on Aging, Recommendations for Implementation, Para 93, United Nations, New York, 1983);

- a review of national policies relevant to health and care for the elderly and further policy action as appropriate;

- the creation, where needed, of a focal point (Office on Aging) within the Ministry of Health;

- the establishment of liaison and coordination between health and welfare authorities at all levels;

- a review of undergraduate and graduate health and welfare professional training and the amendment as necessary of curricula content to give due emphasis to issues associated with aging;

- the development of broader education and training opportunities in aged care directed to all family and community care workers;

- wider promotion of issues associated with health promotion and protection and community health approaches directed to policy and decision-makers and the general public;
- the development of a specific programme of community-based health promotion and protection integrated with primary health care services and focused on improving the quality of life in the elderly population;

- a review and, where necessary, the reorientation of general health services to give due emphasis to the needs of the elderly;

- the planning, fostering and, where appropriate, the direct provision of specified community-based support services directed to the elderly, their families and community carers;

- the revision of existing data collection and health services monitoring activities to take fuller account of population aging and the situation of the elderly;

- the further investigation and analysis of the needs of the elderly and their carers nationally and locally;

- cooperation in international exchange and collaboration in the further development of indicators of quality of life, health and well-being among other populations and the application of such measures to monitoring population health and health care programme evaluation;

- the initiation of a strategic planning approach to the further development of community-based health promotion and protection and care for the elderly;

- participation in the development of global and regional networks for the continuing exchange of information, training and reference materials and experiences of community-based services for the elderly.

In relation to these intentions there are many areas where WHO could play an important facilitatory role, especially with respect to development of model guidelines for standards and quality of care, in education and training and in research and evaluation.

7.7 Indicators, monitoring and evaluation

The current method of reporting on projects and monitoring the regional programme does not provide a clear picture of progress towards overall goals. The exercise is primarily bureaucratic and budget-focused. New horizons in health calls for a clearer statement of objectives and the application of specific indicators of progress towards achieving the agreed targets. The exercise of setting specific time-related targets introduces greater quantification, measurability and objectivity to programme planning and provides a better basis for on-going evaluation of the programme.

The main barrier at present to implementing more effective monitoring is the lack of practical and sound indicators of health, quality of life and well-being in the elderly. The work proposed to be undertaken in this respect by the Health Services Development and Planning Division is likely to be most productive and HEE should collaborate closely in this activity.

The concept of measuring expectancy of life at various ages, as estimated to be free of disability or dependence, as an improved indicator or population health status and a valuable means of monitoring change in this population health status is gaining increased credence. A series of international workshops have been held over the past several years under the auspices of an informal network known as REVES or the International Network for Measuring Healthy
Life Expectancy. WHO/HQ has been involved in this activity. The Director, Health Protection and Promotion will attend an international workshop on the subject in Sendai in the near future and following this event it could be useful for WPRO to take a more proactive role in these developments.

In association with the Health Services Development and Planning Division it would be productive for a WHO WPRO Workshop/Consultation to be convened on the topic of measurement of health status, well-being and quality of life in the Western Pacific Region as a prelude to undertaking a series of test studies within the Region.

7.8 Research

7.8.1 General

The Joint Meeting of the Western Pacific Advisory Committee on Health Research and Directors of Health Research Councils or Analogous Bodies (RS/94/GE/21(PHL) noted the "...increasing age of populations in the Region, the potentially adverse effects of social and cultural changes on the elderly and the great scope for preventive measures in old age and recommended that:

(1) WHO/WPRO encourage individual countries to:
   (a) include health care of the elderly as a priority area;
   (b) include elderly people in epidemiological and intervention studies.

(2) A five-year strategic plan be developed for coordinating research in health care of elderly people in the Region. In the plan, consideration should be given to investigating the effects of differences in lifestyle, nutrition and care. The plan should include means for developing one or more documentation and resource centre(s) in the Region."

Opportunities now present themselves for a more comprehensive and integrated approach to research on aging within the Region.

The need to identify key areas for future research in health and aging was highlighted in the Vienna International Plan of Action which arose out of the 1982 UN World Assembly on Aging (UN 1982). The recommendations of the Assembly on research remain most applicable to the Western Pacific Region and are completely in accord with the WPACHR recommendations. For example, recommendation 17 states:

"International exchange and research cooperation should be promoted in carrying out epidemiological studies of local patterns of health and diseases and their consequences, together with investigating the validity of different care delivery systems, including self-care and home care by nurses, and in particular the ways of achieving optimum programme effectiveness; investigating the means of coping with them, paying particular attention to comparative studies regarding the achievement of objectives and relative cost-effectiveness; and data on the physical, mental and social profiles of aging individuals in various social and cultural contexts, including attention to the special problems of access to services in rural and remote areas in order to provide a sound basis for future action."

It is important to establish an environment in which research endeavours in the field of aging will be facilitated. The substantial efforts which have gone on elsewhere in aging research
in recent years should be drawn upon to the extent possible so that unnecessary "re-invention of
the wheel" and duplication is avoided. Existing resources and experience, especially those
available in the more developed countries of the Region, should be fully utilized. Some effective
means of monitoring relevant activities and assessing programmes will need to be established on a
region-wide basis. Finally, it will be essential for the success of the efforts that research is
shown to be relevant to the decision-makers at the national level, and that policy formulation and
programme development and review considerations are guided by information gained through
research effort.

The nature of the Region and the challenges confronting it at present indicate to some
extent the priorities, as do the realities of resource availability and development. Any agenda
should take cognizance of the special characteristics of the Region and the identifiable needs of
the elderly within its various populations. Some of the relevant areas for future research are
outlined below.

7.8.2 Demographic and statistical studies

Analysis of secondary data sources should be increasingly pursued, including national
censuses, death and morbidity registers, health services utilization records, national surveys,
consumer research, various projections and estimates based on available published reports. This
approach requires resources to be devoted to secondary analysis of existing data. Mortality and
morbidity patterns associated with age can be reviewed and compared cross-nationally. Some
economic and social analyses are possible, including studies of household composition,
urban/rural migration, workforce participation, pension coverage and dependency patterns.

The national censuses in the Region provide a very useful bank of primary data and every
effort should be exerted by interested parties to ensure early and wide access to national census
databases as they become available.

7.8.3 National and cross-national population-based epidemiological surveys on aging

Many countries in the Region still have only rudimentary information on their aging
populations. A coordinated approach, using standardized, valid and reliable survey instruments
and central analysis of data will be essential if an effective regional database is to be achieved.
The development in the region of research instruments which are culturally appropriate and
standardized for use in cross-national investigation is much needed. Where possible studies
should be extended to include some objective measures and, at least, simple performance-based
tests of function should be attempted as an adjunct to self-reported survey items. At the outset,
provision should be made for possible follow-up studies to review major outcomes, such as
hospitalization, morbid events or death. Particular attention should be given to priority issues in
the Region such as those identified by Professor Campbell in his presentation to the 1994
WPACHR, i.e. "...problems of hypertension and diabetes and the effects of diet and lifestyle; the
impact of smoking; the possible variation in types of dementia in the Region; the differing
incidence of osteoporotic fractures in the Region."

7.8.4 Longitudinal studies

Longitudinal studies are complex, difficult to implement and costly. Nonetheless, a case
can be made for conducting such studies where resources and skills are available. Thus far such
research in the Region has been largely confined to Australia, Hong Kong and Japan.

Population-based longitudinal studies of aging focusing upon the determinants of healthy
aging/disability in a representative population should be sponsored within the Region. It is
possible this could be undertaken in conjunction with the global studies of the WHO Programme for Research on Aging.

Studies on this scale would be a valuable resource for training purposes in addition to providing an advisory and consultancy role in relation to other areas with less developed resources and expertise.

7.8.5 Operational, health services research and evaluation

A case can be made for mounting, at least on a test and demonstration basis initially, studies which focus specifically on causal factors, efficacy of selected interventions, and the evaluation of services. While some of the specific areas on which attention should be focused may be to some extent self-evident, others will become apparent as a result of the analysis, especially on a cross-country basis in descriptive studies. Some of these types of questions could be tackled by secondary analysis of survey data, especially that generated by prospective longitudinal studies. Apart from efforts to collect information, in the first instance it should be ensured that resources and expertise are available to fully and effectively analyse and report studies which are conducted.

Specific research areas which could be fruitfully explored include family relationships and support, especially intergenerational support and its impact on health status, stress and coping in different cultural settings, dementia, productivity, work and retirement as related to health and functioning, accident prevention, nutrition, health behaviours and attitudes, and need (actual and potential) for institutional care.

7.8.6 Experimental and clinical research

Some of the centres in the Region, especially in the more developed countries, have undertaken basic biological, behavioural and clinical aging research as evidenced in the proceedings of recent years of the regional International Association of Gerontology Congresses (International Association of Gerontology Asia/Oceania Region 1980, 1983, 1987 and 1991). The extent of this work in the Region is generally quite limited and there are few major institutions where such research is the principal activity. Where appropriate, such endeavours should be encouraged through training fellowships and institutional support though current priorities dictate that greater emphasis should be given in the immediate future to more broadly based aging research activity.

Several critical issues relating to population aging research in the Region have emerged in this review. Research which will inform policy and planning for an aging population is a priority area, especially in developing countries of the Region. Greater use could be made of existing data through more extensive secondary analysis and there is a need to present results in a more relevant and convincing manner. Training of researchers in developing countries of the Region will be important in terms of strengthening the Region's capacity in this respect. Regional networks which will facilitate exchange of information, resource sharing, training opportunities and the more effective dissemination of results of ongoing and concluded studies will be increasingly necessary and should be developed. One of the most basic challenges facing researchers working in the Region is how research effort can be related to and linked with policy formulation.

As recommended by the WPACHR consideration should be given to designating one or more documentation and resource centre(s) in the Region. The existing collaborating centres involved in research could be canvassed to ascertain their willingness to undertake this role, the resources which would be required and the way in which they would undertake such a function.
7.8.7  Interagency coordination and collaboration in Asia and the Pacific

WHO WPRO could take a lead role in coordinating activities related to the health and well-being of the elderly in the Region. Recently, there have been many activities sponsored or undertaken directly by other United Nations and international nongovernmental organizations. Many of these ventures are analogous, even overlapping in objectives and activities. Having regard to the incongruity of agency boundaries, even within the United Nations system, it would be logical to encompass the whole of the Asia Pacific region in this endeavour. The Western Pacific and the South East Asia Regional Offices of WHO could usefully collaborate in this activity.

Some of the organizations involved in the Region recently include:
- The Economic and Social Commission for Asia and the Pacific (ESCAP)
- The Japanese Organization for International Cooperation in Family Planning Inc. (JOICFP);
- The US National Institute of Aging;
- The Japan Shipbuilding Industry Foundation (JSIF);
- The Association of South East Asian Nations (ASEAN);
- The UN University in Tokyo.

The International Association of Gerontology (IAG) has cooperated successfully with WHO Regional Office for the Western Pacific in past joint ventures and the advent of the World Congress in Adelaide, Australia in 1997 would provide a useful forum to pursue interagency and nongovernmental organization collaboration within the Region.

Having regard to the diversity of the research resources in the Region and the many issues which could be addressed in a research agenda, the most appropriate way of developing a detailed strategy for research would be to convene an expert group to intensively canvass the issues and to propose a realistic strategy for WHO working in collaboration with other appropriate bodies.

8. PLAN OF ACTION

8.1  Change of name and restatement of programme goal

To reflect the overall change in orientation of the Health of the Elderly Programme the name should be changed to Health and Aging (or Aging and Health as in WHO/HQ).

The stated overall objective of the programme should be reformulated. A possible restatement could be: "to improve the prospects, in all populations of the Region, of an increase in disability-free life expectancy, a productive life in old age and quality of life in later years through the application of appropriate and effective health care, including community-based health services".
8.2 Development and strengthening of regional health information systems, statistics and socioeconomic and health indicators

- WHO WPRO information documents should now be reviewed to consider if they should include more comprehensive data on aging. All the relevant regional documentation could usefully include specific information, where it is available, relevant to health care of the elderly. Thus, information could be included on proportion of population by sex and age groups over 60, 65, 70 and 75 years, at least; on life expectancy at older ages; on healthy life expectancy; and age-related dependency.

- Effort could be made to provide regional data on aging in a "user friendly" form with use of graphics and concise commentary. In the first instance one of the Collaborating Centres or an individual consultant could be commissioned to produce a base report in a standard format capable of regular up-dates.

- The Programme should work collaboratively with the Health Services Development and Planning Division in the further development and testing of appropriate indicators of healthy aging and well-being of older persons.

8.3 Regional project on application of measures of healthy (disability-free) life expectancy

- A project aimed at exploring the application of measures of disability-free expectancy in the Region could now be undertaken.

- A feasibility study could be initiated in the first instance, perhaps through a contractual services agreement for a joint study to be undertaken by organizations such as the Flinders University Centre for Ageing Studies, Adelaide, Australia, and the Duke University Center for Demographic Studies, Durham, North Carolina, USA, both of which are WHO Collaborating Centres. Subject to a positive outcome of the feasibility assessment a definitive effort to introduce routine measures of healthy life expectancy on a regional basis could then be initiated.

8.4 Policy development for health of the elderly

- Model policy statements on key aspects of health and well-being of the elderly should be developed based upon existing examples in the Region and provided to interested governments.

- National action on policy formulation, planning and legislative action on health of the elderly should be encouraged among Member States.

- National workshops on policy development for health care of the elderly should be encouraged and facilitated.

8.5 Health promotion

- The scope for health promotion for the elderly within the Region should be reviewed in consultation with Member States.

- Guidelines for national action on health promotion for the elderly should be developed.
- WHO could support the identification, adaptation and, when necessary, the further development of health education and information materials, to encourage and orient approaches in self-care and noninstitutionalized care and support of the elderly.

- To facilitate sharing of health promotion resources within the Region, WHO could act as (or establish) a clearing house and, as a routine, should seek to obtain relevant materials from countries of the Region.

- The systematic evaluation of model programmes of health promotional and health education for the elderly in selected countries should be encouraged and where possible supported directly.

8.6 Community health care

- Guidelines for planning and implementation of comprehensive community-based care for the elderly should be developed and promulgated.

- Participation, at all levels, of the elderly in policy formulation, planning, implementation, administration and evaluation of services directed at meeting their needs should be promoted throughout the Region.

- Support should be provided for the development and systematic evaluation of model programmes of community-based care for the elderly in selected countries.

- WHO should support the identification and refinement of appropriate outcome measures for the evaluation of community-based programmes for care of the elderly.

8.7 Development of services for the elderly within the general health systems

- The impact of population aging on utilization and costs of general health care delivery within the Region should now be reviewed.

- WHO should assist in the formulation of principles for provision of health care service to older persons, including acute care, assessment and rehabilitation services.

- WHO should provide support for the development of quality of care measures for assessing health services provided to older persons.

- WHO could review, in consultation with Member States, the place for development of specialized geriatric services within the general health care services, the structure of such services and their role in relation to the overall provision of health services for the elderly in different national circumstances.

- WHO could support the formulation of standards for long-term care and in the evaluation of alternative models of long-term care.

8.8 Human resources development

- A model curriculum for training of health workers in health care of the elderly should now be developed as an adjunct and extension of the manual Quality health care for the elderly.
As recommended in the 1991 Workshop, WHO could support the establishment and maintenance of a regional network for curriculum resources, training and educational evaluation in health care of the elderly training.

A plan should be developed for support to Member States in training of base and middle grade community health care workers in the health care of the elderly.

8.9 Research

- WHO should continue to support national and cross-national demographic and epidemiological surveys, including longitudinal studies of aging.

- Mechanisms should be explored for further strengthening of national research capabilities in the field of aging, including the provision of research fellowships.

- WHO should support the development of evaluation methodologies to assess health care for the elderly.

- Health system research applied to care of the elderly should be promoted within the Region.

- Collaboration should be actively sought with global efforts for data collection, analysis and research on aging.

- WHO should take the leading role in fostering interagency collaborative data collection and research efforts on aging in the Region.

- Attention should be given to upgrading the collation and dissemination of results of research on aging within the Region.

8.10 Designation of additional collaborating centres and establishment of regional resource network

- As recommended by the Regional Workshop on Human Resource Development in Health Care of the Elderly held in the Regional Office (November 1990), "one or two centres in the Region in Australia or New Zealand and Hong Kong or Singapore should be designated as WHO collaborating centres for "... educational resources and curriculum development for training of health workers in health care of the elderly".

- A model curriculum for training of health workers in health care of the elderly should now be developed as an adjunct and extension of the manual Quality health care for the elderly.

- Action should now be taken to identify and designate an appropriate institution as a collaborating centre on "policy formulation and analysis and planning for health care of the elderly".

- As recommended by the WPACHR consideration should be given to designating one or more documentation and resource centre(s) in the Region. The existing collaborating
centres involved in research could be canvassed to ascertain their willingness to undertake this role, the resources which would be required and the way in which they would undertake such a function.

Existing WHO collaborating centres on aging in the Region should be asked to establish a network of resource centres in their consultative arena as defined by their terms of reference within the Region. Network members should be formally acknowledged by WHO and should be designated as resource centres for a period of three years. During that period, their expertise should be drawn upon for advice, workshop activities, short-term consultancy and temporary adviser appointments from time to time, specific project activities, when required, and for fellowship placements, etc.

To facilitate the establishment of the networks, each WHO collaborating centre should be provided with a small grant of US$5000 per annum to assist in defraying communication and administration costs.

8.11 Regional meetings and workshops

The following meetings and workshops should be considered during the next two years:

- a symposium to review research on aging in the Region and to identify priorities of a regional research agenda, especially in population-based epidemiological research;

- a workshop on "Quality of Life in later years – Measurement and Health Programme Implications";

- a follow-up to the Workshop on Human Resources Development for Health care of the Elderly;

- an interregional workshop with WHO/SEARO and other relevant international agencies involved in aging and health of the elderly, including the United Nations, United Nations Fund for Population (UNFPA), Economic and Social Commission for Asia and Pacific (ESCAP), the United States Agency for International Development (USAID), and nongovernmental organizations, including the International Association of Gerontology, International Federation on Aging, Japanese Organisation for International Cooperation on Family Planning, and Sasakawa Foundation, to review current activities and future plans in the Region;

- a meeting of the regional collaborating centres on health of the elderly with a view to establishing cooperative arrangements and setting a collective agenda, in connection with some other suitable forum.

8.12 Regional planning framework for HEE

- In the context of New horizons in health the HEE programme should adopt a strategic planning framework with clearly defined goals, objectives and targets to plan activities over the next five years.

- The institution of a formal strategic planning process for the HEE programme should be a primary task of the officer appointed to be responsible for the programme.
9. PRIORITIES FOR ACTION

There remains a great deal to be achieved in promoting the health and well-being of the elderly in the Western Pacific Region. As this review has indicated, WHO has an important leading role to play in this area. Not everything set out here can be achieved at once and some attempt must be made to identify priorities. Ultimately these will be identified in the strategic planning process and through the formal submission and approval processes but at the outset it is useful to consider which of the many objectives and activities are the most pressing.

Without diminishing the import of other actions there are a number of specific steps which could usefully be pursued as priority issues. They are:

(1) As recommended by the Regional Workshop on Human Resource Development in Health Care of the Elderly, held in the Regional Office in November 1990, one or two centres in the Region in Australia or New Zealand and Hong Kong or Singapore should be designated as WHO collaborating centres for "...educational resources and curriculum development for training of health workers in health care of the elderly;"

(2) A model curriculum for training of health workers in health care of the elderly should be developed as an adjunct and extension of the manual *Quality health care for the elderly.*

(3) A plan should be developed for support to Member States in training of base and middle grade community health care workers in the health care of the elderly.

(4) A regional symposium should be convened to review research on aging in the Region and to identify priorities of a regional research agenda, especially in population-based epidemiological research.

(5) A project aimed at exploring the application of measures of disability-free life expectancy in the Region should be undertaken.

(6) Model policy statements on key aspects of health and well-being of the elderly should be developed, based upon existing examples in the Region, and provided to interested governments.

(7) Guidelines for national action on health promotion for the elderly should be developed. Guidelines for planning and implementation of comprehensive community-based care for the elderly should be developed and promulgated.
ANNEX 1

SCORES APPLIED TO FACTORS INFLUENCING POTENTIAL FOR AGED CARE DEVELOPMENT

<table>
<thead>
<tr>
<th>Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Domestic Product per Head (US$)</td>
<td></td>
</tr>
<tr>
<td>&gt; 1,000</td>
<td>1</td>
</tr>
<tr>
<td>&gt; 1,500</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 5,000</td>
<td>3</td>
</tr>
<tr>
<td>&gt; 10,000</td>
<td>4</td>
</tr>
<tr>
<td>Population % 54+ (1990)</td>
<td></td>
</tr>
<tr>
<td>&gt; 3</td>
<td>1</td>
</tr>
<tr>
<td>&gt; 5</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 10</td>
<td>3</td>
</tr>
<tr>
<td>Male life expectancy at birth (years)</td>
<td></td>
</tr>
<tr>
<td>&gt; 60</td>
<td>1</td>
</tr>
<tr>
<td>&gt; 65</td>
<td>3</td>
</tr>
<tr>
<td>&gt; 70</td>
<td>3</td>
</tr>
<tr>
<td>&gt; 75</td>
<td>4</td>
</tr>
<tr>
<td>Infant Mortality Epr 1000 births</td>
<td></td>
</tr>
<tr>
<td>&lt; 50</td>
<td>1</td>
</tr>
<tr>
<td>&lt; 25</td>
<td>2</td>
</tr>
<tr>
<td>&lt; 10</td>
<td>3</td>
</tr>
<tr>
<td>Literacy</td>
<td></td>
</tr>
<tr>
<td>&gt; 90</td>
<td>1</td>
</tr>
<tr>
<td>Urbanisation % urban</td>
<td></td>
</tr>
<tr>
<td>&gt; 70</td>
<td>1</td>
</tr>
<tr>
<td>Doctors per 10 000 population</td>
<td></td>
</tr>
<tr>
<td>&gt; 4</td>
<td>1</td>
</tr>
<tr>
<td>&gt; 10</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 15</td>
<td>3</td>
</tr>
<tr>
<td>Nurses per 10 000 population</td>
<td></td>
</tr>
<tr>
<td>&gt; 15</td>
<td>1</td>
</tr>
<tr>
<td>&gt; 20</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>3</td>
</tr>
</tbody>
</table>
Summary analysis of responses to the brief questionnaire distributed to participants attending the workshop on community care approaches to improve quality of life in the elderly

A total of 12 questionnaires were returned.

(1) Is there a unit/department/ministry responsible for health of the elderly in your Government?
    9 countries (75%) answered yes.

(2) Does your country have a national policy on aging, the health of the elderly or some specific policy?
    8 countries (66%) answered yes.

(3) Does your country have a national programme for community-based care of the elderly?
    4 countries (33%) answered yes.

(4) Are community-based health care services provided at present in your country?
    2 countries (17%) answered no.
    7 countries (58%) indicated yes for all rural and urban areas.
    3 countries (25%) indicated yes for some urban and some rural areas.

(5) What type of services are provided: Countries indicating yes

<table>
<thead>
<tr>
<th>Service</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home nursing</td>
<td>7 (58%)</td>
</tr>
<tr>
<td>Home help</td>
<td>7 (58%)</td>
</tr>
<tr>
<td>Respite services</td>
<td>7 (58%)</td>
</tr>
<tr>
<td>Meals on wheels</td>
<td>5 (42%)</td>
</tr>
<tr>
<td>Day care services</td>
<td>5 (42%)</td>
</tr>
<tr>
<td>Social activities/recreation</td>
<td>6 (50%)</td>
</tr>
<tr>
<td>Counseling</td>
<td>5 (42%)</td>
</tr>
<tr>
<td>Health Education</td>
<td>8 (66%)</td>
</tr>
</tbody>
</table>
Annex 2

Others:

Domiciliary therapy 1, Home maintenance 1, Home modifications 1, Health maintenance scheme 1, Exercises 1, Rehabilitation 1, Continence management 1.

(6) Which health workers are involved in community-based services?

Physicians 6 (50%)
Registered nurses 9 (75%)
Nurse aides 7 (58%)
Allied health (paramedical) staff 7 (58%)
Social workers 6 (50%)
Primary health care workers 6 (50%)

Others:

Village health workers 1, Personal care workers 1, Local community health workers 1.

(7) Who provides services?

Government? 8 (66%)
Nongovernmental organization 9 (75%)
Private (for profit)? 7 (58%)

(8) Is training on health care of the elderly provided to staff involved in community-based health programmes?

For physicians? 5 (42%) of these 2 (16%) for all
For nurses? 6 (50%) of these 2 (16%) for all
For others? 4 (33%) of these 1 (0.8%) for all