

REPORT ON THE 2ND WHO GLOBAL FORUM ON  
**INNOVATION FOR AGEING POPULATIONS**

# IMAGINE TOMORROW

**KOBE, JAPAN | 7–9 OCTOBER 2015**



**World Health  
Organization**

*Centre for Health Development*

This report is based on material presented and discussions held during the 2nd Global Forum on Innovation for Ageing Populations, 7–9 October 2015, Kobe, Japan. The Global Forum owes its success to the willingness of the participants to share their experiences, knowledge and insights.

This report was written by Caroline-Anne Coulombe and Joy Zhang, Consultants, with the technical support of Alex Ross, Director; Loic Garçon, Jostacio Lapitan and Paul Ong, Technical Officers, and Elyssa Liu Jiawen, Intern, Innovation for Healthy Ageing of the WHO Kobe Centre.

Design by Pyramid Communications  
Graphic recordings by Sketchpost  
GFIAP Photographs © 2015 Elyssa Liu Jiawen. All rights reserved.

#### DISCLAIMER

The views presented in this report are those of the authors and the Global Forum participants and do not necessarily reflect the decisions, policies or views of the World Health Organization.

© World Health Organization 2016

#### WHO Library Cataloguing-in-Publication Data

Imagine tomorrow: report on the 2<sup>nd</sup> WHO global forum on innovation for ageing populations, Kobe, Japan 7-9 October 2015.

1.Aging. 2.Life Expectancy. 3.Aged. 4.Health Services for the Aged. 5.Global Health. 6.Population Dynamics. 7.Meeting Abstracts. I.World Health Organization.

ISBN 978 92 4 151007 3

(NLM classification: WT 104)

All rights reserved. Publications of the World Health Organization are available on the WHO website ([www.who.int](http://www.who.int)) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website ([www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)).

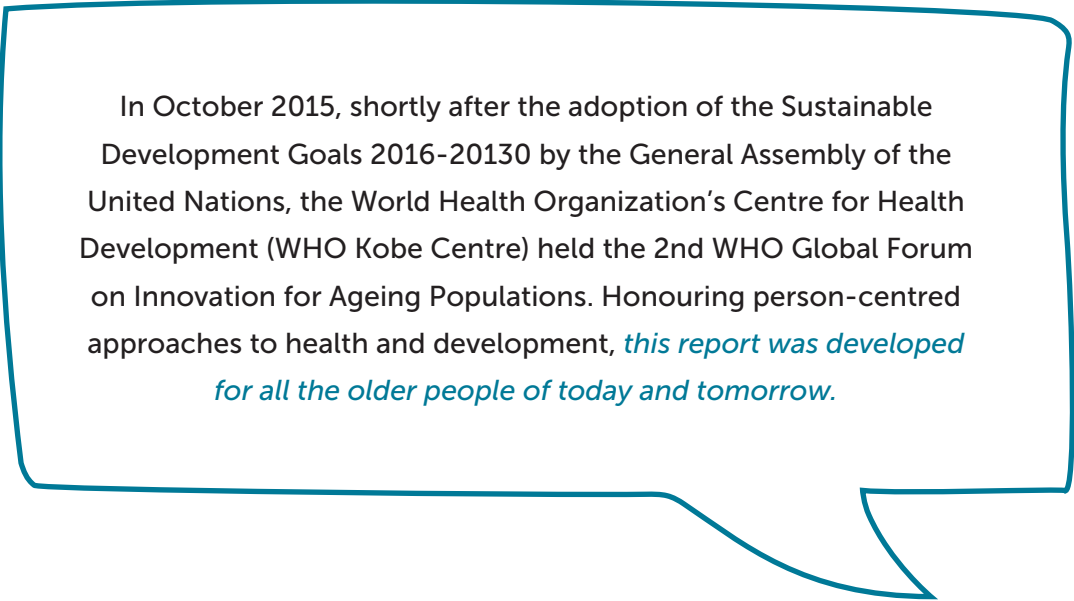
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

# Contents

i	Foreword
1	<b>LAUNCHING THE GLOBAL FORUM</b>
5	Summary of the 2nd WHO Global Forum on Innovation for Ageing Populations
13	Improving the lives of older people: a global imperative
18	<b>OVERCOMING STEREOTYPES ABOUT OLDER PEOPLE</b>
22	Older people are a diverse group, just like the rest of society
26	What does growing old mean to you?
28	Active participation of older adults
32	<b>AGEING IN PLACE</b>
35	Innovations to enable ageing in place: “the five Ps”
38	People: community and home-based models of care and support
45	Person-centred services: integrated health and social care
51	Places: age-friendly environments
54	Products: technology solutions
58	Policies: facilitating and scaling change
63	<b>ENSURING HEALTH SERVICES AND CARE ARE ACCESSIBLE TO EVERYONE</b>
70	Graphic recordings gallery
73	<b>FINAL NOTE</b>
76	<b>ANNEXES</b>
77	Annex 1: Agenda of the 2nd Global Forum on Innovation for Ageing Populations
80	Annex 2: List of participants of the 2nd Global Forum on Innovation for Ageing Populations
87	Annex 3: Examples of innovations discussed at the 2nd Global Forum on Innovation for Ageing Populations
91	Annex 4: Participant feedback



In October 2015, shortly after the adoption of the Sustainable Development Goals 2016-2030 by the General Assembly of the United Nations, the World Health Organization's Centre for Health Development (WHO Kobe Centre) held the 2nd WHO Global Forum on Innovation for Ageing Populations. Honouring person-centred approaches to health and development, *this report was developed for all the older people of today and tomorrow.*



20, AVENUE APPIA – CH-1211 GENEVA 27 – SWITZERLAND – TEL CENTRAL +41 22 791 2111 – FAX CENTRAL +41 22 791 3111 – WWW.WHO.INT

# Foreword

Our world and our health are constantly changing. Today's increase in life expectancy is the product of socioeconomic, medical and public health advances and innovations. We may live longer, but these added years may not always be healthy. Technologies evolve faster than ever, as does medical science, yet they cannot replace human interaction. Global thinking is shifting, but paradigms are nevertheless slow to change.

Governments have an obligation to design, transform and align their health and social delivery systems to meet the needs of their people, including older people. This is reflected in the new Sustainable Development Goals (SDGs) and universal health coverage (UHC) approach that are grounded in ensuring equity and inclusiveness, as well as health services that span a continuum of prevention, promotion, care, rehabilitation and palliative care services without creating catastrophic financial burdens.

To support countries, WHO released the first *World report on ageing and health*<sup>1</sup> in October 2015; this report provides a framework to guide countries in taking concrete actions towards improving the lives of older people worldwide. The *World report on ageing and health*, along with the UHC and SDG agendas, set the stage for considering how we can transform health systems, the health sector and other sectors of society to organize and design health and care services in more coordinated and integrated ways, as close as possible to older people in the community.



<sup>1</sup> World report on ageing and health. Geneva: World Health Organization; 2015 (<http://www.who.int/ageing/publications/world-report-2015/en/>, accessed 16 October 2015).

Our current health systems were largely designed to meet the needs of infectious diseases and they are simply not “fit for purpose” for the new realities of older people. Indeed, as people age, disease causes their functional capacities to decline, and their cognitive and physical function also abate. Coupled with the large increase in population, this presents significant challenges to health systems, and thus a need for social, technological and policy innovations.

The 2nd WHO Global Forum on Innovation for Ageing Populations was organized by the WHO Centre for Health Development – also known as the WHO Kobe Centre – and held in Kobe, Japan, on 7–9 October 2015. The Global Forum is a global platform for advancing innovative solutions to meet the needs of ageing populations. Its mission is to highlight and accelerate social and technological innovations for older adults worldwide by connecting innovators with practical knowledge, the latest WHO data and a diverse network of stakeholders who share an interest in the physical, mental and social well-being of older people.

I am pleased to share with you a summary of the conversations that took place at the 2nd WHO Global Forum on Innovation for Ageing Populations.

Marie-Paule Kieny  
Assistant Director-General  
Health Systems and Innovation  
World Health Organization



# LAUNCHING THE GLOBAL FORUM



# Our open invitation

Dear readers,

From its inception, the WHO Global Forum on Innovation for Ageing Populations was conceived as a “milestone forum” to be regularly convened with diverse stakeholders and expert audiences to discuss, assess and promote innovations responding to current and future needs for healthy ageing.

The First Global Forum, held in December 2013, launched the conversation on the needs for technological and social innovation to support healthy ageing. Convening 172 participants from 21 countries, it provided a unique setting for a wide variety of stakeholders to review examples of innovations related to assistive technologies to promote wellness, independence and mobility, including care at home; medical technologies targeted to prevent functional and cognitive decline; and ageing-in-place innovations for community-based care and home-based care systems.

Discussions at the First Global Forum helped to delineate WHO’s agenda around three principles: to facilitate access to evidence, to fill gaps and create tools necessary to catalyse innovation and to encourage partnerships between key stakeholders. Specific suggestions for innovations were made; key gaps and challenges were identified. Additional suggestions included having greater representation of users or nongovernmental organizations (NGOs) representing older people and increasing attention to ethnography to obtain the views, needs and preferences of older people.

Kicking off a 10-year WHO Kobe Centre research strategy to support countries in achieving universal health coverage (UHC) and to promote innovation for ageing populations, the 2nd WHO Global Forum on Innovation for Ageing Populations in 2015, with its theme “Imagine Tomorrow”, brought together 212 participants from 24 countries. These included policy-makers and government representatives, members of academia and the global research community, funders, public health professionals, innovators from civil society and private sector and older adult voices. In the spirit of innovation, the 2nd Global Forum provided several



platforms for participants to connect, engage in conversations and share solutions, experiences and learning about improving the lives of older people everywhere.

Prior to the start of the 2nd Global Forum, participants were asked to join in conversations on ageing and older people in a closed LinkedIn group and to follow the WHO Kobe Centre's Twitter account. A speed networking session kicked off the conference. It was followed by several panel discussions and interviews, creating a high level of interactivity between speakers and participants. Graphic recorders were asked to draw the highlights of each session on large whiteboards, generating a visual archive of the 2nd Global Forum as it unfolded (see gallery on page 70).

This report on the 2nd WHO Global Forum on Innovation for Ageing Populations showcases the ideas, suggestions, experiences and tensions that underlie the need for mutual understanding across disciplines and communities to catalyse innovations. It charts the path from ill-prepared health care and support models for the older people of today to tomorrow's person-centred, integrated and coordinated care and support systems that enable older people to age in their communities and continue engaging in society at large.

The report aims to uphold the Global Forum's innovative format by mirroring its interactive, conversational approach. The WHO Kobe Centre has therefore chosen to display the contents of the 2nd WHO Global Forum on Innovation for Ageing Populations as a series of conversations.



Hello! My name is Gertrud Rosemann and I am one of the founding senior ambassadors of a non-profit organization located in Germany called Dialogue with Time, which helps overcome ageing stereotypes by creating opportunities for conversations between young people and the elderly.

Since person-centred integrated care was at the heart of the discussions, the WHO Kobe Centre has highlighted the voice of an older person, Gertrud, in different parts of this report. At 93 years of age, Gertrud was the oldest Global Forum participant. While Gertrud does not represent all older people, as no one person can, she graciously agreed to lend her voice to the WHO Kobe Centre for the purposes of this report.

In keeping with the overarching topic of improving the lives of older people, this report is also "age-friendly": it uses a larger font, large margins and lots of white space, and contains both text and visuals. In

addition, it is written in an easy-to-follow style. As we learned during the Global Forum, reading aloud is one effective measure to stave off the onset of dementia. I therefore encourage you to read the report out loud.

The conversations held in Kobe on innovations that address the challenges and impacts of ageing were just the beginning. They concern us all and we therefore invite you to take part in real-time conversations on improving the lives of older people by:

- » following and engaging the WHO Kobe Centre on Twitter ([@WHOKobe](#));
- » using the hashtags [#GFIAP2015](#), [#healthyageing](#) and [#innovateforageing](#) on social media;
- » joining the WHO Instagram campaign [#YearsAhead](#) and helping to combat ageism.

With thanks,

Alex Ross

Director, WHO Kobe Centre

World Health Organization



[@WHOKobe](#)

[#GFIAP2015](#)

[#healthyageing](#)

[#innovateforageing](#)

[#YearsAhead](#)



GFIAPedia

## Summary of the 2nd WHO Global Forum on Innovation for Ageing Populations

### Framing the conversation

The newly launched Sustainable Development Goals (SDGs) include a goal to ensure healthy lives and promote well-being for all at all ages – so that no one is left behind. The SDGs are supported by the commitment to universal health coverage (UHC), or making sure that everyone, everywhere, can access high-quality health services that span a continuum of prevention, promotion, care, rehabilitation and palliative care services without incurring catastrophic financial burdens. Countries have an obligation to design, transform and align their health and social delivery systems to meet the needs of people, including older people.

Ageing and related issues are now recognized as public health and policy priorities. Dementia, for instance, is a growing issue faced by ageing populations and will greatly impact low- and middle-income countries (LMICs) because of the stigma, burden of care and increase in cases of dementia. To support countries in addressing ageing and its related issues, WHO released the *World report on ageing and health*<sup>2</sup> in October 2015; this document provides a framework to guide countries in taking concrete actions towards improving the lives of older people worldwide. Along with the UHC and SDG agendas, the *World report on ageing and health* sets the stage for considering how governments can transform health systems, the health sector and other sectors of society to organize and design health and care services in more coordinated and integrated ways and to be as close as possible to older people in the community.



**World Health Organization**  
*Centre for Health Development*

The purpose of the 2nd WHO Global Forum on Innovation for Ageing Populations was to trigger conversations between unlikely allies and to accelerate the innovations that will enable older people to live better lives.

**Abbreviation:** #GFIAP2015

**Formation:** 2013; held every 2 years

**Type:** Sharing platform within the WHO Kobe Centre (a think tank of WHO, a specialized agency of the United Nations)

**Location:** Kobe, Japan

**Head:** Alex Ross, Director

**Website:** [http://www.who.int/kobe\\_centre/en/](http://www.who.int/kobe_centre/en/)

## Stereotypes about older people limit their opportunities

Contrary to some beliefs, increased longevity of life does not necessarily mean increased longevity of health. It is therefore necessary to overcome stereotypes of ageing and better understand the needs of older people and of all people, so that these needs can be framed appropriately to provide everyone with better access to care where and when they need it. Just like the rest of society, older people are characterized by great diversity: in health and functional states, in ambitions and interests, in capabilities and support systems. It is essential to change the perception of ageing both for the present and for future cohorts of older people in order for older people to be considered part of the solution and not be deemed “the problem”. The frail, disabled image often associated with ageing is not the right image to move forward in addressing the needs of ageing populations, although this constituency does exist and must not be neglected.

Older age is often stereotyped as a moment in time where people suddenly become passive and dependent. There is a widespread societal attitude that under the pretext of doing things for older people, we have collectively been doing things to older people – instead of doing things with older people. Older people are being treated as recipients instead of the valuable resources they are for their families, for their communities, for each other, for societies, for innovation.



GFIAP 2015

Methods are needed to better represent the voices of older people to include them in solutions and seek their active participation. Involving older people from the outset in how to improve their own lives is essential to ensure that their environments and the tools they use are appropriate and effective. Older people are a significant resource and often seek opportunities to contribute to society, while utilizing their experience and skills. Ageing is an opportunity that far outweighs the costs associated with it.

## Enabling older people to age in place successfully

What do older people want? The majority of people, including older people, wish to age in a place that is familiar to them – most often their home or a family home – surrounded by people they know and trust and with whom they have relationships. Successful ageing in place, according to *WHO's World report on ageing and health*,<sup>3</sup> is the ability of older people to live in their own homes and communities safely, independently and comfortably, regardless of age, income or level of intrinsic capacity.

Disease causes the functional capacities of older people to decline, and their cognitive and physical functions to also abate. The current model in many countries is that once older people are deemed unable to function fully on their own, they are institutionalized. In many low-income countries, ageing in place may be not a choice but a necessity because institutions do not exist; since public social welfare and care services are under-developed and poorly resourced, however, older people in these countries receive inadequate support at the community level. These problems are exacerbated by social systems that are neither integrated nor coordinated with health systems.

Current health systems and communities are not well designed to deliver care or support at home over the long term, since they are structured to care for acute episodes or moments of social crisis. They were largely designed to meet the needs of infectious diseases and are simply not “adequate to respond to the wishes or the new realities of older people”. Older people, for instance, are more likely to experience multiple chronic conditions simultaneously; this increases the number of medications taken at the same time – a key risk factor for lack of medical adherence. Medical adherence is now a critical challenge that affects older people in many places around the world. Since it requires a coordinated effort among different aspects of a health system, medical adherence could be viewed and monitored as an indication of the effectiveness or ineffectiveness of a health system.

It is crucial to move away from the individual disease-based curative models that currently exist to provide older-person-centred and integrated care, and to ensure that everyone has access to this care without experiencing financial catastrophe. There is an urgent need for social, technological and policy innovations to meet the current and future challenges of healthy ageing. To enable successful ageing in place, under the broader goal of maximizing functional ability and person–environment fit, we collectively need to innovate in the following areas:

- » **PEOPLE** – involving and training the people to support and care for older people in new community- and home-based models of care and support;
- » **PERSON-CENTRED SERVICES** – integrating and improving health and social care services that older people can access;
- » **PLACES** – creating age-friendly environments in which older people can evolve safely;
- » **PRODUCTS** – adapting, creating and assessing technology solutions to support older people;
- » **POLICIES** – implementing policies to scale and facilitate change.

Well-being in older age is not just about the state of a person’s physical health; it is also about that person’s interaction with his or her environment and receipt of the environmental support and care necessary to maintain functional ability. New concepts are needed to understand healthy ageing and to define and measure the things that matter to older people. Sustainable solutions to the changing demographic landscape are shared values which will benefit everyone, not just older people.

## Ensuring health services and care are accessible to everyone

Accountability for “the public good” cannot be devolved solely to industry, in much the same way that responsibility for caregiving and ageing in place cannot be devolved solely to families and friends. The challenges and solutions faced by society and individuals associated with a rapidly ageing population and concomitant epidemiologic transitions are beyond the scope of one sector alone. WHO and governments are best positioned to convene and engage relevant stakeholders and to break down the silos that prevent more holistic responses.



GFIAP 2015

Health interventions and policies must be multisectoral and tailored to context and individual needs, as well as grounded in equity, to ensure their universality. Collaboration is crucial across sectors to manifest this vision of integrated care and support for older people and, indeed, all people. Everyone has a responsibility and a stake in improving the lives of older people today and tomorrow.

Just as older people are at the centre of the demographic and social transformations ahead, they are at the centre of WHO’s current programme agenda, discussion and action

on health systems. WHO’s aim continues to be to empower and engage all older people and to support their ability to manage any functional or cognitive decline, as well as to maintain their health and dignity. The overarching framework to bring this vision to reality is change to universal health coverage (UHC). UHC will reshape how health systems are designed, implemented and monitored to deliver comprehensive high-quality health services that range from prevention to treatment to palliative care. This will be done in a way that reaches everyone. The recently adopted Sustainable Development Goals (SDGs) also endorsed the ambitious but necessary concept of UHC: “to ensure healthy lives and promote well-being for all at all ages” (Goal 3).

To support countries on the path to UHC, the WHO Kobe Centre has developed a new 10-year research strategy 2016–2026 “to research and foster innovative solutions and translate them into policies and actions to achieve sustainable UHC, in particular, for ageing populations”. Collectively, the WHO Kobe Centre and colleagues across WHO are planning and taking action to create a future where all older people, no matter where they live, can choose to age in place successfully.



## References

<sup>2</sup> World report on ageing and health. Geneva: World Health Organization; 2015 (<http://www.who.int/ageing/publications/world-report-2015/en/>, accessed 15 October 2015).

<sup>3</sup> World report on ageing and health. Geneva: World Health Organization; 2015 (<http://www.who.int/ageing/publications/world-report-2015/en/>, accessed 15 October 2015): 36





KOBE PORTOPIA HOTEL

# Igniting conversations

The speed networking session that launched the 2nd WHO Global Forum on Innovation for Ageing Populations proved to be a great way to ignite conversations on ageing and health amongst participants. Participants were asked to divide themselves in the room according to how they aligned with question and to discuss their positions. The qualifying instructions gave the Global Forum participants an opportunity to jump straight into why they were present at the event (see Annex 2 for the list of participants).

Those who believe that all the consequences of old age can be avoided, stand on the right of the room! If you think that humanity will continue to have to live with some inconveniences as a result of growing old, stand on the left!



**Those who think that health and social care services can be well integrated in their country stand on the right! Those who think that this will be very difficult, stand on the left!**





Those who think that we should set a target for longevity (for example, should we all live to 100?), stand on the left! Those who think we should focus on an objective for well-being, regardless of age, stand on the right!

Those who think that all ageing problems can be solved with the right technology, stand on the right! Those who think there is a limit to what technology can support, stand on the left!





---

From: **Global Forum on Innovation for Ageing Populations (GFIAP2015)**

---

To: **ROSEMANN, Gertrud Rosemann**

---

Subject: **Invitation to the 2nd World Health Organization (WHO) Global Forum on Innovation for Ageing Populations, 7-9 October 2015, Kobe, Japan**

---

Dear Mrs Rosemann,

Warm greetings from Kobe!

On behalf of Mr Alex Ross, Director of the WHO Centre for Health Development (WHO Kobe Centre), I would like to request your kind participation at the 2nd WHO Global Forum on Innovation for Ageing Populations, on 7–9 October 2015 in Kobe, Japan.

This is your special invitation to “Imagine Tomorrow”.

This year’s theme will explore visions of transformation in communities, systems and technologies for ageing populations worldwide.

Why is this theme important, and why should we explore it now? We are currently at a unique juncture in time, with real opportunities to effect change. Please read the attached background brief “Improving the lives of older people: a global imperative” for a more detailed analysis.

The event is expected to gather 200 participants, who will have the chance to connect with innovators in policy, research, the social sector and business who share an interest in the health and well-being of older people.

Mrs Rosemann, we would be honoured if you could join us. We look forward to your reply.

With best regards,

The Global Forum team



Kobe, Japan 7-9 October 2015

# GLOBAL FORUM

## ON INNOVATION FOR AGEING POPULATIONS

### BRIEF

## Improving the lives of older people: a global imperative

### EVERYBODY HAS A STAKE

- » Societies are growing older; the proportion of older adults is much larger today than it was a few decades ago, and is only increasing (see Figs. 1.1 and 1.2).
- » This is currently more observable in high-income countries; Japan, for instance, has the highest proportion of older people (aged over 65 years) in the world, at 26.7%. This proportion is projected to increase to 40% in 2050.
- » The majority of future growth, however, will be in LMICs. With the concurrent higher fertility rate, the magnitude of population ageing may be less apparent in these countries. Nevertheless, they are also experiencing a dramatic increase in the absolute numbers of older people and their longevity, as a result of steady changes due to human and economic development over time.



#### WHO Kobe Centre

@WHOKobe • Oct 8

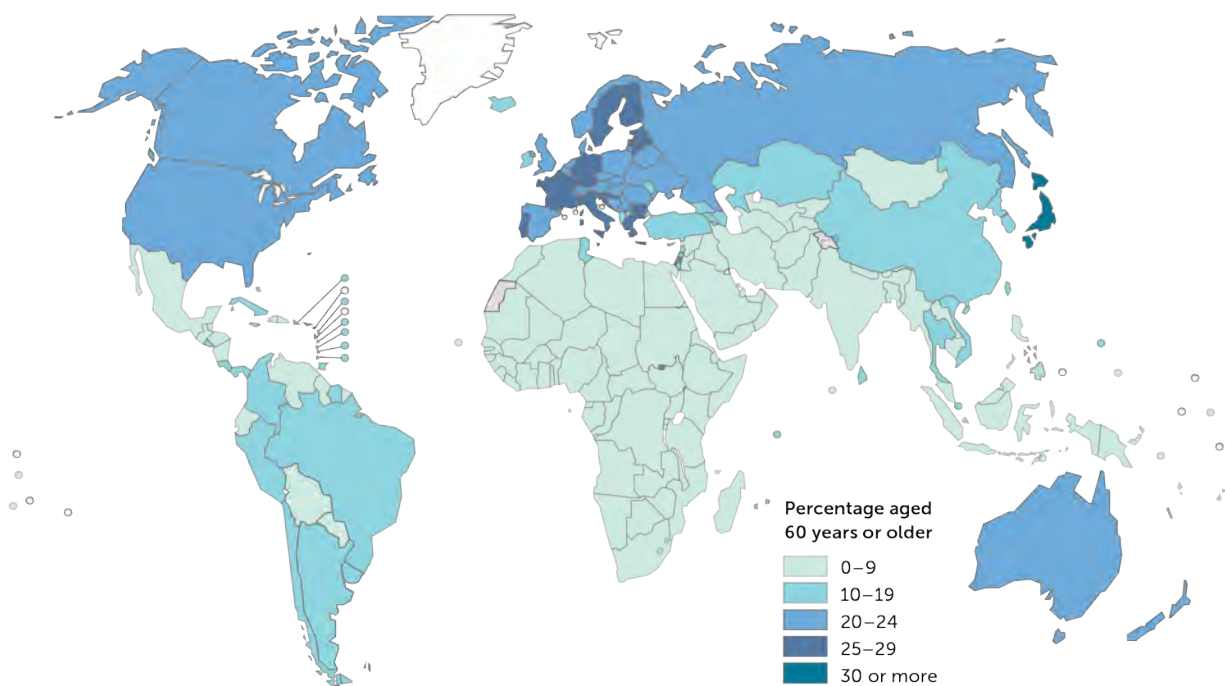
"50 years ago, 153 were over 100, now it's more than 58,000."

Masue Katayama, Shinko Fukushima #GFIAP2015



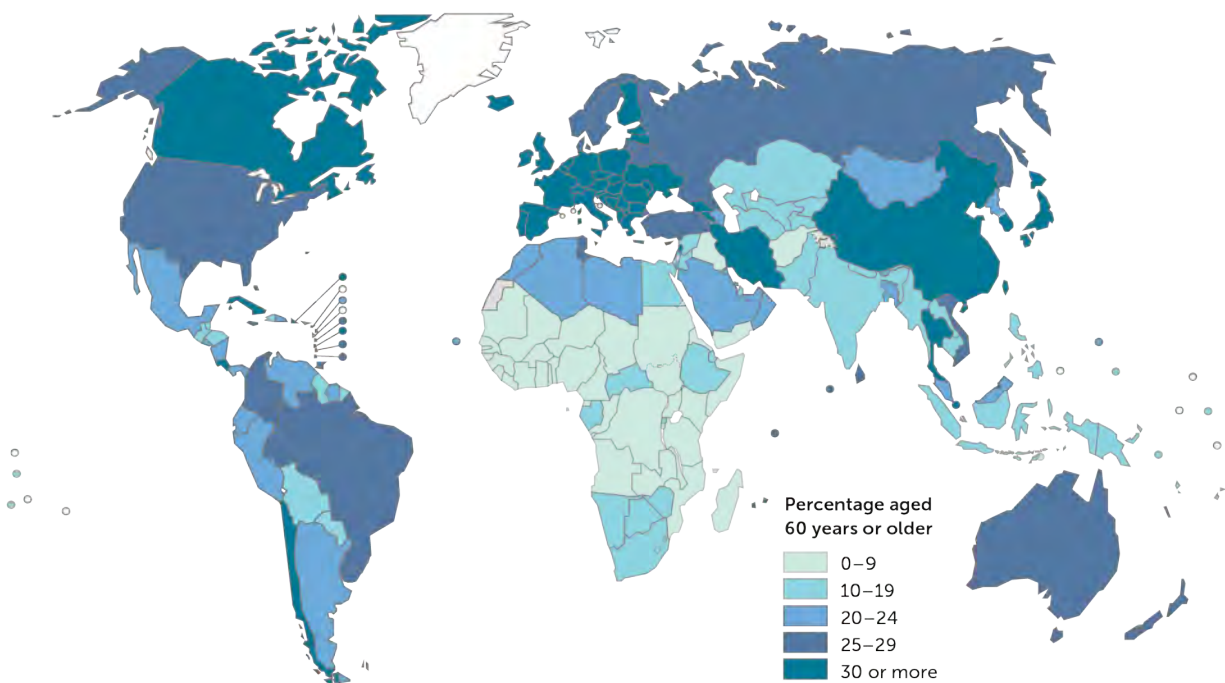
<sup>4</sup> Global health estimates 2013: deaths by cause, age, sex and regional grouping, 2000–2012. In: WHO global health estimates [website]. Geneva: World Health Organization; 2015 ([http://www.who.int/healthinfo/global\\_burden\\_disease/en/](http://www.who.int/healthinfo/global_burden_disease/en/), accessed 10 November 2015).

**Fig 1.1. Proportion of population aged 60 years or older, by country, 2015**



Source: World report on ageing and health. Geneva: World Health Organization; 2015 (<http://www.who.int/ageing/publications/world-report-2015/en/>, accessed 15 October 2015): 44.

**Fig 1.2. Proportion of population aged 60 years or older, by country, 2050 projections**



Source: World report on ageing and health. Geneva: World Health Organization; 2015 (<http://www.who.int/ageing/publications/world-report-2015/en/>, accessed 15 October 2015): 44.

- » The latest WHO Global Health Estimates data<sup>4</sup> indicate that while people may be living longer, the added years are often spent in ill health or with disabilities. An increasing number of people are managing several chronic conditions at once (multimorbidity, including mental health); this affects people's health in a much greater way than suffering from only one chronic condition.
- » No one can escape growing old and eventually dying. Many people are also supporting and caring, or will be called to support and care, for older people in their lives.
- » Older people with some form of functional decline often need assistive technologies, yet only one in ten people globally have access to such technologies at present. The situation in the developing world is worse. The number of those in need of assistive technologies is growing phenomenally due to longer life expectancy globally – there will be more than 2 billion older people by 2050.
- » Whether it is ourselves, our parents, grandparents or friends who are ageing,

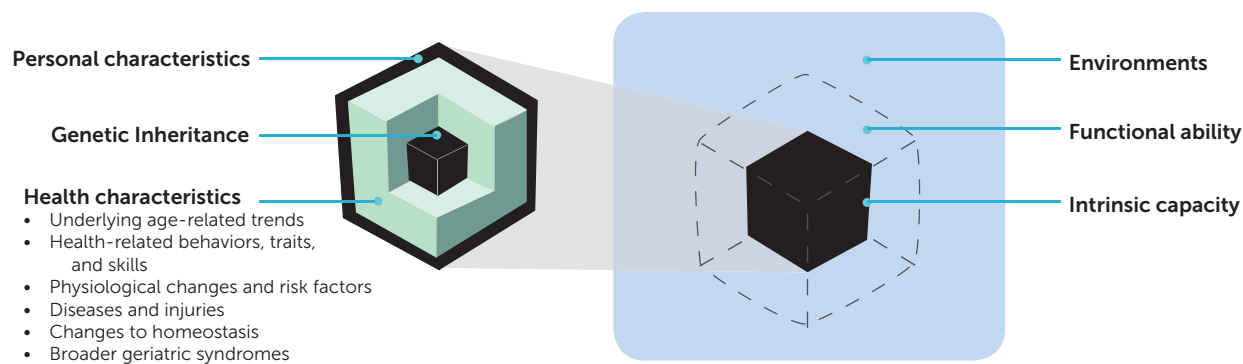
and whether we are policy-makers, businesspeople, educators, researchers, architects, designers or technologists, we are all affected: we can and must do something now.

- » We need to ask ourselves some hard questions about the type of world in which we would like to grow old.

### AGEING AND RELATED ISSUES ARE NOW RECOGNIZED AS PUBLIC HEALTH AND POLICY PRIORITIES

- » WHO recently released the first *World report on ageing and health*, which presents a new framework on healthy ageing and introduces the concepts of an individual's intrinsic capacity and functional ability.
- » Intrinsic capacity refers to the composite of all the physical and mental capacities that an individual can draw on at any point in time. Functional ability comprises the health-related attributes that enable people to be and to do what they have reason to value (see Fig.2).
- » The newly launched SDGs include a goal to ensure healthy lives and promote well-

**Fig 2. Healthy ageing**



Source: World report on ageing and health. Geneva: World Health Organization; 2015 (<http://www.who.int/ageing/publications/world-report-2015/en/>, accessed 10 November 2015): 28.

being for all and at all ages – so that no one is left behind.

- » The SDGs are supported by the commitment to UHC, or making sure that everyone, everywhere, can access high-quality health services that span a continuum of prevention, promotion, care, rehabilitation and palliative care services of sufficient quality without creating financial hardship for individuals or families.



#### WHO Kobe Centre

@WHOKobe • Oct 8

Don't look at [the elderly] as a burden. Look at them as a resource  
- Tomas Lagerwall #GFIAP2015



- » Dementia and cognitive decline are growing issues faced by ageing populations. This is a new frontier for public health due to the

stigma, lack of a cure, burden of care and projected increase of cases, particularly in LMICs. One person is diagnosed every 4 seconds, many of which are now in LMICs. While research shows promising avenues for the prevention and slowing of dementia, there is currently no cure.

### FOCUSING ON WHAT MATTERS TO OLDER PEOPLE

- » As a society, we need to better understand the needs of older people – and of all people – in order to provide better access to prevention and care where and when it is needed.
- » To date, common perceptions and assumptions of older people are based on outdated stereotypes. For instance, older people are not a homogeneous group.
- » Important progress is being made to better frame how health and functioning are considered in older age. The *World report on ageing and health* and its new framework propose that healthy ageing is about maintaining or increasing functional ability, which in turn enables well-being.
- » While increased longevity is a global achievement, we must also think about the quality of those added years. Increased longevity opens many opportunities for people to do more of the things that matter to them. This requires good health.



- » Well-being in older age is not just about the state of a person's physical or cognitive health, however; it is also about that person's interaction with his or her environment and receipt of the environmental support and care necessary to maintain functional ability.

### AGEING IS AN OPPORTUNITY

- » Proposed solutions to the demographic shift and to improving the lives of older adults should be viewed as investments that provide benefits and returns to society.
- » Adopting and implementing these solutions would create freedom for older people to live lives that have not yet been imagined.
- » There are costs associated with fostering the functional abilities of older people, but they do not compare to the immense economic, social and health benefits that can be reaped.

### IMAGINE TOMORROW

- » The purpose of the 2nd WHO Global Forum on Innovation for Ageing Populations is to trigger conversations between unlikely allies and to accelerate the innovations that will enable older people to live better lives (see Annex 1 for the Global Forum agenda).
- » The theme of the Global Forum is "Imagine Tomorrow": it focuses on how to transform our collective thinking, systems and communities and on the products that will enable a new version of the future. While remembering that even larger demographic and epidemiologic shifts are just around the corner, older people now also need change.



“HEALTHY AGEING IS MORE THAN JUST THE ABSENCE OF DISEASE. FOR MOST OLDER PEOPLE, THE MAINTENANCE OF FUNCTIONAL ABILITY HAS THE HIGHEST IMPORTANCE.”

Dr Margaret Chan  
Director-General World Health Organization  
Foreword, *World report on ageing and health*

# **OVERCOMING STEREOTYPES ABOUT OLDER PEOPLE**





## WHO: stereotypes about older people limit their opportunities



Policy-makers from China, Europe, Japan, and the United States on stage at the Global Forum

**KOBE, 9 October 2015** – Participants of the 2nd WHO Global Forum on Innovation for Ageing Populations held in Japan on 7–9 October 2015 unanimously recognized the need for new paradigms for healthy ageing to improve the lives of older people today and tomorrow.

Participants from all over the world echoed the statement from the first WHO *World report on ageing and health*, “many common perceptions

and assumptions about older people are based on outdated stereotypes. This limits the way we conceptualize problems, the questions we ask and our capacity to seize innovative opportunities.” This set the foundation for many Global Forum conversations where participants discussed the heterogeneity of older people and the importance of involving them in devising innovative solutions to address their diverse needs. ■



## AFTER THE GLOBAL FORUM

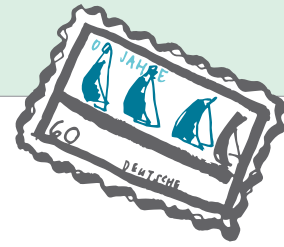
Hanau, Germany  
22 October 2015

*Dear Global Forum Team,*

Thank you so much for inviting me to the 2nd Global Forum on Innovation for Ageing Populations! You know, before I went my husband and my four sons told me: **"you are crazy, mother, you are 93 years old and you are flying from Germany to Japan!"** And I said to them: "I set a goal for myself to go to Kobe. So I am going. Why not?"

I really wanted to be at the Global Forum because I wish to be part of the conversation about how to replace the image of what "old age" is and to share what I am doing. I realize that I am probably an atypical older person and lucky to be able to travel still. **But as a believer in technology, I would have found a way to contribute to the discussions** even if I hadn't attended the event in person but through video calls or video messaging.

One of the key messages I hope I conveyed is that older people are not the problem – we are part of the solution. Most people who were present at the Global Forum acknowledge

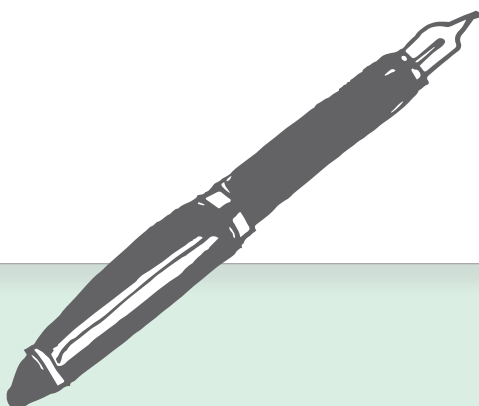


and understand that, and do not fall prey to that stereotype in their own minds. However, there is much to do outside and beyond our conversation to replace the stereotype of older people in our societies. Old age is relative. To a 30-year-old, 50 is old; to a 100-year-old, 80 is young. **People should not feel bound by preconceived notions of youth and ageing.** And older people should not be judged or neglected based on how active or frail they are, how healthy or ill they are, or their level of mobility.

It is my hope that all the participants as well as the team at WKC will continue their work, individually and together, **to change perceptions and misconceptions.**

*Mit Dankbarkeit  
(with gratitude),*

*Gertrud*





1 November 2015 11:07

From: **GFIAP2015**

To: **ALL PARTICIPANTS**

Cc: **ROSEMANN, Gertrud**

Subject:

# **Older people are a diverse group, just like the rest of society**

Dear participants,

During the Global Forum, you repeatedly agreed that a series of misconceptions linked to ageing need to be individually and collectively addressed, including the following.

- » 60 or 65 years old automatically means old age.
- » Older people are frail or disabled.
- » Retirement is the default path for older people.
- » Dementia means being possessed.
- » Ageing is a responsibility that lies with the health sector alone.
- » Ageing “is not my concern”; ageing “has nothing to do with me”.
- » Older people do not know what is best for them.

The Global Forum team recently received a thank you letter from Gertrud, in which she also asked us and all participants to continue to change perceptions of old age and older people. Below is a summary of the conversations on this topic during the Global Forum.

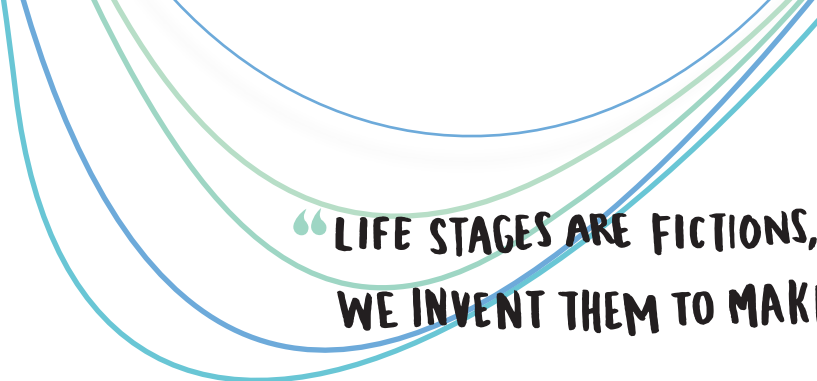
## OLDER ADULTS ARE A DIVERSE GROUP

The frail, disabled image often associated with ageing is not the right image to move forward, although this constituency does exist and must not be neglected. It is essential to change how ageing is perceived both for now and for future cohorts of older people. As a community of professionals working together in all parts of the world to improve the lives of older people, we need to acknowledge that not all older people are frail. But the newer stereotype of “anti-ageing” is also not the right response.

Society must recognize the diversity of older adults. During the Global Forum, Professor Hiroyuki Murata from Tohoku University proposed the idea of “smart ageing”, which conceives that ageing is gain, ageing is development, ageing is human growth: we can become smarter as we age; and no matter what our age, we can grow and learn.

The group that is called “older people” is not a homogeneous one. Older populations are characterized by great diversity: in health and functional states, in ambitions and interests, in capabilities and support systems. They comprise different groups, each with their own life stories which will affect their ageing trajectory. It was suggested during the Global Forum that the use of the term “elderly” or “older people” has to be disaggregated to appreciate its nuances – that there should be distinctions between young-old and old-old. As demonstrated in countries such as Japan and South Africa, “younger” old people who are still interested in working are increasingly engaged in providing care and support for “older” old people.

It is essential to understand this so that we can collectively be inclusive of all older people as we “create a better tomorrow” in terms of systems, services, caregivers, assisted devices and similar. If we create, transform and innovate only for one segment of the older population, then today’s situation, which presupposes that all older people are frail and have great needs, will simply be perpetuated.



**“LIFE STAGES ARE FICTIONS, NOT FIXTURES.  
WE INVENT THEM TO MAKE SENSE OF THE LIFE COURSE.”**

### **CONTEXT SHOULD BE CONSIDERED**

Ageing is a personal and individual transition that is different for everyone, despite all the commonalities. And different societies and communities require different solutions. Throughout our discussions in Kobe, the idea of tension between the need for customization and the fact that policies are developed based on commonalities came to the surface over and over again: how can we be universal yet specific?

One of the places where this tension was palpable was in the discussion on inclusive design, illustrated by the fact that public spaces need to be accessible and usable by all. But this does not mean that design cannot be tailored or accommodated to the specific needs of certain people. The discussion went as far as to introduce “radical inclusion”, which is the idea of engaging people as they age, recognizing different abilities and translating these into the design of services, products and environments.

At the Global Forum, the key question “what works, when, where and for whom?” was highlighted to guide discussion. This is partly the basis on which the panellists were chosen: they each shared something that works in their realm. It is now time to gather all these examples and lessons in one place and see whether and how they can be adapted and applied elsewhere or on a broader scale (see Annex 3 for a list of some of the innovative initiatives shared by speakers at the event).

### **MISCONCEPTIONS ABOUT DEMENTIA**

Dementia misconceptions are a great example of the importance of customizing solutions to fit the context of issues faced and services used by older people. As described in the earlier background brief, dementia is a public health priority. While there is more and more knowledge about dementia in high-income countries, in many low-income countries there

is still little understanding about it. People who suffer from dementia and their families are stigmatized; for example, dementia – like other mental health conditions – has been linked with witchcraft and persecution in some countries, especially for women.

Addressing these misconceptions is crucial in being able to provide care to people who suffer from dementia. Raising awareness about “cognition” to the same level as that achieved for blood pressure could be a way to do this. Families of people who suffer from dementia are our allies in this fight against stigma and should be involved. Suitable strategies will have to be sensitive to contextual nuances, which will vary greatly between low-, middle- and high-income environments.

### MOVING FORWARD

Everyone, including older people, is part of the solution. We encourage you to join in our social networking conversations about this particular topic.

Best regards,

The Global Forum team

PS. Many of you have requested a picture of our celebration of Gertrud’s 93rd birthday at the Global Forum so please find it attached.



# What does growing old mean to you?



## Welcome to the Global Forum private discussion group!

This is a private group for confirmed speakers and participants of the 2nd WHO Global Forum on Innovation for Ageing Populations. We invite you to use this site to connect with fellow attendees of the Global Forum.

[Discussions](#)

[About](#)

[Search](#)



**Paul Ong** Technical Officer at World Health Organization

### What does growing old mean to you?

Author and historian Thomas Cole said in his book *The Journey of Life* that ageing is a "season in search of its purpose." When you imagine tomorrow, what does growing old mean for you?



**Francesco Barbabella**

If you take into account a life-course perspective, older age could be considered as the unknown fruit of a continuous process of discovering life. In other words, even if you have some control over your life across adulthood, you might be not able to prepare yourself to old age until you reach it. It is so difficult - nowadays more than ever - to imagine ourselves in the future. Fluid life, changes in the life project and priority settings contribute to this. So, for answering your question: for me, growing old means discovering the world and yourself again ("Begin at once to live, and count each separate day as a separate life" – Seneca).





### Paul Ong

Hi Francesco, thank you for this - years ago when I was still working in palliative care, there was an older patient who said to me that there was "Something astonishing in realizing how rich life is, but only when it is really short. It is almost like you have to give up the idea of tomorrow to find life again. Now that I have fewer or possibly even no tomorrows, life is almost painfully too rich." I am reminded of this (and him) as you speak of Seneca. This old gentleman did find a peace which I never really understood and which I still envy to this day. It would be nice to live and find each and every "separate life" without having to be terminally ill! Thanks for reminding me of a slightly forgotten lesson from the past.



### Chris Underhill

Great question! I have just come home from four nights of my wife and me looking after two of our six grandchildren. Their mum and dad were on a much needed little holiday which they enjoyed very much. At the age of 66 I am at one and the same time merely in the foothills of old age compared to (for example) many Japanese elders but compared to elders in many other countries I am already old - beyond reasonable expectation. For me the personal is the political - I take pleasure in trying to see this issue from the inside - so much to come - so important each waking day.



### Timothy Ma

For me, growing old is part of our human life and indeed, since our birth, we are heading for growing old. Hence, life does not depend on how long we have but more on how richly we grow old, and also the kind of attitude towards our ageing process... Appreciate growing old, enjoy being old, and lastly, give thanks for being old.....!!



### Gretchen Addi

I have always struggled with the phrase "growing old" as it is an odd pairing of active and passive for me. I am growing, I am living, every day. That I can engage with and respond to, but old is just a word: there is no action in it and I do not want to be defined by it.

# Active participation of older adults



## WHO Kobe Centre

Posts

Activities

Photos

Events



### WHO Kobe Centre

We have all witnessed the societal attitude that under the pretext of doing things for older people, we have been doing things to older people. All this while, we should be doing things with older people. We treat older people as recipients, instead of the valuable resources they are for their families, their communities, for each other and for societies. With that in mind, we thought you might enjoy watching this video that was presented on Day 2. In the words of Barbara Beskind, who was interviewed in the video: "what I'm saying to the designers of this world is that you can't possibly understand what people are going through unless they tell you or you ask them. So I say design with us, not for us."

## A Conversation with Barbara Beskind



Like Comment Share

✓ 10 comments

**Gertrud Rosemann**

Older age is often stereotyped as a moment in time where people suddenly become passive and dependent. Many older people are neither of those things (even though some need care and support). I imagine tomorrow to better represent the voice of older people. This happens through their active participation and inclusion. This is why I am involved in the project Dialogue with Time. Not only does this exhibit create interactive encounters between older people and younger people to promote a different image of older people and replace stereotypes, the project is managed by several people, including many older people. @Andreas Heineke

**Andreas Heineke**

The only way to truly learn is by encounter: by encountering new people, we also encounter new concepts. Setting up a certain platform to enable others to have this pseudo encounter is what Dialogue with Time has succeeded in doing. This principle should be extended to all relevant innovations. There are currently many innovations (such as apps) designed to tell older people how to be healthy without knowing what they need.

**John Beard**

Up until now we have been telling older people what to do. This is an old approach. If we create inclusive societies, it will give older people the freedom to choose what they want to do.

**Tomas Lagerwall**

I am already an older person. And I am telling you, there should be nothing about us that is done without us.

**Grace Chan**

Older people are invited more and more to participate in setting the “ageing agenda”. But do we listen to them? For instance, older people can act as Age-Friendly City ambassadors and be involved in projects like helping to design the interior of city buses to make the more age-friendly. Older people definitely know what is key to make buses age-friendly. In Hong Kong, some sector actors listened to what the older adults recommended. So now, we have age-friendly buses in Hong Kong. And we are working towards an age-friendly mass transit railway with active participation from older people.

**Anne Connolly**

Involving older adult users in the design process is beneficial, whether it is with regards to their environment or the technologies that can support them to lead more autonomous and connected lives. But there are many other ways in which to be involved and to involve older adults. Older adults can care for those who are just ahead of them. This repositions older adults in a new social role in providing value and has an impact on the younger old in their own self-care and self-management.



### WHO Kobe Centre

We heard many times during the Global Forum that it is useful for older adults to personally involve themselves in the changing of mindsets among younger people. Stereotypes can be broken through these activities, resulting in a plethora of benefits – people will be less afraid to age (and therefore find genuine meaning in being old), be more willing to challenge stereotypes (leading to a ripple effect), have more respect for the elderly and view them as assets, not liabilities.



### Utae Mori

In Japan, we have recognized the capacity of older people as a significant resource. Since 2005, community centres to facilitate community-based care have been established throughout Japan. The key is to utilize or re-purpose existing resources in the community, including older residents themselves. It's very important to organize/mobilize older people to promote their own well-being and self-care, as well as to support society. Older people are seeking opportunities to contribute to society, while utilizing their experience and skills. They are also seeking opportunities to connect with other people.



### Thuy Tran

HelpAge International in Vietnam in partnership with local partners has established thousands of Intergenerational Self-help Clubs (ISHCs) which have improved the wellbeing of older people, especially those who are poor and disadvantaged. The ISHC model sees and treats older people as an attractive investment, not simply as recipients.



### WHO Kobe Centre

Involving older people from the outset in how to improve their own lives is not only appreciated by them. It is also essential to ensuring that their environments and the tools they use are appropriate and effective. And this is best illustrated by the notion of "inclusive design".

# AGEING IN PLACE





4 November 2015 13:39

---

**From: KIENY, Marie-Paule****To: ALL PARTICIPANTS**

---

**Cc: GFIAP2015; WHO Kobe Centre**

---

**Subject: Sharing a personal story**

---

Dear participants,

Thank you for your active contribution to the 2nd WHO Global Forum on Innovation for Ageing Populations. It is thanks to you, your work and your openness to share that together we can continue to transform health systems and improve the lives of older people.

As we heard throughout the Global Forum, we must move away from disease-based curative models that currently exist to provide older-person-centred and integrated care – and ensure that everyone has access to this care without experiencing financial catastrophe.

You know the World Health Organization believes this. You know I believe this. But what you don't know is that this strong belief I hold is powered by a deeply personal experience.

My father died in 2012, at age 87. He had been living alone for four years in a large home. I did not know it at the time but I now realize he had dementia. He found strategies to cope, by being extremely organized: he wrote notes for himself everywhere, for example.

After four years of being autonomous, he suddenly deteriorated. He had to be hospitalized. He could hardly move, he became even more forgetful, he could not tell the time any more.

After a week at the hospital, he was bedridden, and he wanted to die.

I decided to bring him home. I was not prepared but I figured I could get some help. I soon discovered that the health care system in France did not cover anything outside of institutions: not costs, not services. No services were provided for older people who wanted to die at home, with dignity, surrounded by the environment and the people who were familiar to them and whom they loved.

There were ample opportunities to find solutions that would enable my father to be cared for and die at home. Despite this, nothing within the UHC health system in France allowed me to put these solutions in place without incurring the entirety of the costs myself. Because it was his wish to be at home until the end, I carried it out.

My father died a few months later. The whole experience helped me personally to realize the importance of ageing in place, and dying in place. It also showed me how ill-equipped we currently are to make that happen.

I asked the Global Forum team to create an overview of the conversations we had on “ageing in place” during the meeting in Kobe so that you can share with the relevant partners and stakeholders in an effort to move this piece forward.

Best regards,

Marie-Paule





# Innovations to enable ageing in place: “The Five Ps”

Ageing in place, according to *WHO’s World report on ageing and health*,<sup>5</sup> is the ability of older people to live in their own homes and communities safely, independently, and comfortably, regardless of age, income or level of intrinsic capacity.

This may seem like common sense, but the current model in many high-income countries is that once older people are deemed unable to function fully on their own, they are institutionalized. In many countries – particularly low-income countries – ageing in place may be not a choice but a necessity because institutions do not exist; where public social welfare and care services are underdeveloped and poorly resourced, however, older people receive inadequate support at the community level.

Our health systems are not well designed to deliver care or support at home. This is exacerbated by social systems that are not integrated with health systems and are not designed to support and care for adults over the long term since they are structured to care for acute episodes or moments of social crisis.

If the preferences of older people across the world were followed (and why not of every person in the world?), the majority of them would wish to age in a place that is familiar

to them – most often their home or a family home, surrounded by people they know and trust and with whom they have relationships. But they need greater support to do this.

What must be done to enable ageing in place, under the broader goal of maximizing functional ability and person–environment fit? The Global Forum participants talked about innovations involving the people to support and care for older people, the person-centred services they access, the places they live, work and play, the products they use to make ageing in place possible and the policies to support all these. Below is a synthesis of “the five Ps” of ageing in place (see Fig. 3).

## PEOPLE: COMMUNITY AND HOME-BASED MODELS OF CARE AND SUPPORT



Most older people want to remain at home and in their communities as they age. Caregiving and support to enable

ageing in place can come from a mix of family, professional, non-kin and informal caregivers and other community volunteers – who are themselves supported within a system. Loneliness alleviation is critical, as is multidisciplinary team work.

<sup>5</sup> World report on ageing and health. Geneva: World Health Organization; 2015 (<http://www.who.int/ageing/publications/world-report-2015/en/>, accessed 16 October 2015): 36

## PERSON-CENTRED SERVICES: INTEGRATED HEALTH AND SOCIAL CARE SERVICES



The package of health and social services for older people must be based on evidence and available to them where (homes or institutions) and when they need those services. The issues encountered in older populations are sometimes medical but they are more frequently social and related to well-being. The curative-based systems found in most current health care systems are not well equipped to handle these types of issue. The integration and coordination of health care and social care systems is critical in maintaining and even increasing the functional ability and well-being of older people, while providing continuity of care.

## PLACES: AGE-FRIENDLY ENVIRONMENTS



In order for people to stay out of institutions, the environments in which they live must accommodate and support different functional capacities over the life-course so that functional abilities are maximized. The nature of “fit” between an older person and his or her built environment must be examined carefully. It is not a matter of just building more of the same, since current environments cater to a more youthful world. Building alternatives that are inclusive of older people and drawing lessons from communities that connect people living with disabilities for adaptive environments

are essential. Planning and designing in this way will benefit all, not just older people.

## PRODUCTS: TECHNOLOGY SOLUTIONS



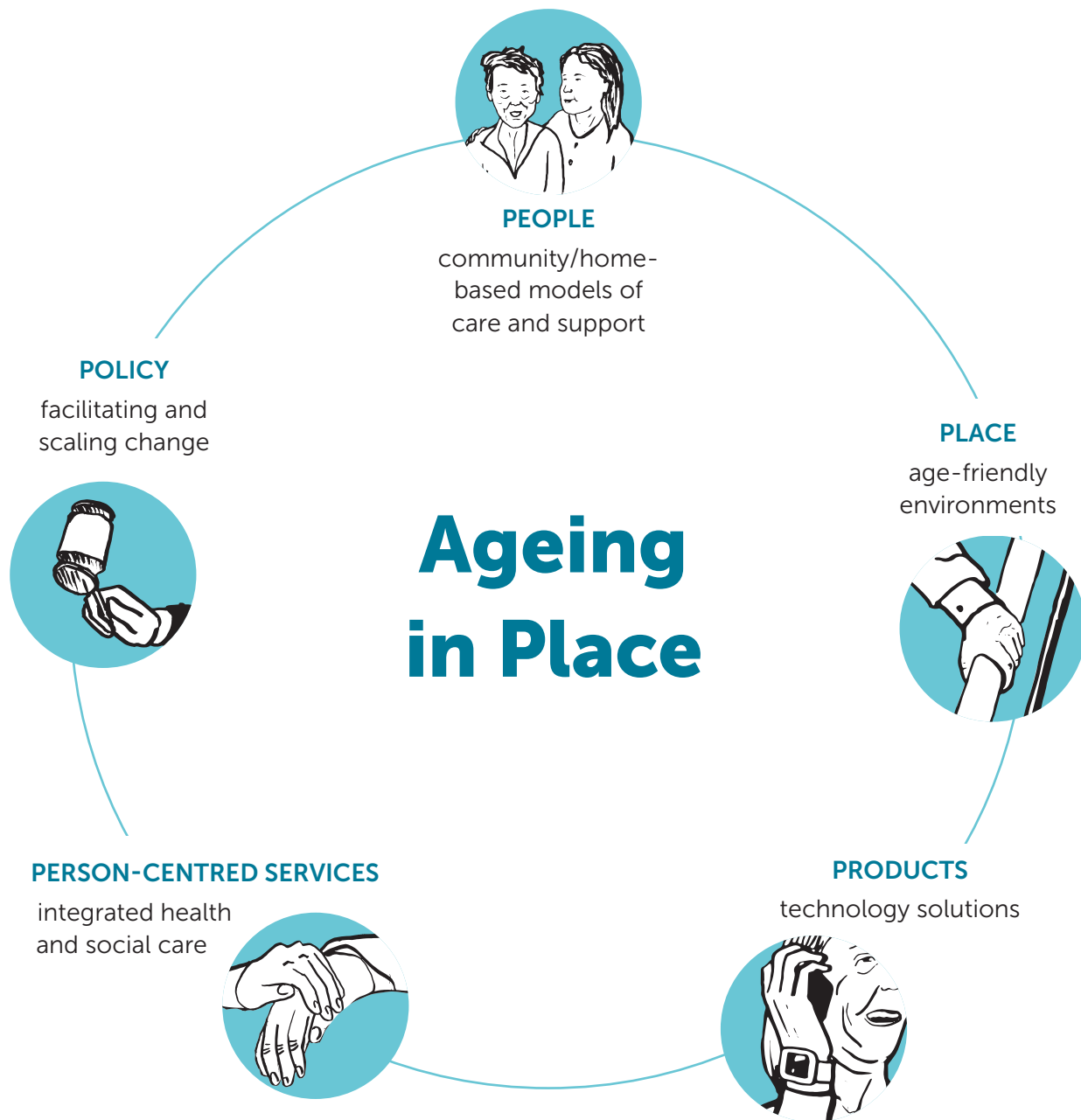
Technology can play a role in supporting and enabling a better experience for older adults, but it cannot replace or act as a cheap alternative to human contact and social networks. The rapid rise in available technologies means more opportunities to adapt existing technology to support older people to age in place, without cutting their contact with other human beings.

## POLICIES: FACILITATING CHANGE AND SUPPORTING SYSTEMS



Policy innovations and changes are needed in order to cope with the demographic, epidemiological and social transformations ahead. Critical to evidence-based policy-making is the collection, analysis and dissemination of appropriate data representing older populations – and the metrics to guide and monitor progress. Policy-makers must also resolve how cross-sectoral policies can be implemented and monitored when multiple budget streams and stakeholders have to be tightly coordinated and managed. Since policy-making takes time and requires various processes and consensus, planning and preparation must be conducted in advance. Immediate steps should therefore be taken.

Fig 3. "The Five Ps"



“THE NET RESULT OF ALL INNOVATIONS, HEALTH AND SOCIAL DELIVERY SYSTEMS, AND FAMILY SUPPORT IS TO ENABLE OLDER PERSONS TO 'AGE IN PLACE.'”



# **PEOPLE: Community and home-based models of care and support**

## **CARING FOR OLDER PEOPLE: THE CURRENT SITUATION**

Ageing in place allows older people to live in the place of their choosing. Most older people want to remain at home or in the family home and in their communities as they age. Current health systems, however, do not have adequate human resources to address the health and social care needs of older people; they are certainly not well equipped to serve older adults who choose to age at home.

Informal caregivers (family, friends, neighbours) currently provide the bulk of care for older people worldwide. With the increase in the number of older people, the world faces a shortage of future caregivers.

## **MEMBERS OF THE FAMILY AS CAREGIVERS**

Today, family members assume most of the responsibility for providing care to older people. Demographic, labour, migration and family patterns limit the supply of family caregivers. There are and will be more older people, lower fertility rates, fewer people of current working age in the current retirement

system, more women working in contexts where no policies enable them to share the burden of care with others, older people living in different places from children and increased urban migration. These all contribute to a strain on family caregiving and raise questions as to the balance between state and family roles and responsibilities.

At various times in their lives, all family members need support from and can provide support to other members of the family. In India, for instance, 14.3 million people will suffer from dementia by 2020. Traditionally, the family provided care, but with rapid changes in society, formal institutions and family are becoming involved in a different way. Longer lives and migration can bring benefits: older people can continue to work or care for grandchildren. They can also bring hardship and poverty and prevent healthy ageing when older people have no choice but to work or provide care for other family members.

Global Forum participants spoke about the general assumption that everybody chooses to be a family caregiver. Nevertheless, it may be difficult for many children to take care of

parents and of grandparents, or for partners to take care of each other. What is the response to family members who choose not to be family caregivers? It was suggested that just as people prepare to become parents, perhaps the choice to become a caregiver should be considered equally carefully. If family members choose not to become caregivers, there should be other – equally viable – options for older people to receive support.

Caregiving and support can come from family, from neighbours, from friends, from volunteers. It is not the sole responsibility of family members; nor do all older people want their family members to be obliged to provide care.

### WOMEN AS CAREGIVERS: A GENDER ISSUE

Traditionally, women have taken on and continue to take on responsibility for caring for older people such as their parents, parents-in-law, neighbours or friends. Women tend to marry younger and live longer than men and are therefore often also tasked with caring for their husbands. In France, for example, 80% of caregivers are women. Some are aged wives, while others are daughters tasked to care for both their children and aged parents. In many low-income countries, women are disrespected as caregivers.

As women make up an increasing portion of the workforce, particularly in high-income contexts and increasingly in LMICs, the sustainability and desirability of female-driven care provision is under question. Men may need to be more involved in caregiving, and employers and governments need to consider how care leave, for example, should support employees who opt to become caregivers.



### NEW HUMAN RESOURCES FOR CAREGIVING ARE NEEDED

A paradigm shift is needed to create and recognize a new tier of service providers who, in addition to formal health care workers, can provide social, disease prevention and health promotion services to older people who age in place. These new service providers can

**“TOO OFTEN WE END UP WITH A CAREGIVING MODEL THAT IS ABOUT DEFICITS RATHER THAN ASSETS. WE TALK ABOUT WHAT WE DO TO OLDER PEOPLE, RATHER THAN WHAT WE DO WITH THEM AND HOW WE SUPPORT OLDER PEOPLE’S ASSETS.”**

be introduced to relieve some of the burden placed on caregivers and medical professionals to provide the support required by older people.



The Global Forum highlighted examples of models that leverage new human resources for caregiving. In addition to care provision, these efforts empower previously shunned members of society and help to break down stereotypes. For example, in Japan it is very rare to employ foreign workers. Yet in certain communities, foreign workers are hired and trained to provide care to older people. Efforts are being made across the world to encourage interaction between generations and to tap into younger generations to provide more support to older generations. Young, unemployed and out of school people in Brazil slums, for example, are being trained on caregiving to support older people. College students are renting out rooms in older people's homes in exchange for support.

In other community-based models, resources to enhance the abilities of people around an

older person to act as resources for care and support include:

- » caregivers, who provide the bulk of care now;
- » peer supporters;
- » community resources.

## PEER SUPPORT: OLDER PEOPLE SUPPORTING OLDER PEOPLE

Older people are often an underutilized resource. Those who are functioning well can be an effective source of care and support to their peers who may not be as able. Lay older people – or peers – can be trained to be informal caregivers of other less able older people in the community, even in low-resource settings.

During the Global Forum sessions on community-based models, speakers shared examples of models that effectively use peer-to-peer networks to provide psychosocial support, education, basic health care services and other forms of support to more frail older people in their homes. Older people might even be better suited to provide certain kinds of support than medical professionals, since in many cases a large portion of the care and support needed is not medical. There is a specific role for peer carers that cannot be filled by medical professionals or by non-peers.

In several Asian countries, for example, older people associations were formed to organize and manage home-care programmes through the recruitment of local volunteer community



caregivers. This avoided the need for expensive care such as paid workers or infrastructure expenditures like centres. While all funding from an NGO ceased in 2013, what began with just five older people associations has mushroomed into hundreds of such self-sustaining entities. By the end of 2015 there will be a projected 1500 older people associations in Viet Nam alone, and more than 500 in Cambodia.

## COMMUNITY RESOURCES

The community is a rich source of support for older adults and caregivers. Innovations that leverage members of the community in new ways tap into existing, underutilized resources for the benefit of ageing in place.

Providing support from within a community helps to ensure long-term relationships and trust, and reduces the burden on family caregivers and institutions. Community support can come from volunteers, local businesses, transportation providers and extensions of a health or social care system, like pharmacists or community health workers. In Japan, 110 000 trainers have been trained, who in turn have trained 2 million people to support older people with dementia. The system is also intergenerational, with teenagers forming the third largest group of dementia supporters.

Especially for medical adherence, pharmacists have an important role to play thanks to their position in the community, their ability to build relationships and their person-centred approach. A study in Scotland, for instance, showed that

many older people were taking 15 or more medicines, and that many were taking “high-risk” medicines – those that can cause adverse effects. A seven-step process was introduced to avoid inappropriate polypharmacy and improve medical adherence. It includes discussions with patients, forming effective partnerships between both patients and pharmacists, as well as pharmacists and general practitioners. This reduced harm to patients by 25%.

## NEW MODELS TO SUPPORT CAREGIVING

During Global Forum conversations on enabling environments for caregiving, participants agreed that the burden of care is very heavy on caregivers. Yet many are poorly trained and not well compensated. More support for caregivers and for more people to become caregivers must be created. In addition, a better understanding of what it means to be a caregiver is needed, as well as better preparation for those who are or will





be caregivers. The pioneering HelpAge ROK-ASEAN approach is a volunteer-based model that provides training and technical support to older people, volunteers and NGOs to provide home care to older people.

The economic impact on employers whose employees are caregivers is very large. Consequently, the question of how caregiving responsibilities are shared between state, service providers, communities and family must be answered. These will differ according to context. Both those giving care and those receiving care should have options from which to choose.

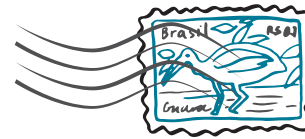
For example, when people deal with an uncoordinated network of service providers for their elderly parent(s), it takes a toll on their productivity. This is costly for employers. If

employers were aware of this, they would call for more coordinated care and more support for caregivers. Companies can and should offer “care leave”, just as they do maternity leave. The end of life should be celebrated and processed, just as its beginning is. The question is one of duration – how long a leave should someone be granted to take care of an older person?

Innovations and evolution in the social aspects of caregiving are needed for older people to age in place, and to ensure functional ability and well-being not only for older people but also for the people who provide care. See below for a story from Brazil which illustrates this. Health literacy is important in caring for others and for oneself. Community-based organizations can facilitate self-care learning among older adults, which has a positive ripple effect within families.



## Nenem ages in place thanks to technology and a new model of caregiving



*My name is Marta Pessoa* and I am a friend of a WHO Global Forum participant. I am joining the conversation on healthy ageing because I recently heard my friend talking about “ageing in place” and the concept immediately resonated with me. This is why.

My nanny’s nickname is Nenen. She looked after me with absolute devotion when I was a child. Once I grew up, in Northeast Brazil, she became my parents’ cook and eventually, for years, their main carer. By then I had moved to Rio, thousands of miles away. Nenem never got married, did not have children and had limited contact with her own relatives. We developed a strong bond and as she grew older, virtually without a family of her own, she reluctantly accepted my invitation and moved to my parents’ now empty home.

Nenen became increasingly frail and dependent and I needed to develop ways to continue to be present in her everyday life, coordinating and supervising her care so that she could continue to age in place. This was not easy, considering the distance separating us. Only through the use of technology did it become feasible: I use video chat to be in touch with her and her informal carers; we rely on smartphones so that she can speak to my children; I have installed video cameras around the house where she lives so that I can have a real-time sense of what is

happening; and we have a text messaging group with the medical team caring for her. More recently, with the onset or early stages of dementia, a new care team member has been added, an “administrator” in charge of running the household and the interface with the medical team – and with me through daily video calls.

While it is true that I am privileged, with the financial resources to provide such care to Nenem, it is also true that without the availability of technology I would not be able to give her the dignity and comfort of ageing in place: we live thousands of miles apart. Only 15, 20 years ago that would have been impossible, regardless of my economic status.

*Marta*

**Nenem taken to the beach by two physiotherapists**



7 November 2015

## ***Medical adherence: a key indicator***

Medical adherence is a critical challenge that affects older people in many places around the world. Older people are more likely to experience multiple chronic conditions simultaneously. This increases the number of medications taken at the same time – a key risk factor for lack of medical adherence. Some studies have shown that half of all patients with multiple medications do not take them as prescribed, and questions are emerging as to the necessity of the number of medications.

How can medical adherence be improved?

Self-care learning: one of the suggestions heard at the Global Forum was seeking community-based organizations that can facilitate self-care learning.

Training the health workforce: physicians need to put a lot of effort into identifying the 2–3 medications that will be crucial and adjusting these dosages for an ageing physiology, not merely multiplying the medications indiscriminately as conditions increase. New training is needed: this is a whole new prescription art/science that the health workforce needs to learn, including a renewed focus on health literacy of the individual and enhanced patient–provider communication

Creating better environments: a WHO expert told the Global Forum that the size of a person's social network is a good predictor of future mortality and morbidity. But it is not just about the size of the network – it is also about how closely linked a person feels to the network. Better social and physical environments are needed to keep older people engaged in issues that matter to them, including their health, and therefore adhering to medications.

Emphasizing care: medical adherence will improve when primary health care is strengthened to improve how people can access not only medical services but also social support and care.

The role of technological innovation: improving medical adherence can benefit from new technologies which, when combined with health literacy and better provider–patient communications, can simplify taking medication as prescribed and enhance reporting of the information to the provider.

It was clear from discussions in Kobe that the curative, acute care-based systems found in most current health care systems are not well equipped to handle issues like medical adherence or indeed many others. Medical adherence can be seen and monitored as an indication of how effective or ineffective a health system is because it requires a coordinated effort among different aspects of a health system and with aspects of the social support system.



# PERSON-CENTRED SERVICES: Integrated health and social care

## CURRENT HEALTH SYSTEMS DO NOT ADDRESS THE NEEDS OF OLDER PEOPLE

Older people can face many issues. Some of the most pressing are not medical: they are social and of a well-being related nature, such as isolation and loneliness. In some countries, the urban migration of younger adults means that older people are being left behind in their villages. Loneliness sets in.

The medicalized, curative-based approach currently found in most health care systems does not address these social care issues. Medical training for health workers is focused on the illnesses that afflict those who are young and middle-aged, not on the conditions, diseases and social issues that affect most older people.

In addition, acute care-oriented health systems generally do not coordinate effectively with social care systems.

“COMPANIONSHIP IS NOT SOMETHING THAT  
THE HEALTH SYSTEM PRESCRIBES.”

## PERSON-CENTRED SYSTEMS ARE NEEDED THAT INTEGRATE OR COORDINATE HEALTH AND SOCIAL CARE

The rapid increase worldwide of older people with diverse – including medical and social – needs requires revisiting the health systems currently in place. The solutions for many of the issues faced by older people are often social, not medical. See the short story below for an example. Many Global Forum participants shared their experiences and innovations (see Annex 3).

In Japan, for instance, almost 2 million people have been trained as dementia supporters. They are much more effective than medical specialists. People who suffer from dementia and their caregivers need support, which often means making sure that normal life can resume for both the patient and the carer, and that activities like going to a coffee shop are part of daily life again. It can also involve learning therapy, which has been shown to improve the cognitive function of older people with dementia through encouragement and teaching. This is not within the scope of medicine.

## TRAINING HEALTH PROFESSIONALS ON HEALTH AND SOCIAL ISSUES FACED BY OLDER PEOPLE

Older people face a number of health and other issues, such as social, emotional, psychological, environmental and spiritual issues. These can co-exist simultaneously with health issues and affect well-being as much or even more than physical health problems. In response, enhancing awareness and training health professionals on a broader range of issues, including early detection of problems such as early signs of dementia, would increase effective management of problems at a point at which something can still be done. Preventive medicine is a powerful force to ensure healthy and “smarter” ageing. Smarter ageing is based on socialization, nutrition, physical exercise and cognitive stimulation.

“MEDICINE IS JUST THE BEGINNING. BEHAVIOR IS THE BIGGER CHALLENGE.”

## BRINGING SERVICES TO OLDER PEOPLE

Care and support services should be made more available and accessible to older people: tele-consultation, for instance, is a creative way to connect patients with experts located in big cities; mobile clinics are a good way to reach older people by going to where they live and play, and where they feel comfortable.

## DE-MEDICALIZING OUR APPROACH

Rather than a medicalized approach, health systems should be person-centred and integrated with other care systems. This is essential. The integration or coordination of health care and social care services and systems is crucial to maintaining the functional ability and well-being of older people.

Integration or coordination can occur at the community level, at the health system level and

at broader levels of policy and financing mechanisms.

Some countries – such as the Republic of Korea and Singapore – have ambitious national approaches to social care. China and Thailand have chosen to encourage local government to be

more involved in community-based care. Others in east and southeast Asia rely heavily on civil society organizations, family, friends and neighbours to facilitate and provide community-based care.

## WHAT DOES “INTEGRATED CARE” MEAN?

Global Forum participants spoke of “integrated care” as care that has a broader scope and can include social support, housing and day-to-day care, as well as preventive measures. Integrated (or coordinated) care optimizes and utilizes community resources. It is also often publicly funded and can be part of UHC, requiring application of a broader definition of health.



In Japan it has been customary to rely on tertiary levels of care when older people have health issues; however, many issues are better dealt with at the primary care level or in long-term care settings. Over the past few years there has been a drive towards localized total care, which has led to a shift from a total hospital experience to a community-based model, and from a “medical” model of care to a “social” model of care. One model – the micro-multifunctional local community facility – has become a key example of these measures (see Annex 3).

### HOW CAN INTEGRATED SYSTEMS BE CREATED?

In most countries, the current curative, acute care-based health system model is deeply established and predominant, both in terms of common understanding of best practice (the medical model comes to mind first when

thinking of “treatment”) and as an established economic force. Imagining the solution – integration – is an important first step, but ways to integrate health and social care must also be devised.

Where both conventional biomedical health systems and social care systems exist, coordination mechanisms between the two can be implemented, or the systems merged. In countries where health systems and social care systems are still in the development phase, it may be easier to build them as one unit from the start.

### INTEGRATION PLANS

In China, supporting older people has become a priority. The government recently developed and implemented a five-year integrated social and economic plan for older people and will develop guidance documents to speed up care



“PHARMACARE IS NOT THE KEY ISSUE.  
THE ISSUE IS WHETHER PATIENTS SEEK IT OR NOT.”

services, with the aim of integrating health care with elder care services. Further ideas on integration include:

- » making innovations available and accessible in older people's homes, who will then be guided by geriatric, medical and nursing professionals in their use;
- » a new geriatric medicine course for medical and nursing students;
- » conducting yearly physical examinations of older people to detect cancer, diabetes, hypertension, nutrition and oral health issues;
- » using electronic health documents for monitoring over time.

## CARE COORDINATORS

Japan's micro-multifunctional community facilities have created “care coordinator” positions. Care coordinators are the heart of the long-term care system and are responsible for the design, delivery and monitoring of every service user's individual care plan. They can also commission care from a range of providers. This model highlights their potentially central role in an integrated system, but it can only be successful if these care coordinators are appropriately supported within the system, through relevant training and commensurate salaries. They may also represent a new class of workers who lie between the health and social







care sectors, with a mandate to coordinate and manage professionals from either sector.

The AgeWell model is another example of how care coordinators can act as “health and social brokers”. AgeWells are people who act as links to both health and social services. If a client needs a social worker, the AgeWell will connect them to a social worker. If a client needs a referral to a doctor, the AgeWell can facilitate this. The AgeWell can also help health professionals understand a client’s home and social situation.

HelpAge is another organization implementing this model. In Viet Nam, for instance, the

HelpAge self-help groups provide as many services as they can; in certain situations, they also act as a bridge to government, social, welfare and other public services.

### DE-CENTRALIZED INTERDISCIPLINARY TEAMS AND COMMUNITY NETWORKS

When the medicalized system becomes an integrated health and social care system, the balance shifts from having doctors or medical professionals as the central authority to creating a more de-centralized, interdisciplinary team approach.

An example of this can be found in Singapore, where the population is ageing rapidly. Singapore is developing community-based health and social services and training teams accordingly. The approaches are systemic and reach across disciplines, and the teams are person-centred and multidisciplinary. Since the teams cannot provide all the services themselves, they are creating and nurturing community networks and linking community services to these networks.

“LEARNING IS THE MOST POWERFUL AND ENJOYABLE APPROACH WITHIN PREVENTIVE MEDICINE.”

## Building better systems to ensure the safety of older people

Muriel Beach is an 88-year-old long-time resident of Chelsea, New York City, United States of America. She still lives on her own and has a lot of support from very devoted friends and neighbours. Despite significant mobility and health limitations, she rigorously continues a lifelong pattern of engagement and activity. She energetically applies her wide experience to voluntary activities on the local, municipal, federal and international stages. "At the end of a day I have the satisfaction of knowing that age has not prevented me from continuing to be a productive person; that my talents are not decaying or being wasted."

Her iPad has become her most precious work tool. "Being small, light and easy to use, I can work on it even while lying basically flat on my back. During a recent period of ill health, it enabled me to participate in meetings that I could not attend in person. I credit it with saving my sanity and preventing severe mental deterioration."

Technology however, is only as good as the system that surrounds it.

Although she lives in a comfortable middle-class apartment building in the trendy wine and sushi bar neighbourhood of Chelsea and is surrounded by all the sophistication of Manhattan, Muriel was completely trapped and isolated for five days in 2012 during Hurricane Sandy.



Muriel's building was outside the official evacuation zone. It had no electricity. This meant no heating, no refrigeration (her food stocks quickly spoiled), no water (New York City apartment buildings pump their water to roof top tanks) and no elevator (so she could not leave her building as she cannot walk the five flights of stairs). In addition, the front door to the building, which is electronically operated, was open 24 hours a day; she was therefore vulnerable because anyone could walk in off the street and she was largely alone in the building. Chaos reigned on the streets outside. At no point was there an appearance by a public official.

Most of her neighbours fled to weekend homes or to friends' places outside the city before Hurricane Sandy struck New York. Many of those in her extensive social network who chose to stay in the city during the storm were dealing with their own Sandy-related predicaments. Muriel's informal caregiver system could not withstand this kind of emergency and she was left to deal with it on her own.



# PLACES: Age-friendly environments

## THE ENVIRONMENTS IN WHICH PEOPLE AGE TODAY

WHO's *World report on ageing and health*<sup>6</sup> raises the importance of the context of the environment in enabling the ability of an older person to function properly. In order for people to age in place, the environments in which they live should accommodate and support different functional capacities over the life-course so that functional abilities are maximized.

Environments encompass the entire context in which we live. This includes transport, housing, accessibility of information, communication and technology and services.

Most environments today, however, whether they are cities, neighbourhoods, housing, or buildings, are designed for a younger demographic and not for older people.

## THE PLACES WHERE PEOPLE AGE LARGELY DETERMINE THEIR HEALTH AND WELL-BEING

In places where older people are growing significantly in proportion, including those in which they form the majority of the population, we cannot as a society continue to build

more of the same. Global Forum participants believe we must instead build alternatives that are inclusive of older people, and create environments that are able to support the physical, mental and social changes associated with ageing.

“TODAY'S ENVIRONMENTS ARE NOT SUITABLE FOR OLDER PEOPLE TO AGE IN PLACE.”

Age-friendly environments are good places to grow old because they foster healthy and active ageing. They allow older people to continue developing and to continue contributing in the way that is most meaningful for them – in the place where they wish to age.

Creating an environment that is “fit” for older people of all levels of intrinsic capacity is a key concept within age-friendly environments. The environment works in two fundamental ways: it builds or enhances intrinsic capacity. When it is working well, it builds the functional ability of an older person according to their level of intrinsic capacity, even if it might be low.

<sup>6</sup>World report on ageing and health. Geneva: World Health Organization; 2015 (<http://www.who.int/ageing/publications/world-report-2015/en/>, accessed 15 October 2015).

Innovations in the care of older people should therefore consider the relationship of an older person with the environment around them.

More than half the world is now urban, making cities one of the most important environments in which people operate. According to WHO, an “age-friendly city” is an inclusive and accessible community environment that optimizes opportunities for health, participation and security, and that ensures the quality of life and dignity of older people as they age. The premise of age-friendly city interventions, for instance, is that changing the features of people’s social and physical environments, including older cohorts, will have a long-term impact on a population’s health and well-being. The age-friendly approach has been an evolving process exploring socially inclusive environments for older people, which culminated in WHO’s *Global age-friendly cities: a guide*<sup>7</sup>.

### HOW CAN ENVIRONMENTS BECOME FRIENDLIER FOR OLDER PEOPLE?

The creation of age-friendly environments should be participatory and should take into consideration involving older people, inclusive

design, the diversity of functional capacities, as well as context. Planning and designing in this way will benefit all, not just older people.

Innovations for older people come in different shapes and sizes. In Japan a venue that was designed for everyone, the exercise centre Curves, was adapted to the needs of older people, and especially older women. Short work-out classes, courses for women only, a “no make-up” rule – all these encourage older women to participate in physical exercise and enjoy themselves.

### HOW TO ASSESS THE “AGE-FRIENDLINESS” OF AN ENVIRONMENT

The ability to participate fully in life and community defines fit between a person and their environment because it balances the needs of individuals with all other elements within the environment. In each context, multiple variables or factors are more important and these should guide how the environment should be built, and how its suitability can subsequently be measured.

The WHO Kobe Centre recently finalized a key monitoring framework and tool to help

**“MAKING ENVIRONMENTS AGE FRIENDLY IS ABOUT ACCESSIBILITY AND EQUITY.”**

<sup>7</sup> Global age-friendly cities: a guide. Geneva: World Health Organization; 2007 ([http://www.who.int/ageing/age\\_friendly\\_cities\\_guide/en/](http://www.who.int/ageing/age_friendly_cities_guide/en/), accessed 16 October 2015).

**“FRIENDLY PLACES IN THE COMMUNITY CAN HELP REDUCE THE COST OF DEMENTIA CARE.”**

cities and communities measure their “age-friendliness”. It contains a set of core indicators used to measure the age-friendliness of an environment, ranging from a city’s physical and social environments – including aspects like the design of public spaces and buildings, housing, transportation, walkability, accessibility of public spaces, transportation, affordability, safety, accessibility of information and services.

In developing the age-friendly cities guide, the WHO Kobe Centre ensured that the indicators would be sensitive to the fact that age-friendliness is contextually driven by piloting them in 15 cities worldwide. Official data sources like administrative and census data were used, as well as self-reported data from surveys of older residents. The importance of triangulating became clear: while one data set pointed to accessibility in technical terms – walkable sidewalks as measured by city standards – the other indicated that older people didn’t find them to be walkable in practical terms. In another context entirely, walkability might have no bearing whatsoever if at the outset the environment is not safe enough for older people to walk in it.







# PRODUCTS: Technology solutions

## TECHNOLOGY CAN SUPPORT OLDER PEOPLE TO AGE IN PLACE

Technologies for older people should be designed with the ultimate goal of enabling them to participate fully in their communities by empowering them to continue with their activities or do the things that matter to them. By being part of the continuum of care, technologies can meet the needs of older people, deliver better value and be cost-effective for governments.

## ADAPTING TECHNOLOGIES FOR OLDER PEOPLE

The rapid rise in available technologies means more opportunities to adapt technologies for the purposes and needs of older people. Global Forum participants agreed that new technologies or devices do not always need to be invented. In many cases, applying existing technologies or expanding access to them opens opportunities for ageing in place. For instance, existing technologies can be used to improve the quality of life for people with

dementia or help them to avoid getting lost. Social network tools can help them with memory issues.

Existing communication technologies can respond to the social–emotional needs for connectedness at home of all older people. Being connected to family members, friends and older people who may have similar circumstances or experiences becomes a question of education and training on current technologies and making these available and accessible, rather than the design of new ones.

Technologies can also support the informal caregivers of older people. Robots are sometimes used to help caregivers hold or carry patients in Japan. Social network tools can be a good way to help with memory issues and communicating with friends. Informal caregivers can also improve the quality of their care and ease their burden by tapping into existing networks of caregivers through information and communication technologies.

“ TECHNOLOGY FOR OLDER PEOPLE  
SHOULD CONTRIBUTE TO THEIR FUNCTIONAL ABILITY. ”

## TECHNOLOGIES SHOULD EXPAND ACCESSIBILITY OF CARE

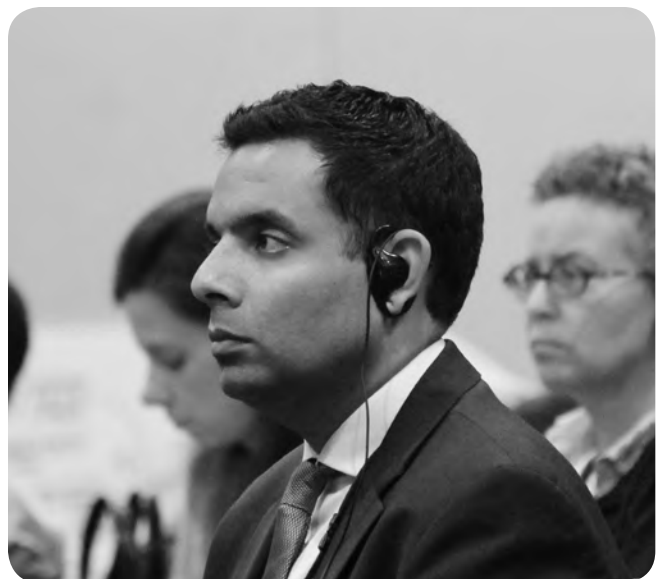
Technologies can significantly improve the life experience of older people. All older people should therefore have access to these technologies. To this effect, WHO developed a flagship programme called Global Cooperation on Assistive Technology (GATE) in 2013 to improve access to high-quality, affordable assistive products for different functions such as mobility, vision, hearing, communication, cognition and those related to the environment.

Global Forum participants noted that the private sector often provides high-tech products for consumers, but that there is a need to provide basic and frugal technologies for older people. Technologies to support older people should be available where they are and go: pharmacies, grocery stores, community centres and coaches. Blood pressure measurement and monitoring devices, for example, can be made available and accessible in different settings.

Mobile technology, as an example, offers significant opportunities to improve the lives of older people, particularly in LMICs. Using mobile technology to improve health can make care more inclusive. Nurses and community health workers can be trained to use technology to conduct simple diagnoses that can ultimately save lives.

## TECHNOLOGIES DO NOT AND CANNOT REPLACE THE “HUMAN TOUCH”

Technologies and their use are important for older people to age in place. Nevertheless, they are not the only answer. Many people do not want to be defined by the technology they use. Technology should be regarded as a tool, not a solution in itself. Technologies must also not be seen as an inexpensive substitute for human contact or human engagement. Such cost savings can be counter-productive, since the costs of resulting loneliness and social isolation can outstrip the potential savings. Designing environments that enable people to age and die in dignity, including within institutions, is critical. Both technologies and environments must be inviting and functional and should address the emotional needs of older people.





12 NOVEMBER 2015

### ***Assessing health technologies: can we reconcile approaches?***

The question of health technology assessment is a complex one, partly because of the rapid evolution of technology, the number of actors involved in the development of health technology and their unique perspective. This was evident during panel discussions at the Global Forum, where both speakers and participants shared very strong views.

In addition to selecting the relevant metrics for evaluation, a key consideration at the centre of the debate was the need to redefine how evidence is used, and what is considered “good enough” evidence to inform decision-making – whether at the individual level or at institutional and governmental levels. Scientific researchers and health authorities often require lengthy and costly randomized control trials to evaluate the safety and efficacy of health interventions, whether they are related to new medicines, assistive technology or medical equipment. In some cases, the results of a randomized control trial conducted with tens of thousands of people in one country do not mean that the health intervention will be accepted in another country.

Technologies – especially information and communication technologies – are evolving quickly, however. In order to keep up with trends and advances and still be profitable, design and implementation periods are becoming shorter. This significantly challenges traditional evaluation methods such as randomized control trials, which are seen as a gold standard to measure the impact on health outcomes.

All participants supported the need for sound assessments of technologies that address the well-being of older people and their caregivers. Regardless of their application – for patients, caregivers, health professionals, institutions – health technology assessments should answer all the following six questions.





- » Does the technology improve the lives or care of older people and those caring for them?
- » To what extent does the technology enable living independently and less costly care?
- » To what extent does the technology generate useful information; is it useful for older adults and care providers?
- » Can older people engage with and use the technology?
- » Is the technology affordable and does it represent value to consumers and/or government funders?
- » Is the technology scalable and sustainable?

Overall, Global Forum participants agreed that technologies should be evaluated based on their usefulness, applicability, acceptability by users, affordability, quality and safety. It was also suggested that the value of technology could be assessed by the opportunity it offers to identify and forecast the creation of economic opportunities.



**GFIAP REPORT**

# **POLICIES: Facilitating and scaling change**

## **INNOVATIVE POLICIES ARE NECESSARY TO MAKE AGEING IN PLACE POSSIBLE**

Ageing in place and successful ageing in place are two different things. Successful ageing in place is the result of an autonomous choice to grow old at home. In many LMICs no other system of care is available for older people: ageing at home is both poorly supported and a choice-less choice.

According to Global Forum participants, successful ageing in place requires innovation and a shift in thinking and planning in all areas of society: new human resources must be allocated and trained, person-centred services offered, age-friendly environments developed and technology products created and adapted. To support their systematization and expansion, innovations are required in the policy realm to facilitate and scale change.

Governments provide the cohesive force behind change and they must develop the policies needed for older people to age in

place. A crucial step is therefore for policy-makers to agree that integrating social and health care is needed.

Older people are at the centre of the demographic and social transformations ahead. Their voices should thus be included in the policy discussions and decisions.

## **DEVELOPING POLICIES BASED ON EVIDENCE**

Best practice in developing policies requires them to be based on evidence. Critical to evidence-based policy-making is the collection, analysis and dissemination of appropriate data representing older people – and the metrics to guide and monitor progress. This is a challenge in itself. As shown by several Global Forum speakers, globally many population-based surveys focus on younger people – usually in the age bracket 15–49 years. In Asia the health survey age-based cut-offs currently stand at 60 years. This means that people aged above 60 years are excluded from

**“TO SUPPORT OLDER PEOPLE, WE NEED HUMAN RESOURCES, PRODUCTS, SERVICES, ENVIRONMENTS, AND POLICIES THAT OPTIMIZE FUNCTIONAL ABILITY ACROSS THE LIFE COURSE.”**

many global surveys. There is also a dearth of longitudinal health data, as well as data on informal caregivers. Often, when data on older women and men is collected, it is not fully analysed, reported or utilized.

The active involvement and active voices of older people are not only essential in the data collection process: older people and communities can also be involved in validating the data compiled by authorities or at least in providing feedback, when possible. This is important as it promotes transparent and honest metrics. It also ensures that metrics are relevant to the local context and local values are integrated.

Which metrics should be used? New concepts are needed to understand healthy ageing and to define and measure the things that matter to older people, such as functioning and well-being. As seen in previous sections, it is challenging to measure the “fit” of an older person to the environment. The concept of healthy ageing, which calls for a “best fit” between an older person and his or her world, entails a defined set of concepts and context-specific measures that allow to determine when “fit” is optimal,

good, fair or poor. It then requires data and policies to track progress towards this “best fit”. Active, healthy ageing is a multidimensional process. Global Forum participants agreed that a multidimensional approach to metrics should be used – one that also enables the

measurement of progress.

Participants also pointed out that while it is easy to be overwhelmed by the data conversation, the data we already have are already a great source of information to analyse. It is not always necessary to generate more data. A key challenge that has not yet been met is to make accessible to older people the means that exist and are known to be effective.

**“WE CANNOT MONITOR WHAT WE DO NOT MEASURE. THE CHALLENGE IS TO MAKE SURE THAT PEOPLE ARE USING THE AVAILABLE DATA APPROPRIATELY.”**



For example, more than one in three adults worldwide have high blood pressure, with the proportion increasing to one in two for people aged 50 years and above. Data presented from the WHO SAGE studies showed that even though hypertension is easily diagnosed and treated, this basic form of health measurement is still underutilized and underdeployed, particularly in LMICs.<sup>8</sup>

Data and metrics are key tools to drive dialogue and policies on ageing issues. The voices of

<sup>8</sup> Kowal P, Chatterji S, Naidoo N, Biritwum R, Fan W, Lopez Ridaura R et al. Data resource profile: the World Health Organization Study on global AGEing and adult health (SAGE). *Int J Epidemiol*. 2012;41(6):1639–49.

older people can and should be reflected by consulting them about what data should be collected and what information conveyed to policy-makers for reflection and action, and engaging them in actual data collection where possible.

## IMPLEMENTING POLICIES FOR AGEING IN PLACE

All Global Forum participants agreed that supporting older adults to age in place requires coordinated cross-sectoral policies. Governments can be well positioned to break silos and engage civil society, grassroots organizations and NGOs in discussions on healthy ageing and ageing in place.

Policy-makers must also resolve how cross-sectoral policies can be implemented and monitored when multiple budget streams and stakeholders have to be tightly coordinated and managed, and where competing political interests and forces have to be satisfied. This is apparent in high-income countries, which are rapidly facing the impact of ageing: the steep increase in the number of older people has significant financial implications. In the United



States, for instance, 17% of gross domestic product is currently directed towards health care, and 40% of high-cost patients are frail older people.

Health care financing is a challenge even today, in the current systems and models of care that lean heavily towards institutionalization. See the story from Tanzania below for an example of this. Financing is a major challenge for both scale-up and sustainability of many of the integrated models that offer solutions for older people to age in place successfully. Structures and payment systems have to be revisited, as there is currently little investment in social support in many countries. Choices will have to be made on the back of cost- and efficacy-related research, to evaluate the multitude of available models. Many good ideas are in use and are competing simultaneously within the same space.

Governments alone cannot fund all the components needed within an integrated

**“DATA AND METRICS  
CAN BE USED TO DRIVE  
INNOVATION AND  
CHANGE FOR HEALTHY  
AGEING.”**



**“WE CANNOT CREATE TOMORROW  
AS IF IT WERE A COPY OF TODAY.”**

spectrum of care and services for ageing in place. Innovative solutions must also be imagined and implemented to facilitate not only cost-effectiveness but also sustainability. Engaging the private sector is possible, and public health professionals and other stakeholders must effectively articulate to them the benefits of being involved. In Japan, for instance, the dementia supporters programme is partnered with local government as well as private sector actors, which helps to sustain the cost of the programme.

It was clear from the conversations at the Global Forum that we cannot, however, devolve the responsibility of “the public good” solely to industry, in much the same way that we cannot devolve the responsibility of caregiving and ageing in place solely onto families and friends. A careful negotiation of the compact between family, government and the private sector will be a crucial process that many countries will have to undertake in the years ahead. For this process to be equitable and successful, high-quality and relevant evidence is needed.

Insurance systems can be effective in supporting both governments and individuals in the financing of health care and integrated care for older people to age in place. As an example, long-term care insurance began in Japan in

2000 with a vision of an integrated community care system by 2025. This radical, mandatory and universal system became highly popular; through new financial remodelling it led to a planned and purposeful expansion in care provision for older people. Owing to a surge in uptake, however, the long-term sustainability of this insurance system is still an issue.

Insurance systems can provide many benefits. Alongside these, however, they can also create barriers to accessing services. A lack of insurance, or underinsurance, can result in high health care costs and co-payments. In the context of LMICs, where a large segment or even a majority of the workforce might still be informal, the role of equity in contributory insurance schemes must be thought through carefully if universal access is to become reality.

Rapid ageing is happening almost everywhere and policy-making takes time and requires many processes. States and multidisciplinary stakeholders would benefit from sharing experiences and guidance on evidence-based policy recommendations. Some Global Forum participants requested that WHO take a lead on this and expand its knowledge-sharing platforms and events to include such information.



## Improving access to basic health services

"It's a real challenge if someone cannot afford medicine. Sometimes they just go back home. Unfortunately, the staff of health facilities have no extra funds and sometimes all they can do is refer someone to the district hospital.

For example, yesterday afternoon an older man fell down. He could not go to the hospital on his own. So I organized transport for him to the local health clinic. But they couldn't check whether he had a fracture, because they didn't have any X-ray machines. So the clinic referred him to the hospital, but the clinic had no fuel so they couldn't take him to the hospital. I had to find 2000 Tanzanian shillings (US\$ 1.50) for the fuel. The man was transported to the district hospital. But four hours later, at 10pm, the man's son called me to say he still had not been seen by a doctor.

Luckily I had the number of the district medical officer, so I rang him up, and he called the doctor in charge, who was at home. He said that the older man had been received and checked and he had a fracture. But the problem was that they had no bandages to make the plaster cast

around his leg, so the man would have to wait until morning while they tried to find some bandages. So we experience a lot of challenges. But we also have some successes."

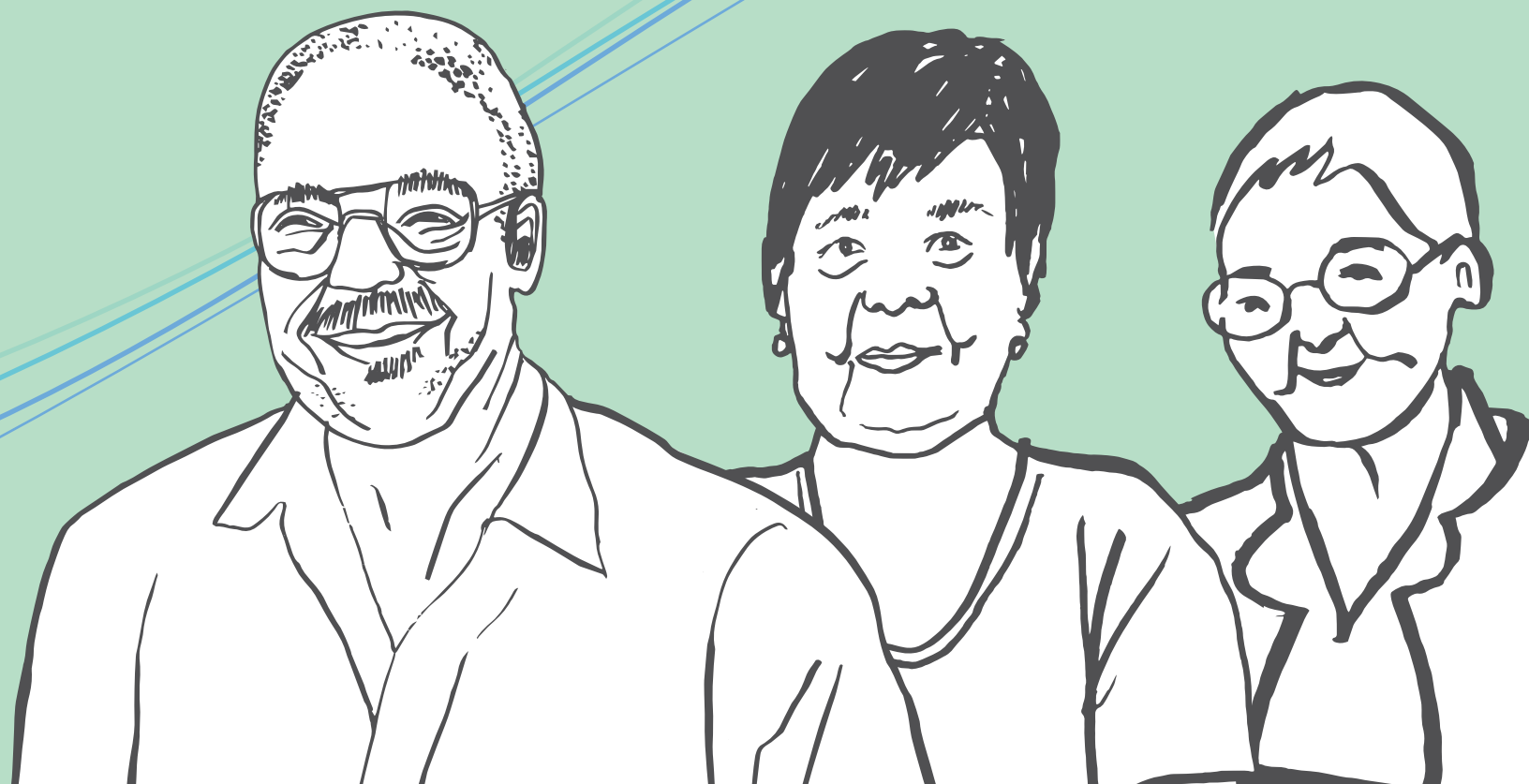
This story was shared by Mr Elisha Sibale, 69, who is head of the Good Samaritan Social Services Trust, an organization that mobilizes and trains home-based caregivers in Kibaha District, Dar es Salaam, Tanzania. Home-based caregivers are volunteers who make home visits, identify sick and homebound older people unable to reach facilities and encourage their visit including by accompanying them and following up after they have been diagnosed with the required treatment.

Courtesy of HelpAge International





# **ENSURING HEALTH SERVICES AND CARE ARE ACCESSIBLE TO EVERYONE**





19 November 2015 03:29

From: **ROSEMANN, Gertrud**

To: **GFIAP2015**

Cc: **ALL PARTICIPANTS**

Subject: **Ensuring health services and care are accessible to everyone**

Dear Global Forum team,

Thank you for forwarding the documents detailing the key aspects needed to make ageing in place possible for older people.

With all the information shared in Kobe, I do have one concern. How can the ideas and examples for tomorrow be brought to all older people across the world, in low- and middle-income countries as well as high-income countries? Does WHO have a larger plan that would make this vision of ageing in place possible for all older people, no matter where they live?

Thank you!

Best wishes,

Gertrud



20 November 2015 3:29

---

**From:** ROSS, Alex**To:** ROSEMANN, Gertrud

---

**Cc:** ALL PARTICIPANTS

---

**Subject:** Re: **Ensuring health services and care are accessible to everyone**

---

Dear Gertrud,

Thank you for expressing your concern to us. It is one that the WHO Kobe Centre shares wholeheartedly.

#### **PERSON-CENTRED CARE**

WHO's current programme agenda on health systems focuses on putting people, including older people, at the centre of our agenda, discussion and action – just like we did at the 2nd Global Forum on Innovation for Ageing Populations in October 2015. And we do that because people are at the heart of all of WHO's work: the WHO Constitution of 1948 states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

Our aim continues to be to empower and engage older people, and to support their ability to manage any functional or cognitive decline as well as to maintain their health and dignity. In short, we work towards enabling all older people to enjoy the highest attainable standard of health for as long as possible, to remain in their homes and communities and to be able individually and collectively to contribute to society.

In WHO, the overarching framework to bring this vision to reality is universal health coverage (UHC). UHC has a direct impact on people's health. When people have access to health services they are more productive, they can actively contribute to their families and communities and their quality of life is improved. Their children can go to school and learn. And they are protected from being pushed into poverty when they have to pay for health services out of their own pockets. UHC will reshape how health systems are designed, implemented and monitored to deliver comprehensive high-quality health services that range from prevention to treatment to palliative care. This will be done in a way that reaches everyone.

A WHO fact file on UHC<sup>9</sup> is available on the WHO website.

The recently adopted Sustainable Development Goals (SDGs) also endorsed the ambitious but necessary concept of UHC: "to ensure healthy lives and promote well-being for all at all ages" (Goal 3). Along with WHO's *World report on ageing and health*,<sup>10</sup> the SDGs and UHC approaches set the stage for considering how health systems, the health sector and other sectors of society can be transformed to organize and design health and care services in more coordinated and integrated ways, as conveniently accessible as possible to older people in the community.

This kind of thinking typifies the multisectorality of health interventions and policies needed for older people. In the new SDG framework, such an approach brings together the UHC target and several other targets, including the Health Goal 3 and Goal 11, which is to: "make cities and human settlements inclusive, safe, resilient and sustainable". An example is the need to make transportation safe and accessible for more vulnerable populations.

Throughout the Global Forum all participants, without exception, spoke about the need for integrated care and support so that older people could successfully age in place. Many participants expressed that this care and support should be tailored to context and individual needs. They also agreed that equity is paramount, and that access to care and support should be

<sup>9</sup>Fact file: 10 facts on universal health coverage. In: World Health Organization [website]. Geneva: World Health Organization; 2015 ([http://www.who.int/features/factfiles/universal\\_health\\_coverage/facts/en/](http://www.who.int/features/factfiles/universal_health_coverage/facts/en/), accessed 16 October 2015).

<sup>10</sup>World report on ageing and health. Geneva: World Health Organization; 2015 (<http://www.who.int/ageing/publications/world-report-2015/en/>, accessed 16 October 2015).

universal. In a conversation about innovation and access, the example of hearing devices was used to illustrate this. Across the world, particularly in LMICs, 97% of people who need hearing devices cannot access them. A participant stated that innovation without access is meaningless: in order to be cost-effective, innovations – whether they are about human resources, products, services or policies – must be accessible to those who need them. This means they must also be scalable, meaning that their application can be expanded to wider contexts.



### THE ROLE OF THE WHO KOBE CENTRE

The WHO Kobe Centre has an important role to play to support countries on the path to universal health coverage, and particularly to support older populations. As part of its new 10-year research strategy 2016–2026, its overall mission is “to research and foster innovative solutions and translate them into policies and actions to achieve sustainable UHC, in particular, for ageing populations”. To accomplish this mission, the WHO Kobe Centre has identified five distinct yet mutually supportive research work streams that would be further informed by the outcomes of the Global Forum:

- » enabling countries to plan for sustainable UHC through enhanced policy development and policy coherence;
- » developing comprehensive service and benefit packages for older populations under UHC;
- » supporting practical approaches to integrated health and social delivery systems and community-based systems;
- » enabling promising innovations and their scale-up;
- » increasing local preparedness and resilience of health systems in the context of health emergencies.

The WHO Kobe Centre and colleagues across WHO are working to create a future where all older people, no matter where they live, can choose to age in place successfully. And in order for that future to come to life, we must work together across sectors to manifest this vision of integrated care and support for older people and, indeed, all people.

We look forward to seeing you at the next Global Forum on Innovation for Ageing Populations!

Best regards,

Alex



# FINAL NOTE





# Final note

The 2nd WHO Global Forum on Innovation for Ageing Populations made formal and informal conversations possible between stakeholders who are all passionate about improving the lives of older people – stakeholders who did not necessarily communicate or collaborate in the past. It built upon the platform created in 2013 to share information, debate and drive new thinking about the current and emerging health and social challenges surrounding ageing populations, and encouraged participants and stakeholders to take action and move beyond the conversations of 2015.

## IMAGINING TOMORROW

For three days, participants from all over the world collectively imagined a different future. The conversations held were filled with ideas and suggestions that pivot around the desire of older people to age in place successfully, and the systems and innovations that must be developed to enable this. These include overcoming stereotypes about ageing, new human resources, person-centred integrated health and social services, products that support older people, age-friendly environments and policies that facilitate those changes, as well as an overall framework that will support all this.

Yet as passionate as we are collectively, oftentimes we engage in discussions as if they were an intellectual exercise. As if by speaking

of older people, we are speaking of a group of people to whom we can hardly relate. To put things into perspective, someone said at the Global Forum: “we don’t design for the elderly, we design for us, in a few years. Make it personal and individual.” We are speaking about our lives, our collective future. And that is not an intellectual exercise.

## FROM IMAGINING TOMORROW TO CREATING TOMORROW

This is why, in the last session of the Global Forum, all participants were asked to turn to their neighbours and commit to taking a specific action in the short term that will ensure this conversation about older people continues. For some, that pledge might have been to make a personal plan for caregiving. For others, it might have been to introduce a policy measure to provide caregiver leave. Still others might have committed to studying how the case

studies and examples shared in Kobe could be applied to their contexts.



I will give a report to Hanau City Hall about the Global Forum and the projects in which I am involved, and continue my work to help younger people understand ageing. What's your pledge?

The challenges associated with a rapidly ageing population and concomitant epidemiologic transitions that society and individuals face are beyond the scope of one sector alone. So are the solutions. WHO and governments are best positioned to convene and engage the relevant stakeholders and to break down the silos that prevent more holistic responses. Different stakeholders can share responsibilities and engage in meaningful relationships with one another. Academics, governments and community organizations can work with industry partners to create enabling environments for older people to age in place.

Sustainable solutions to the changing demographic landscape are shared values. These solutions will benefit everyone, not just older people. Governments cannot devolve their responsibilities to the private sector, just as the private sector cannot ignore its social responsibility towards older people. Everyone has a stake in how we plan for healthy ageing and for our future.

### MOVING THE CONVERSATION ALONG

During the concluding session of the Global Forum, a speaker expressed the views of many that the conversations held during the event were the same as those that have been continuing for the past several years. The Global Forum therefore urges all participants and readers to go beyond just having the conversations, towards action. It is time to be held accountable – to colleagues, to ourselves and to all the older people of today and tomorrow.

What can be done to contribute to and ensure that:

- » adults today make the right lifestyle choices for their healthy ageing and take the right actions for the healthy ageing of all older people;
- » older people can choose to live in a home and a community where they feel safe and where they know they can grow older, no matter their level of functionality;
- » older people who require care and support are supported and cared for in a way that is respectful and meets all their needs, that isn't an unwanted burden on their family and that doesn't send them or their family into bankruptcy?

WHO and the WHO Kobe Centre invite all to share the actions, lessons, research, insights and questions to advance innovation for ageing populations in order to create the tomorrow we have imagined.

@WHOKobe  
 #GFIAP2015  
 #healthyageing  
 #innovateforageing  
 #YearsAhead  
 (Instagram)

# ANNEXES

# Annex 1: Agenda of the 2nd Global Forum on Innovation for Ageing

## GLOBAL FORUM ON INNOVATION FOR AGEING POPULATIONS



### SPEAKERS & PROGRAMME AGENDA

#### Day 1: Wednesday, 7 October 2015

**9:00 -- Registration**

**10:30 – 12:00 Speed networking**

**12:00 – 1:30 Lunch & Welcome**

**1:30 – 2:50 Parallel Sessions**

**Models for community-based care: Engaging members of the community**

Mayumi Hayashi, King's College London  
Mitchell Besser, AgeWell Global  
Utae Mori, Osaka University of Economics  
Alexandre Kalache, International Longevity Centre-Brazil

**Inclusive and people-centred design**

Gretchen Addi, Ideo  
Matthias Hollwich, HWKN  
Wendy Rogers, Georgia Institute of Technology  
Grace Chan, International Federation on Ageing

**Medical adherence: addressing patient, provider, and social factors**

Jorge Pinto Antunes, European Commission  
Alpana Mair, Scottish Government  
Manjiri Gharat, Indian Pharmaceutical Association  
Wai Chong Ng, Tsao Foundation

**3:00 – 4:20 Parallel Sessions**

**Models for community-based care: Integrating health and social care systems**

Anne Connolly, Irish Smart Ageing Exchange  
Mitchell Besser, AgeWell Global  
Thuy Tran, HelpAge Vietnam  
Hiroyuki Yamaya, Ministry of Health, Labour and Welfare, Japan  
Mayumi Hayashi, King's College London

**(Parallel Sessions continued)**

**Technology assessments for impact**

David Lindeman, Center for Technology & Aging  
Samir Sinha, Mount Sinai and University Network Hospitals  
Yot Teerawattananon, Ministry of Public Health, Thailand  
Stephen Johnston, Aging 2.0

**Medical Adherence: Monitoring**

Jorge Pinto Antunes, European Commission  
Bernard Vrijens, MWV Healthcare  
Kiyomi Sadamoto, Yokohama University of Pharmacy  
Timothy Chen, University of Sydney

**4:20 – 4:50 Coffee break**

**4:50 – 5:20 Opening remarks**

Marie-Paule Kieny, Assistant Director-General, Health Systems & Innovation, WHO  
Toshizo Ido, Governor of Hyogo Prefecture, Japan  
Hiroyuki Yamaya, Ministry of Health, Labour and Welfare, Japan

**5:20 – 6:20 Keynotes**

Hiroyuki Murata, Smart Ageing International Research Center (SAIRC), Tohoku University  
Marc Freedman, Encore.org

**6:30 – 8:00 Reception**

# SPEAKERS & PROGRAMME AGENDA

## Day 2: Thursday, 8 October 2015

### 9:00 – 10:15 Global Ageing

John Beard, WHO Ageing and Life Course  
Somnath Chatterji, WHO Health Statistics and Information Systems  
Bussarawan (Puk) Teerawichitchainan, Singapore Management University

### 10:15 – 10:30 Coffee break

### 10:30 – 11:30 High-level policy-maker panel

Kiyoshi Kurokawa, Health and Global Policy Institute  
Helen Campbell, AGE Platform Europe  
Donald Moulds, The Commonwealth Fund  
Ruth Katz, U.S. Department of Health & Human Services  
Zhaohua He, National Health and Family Planning Commission, P.R. China  
Hiroyuki Yamaya, Ministry of Health, Labour and Welfare, Japan

### 11:30 – 1:00 Lunch

### 1:00 – 2:00 Plenary

#### How do metrics drive change?

Jane Barratt, International Federation on Ageing  
Megumi Kano, WHO Centre for Health Development  
Toby Porter, HelpAge International  
Radek Malý, European Commission

### 2:15 – 3:30 Discussion Groups

#### How should we assess healthy ageing?

Somnath Chatterji, WHO

#### How should we assess health technologies?

David Lindeman, Center for Technology and Aging

#### How should we assess the age-friendliness of communities?

Enrique Vega Garcia, WHO Regional Office for the Americas

### 3:30 – 4:00 Coffee break

### 4:00 – 5:00 Day 2 Synthesis & Keynotes

Synthesis: Alex Ross, WHO Centre for Health Development  
Andreas Heinecke, European Business School  
Gertrud Rosemann, Dialogue with Time

### 5:00 – 7:00 Roundtable discussions

- 1 Adult Vaccination
- 2 ISO Standards in Ageing
- 3 Multinational/private sector's role in stimulating innovations for older people
- 4 Involving older persons in technology and ambient environmental design
- 5 Models of delivering community-based essential treatments
- 6 Comparing the silver economies of China and Japan
- 7 Medium level metrics connecting high level data with community activities
- 8 Long term care in LMICs
- 9 End-of-life care and the continuum with long-term care
- 10 Growing old as a migrant in a foreign land
- 11 Connected objects (including internet of things) and ageing
- 12 Spurring innovations for the 50+ market
- 13 Learning from doing: Japan's experience of work in ageing in other countries
- 14 Postman, policeman, grocer, friends and neighbours: the importance of non-kin social connections
- 15 Importing learning about ageing and health from the South to the North

# SPEAKERS & PROGRAMME AGENDA

## Day 3: Friday, 9 October 2015

### 9:00 – 10:15 Plenary Session

#### Enabling environments for caregiving

Toby Porter, HelpAge International

Masue Katayama, Social Welfare  
Organization Shinko Fukushima

Hyunse Cho, HelpAge Korea

Kim Choo Peh, Tsao Foundation

### 10:15 – 10:30 Coffee Break

### 10:30 – 12:00 Plenary Session

#### Innovation in technologies for ageing in place

Michael Birt, Center for Sustainable  
Health, ASU Biodesign Institute

Francesco Barbabella, Italian National  
Institute of Health and Science on Ageing

Tomas Lagerwall, Swedish Association for  
Rehabilitation and Development (FRU)

Keely Stevenson, Weal Life, PBC

Ting Shih, ClickMedix

### 12:00 – 1:30 Lunch

### 1:30 – 3:00 Plenary Session

#### Dementia, the new frontier

Yves Joanette, CIHR Institute of Aging

Chris Underhill, BasicNeeds

Takehito Tokuda, Dementia Friendship  
Club

Bénédicte Défontaines, Aloïs

### 3:00 – 3:30 Coffee break

### 3:30 – 5:00 Concluding Session: Creating Tomorrow

Moderated by Keely Stevenson, Weal Life, PBC

Marie-Paule Kieny, WHO

Jane Barratt, International Federation on  
Ageing

Amleset Tewodros, HelpAge International –  
Tanzania

Wendy Rogers, Georgia Institute of Technology

Stephen Johnston, Aging 2.0

### 5:00 – 5:30 Closing remarks

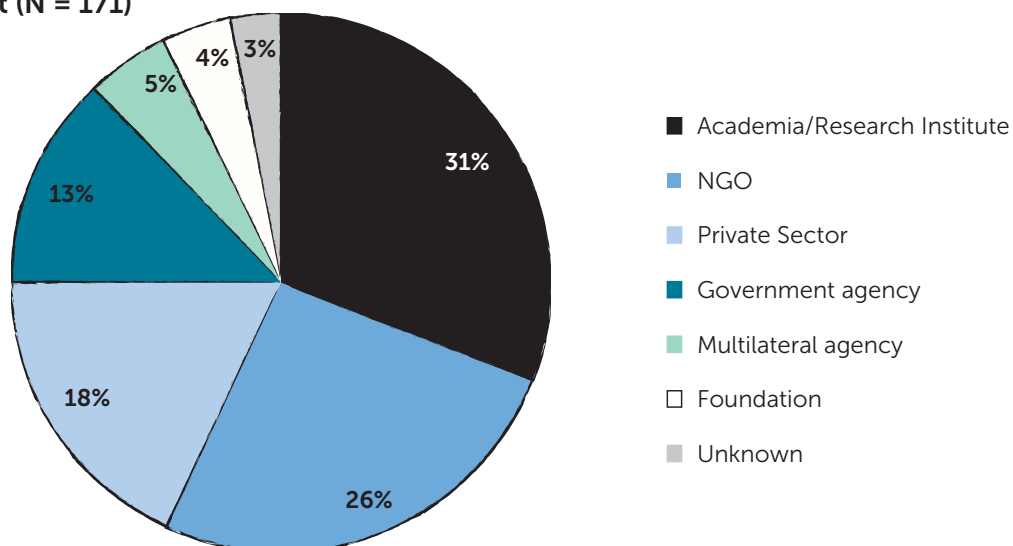
Marie-Paule Kieny, Assistant Director-General,  
Health Systems and Innovation, WHO

## Annex 2:

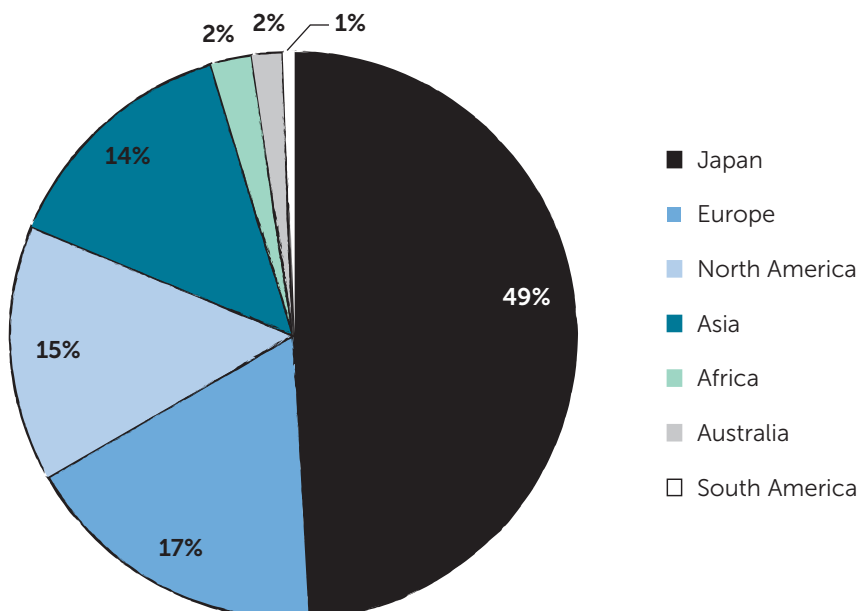
### List of participants of the 2nd Global Forum on Innovation for Ageing Populations

A total of 212 attendees were present at the Global Forum and included speakers, general participants, WHO Kobe Centre staff, WHO Headquarter and Regional staff, and local guests from the WHO Kobe Centre Cooperating Committee. The backgrounds of attendees, excluding WKC and WKC Cooperating Committee members, are provided below.

#### Primary Employment (N = 171)



#### Where participants are based (N=171)





**Dr Daiki Adachi**

Director, Home Care Clinic Yokohama-Konan

**Ms Gretchen Addi**

Portfolio Lead, Associate Partner, IDEO

**Ms Yoko Aihara**

Associate Professor, Kobe City College of Nursing

**Dr Hidechika Akashi**

Director, Department of Global Network and Partnership,  
National Center for Global Health and Medicine, Japan

**Dr Ayham Alomari**

Noncommunicable Diseases Coordinator, Health,  
International Federation of Red Cross and Red Crescent  
Societies (IFRC)

**Prof Tomofumi Anegawa**

Professor, Graduate School of Business Administration,  
Keio University

**Ms Mawaddah Ar Rochmah**

Student, Community Medicine and Social Healthcare  
Science, Kobe University Graduate School of Medicine

**Dr Francesco Barbabella**

Research Fellow, Centre for Socio-Economic Research  
on Ageing, National Institute of Health and Science on  
Ageing (INRCA), Italy

**Dr Jane Barratt**

Secretary General, International Federation on Ageing

**Dr Mitchell Besser**

CEO, Founder, AgeWell Global

**Mr Seiichi Bessho**

Secretary-General, Osaka Bioscience Institute (OBI)

**Ms Debra Birt**

Consultant, Center for Sustainable Health, Arizona State  
University

**Dr Michael Birt**

Director, Center for Sustainable Health, ASU Biodesign  
Institute

**Mr William Bishop**

Director, Corporate Affairs, Nippon BD

**Mr Rodd Bond**

Architect, NetwellCASALA, Dundalk Institute of  
Technology

**Mr Gavin Buffett**

Public Relations, Otsuka Pharmaceutical Co. Ltd

**Mr Benedict Butler**

Forensic Manager, NHS

**Ms Helen Campbell**

Vice President, AGE Platform Europe

**Ms Suk Yan Chan**

Program Director, ZeShan Foundation

**Ms M.Y. Grace Chan**

Regional Vice President, Asia/Pacific, International  
Federation on Ageing

**Dr Timothy Chen**

Associate Professor, Pharmacy, The University of Sydney

**Dr Bruce Chernof**

President & CEO, The SCAN Foundation

**Mr Patrick Cheung**

Founder and CEO, The Jade Club

**Dr Siu Lan Karen Cheung**

Honorary Assistant Professor, Social Work and Social  
Administration, The University of Hong Kong

**Dr Takaaki Chin**

President of Robot Rehabilitation Center; President  
of Hyogo Institute of Assistive Technology, Robot  
Rehabilitation Center, Hyogo Rehabilitation Center

**Mr Hyunse Cho**

President, HelpAge Korea

**Mr Ayuk Eyong Christian**

Vice President, Friends of IFA

**Ms Anne Connolly**

CEO, Irish Smart Ageing Exchange

**Dr Bénédictte Défontaines**

Founder & Director of the Mémoire Aloïs network,  
France, Aloïs

**Dr John Dinsmore**

Health Innovation Lead and Deputy Director, Centre  
for Practice and Healthcare Innovation, Trinity College  
Dublin

**Dr Marta Fernandez**

Associate Director, Global Research, Foresign + Research  
+ Innovation, Arup

**Mr Marc Freedman**

Founder, CEO, Encore.org

**Dr Toshio Fujimoto**

Vice President, MDU-Japan, Eli Lilly Japan K.K.

**Dr Grzegorz Gawron**

Sociologist, Institute of Sociology, University of Silesia in  
Katowice

**Prof Manjiri Gharat**

Vice-President, Community Pharmacy Division, Indian  
Pharmaceutical Association

**Mr Chris Gray**

Senior Director, Pfizer

**Mr Cédric Guillerme**

Attaché for Science & Technology, Embassy of France in  
Japan

**Ms Izumi Hamada**

Head of Government & Public Affairs, Government &  
Public Affairs, Philips Electronics Japan, Ltd.

**Dr Imma Harahap**

Student, Community Medicine and Social Healthcare Sciences, Kobe University Graduate School of Medicine

**Ms Sayo Hattori**

Junior Domestic Programme Officer, Domestic Programme Development Team, The Nippon Foundation

**Dr Mayumi Hayashi**

Research Fellow, Institute of Gerontology, King's College London

**Mr Zhaohua He**

Deputy Director-General, Department of Family Development, National Health and Family Planning Commission, People's Republic of China

**Dr Andreas Heinecke**

Professor, Social Business, European Business School

**Dr Eva-Maria Hempe**

Project Manager, Health Team, World Economic Forum

**Dr Reinhold Hiki**

Physician/Public Health, Sana Krankenhaus Radevormwald

**Ms Hiroko Hirano**

Vocal teacher, Free

**Mr Matthias Hollwich**

Principal, HWKN (Hollwich Kushner)

**Mr Jody Holtzman**

Senior Vice President, Thought Leadership, Enterprise, Strategy and Innovation, AARP

**Dr Yuichiro Honda**

Special Researcher, Robot Rehabilitation Center, Hyogo Rehabilitation Center

**Dr Dai Hozumi**

Director, Public Health Strategy, Health Systems Strengthening, PATH

**Mr Takenobu Inoue**

Director of Department of Assistive Technology, Research Institute, National Rehabilitation Center for Persons with Disabilities, Japan

**Mr Ichiji Ishii**

Social Welfare Organization Shinko Fukushima

**Ms Kumi Ito**

Chief Marketing Officer, Japan, Marketing, GE Healthcare

**Dr Yves Joannette**

Scientific Director, CIHR Institute of Aging

**Mr Stephen Johnston**

Co-founder, Aging2.0

**Mr Patrik Jonsson**

President, Eli Lilly Japan K.K.

**Dr Alexandre Kalache**

President, International Longevity Centre - Brazil

**Dr Keiko Katagiri**

Associate Professor, Graduate School of Human Development and Environment, Kobe University

**Mr Daisuke Katayama**

Social Welfare Organization Shinko Fukushima

**Ms Masue Katayama**

Senior Managing Director, Social Welfare Organization Shinko Fukushima

**Mr Yasuhiro Katsuragi**

Sunstar Inc

**Ms Ruth Katz**

Associate Deputy Assistant Secretary, Office of the Secretary/Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services

**Mr Takaaki Kawakami**

Senior Manager, Corporate Affairs, Eli Lilly Japan

**Mr Yuji Kawamura**

Program Director, Japan Broadcasting Corporation (NHK)

**Prof Norah Keating**

Academic, University of Alberta; Swansea University; North-West University

**Ms Nano Kigawa**

Student, Graduate School of Medicine, The University of Tokyo

**Dr Suleiman Kimatta**

Country Representative Tanzania, Management Sciences for Health

**Dr Yumi Kimura**

Researcher, Center for Southeast Asian Studies, Kyoto University

**Ms Ryoko Kinoshita**

Assistant, National Hospital Organization Tottori Medical Center

**Prof Etsuko Kita**

Chair, Sasakawa Memorial Health Foundation

**Mr Kazuyoshi Kita**

General Manager, Sunstar Inc

**Dr Hiroshi Kitagawa**

Chief Researcher, Research Division, The Hyogo Institute of Assistive Technology

**Ms Mie Kitano**

Director, Communication & CSR, Eli Lilly Japan K.K.

**Prof Florian Kohlbacher**

Associate Professor, International Business School Suzhou (IBSS), Xi'an Jiaotong-Liverpool University (XJTU)

**Dr James HB Kong**

Director, Surgery & Consultant Health Informatics, Asia Medical Specialists

**Prof Kiyoshi Kurokawa**

Chairman, Health and Global Policy Institute

**Dr Tomas Lagerwall**

Consultant, Swedish Association for Rehabilitation and Development (FRU)

**Mr Dominic Lee**

Research Consultant, The Vitality Group

**Ms Sangnim Lee**

Special Advisor, Health Team 3, Health Group 2, Human Development Department, Japan International Cooperation Agency (JICA)

**Dr Ann-Marie Liljeroth**

Chief Physician, Department of Cognitive Medicine, CSK hospital, Kristianstad

**Ms Cindy Lineburg**

Senior Business Development Manager, Australian Trade Commission, Australian Consulate-General, Osaka

**Dr David Lindeman**

Director Health, Center for Technology and Aging, Center for Information Technology Research in the Interest of Society (CITRIS)

**Prof Zhiwei Luo**

Professor, Organization of Advanced Science and Technology, Kobe University

**Mr Kam Wah Timothy Ma**

Board Member, NA, Senior Citizen Home Safety Association

**Mr Daniel Maggs**

CEO, Bisu

**Mrs Alpana Mair**

Deputy Chief Pharmaceutical Officer, Scottish Government

**Mr Radek Malý**

Head of Unit, Social Analysis, DG Employment, Social Affairs and Inclusion, European Commission

**Ms Ikuko Mamiya**

Investigator, Department of Assistive Technology, Research Institute National Rehabilitation Center for Persons with Disabilities, Japan

**Ms Miwa Manako**

Office for Dementia and Elder Abuse Prevention Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare, Japan

**Dr Alex Mihailidis**

Scientific Director, AGE-WELL NCE; Professor, Occupational Science & Occupational Therapy, University of Toronto

**Mr Yoshihito Makiyama**

Director, Board Member, Sunstar SA

**Dr Utae Mori**

Professor, Osaka University of Economics

**Dr Donald Moulds**

Executive Vice President for Programs, The Commonwealth Fund

**Prof Hiroyuki Murata**

Professor, Smart Ageing International Research Center, Tohoku University

**Mr Akihiro Nakajima**

Company President, Nestle Health Science Company, Nestle Japan Ltd.

**Mr Shintaro Nakamura**

Senior Advisor, Japan International Cooperation Agency (JICA)

**Mr Shoji Nakamura**

Section Manager, Commerce, Industry and Tourism Department, Matsumoto City Office

**Prof Hiroki Nakatani**

Global Initiatives, Keio University; Global and Innovative Medicine, Osaka University

**Mr Yukikazu Natori**

President, BioThinkTank Co. Ltd.

**Dr Wai Chong Ng**

Medical Director, Hua Mei Centre for Successful Ageing, Tsao Foundation

**Dr Yoshiki Niimi**

Senior Specialist for Dementia, Office for Dementia and Elder Abuse Prevention Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare, Japan

**Prof Jun Nishihira**

Dean, Professor, Medical Management and Informatics, Hokkaido Information University

**Prof Hisahide Nishio**

Professor, Department of Community Medicine and Social Healthcare Science, Kobe University Graduate School of Medicine

**Dr Rajna Ogrin**

Senior Research Fellow, Research Institute, ILC-Australia

**Mr Arata Oguri**

Principal, Office Leader, Arup

**Mr Makoto Okada**

Senior Manager, R&D Strategy & Planning Office, Fujitsu Laboratories Ltd.

**Prof Junichiro Okata**

Director, Professor, Institute of Gerontology, University of Tokyo

**Ms Miyoko Ono**

Social Welfare Organization Shinko Fukushima

**Mr Kouei Oono**

Assistant Manager, Health and Welfare Department, Matsumoto City Office

**Ms Robin Osborn**

Vice President and Director, International Health Policy and Practice Innovations, The Commonwealth Fund

**Ms Sakiko Ota**

Project Researcher, Institute of Gerontology, The University of Tokyo

**Prof Elizabeth Ozanne**

Professorial Fellow, Social Work, The University of Melbourne

**Ms Kim Choo Peh**

Director, Hua Mei Centre for Successful Ageing, Tsao Foundation

**Dr Jorge Pinto Antunes**

Acting Head of Unit, DG SANTE, European Commission

**Ms Arianna Poli**

Doctoral Student, NISAL - National Institute for the Study of Ageing and Later Life, Linköping University

**Mr Toby Porter**

Chief Executive Officer, HelpAge International

**Mr Mohammad Qatamish**

Associate, Business Strategy Development, Sysmex Corporation

**Miss Waranya Rattanaipapong**

Researcher, Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Thailand

**Dr Jongjit Rittirong**

Faculty member, Institute for Population and Social Research, Mahidol University

**Dr Wendy Rogers**

Professor, School of Psychology, Georgia Institute of Technology

**Mr Chris Roles**

Director, Age International

**Mrs Gertrud Rosemann**

Senior Guide, Dialogue with Time

**Ms Eva Sabdono**

Executive Director, Yayasan Emong Lansia Indonesia

**Prof Kiyomi Sadamoto**

Professor, Chairman, Clinical Pharmacy, Yokohama University of Pharmacy

**Dr Jiro Sagara**

Professor, Graduate School of Art and Design, Kobe Design University

**Ms Kiyoe Shimura**

Representative Director, Dialog in the Dark Japan

**Mr Shinsuke Shimura**

CEO, Dialog in the Dark Japan

**Assoc. Prof Siriphan Sasat**

Lecturer, Chulalongkorn University

**Ms Francien Scholten**

Gerontologist, Medical Research Council, Uganda

**Mr Masato Seko**

Program Officer, Project Department, The Sasakawa Peace Foundation

**Ms Ting Shih**

CEO, Founder, ClickMedix

**Dr Samir Sinha**

Director, Geriatrics, Mount Sinai and University Network Hospitals

**Mr Douglas Sipp**

Research Specialist, ORC, Riken

**Ms Anne Smith**

Manager, Health and Global Policy Institute

**Ms Keely Stevenson**

CEO, Weal Life, PBC

**Mr Shigeomi Suzuki**

Advisor, International Standardization Team, The Institute of Healthcare Innovation Project

**Prof Ken Takamatsu**

Dean, Professor, Department of Physiology, Toho University School of Medicine

**Dr Miho Takami**

Associate Professor, College of Nursing, University of Hyogo

**Ms Satoko Takebayashi**

Graduate Student, University of Hyogo

**Mr Hiroshi Takeuchi**

Director, Management HQRS, Sunstar Group

**Dr Yot Teerawattananon**

Program Leader, Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Thailand

**Dr Bussarawan (Puk) Teerawichitchainan**

Assistant Professor of Sociology, School of Social Sciences, Singapore Management University

**Ms Amleset Tewodros**

Country Director, HelpAge International in Tanzania

**Ms Rebecca Ting**

Vice President, Health Solutions, Life and Health, Swiss Re

**Mr Takehito Tokuda**

Board Member, Tokyo Branch, Dementia Friendship Club

**Ms Thuy Tran**

Country Director, HelpAge International in Vietnam

**Mr Tetsu Tsuji**

Vice President, The Institute of Healthcare Innovation Project

**Mr Attila Turos**

Project Manager, Global Health, World Economic Forum

**Dr Prakash Tyagi**

Executive Director, GRAVIS

**Mr Susumu Uchiyama**

Senior Staff, Strategic Business Planning Department,  
Toshiba Medical Systems Corporation

**Prof Hiroyuki Umemuro**

Professor, Department of Industrial Engineering and  
Management, Tokyo Institute of Technology

**Mr Chris Underhill**

Founder President, BasicNeeds

**Dr Bernard Vrijens**

Chief Science Officer, MWV Healthcare

**Mr Tatsuya Wakano**

Representative Director, Early-onset Dementia Support  
Center Kizunaya

**Ms Wendy Walker**

Principal Social Development Specialist, East Asia, Asian  
Development Bank

**Ms Noriyo Washizu**

Nurse/Assistant Director of ADI2017 Conference  
Secretariat, Alzheimer's Association Japan

**Mr Masanori Watanabe**

Professor for Sign Languages

**Mr Francis Wong**

Regional Director, Asia Pacific Regional Office,  
Alzheimer's Disease International

**Dr Derek Yach**

Chief Health officer, The Vitality Group

**Dr Yasuji Yamamoto**

Associate Professor, Department of Psychiatry, Kobe  
University Graduate School of Medicine

**Mr Hiroyuki Yamaya**

Director, International Cooperation Office, Ministry of  
Health, Labour and Welfare, Japan

**Prof Maya Yamazaki**

Professor, Asahikawa University

**Ms Ayumi Yuasa**

Advisor, Social Security Team, Human Development  
Department, Japan International Cooperation Agency  
(JICA)

**Prof Tuohong Zhang**

Professor, Department of Global Health, Peking  
University School of Public Health

**Guest****Mr Toshizo Ido**

Governor of Hyogo Prefecture, Japan

**WHO Kobe Centre Cooperating Committee****Dr Toshiaki Ota**

Chief Executive Officer, Health & Welfare Department,  
Public Health Bureau, Health and Welfare Department,  
Hyogo Prefecture

**Dr Mitsuaki Yamamoto**

Chief Executive Officer for Medicine, Health & Welfare  
Department, Public Health Bureau, Health and Welfare  
Department, Hyogo Prefecture

**Dr Hideaki Nohara**

Director General, Public Health Bureau, Health & Welfare  
Department, Hyogo Prefecture

**Mr Akio Matsubara**

Director, Medical Affairs Division, Public Health Bureau,  
Health & Welfare Department, Hyogo Prefecture

**Mr Akihiko Sakihama**

Deputy Director, Medical Affairs Division, Public Health  
Bureau, Health & Welfare Department, Hyogo Prefecture

**Mr Yoshio Sukeno**

Group Leader, Policy Planning & Coordination Group,  
Medical Affairs Division, Public Health Bureau, Health &  
Welfare Department, Hyogo Prefecture

**Ms Yukiko Morimoto**

Policy Planning & Coordination Group, Medical Affairs  
Division, Public Health Bureau, Health & Welfare  
Department, Hyogo Prefecture

**Ms Tomoko Miyagawa**

Secretariat, WKC Cooperating Committee

**Mr Masao Imanishi**

Chief Operating Officer, Kobe Biomedical Innovation  
Cluster & New Enterprise Promotion Headquarters, City  
of Kobe

**Mr Naoki Naito**

Director, Kobe Biomedical Innovation Cluster & New  
Enterprise Promotion Headquarters, City of Kobe

**Mr Kazuya Asakawa**

Manager for Research Division, Kobe Biomedical  
Innovation Cluster & New Enterprise Promotion  
Headquarters, Planning and Coordination Bureau, City of  
Kobe

**Ms Akemi Ozaki**

Assistant Manager for Research Division, Kobe  
Biomedical Innovation Cluster & New Enterprise  
Promotion Headquarters, Planning and Coordination  
Bureau, City of Kobe

**Mr Koji Deguchi**

Research Division, Kobe Biomedical Innovation Cluster &  
New Enterprise Promotion Headquarters, Planning and  
Coordination Bureau, City of Kobe

**Dr Chika Shirai**

Director in charge of Medical Affairs, Health Cluster,  
Health and Welfare Bureau, City of Kobe

**Ms Masako Matsubara**

Manager, Nursing-care Insurance Division, Elderly Welfare Cluster Health and Welfare Bureau, City of Kobe

**Mr Kiyoshi Maeda**

Part time Staff, City of Kobe; Professor, Kobe Gakuin University

**Mr Koichi Mizukami**

General Manager, General Administration Department, Kobe Steel, Ltd.

**Mr Yasuji Kusuyama**

General Manager, General Administration Group, General Administration, Department, Kobe Steel, Ltd.

**Mr Masayuki Fukumoto**

Manager, General Administration Group, General Administration Department, Kobe Steel, Ltd.

**WHO/HQ****Dr Marie-Paule Kieny**

Assistant Director-General, Health Systems and Innovation (HIS)

**Dr John Beard**

Director, Ageing and Life Course (ALC); Family, Women's and Children's Health (FWC)

**Dr Somnath Chatterji**

Scientist, Health Statistics and Information Systems (HSI), Health Systems and Innovation (HIS)

**Dr Zafar Mirza**

Coordinator, Public Health, Essential Medicines and Health Products (EMP), Innovation and Intellectual Property (PHI), Health Statistics and Information Systems (HIS)

**WHO/AMRO-PAHO****Dr Enrique Vega Garcia**

Regional Advisor on Healthy Ageing, Family, Gender and Life Course (FGL)

**WHO Kobe Centre – WKC****Mr Alex Ross**

Director

**Ms Lihong Su**

Administrative Officer

**Prof Shinjiro Nozaki**

Senior Advisor to Director (External Relations)

**Ms Mamiko Yoshizu**

Communications Officer

**Mr Loic Garcon**

Technical Officer, Innovation for Healthy Ageing

**Dr Megumi Kano**

Technical Officer, Urban Health

**Dr Ryoma Kayano**

Technical Officer, Director's Office

**Dr Jostacio Lapitan**

Technical Officer, Innovation for Healthy Ageing

**Ms Isobel Ludford**

Technical Officer, Urban Health

**Dr Paul Ong**

Technical Officer, Innovation for Healthy Ageing

**Mr Amit Prasad**

Technical Officer, Urban Health

**Mr Paul Rosenberg**

Technical Officer, Urban Health

**Ms Akiko Imai**

Assistant to Director

**Ms Yoko Inoue**

Assistant, Innovation for Healthy Ageing

**Ms Mariko Yokoo**

Assistant, Urban Health

**Ms Junko Takebayashi**

Assistant, Administration

**Ms Miki Sakaguchi**

Budget Assistant

**Mr Romero Reroma**

Clerk/Driver

**Ms Yuko Nagaoka**

Clerk

**Ms Joy Zhang**

Consultant, Innovation for Healthy Ageing

**Ms Caroline-Anne Coulombe**

Consultant

**Ms Elyssa Liu Jiawen**

Intern

**Ms Kavita Kothari**

Volunteer



## Annex 3:

### Examples of innovations discussed at the 2nd Global Forum on Innovation for Ageing Populations

The Global Forum invited speakers to discuss and share examples of initiatives that offer innovative yet practical solutions for ageing populations. In an ongoing effort to highlight social and technology innovations, some of the initiatives discussed are presented below. This list represents only those organizations, initiatives, projects, and programs that were discussed or represented by speakers during the Global Forum sessions. It is in no way a comprehensive list of all initiatives related to ageing, nor does it represent an endorsement of any kind from WHO or the WHO Kobe Centre.

Initiative	Description
<b>Active Ageing index</b>	The Active Ageing Index is a tool to measure the untapped potential of older people for active and healthy ageing across countries. It measures the levels to which older people lead independent lives, participate in paid employment and social activities as well as their capacity to actively age. The results of the AAI for 27 European Union countries are presented in a country ranking by the overall AAI and domain-specific indices. <a href="http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home">www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home</a>
<b>Agewell Global</b>	AgeWell is a peer-based wellness program committed to promoting the emotional, social and physical health and well-being of older persons by reducing isolation and building communities around them. With two pilot sites launched in Cape Town, South Africa, AgeWell hires and trains older people as companions, uses mobile health technologies to support client wellness, and recommends referrals to existing medical and social service providers. <a href="http://www.agewellglobal.com">www.agewellglobal.com</a>
<b>Aging 2.0</b>	Aging2.0 is a global innovation platform for aging and senior care. It is on a mission to accelerate innovation to improve the lives of older adults around the world. It connects, educates and supports innovators. Over the past 3 years, Aging2.0 has hosted more than 100 events in 22 cities across 9 countries, cultivating an ecosystem of innovators including entrepreneurs, technologists, designers, investors, long-term care providers and seniors themselves. <a href="http://www.aging2.com">www.aging2.com</a>
<b>Réseau Mémoire Aloïs (France)</b>	The Aloïs network is a new community-based pathway for the diagnosis and care of patients with cognitive disorders. It is fully complementary to the existing system but more flexible and less traumatizing for patients and less costly for the State (saving the national health insurance scheme up to €200 million per year). <a href="http://www.reseau-memoire-alois.fr">www.reseau-memoire-alois.fr</a>
<b>BasicNeeds</b>	BasicNeeds delivers a holistic model for mental health in the most disadvantaged countries of the world. It has developed locally owned programmes in low and middle income countries to improve the lives of those living with mental illness and epilepsy. The model combines medical, social, economic and personal aspects into one programme. <a href="http://www.basicneeds.org">www.basicneeds.org</a>
<b>Center for Technology and Aging - The New Era of Connected Aging</b>	The Center for Technology and Aging brings together leading technology researchers from four partner campuses (Berkeley, Davis, Merced and Santa Cruz) to create unique opportunities for interdisciplinary collaboration. The "New Era of Connected Aging" provides a framework for understanding technologies that support older adults in Aging, recognizing that successful aging is more than just about health – it is about empowering and supporting the whole person through telecommunications and Internet-based technologies. <a href="http://www.techandaging.org">www.techandaging.org</a>



<b>ClickMedix</b>	ClickMedix is a global mobile health (mHealth) social enterprise founded to increase capacity of physicians and health organizations to serve more patients. It connects health service providers, reduces cost of service delivery, and optimally utilizes tiers of existing health system for patient care. Its ready-to-use products offer solutions for diabetes management, heart disease, mental health, and remote diagnosis. <a href="http://www.clickmedix.com">www.clickmedix.com</a>
<b>Dementia Friendship Club</b>	The Dementia Friendship Club is a non-profit organization in Japan that promotes community-building and town planning, so people with dementia can lead better lives with a network of support and companionship. There are currently 6 million Dementia Friends. Members strive to eliminate stigma and negative attitudes towards ageing and work collectively with various groups such as town councils to create practical and sustainable change. <a href="http://www.dfc.or.jp">www.dfc.or.jp</a>
<b>Dialogue with Time</b>	Dialogue with Time is an interactive exhibition about the art of ageing. The exhibition allows visitors a glimpse into the world of the elderly through experiential play and using the latest interactive technology. The guides of this exhibition are aged 70 and above; they are the mediators and experts in all facets of ageing and act as role models for participants. <a href="http://www.dialogue-with-time.com">www.dialogue-with-time.com</a>
<b>Encore.org</b>	Encore.org spearheads efforts to engage people in later life as a vital source of talent to benefit society. Its flagship program, Experience Corps, engaged people over 50 as tutors and mentors in some of America's lowest performing schools. Another program, the Purpose Prize, awards and honors innovators over the age of 60 who are using their talents and experience to improve communities and the world. <a href="http://www.encore.org">www.encore.org</a>
<b>European Commission -- Innovation Partnership on Active and Healthy Ageing</b>	Launched by the European Commission in 2011, the Partnership brings together a wide array of stakeholders to achieve common goals and promote successful technological, social and organisational innovation towards active and healthy ageing. It has six action groups, one of which was represented at the Global Forum: Action Plan 1 on prescription and adherence action. The Action plan aims to deliver tangible adherence approaches for patients in various disease areas, at regional level and in different member states. <a href="http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&amp;pg=home">http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&amp;pg=home</a>
<b>Global Agewatch Index (HelpAge International)</b>	HelpAge International's Global AgeWatch Index is a tool to measure progress and aims to improve the impact of policy and practice on ageing populations. It brings together a set of internationally comparable data on key enablers of older people's wellbeing: older people's income status, health status, capability (education and employment), and enabling environment. <a href="http://www.helpage.org/global-agewatch/">www.helpage.org/global-agewatch/</a>
<b>Global Cooperation on Assistive Technology (GATE)</b>	Global Cooperation on Assistive Technology (GATE) in partnership with the Assistive Technology (AT) stakeholders is a Flagship programme developed by WHO. Its mission is to improve access to high-quality affordable Assistive Products, responding to the call to increase access to essential, high-quality, safe, effective and affordable medical products, which is one of the six WHO leadership priorities. <a href="http://www.who.int/phi/implementation/assistive_technology">www.who.int/phi/implementation/assistive_technology</a>
<b>Health Intervention and Technology Assessment Program (HITAP)– Thailand</b>	The Health Intervention and Technology Assessment Program (HITAP) is a semi-autonomous research unit under Thailand's Ministry of Public Health. It uses international, standard and qualified research methodologies to appraise health interventions and technologies in order to efficiently distribute and allocate limited resources for Thai society. <a href="http://www.hitap.net">www.hitap.net</a>

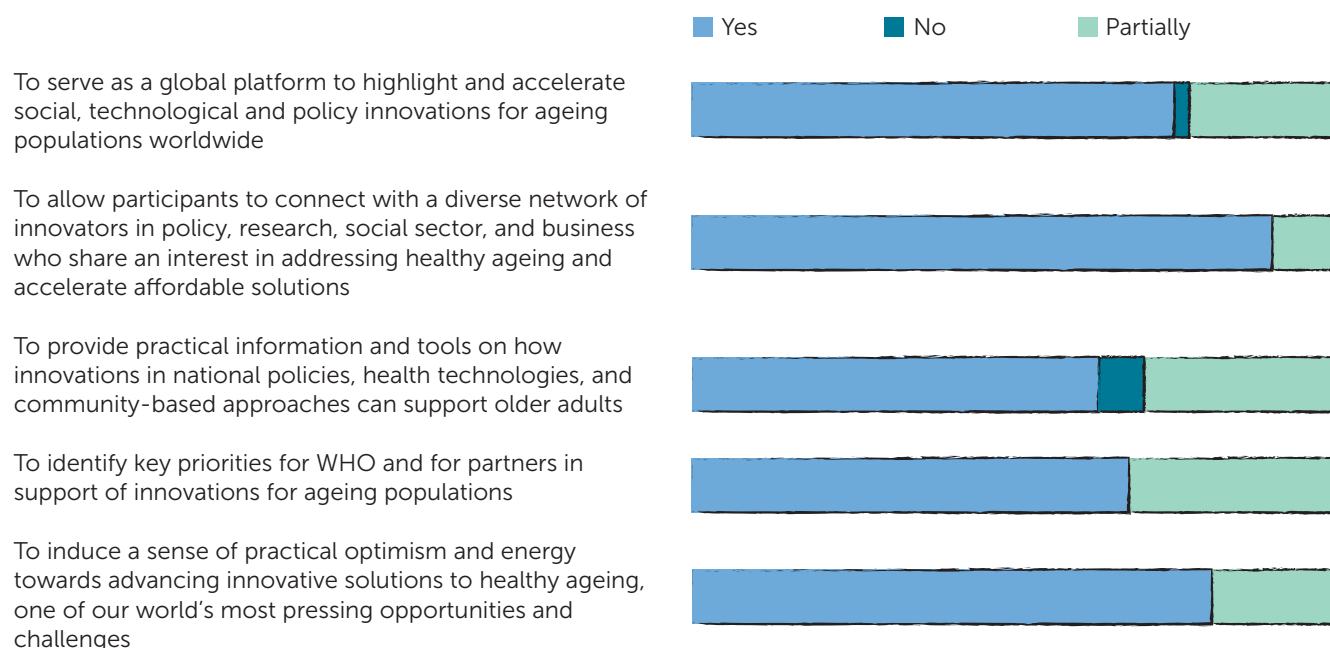
<b>HelpAge Korea / ROK-ASEAN project</b>	<p>Led by HelpAge Korea, the ROK-ASEAN Home Care for Older People Project developed a model of volunteer-based home care that has been adopted in the majority of ASEAN countries. The project trains families and community volunteers in homecare for older people. It also provides facilitation and capacity building for NGO partners and engages with governments of ASEAN member countries to develop policies and support a wide range of home care adaptations according to the context of each country.</p> <p><a href="http://www.helppage.or.k">http://www.helppage.or.k</a></p>
<b>HelpAge Tanzania</b>	<p>HelpAge Tanzania works to support a large number of older men and women through initiatives that provide: economic empowerment for increased access to income; access to essential services, including health and HIV care; improved awareness of their rights and entitlements; and platforms for older people's engagement with local and national leaders.</p> <p><a href="http://www.helppage.org/tanzania/">http://www.helppage.org/tanzania/</a></p>
<b>HelpAge Vietnam</b>	<p>HelpAge Vietnam, an affiliate of HelpAge International, supports intergenerational self-help clubs as well as age awareness training for local authorities, agencies and other organisations. It organises intergenerational self-help groups (commonly called older people's associations, or OPAs) and is working towards the replication of the OPA model throughout the country. OPAs utilise the unique resources and skills of older people to provide effective social support, facilitate activities, and deliver services.</p> <p><a href="http://www.helppage.org/vietnam">www.helppage.org/vietnam</a></p>
<b>Home Medicines Review (HMR) - Australia</b>	<p>The Home Medicines Review (HMR) Program was launched and is funded by the Australian Government. An HMR is a comprehensive clinical review of a patient's medicine in their home by an accredited pharmacist, provided at no cost to the patient. It aims to enhance the quality use of medicines and reduce the number of adverse medicine events.</p> <p><a href="http://www.health.gov.au/internet/main/publishing.nsf/content/hmr-qualitative-research-final-report">http://www.health.gov.au/internet/main/publishing.nsf/content/hmr-qualitative-research-final-report</a></p>
<b>Hong Kong Age-Friendly Cities</b>	<p>The "Help Build Hong Kong into an Age-Friendly City Project" was developed in tandem with the Institute of Ageing's vision to make Hong Kong an age-friendly city. Based on the WHO framework for active ageing, the Institute aims to reach out and understand the views from citizens through questionnaires and focus groups in different age groups (including elders and their caregivers) which serve as a useful reference for future initiatives.</p> <p><a href="http://www.ioa.cuhk.edu.hk/en-GB/community-outreach/age-friendly-city-project">www.ioa.cuhk.edu.hk/en-GB/community-outreach/age-friendly-city-project</a></p>
<b>HWKN Architecture – New Aging</b>	<p>New Ageing is an architectural project that brings together ideas from a plethora of fields to create a revolutionary way of living in older age. It investigates and applies recent advances in architecture and urbanism to address age-related challenges that assures the best utilisation with the utmost dignity for age.</p> <p><a href="http://www.hwkn.com/ideas/new-aging/">www.hwkn.com/ideas/new-aging/</a></p>
<b>ILC-Brazil</b>	<p>The International Longevity Centre-Brazil (ILC-Brazil) is an independent think-tank based in Rio de Janeiro that was inaugurated in 2012. Its mission is to promulgate ideas and policy guidance to address population ageing that are based on international research and practice with a view to advance Active Ageing .</p> <p><a href="http://www.ilcbrazil.org/">www.ilcbrazil.org/</a></p>
<b>Indian Pharmaceutical Association - Leveraging pharmacists for TB medication adherence</b>	<p>In 2006, the Indian Pharmaceutical Association started involving pharmacists in the National TB programme to increase outreach of DOTS TB medicines in the community and improve adherence. Pharmacists were trained to explain DOTS and counsel patients on treatment. Since launch, the program has expanded around Mumbai and other parts of India for more pharmacists to act as DOTS providers.</p> <p><a href="http://www.ipapharma.org/">http://www.ipapharma.org/</a></p>
<b>International Federation on Ageing</b>	<p>International Federation on Ageing (IFA) is an international NGO that is a global point of connection of experts and expertise from government, NGOs, industry, academia and older people toward helping to shape effective ageing policies. Two projects mentioned at the Global Forum include age-friendly cities and communities and adult immunization advocacy.</p> <p><a href="http://www.ifa-fiv.org/">http://www.ifa-fiv.org/</a></p>

<b>Irish Smart Ageing Exchange (ISAX)</b>	The recently established Irish Smart Ageing Exchange (ISAX) is a collaborative network of industry, research institutions and government aimed at accelerating and commercialising innovations for the global older consumer. Its aim is to establish a national, open innovation platform by implementing a range of enabling structures and activities – a Smart Ageing Enterprise Hub, Design Shop, Test-Beds and a Policy Lab
<b>Japan Micro-Multifunctional Local community Facility</b>	The micro-multifunctional local community facility offers a total care package at affordable costs and has been replicated and universalised across Japan. The model intends to provide holistic, seamless care services with 365/24/7 all-round open access, core day care provision, planned and emergency care, regular and on-demand health care, personal care hygiene and domestic support. <a href="http://www.shokibo-takino.com/kaigo/what.html">http://www.shokibo-takino.com/kaigo/what.html</a>
<b>MWV Healthcare-medical adherence packaging</b>	MWV Healthcare is a global packaging company that offers digital packaging solutions designed to measure and improve patient adherence to courses of therapy. MWV's adherence solutions serve as a connective platform for broader adherence programs, linking programs including pharmacist and physician counseling, reminder and support initiatives, and mobile apps. <a href="http://www.mwv.com">http://www.mwv.com</a>
<b>Rehabilitaton International</b>	Rehabilitation International is a global network working to empower persons with disabilities and provide sustainable solutions for a more inclusive society. With member organizations in over 100 countries and in all regions of the world, they provide a forum for the exchange of experience and information on research and practice. <a href="http://www.riglobal.org">www.riglobal.org</a>
<b>Scottish Government - Medical adherence initiatives</b>	The Scottish Government has implemented policy on delivery of Prescription for Excellence and pharmaceutical care in all healthcare settings, as well as national guidance on polypharmacy. The published "Polypharmacy Guidance 2015" provides a 7-step approach to medication review to avoid inappropriate polypharmacy and improve adherence. <a href="http://www.sign.ac.uk/pdf/polypharmacy_guidance.pdf">http://www.sign.ac.uk/pdf/polypharmacy_guidance.pdf</a>
<b>Silver Human Resources Centre, Japan</b>	The Silver Human Resources Centre provides a mechanism for older people to contribute to society and to stay connected. The Centres exist nationwide at the local government levels and provide paid employment opportunities for older residents and opportunities for volunteering and social activities.
<b>Smart Ageing International Research Centre (SAIRC)</b>	Smart Ageing is a concept that challenges the traditional view of ageing as loss, deterioration and disease. Instead, Smart Ageing promotes ageing as gain, development and human growth. Smart Ageing has two meanings: 1) We can become smarter as we age; and 2) We need smarter solutions to the challenges due to the ageing of society. <a href="http://www2.idac.tohoku.ac.jp/dep/sairc">http://www2.idac.tohoku.ac.jp/dep/sairc</a>
<b>Social Welfare Organization Shinko Fukushima</b>	Shinko Fukushima pioneered the provision of quality yet affordable nursing home options for Japanese elderly. Shinko Fukushima facilities were the first among nursing home facilities to become ISO-9001 certified, a move that granted greater credibility and quality assessment for the nursing home industry. The model also empowers its immigrant caregivers, who are traditionally shunned in Japanese society. <a href="http://www.shinkoufukushikai.com/english.html">http://www.shinkoufukushikai.com/english.html</a>
<b>Tsao Foundation</b>	The Tsao Foundation is a non-profit organisation that provides community-based health services, promotes successful ageing and pioneers new approaches to ageing and care of older people in Singapore. It also aims to influence policy by advocating for changes in mindsets, life skills and systems to celebrate and reap the benefits of human longevity. The foundations' health centres provide dementia care and other caregiving training for professionals and family caregivers. <a href="http://www.tsaofoundation.org">www.tsaofoundation.org</a>
<b>Weal Life (*Not yet launched publicly)</b>	Weal Life uses technology to make it easier to care for one another, especially during a health crisis, aging or chronic illness. It leverages mobile technology to capture value from underutilized capacities of family, friends, neighbours and others who help streamline life logistics such as transportation, meals, errands or shopping for medical supplies. <a href="http://www.theweallife.com">www.theweallife.com</a>

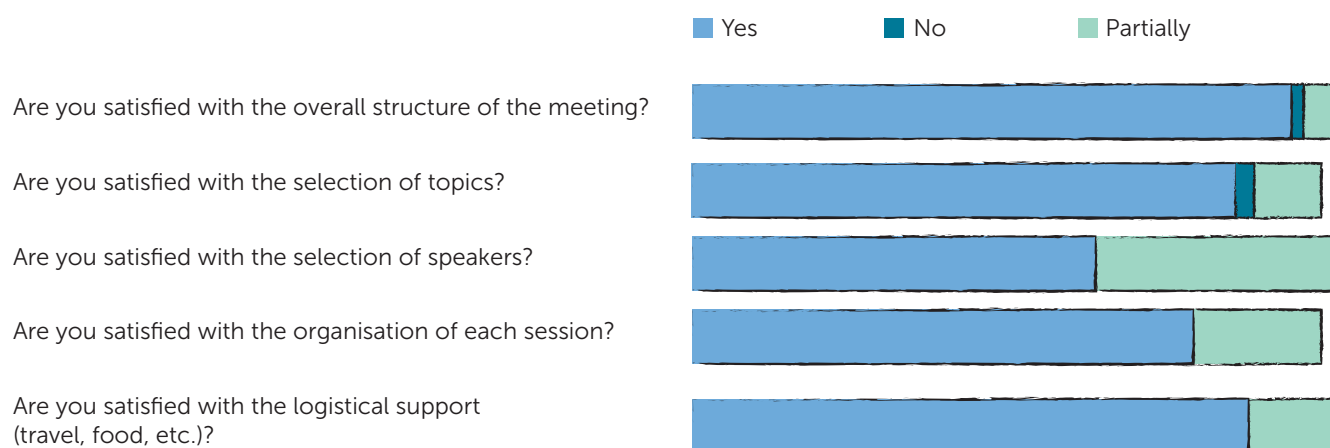
## Annex 4: Participant feedback

Global Forum participants had the opportunity to provide feedback on the conference through an online survey that was sent to all participants via e-mail after the conclusion of the Forum. The results of the online survey are presented below. Participants' responses to open-ended questions were classified into generic categories for measurement, where appropriate.

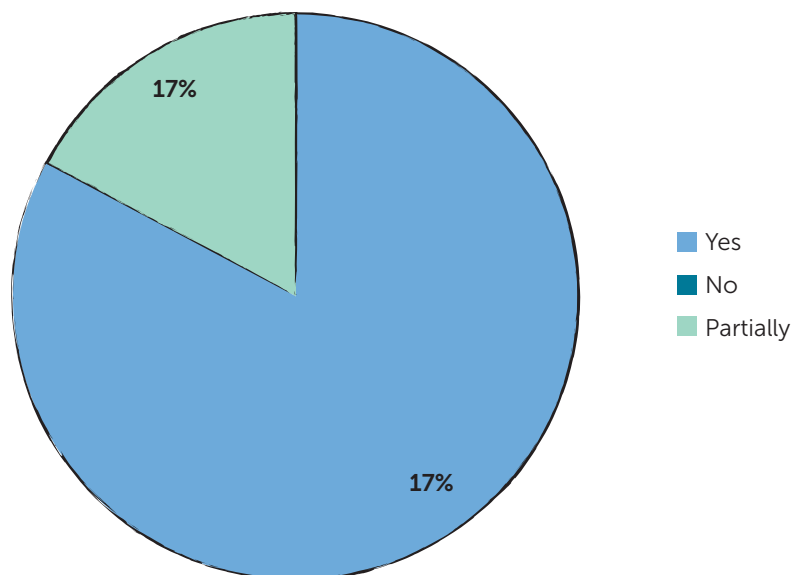
### Do you think the Forum achieved each of the following objectives? (N=46)



### Given the objectives of the Global Forum, are you satisfied with... (N=46)

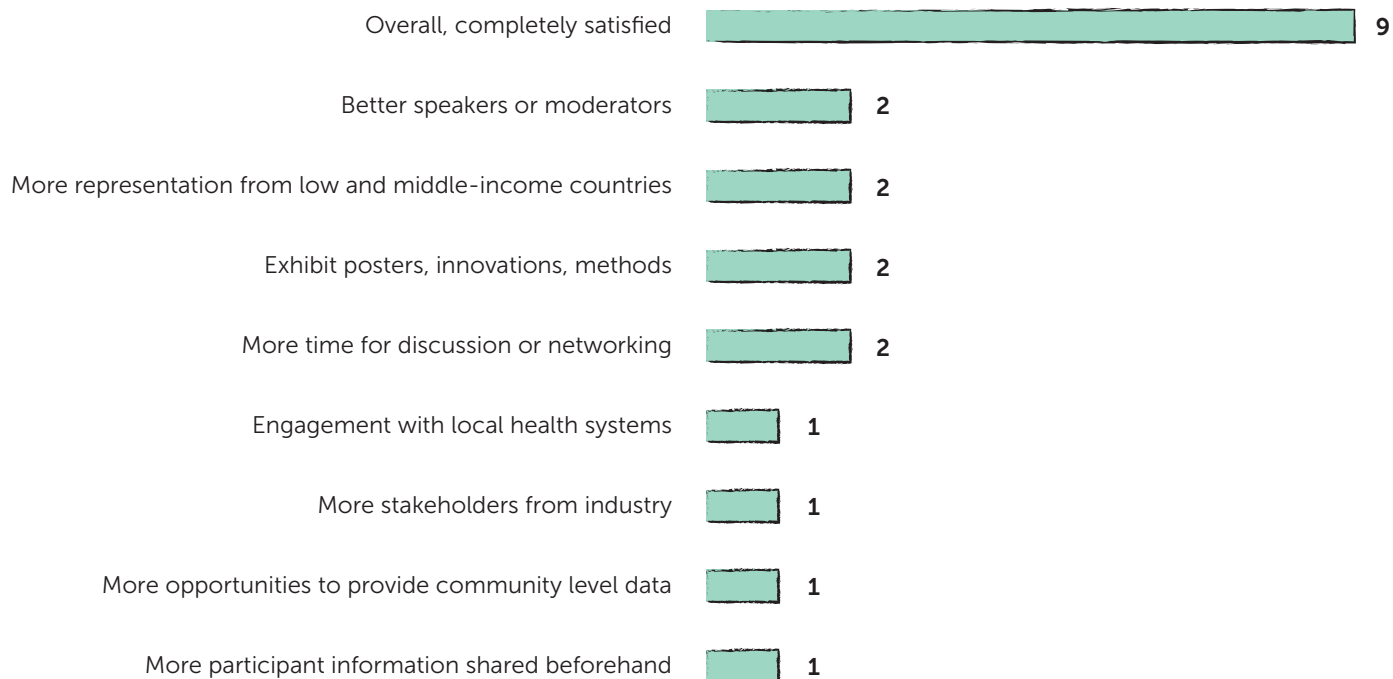


Did the Forum provide you with enough opportunities to network with other participants? (N=46)



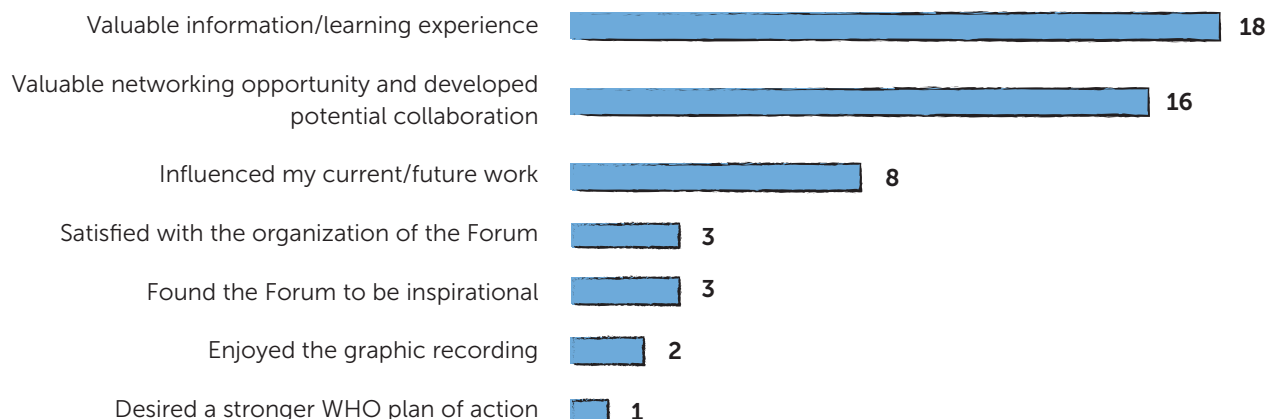
Are there any other ways we could have made your participation more successful (N=22)

\*Participants' responses to this question were classified into generic categories for measurement.



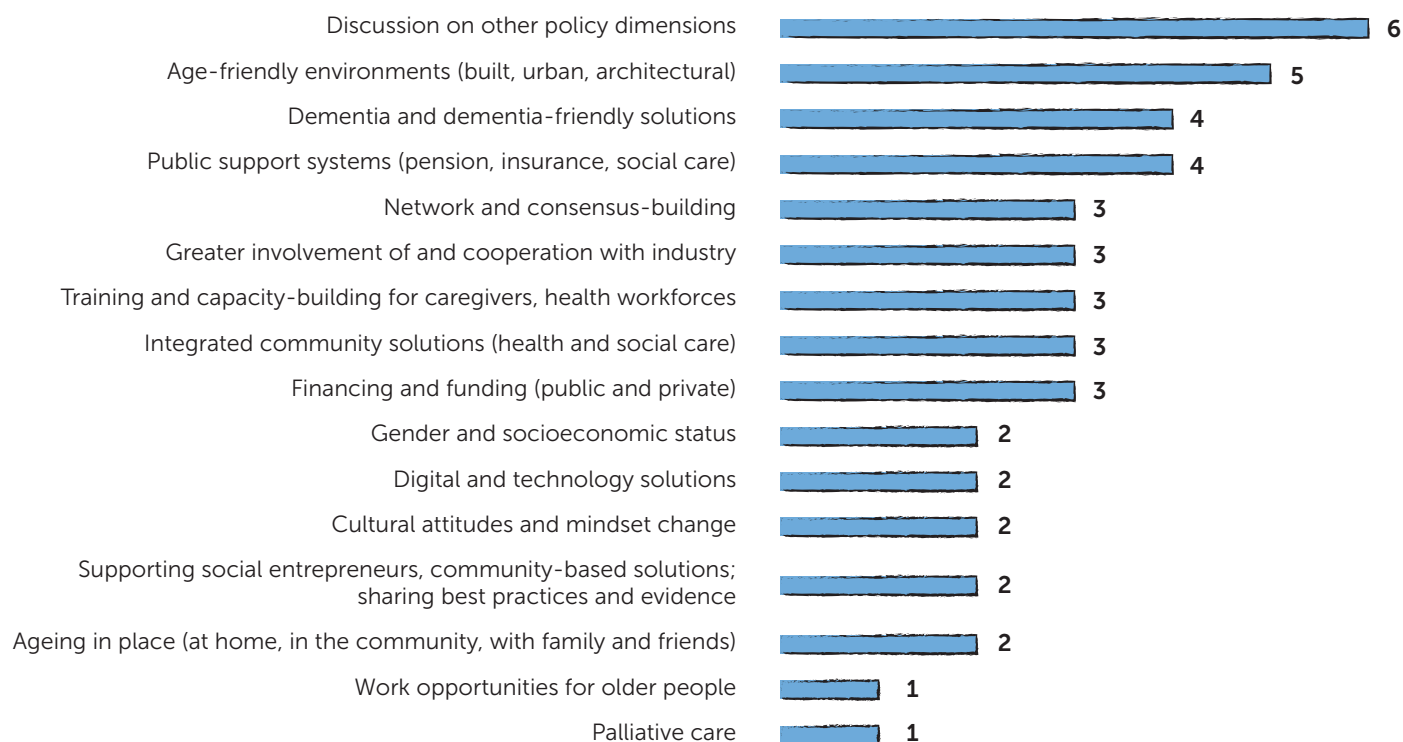
**Please add any short reflection on your experience at the Forum, including any specific outcomes for you or your organisation. (N=32)**

\*Participants' responses to this question were classified into generic categories for measurement. Many participants shared more than one response to the open-ended question, and each response was categorized separately, as appropriate. Thus, the total number of responses does not add up to the number of respondents.



**What priority issues do you think should be considered in the next five years to enhance and accelerate innovation for ageing populations? (N=33)**

\*Participants' responses to this question were classified into generic categories for measurement. Many participants shared more than one response to the open-ended question, and each response was categorized separately, as appropriate. Thus, the total number of responses does not add up to the number of respondents.



What coordination/consultation mechanisms do you think should be considered to complement the Global Forum in enhancing and accelerating innovation for healthy ageing? (N=24)

#### SAMPLE RESPONSES:



"I think WKC's biggest strength would be in its convening power and bringing the best minds to bear on the challenge of ageing populations. We need to think about how WKC can serve as a catalyst by synthesising evidence and then partnering with key thought leaders, civil society and the private sector to come up with an agenda. This can happen with small more focussed meetings and a follow up action plan."

"Each government should encourage academic research and action research and promote multi-lateral learning and knowledge exchange; every democratic government should have a Cabinet Minister for Older People."

"Involve young generation such as university students or high school. And involve local governors."

"Perhaps the next Global Forum should showcase actual programmes/projects which bring the Healthy Ageing Strategy into reality."

"We need more stories, to inspire. We also need to share about failures, for learning."

"Task Force on Care Giving"

"Closer relationship between the Global Forum and the WEF GACs would be very beneficial. Especially given the WEF focus on longevity and their ability to lever private interests from insurance-banking-technology-brain science-all of importance to the GF."

"Government departments need to be more closely involved in the loop - at the moment they seem to be detached or at arms' length from the reality of the issues."

"Open platform, maybe on the internet, to discuss or just post comments or opinions or experienced episodes related with the fruit of World Report on Ageing and Health."

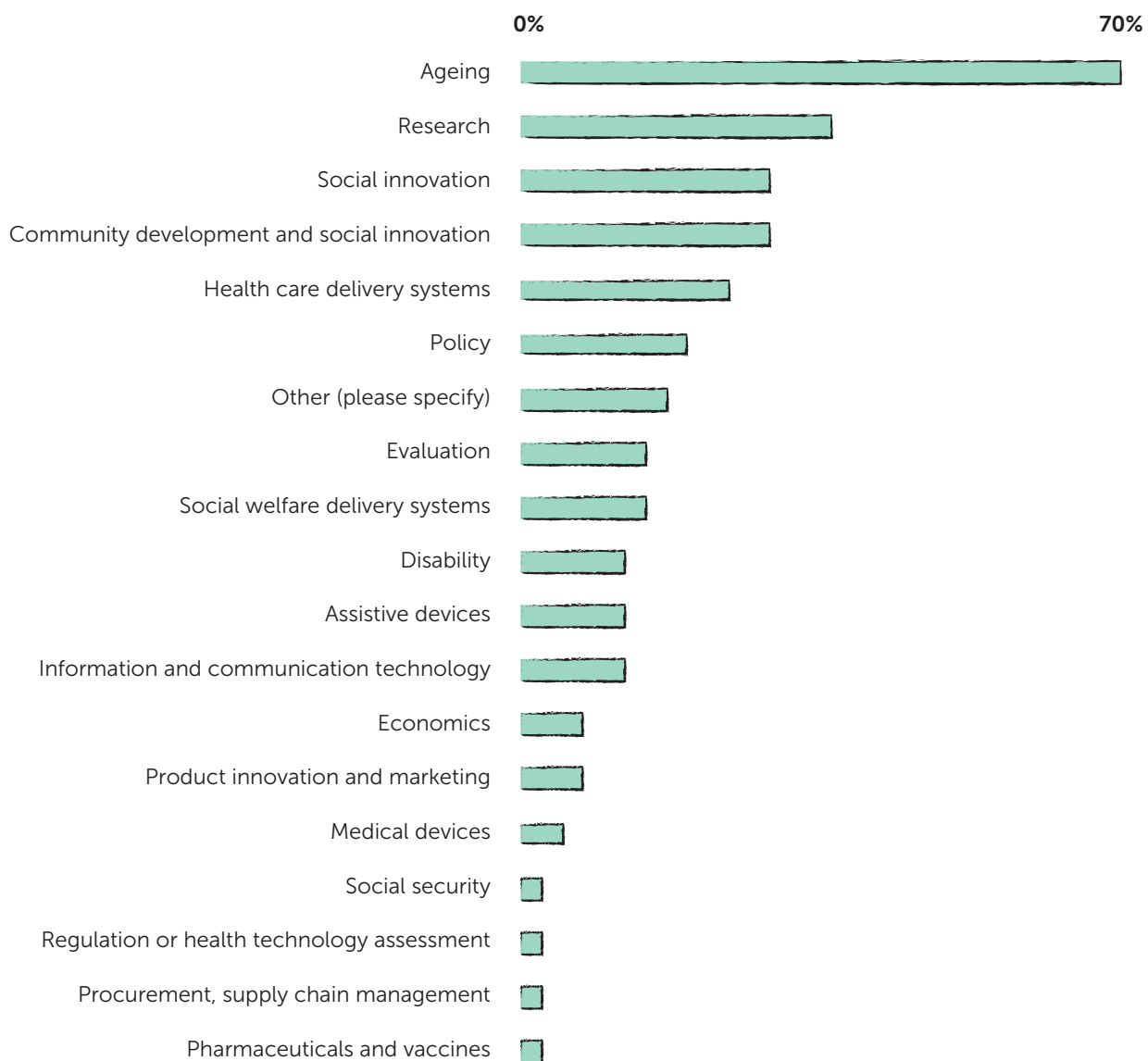
"I would suggest parallel national and regional level dialogues ( at least online to save resources) will be very useful."

"Maintaining the linkedin group for continued discussion perhaps with some provocation topics from the WHO team will be good with a follow-up Global Forum planned a year later."





**Your primary area of expertise (choose all that apply) (N=42)**





**World Health  
Organization**

*Centre for Health Development*



9 789241 510073