Active and Healthy Ageing

Report of a Regional Consultation
Thiruvananthapuram, Kerala, India, 6–8 December 2007
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1. Introduction

1.1 Background

In 2004, the WHO Regional Office for South-East Asia published a report titled, “Health of the Elderly in South-East Asia: A Profile.” The report provided a profile of the aging population in countries of the WHO South-East Asia Region in terms of changing health indicators related to life expectancy; health status of the elderly with particular focus on common diseases and disabilities; cause of hospitalization; as well as the socioeconomic and political factors known to influence health outcomes of the elderly in the Region. Existing policies of care and support for the elderly including social welfare were also covered.

There is a need for countries of the Region to review the latest demographic characteristics and trends, challenges and opportunities related to active and healthy ageing. It is also necessary to exchange practical approaches for addressing the social and public health concerns related to this issue. This regional consultation with government officials, experts and civil society groups involved in active and healthy ageing programmes would provide an appropriate forum for discussions and to make recommendations. In the biennium 2008-2009, WHO/SEARO plans to finalize the Regional Strategy on Healthy Ageing and therefore, this consultation would contribute to this activity. The elderly in countries of the Region face a wide range of determinants of health namely social, environmental, economic and political which directly or indirectly have an impact on their health outcomes. The elderly face challenges related to diet and nutrition, recreation, pension systems, social security, violence and injury, mental health, social service as well as family and community socialization among other factors.

The population of those above 80 years of age is growing the fastest world-wide and a majority of these are women. Trends also suggest that there will be more elderly in rural areas compared to urban areas given that more young people are likely to migrate to urban areas. Countries in the
South-East Asia Region are no exception and therefore would require specific actions including policies and legislation to be put in place in order to address the issue.

The Fifty-eighth World Health Assembly adopted resolution WHA58.16 “Strengthening active and healthy ageing,” which recommended wide ranging actions for both Member States and WHO. For SEAR countries, the following operative paragraphs are significant:

➢ To develop, implement and evaluate policies and programmes that promote healthy and active ageing and the highest attainable standard of health and well-being for their older citizens.

The resolution also suggested the WHO Commission on Social Determinants of Health:

➢ To include issues related to active and healthy ageing throughout the life-course among its policy recommendations.

The resolution requested the Director-General:

➢ To raise awareness of the challenges of the aging of societies, the health and social needs of older persons, and the contributions of older persons to society, including by working with Member States and nongovernmental and private employers.

➢ To undertake initiatives to improve the access of older persons to relevant information and health-care and social services in order, particularly, to reduce their risk of HIV infection, to improve the quality of life and dignity of those living with HIV/AIDS, and to help them support family members affected by HIV/AIDS and their orphaned grandchildren.

➢ To provide support to Member States, upon request, for compiling, using and maintaining systems to provide information, throughout the life-course, disaggregated by age and sex, health status and selected inter-sectoral information on determinants of health, in order to underpin the planning, implementation, monitoring and evaluation of evidence-based health-policy interventions relevant to older persons.
This regional consultation on “active and healthy ageing among SEAR countries” is vital not only for following up on the resolution but also for countries in the Region to deliberate on the current situation and on the way ahead.

1.2 General objectives

To promote active and healthy ageing in WHO South-East Asia Region.

1.3 Specific objectives

(1) To review challenges including demographic characteristics and trends;
(2) To analyse the social determinants of active and healthy ageing in SEAR countries;
(3) To exchange experiences on policies and programme interventions, including success stories, on strengthening active and healthy ageing; and
(4) To develop a regional framework for active and healthy ageing in SEAR countries.

2. Business session

2.1 Inaugural session

The Regional Consultation was opened by the Minister for Health and Social Welfare, Kerala, Mrs P.K. Sreemathi Teacher. The Minister noted that people now live longer but the number of care-givers for the elderly continues to decrease, even in Kerala. The ageing population is now generally residing outside their traditional homes and the large number of elderly population who live in rural areas lack adequate social security. In Kerala, the elderly face problems with living arrangements as most of them live alone or in old age homes and day care centres. The Minister emphasized the need to address the medical care as well as the social needs of the elderly and wished the participants successful deliberations.
The message from Dr Samlee Plianbangchang, the Regional Director, South-East Asia Region, was delivered by Dr Davison Munodawafa, Regional Adviser, Health Promotion and Education. Dr Samlee highlighted the significance of the deliberations and decisions taken during the Fifty-eighth World Health Assembly in May 2005. The Regional Director singled out the call to develop “age-friendly” primary health care programmes and policies as one of the important recommendations from the World Health Assembly requiring WHO and Member States to address through policies, resources, appropriate legislation and enforcement, and mechanisms for gathering disaggregated data on population trends. The population trends show that by 2025, more than one billion people will be 60 years old or more and the figure is expected to double by the year 2050, and most will be in developing countries.

Dr Samlee noted that ageing creates significant social and development challenges among the elderly marked by chronic diseases such as diabetes, hypertension, cancer, mental illness and nutritional problems, among others. He further noted that primary risks for chronic conditions such as cardiovascular diseases, diabetes and cancer begin in early childhood or adulthood and these risks are associated with socioeconomic and cultural factors. In that regard, Dr Samlee emphasized the need to promote a life-course perspective focusing on health promotion and disease prevention, and equitable access to quality primary health care.

Dr Samlee mentioned that investing in public health interventions to promote active and healthy ageing remained a major challenge for Member States to overcome. He reiterated that WHO would continue to provide technical support in areas of situation analysis of the demographic and health and socioeconomic situations of the elderly, and for developing a strategy for strengthening active and healthy ageing.

2.2 Regional overview

The regional overview was presented by Dr Davison Munodawafa, Regional Adviser, Health Promotion and Education, WHO/SEARO. The presentation focused on epidemiologic transitions of communicable disease and the growing prevalence of chronic disease among the elderly as well as young people. The main challenges for the elderly in SEAR countries were identified as:
Active and Healthy Ageing

- Social security;
- Health security;
- Economic security; and
- New threats from avian influenza, climate change etc.

Characteristics of appropriate community-based interventions for promoting active and healthy ageing were identified as: (a) seeking to promote optimal health, functional capacity and quality of life; (b) providing timely preventive, curative, rehabilitative and chronic care services coordinated through a strong primary health care system; (c) incorporating social support services and health services coordinated with institutional care; and (d) providing equitable access to essential services regardless of income. This was to be provided by a sufficient cadre of well-trained service providers.

2.3 Ageing and health: Asia and Pacific Overview – Srinivas Tata, UNESCAP

The presentation focused on epidemiologic transitions of communicable and noncommunicable diseases including new threats to health such as avian influenza and climate change along with threats associated with social, health and economic security issues. Contributions made by education, technology, cost inflation and universal access to health care services to young people were identified as critical factors resulting in more people living longer. The Madrid International Plan on Ageing was thoroughly discussed focusing on its three pillars, namely:

- Older persons and development
- Advancing health and well-being into old age
- Ensuring enabling and supportive environments.

The strategies and interventions recommended by the Madrid International Plan for advancing health and well-being into old age are:

- Promotion of healthy lifestyles and active ageing
- Affordable, accessible and age-friendly health and social services
Physical as well as social and cultural barriers affect the elderly the most. A two-track approach was proposed to address the needs of countries with universal health-care coverage and those countries without. Overall, it was highly recommended that each country establish universal coverage and increase public spending on health as a percent (%) of GDP. This could also be integrated into a comprehensive social insurance package as the ultimate goal. Finally, an increase in the investment on health promotion requires that existing health services are sensitive to the needs of the elderly population by integrating ageing, disability and health policies.

### 2.4 Proceedings

The consultation proceedings examined and deliberated on regional and global demographic trends, role of health promotion, health system strengthening and the social and economic impact of ageing. The consultation was organized around plenary sessions, country report presentations and group discussions.

**Health promotion interventions**

Professor AB Dey, Dr Mala Kapur Shankardass and Dr Jagdish Kaur made a presentation on strengthening health promotion using a life course approach to address multidimensional determinants of ageing. Social, cultural and behavioural factors associated with active and healthy ageing were presented. It was noted clearly that individuals who escape death during early adulthood and middle age go on to live to old age but then succumb to illness, disability and frailty which limits their independence. Lifestyle-related activities were identified as contributing the most to increasing longevity also referred to as compression of morbidity. Among the lifestyle-related activities associated with promotion of health included physical activities, stress management and dietary habits. These health promoting activities should be inculcated in young people in order to yield
benefits late in life. The diseases of late life, namely acute and chronic diseases, were discussed including infections, vascular diseases and accidents among others. In very old age, health problems such as physical dependence, stroke, osteoporosis and fractures, heart failure and dementia were identified. Among those 80 years old and above, vision, hearing, locomotion and cognitive impairment were major disabilities.

In summary, the promotion of health should be at three levels namely (a) early life; (b) adult life; and (c) older life in order to avail the basic requirements at each stage.

**Demographic changes, and the social and economic impact**

The need to re-think ageing and its economic impact was stressed by Dr Ravi Rannan-Eliya and Prof Irudaya Rajan who presented the demographic trends and challenges of ageing population.

By 2050 for the first time the number of persons of 60 years and above (21.7%) will surpass the number of those below 14 years of age (20.1%). There will be more women above the age of 60 years and most of them will be widows. Other demographic trends of public concern have to do with social and health impacts. There is going to be a decline of care givers available as family patterns change due to migration of young people to other parts of the country or overseas, and the elderly will face multiple diseases especially NCDs.

The economic and sectoral impact of ageing with reference to pensions and old age income support, and health care were highlighted. The sectors likely to be affected by ageing include education, labour markets, and health care, particularly long-term care. The main challenges in the education sector include the need to invest beyond primary and secondary education to include post-secondary education and re-skilling. In the labour markets, there is need to support and increase the labour force including participation of women; change labour laws to allow people to work longer, part-time for older adults and increase the retirement age. In the area of long-term care, since 80% are likely to be physically weak, frail or disabled, the majority of the elderly will be dependent on others for care and not necessarily their own family members. In that regard, there is going to be a huge demand for long-term care (LTC) and inability of informal and
household care systems to cope. The cost for long-term care is also going to increase despite the fact that this is likely to be an area of growth in terms of long-term care business. The “Pay As You Go” (PAYG) scheme versus pre-funding were discussed within the context of viability. The extent of government intervention remains a major factor for the success or failure of either scheme. The possible solutions offered include an increase in the retirement age, changes in indexation and reduction in pension benefits; and greater adjustment of pensions for early retirement or part-time work. In conclusion, ageing has multiple interactive impacts and contributing factors.

The way forward for developing countries including SEAR countries would be to strengthen public sector financing and management, embark on local research to understand NCD trends and morbidity compression, and develop public health policies that promote and support ageing.

2.5 Country reports

Participants from Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand made country presentations on active and healthy ageing highlighting demographic trends and the challenges facing the elderly as well as the corrective measures being implemented at national and community level.

Irrespective of the size of the country, general demographic trends show that there is a decline in the population of those below 15 years and a steady increase in the 15-59 year old population and a rapid rise in the number of people 60 years and above. This demographic pattern is indeed of great concern to all countries because of the burden it puts on the health systems as well as the social and economic system irrespective of the size or economic strength of the country. In India the population growth among those 60 years and above is likely to increase by 100% in the next 17 years and a significant increase in the elderly population is also expected in Indonesia, Sri Lanka and Thailand.

The family still forms a core of the caring system for the elderly in all countries of the South-East Asia Region that made a presentation. Furthermore, religion tends to play a critical role in the value system of society with regard to care and support for the elderly. This was reported
more in Bhutan, Myanmar, Sri Lanka and Thailand. However, globalization has introduced competing values in society and younger people are leaving home to work far away even overseas thereby making it difficult for them to provide direct care to ageing parents. India has legislation to compel young people to take care of their parents in old age but, at the same time, this has not contributed to improvement of care because many young people opt to work abroad and pay someone to look after their parents.

The disease burden affecting the elderly across the reporting countries shows that chronic noncommunicable diseases such as hypertension, diabetes, heart diseases and stroke contribute a huge burden. These are debilitating conditions and leave the elderly frail, requiring support for the rest of their lives. The challenges faced by most countries other than health care services include financial cost and long-term care facilities. The health systems are not adequately equipped to address the demands placed upon them by the large population of elderly people. There is no adequate financial support either from the pension systems or personal savings of most elderly persons to pay for the care and support.

The interventions proposed by countries range from strong government commitment to support the elderly such as legislation and policies to strengthening health systems at community and national levels including implementation of health promotion activities incorporating nutrition, exercise, smoking cessation and other lifestyle-related activities.

3. **Summary, conclusions and recommendations**

Following the presentations and discussions based on the regional overview, country experiences and position papers by experts on demographic trends, social and economic determinants, and possible public health interventions, three working groups were formed to ascertain broad actions and make recommendations for Member countries and WHO. The three groups examined the role and implications for (a) health promotion, (b) health systems response, and (c) socioeconomic determinants of health in active and healthy ageing using a life course approach.
The summary, recommendations and conclusions are presented in the matrix below:

### Summary

<table>
<thead>
<tr>
<th>Key strategic directions for implementing active and healthy ageing</th>
<th>Broad actions by Member countries</th>
<th>Broad actions by WHO</th>
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<tr>
<td><strong>1. Health promotion using a life course approach across all sectors:</strong></td>
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<tr>
<td>➢ Mainstreaming health promotion for active and healthy ageing across programmes and sectors using a life course approach.</td>
<td>➢ Establish and strengthen capacity and institutional mechanisms for health promotion across the lifespan.</td>
<td>➢ Enhance WHO’s technical support, including human resource development, to Member countries for promoting active and healthy ageing.</td>
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<tr>
<td>➢ Involve intended beneficiaries – individuals, families, communities and civil society groups – in all health promotion activities related to active and healthy ageing.</td>
<td>➢ Establish and support community-based health promotional activities for both young and older persons, including behaviour modification activities for controlling consumption of tobacco, alcohol and other harmful drugs, as well as for the promotion of healthy diet and exercise.</td>
<td>➢ Mainstream healthy promotion interventions across the lifespan.</td>
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<tr>
<td>➢ Promote and protect the rights and privileges of the elderly through policies and legislations that are age-friendly.</td>
<td>➢ Governments should accord primacy to developing and implementing policies and programmes for promoting active and healthy ageing.</td>
<td>➢ Assist in the implementation and monitoring of global and regional recommendations in Member countries.</td>
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<td>➢ Governments should strengthen health-care delivery systems at all levels in order to provide comprehensive, affordable, quality, appropriate and age- and gender-friendly</td>
<td>➢ Advocate for resource mobilization, including innovative financing mechanisms, for supporting active and healthy ageing.</td>
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<tr>
<td><strong>2. Strengthening health systems in order to perform its stewardship role in active and healthy ageing, particularly among populations above 60 years of age.</strong></td>
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<tr>
<td>➢ Strengthen health-care delivery systems at all levels in order to provide comprehensive, affordable, quality, appropriate and age- and gender-friendly</td>
<td>➢ WHO should assist Member States to formulate strategies, policies, plans of action and monitoring tools to protect the rights of older persons, and promote active and healthy ageing.</td>
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<td>➢ Governments should strengthen health-care delivery systems by developing community-based outreach programmes which are accessible to all and older persons in particular.</td>
<td>➢ WHO should assist Member States to build capacity of existing health systems to respond to the</td>
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### Key strategic directions for implementing active and healthy ageing

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<th>Broad actions by Member countries</th>
<th>Broad actions by WHO</th>
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<tr>
<td><strong>Health care (including long-term care and rehabilitation).</strong></td>
<td><strong>Challenges and opportunities of active and healthy ageing.</strong></td>
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<tr>
<td>➢ Advocate for intersectoral actions in order to promote the health of older people, with active participation of all stakeholders in the community.</td>
<td>➢ WHO should accord more importance to advocacy on the issues of active and healthy ageing through partnerships with all stakeholders at the national, regional and global levels.</td>
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<tr>
<td>➢ Conduct research in order to generate evidence to influence policies and programmes on active and healthy ageing.</td>
<td>➢ Governments should strengthen human resource capacity at all levels and across sectors in order to provide effective and appropriate health care to older persons.</td>
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<tr>
<td>➢ Promote age-friendly environments within the health systems, including the traditional systems of medicine.</td>
<td>➢ Governments should increase investment in the health and social sector for overall strengthening of health systems in order to adequately cater to older persons.</td>
</tr>
<tr>
<td>➢ Governments should develop and implement healthy public policies in order to create and sustain a supportive and enabling environment for healthy and active ageing.</td>
<td>➢ Governments should strengthen human resource capacity at all levels and across sectors in order to provide effective and appropriate health care to older persons.</td>
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### 3. Addressing the social and economic determinants of ageing:

| Promotion of appropriate social, cultural and religious values and norms. | Technical support for conducting intra- and intercountry research on various facets of active and healthy ageing in the South-East Asia Region for purposes of guiding policies and programmes of intervention. |
| Recognizing the importance of and developing a continuum of care from institutions to the community, including rehabilitation and long-term care. | ➢ Governments should strengthen human resource capacity at all levels and across sectors in order to provide effective and appropriate health care to older persons. |
| Provision of social protection for income, access to work, health care, nutrition and long-term care. | ➢ Governments should develop and implement healthy public policies in order to create and sustain a supportive and enabling environment for healthy and active ageing. |
| Creating safe and enabling environments for elderly populations with regard to physical, social, mental and economic security in both urban and rural settings. | ➢ Governments should strengthen human resource capacity at all levels and across sectors in order to provide effective and appropriate health care to older persons. |
Conclusions

The regional consultation on active and healthy ageing provided an opportunity to examine demographic trends and characteristics, and analyse the social and economic determinants of active and healthy ageing. It further provided a platform for debating the successes, challenges and possible solutions among population demographers, public health experts, health economists and policy-makers. Participants concluded that a multifaceted approach involving communities, civil society groups, the public and private sectors, WHO and other UN agencies was required to adequately address active and healthy ageing among countries of the South-East Asia Region.

Specific recommendations

Member States

(1) To develop and implement healthy public policies and legislations that support the creation of enabling environments for the promotion of healthy and active ageing using the life course approach.

(2) To establish and sustain health delivery systems that place high importance on continuum of care for the elderly from community to health-care institutions, including rehabilitation and long-term care.

(3) To provide social protection for income, access to work, health care, nutrition, personal security and long-term care for the elderly including women and those residing in rural areas.

WHO

(1) To assist Member countries to strengthen their health systems, particularly the primary prevention services, long-term care at both the community and institution level, and mechanisms for financing health care such as pension schemes and insurance.

(2) To provide technical support to conduct intra- and intercountry research studies including socio-behavioural research on various aspects of active and healthy ageing in the Region for purposes of guiding policies, programmes and public health interventions.
Annex 1

Inaugural message from Regional Director
WHO South-East Asia Region
(delivered by Dr Davison Munodawafa, Regional Adviser, Health Promotion and Education)

This consultation is intended to review and discuss various issues and implications relating to active and healthy ageing of populations in countries of the South-East Asia Region, and to make recommendations for Member countries and WHO for necessary action.

At the Fifty-eighth World Health Assembly in May 2005, strengthening of programmes for active and healthy ageing were debated and wide-ranging actions for Member States and WHO recommended. One of the recommendations to WHO was to focus on: (a) development of “age-friendly” primary health care programmes and policies, and (b) implementation and evaluation to promote healthy and active ageing. The World Health Assembly also called upon Member States to establish policies, resources, appropriate legislation and enforcement, and mechanisms for gathering disaggregated data on population trends.

Analysis of the global demographic trends show that by 2025, more than one billion people will be 60 years old or more. The figure is expected to double by 2050. Most of them will be residing in developing countries, especially in our Region. This change is due to the reduction in mortality especially among the younger population, improving longevity and declining fertility rates.

Ageing creates significant social and development challenges. The elderly are likely to suffer from chronic diseases such as diabetes, hypertension, cancer, mental illness and nutritional problems, among others.

In order to promote active and healthy ageing, a life-course perspective is needed that would focus on health promotion and disease prevention, and equitable access to quality primary health care. Research studies indicate that the primary risks for chronic conditions such as cardiovascular diseases, diabetes and cancer begin in early childhood or adulthood. These risks in association with
socioeconomic and cultural factors, determine whether a person experiences active and healthy ageing or not.

Effective health promotion strategies throughout life have the potential to enable people to take control over the risks in early years of life and improve their health, which will contribute to active and healthy ageing. Research evidence shows that early childhood obesity is a precursor for diabetes and cardiovascular diseases later in life. Thus, promoting good habits for consuming healthy foods and carrying out regular physical activity would reduce hypertension, heart diseases, stroke and diabetes in later years. Health promotion interventions, including policies and legislative measures, should be put in place to reduce the use of alcohol, tobacco and other harmful drugs among young people.

Distinguished delegates, ladies and gentlemen,

In addition to increasing longevity, the ultimate goal of promoting health throughout the life-course should be to improve the quality of life and increase happiness, productivity and satisfaction. Despite the best efforts in health promotion and disease prevention, some people will become ill or unwell as they grow older, and that calls for appropriate medical interventions to be made available at the primary health care level.

The World Health Organization sees the challenge for Member countries in investing in public health interventions to promote active and healthy ageing. WHO, in collaboration with Member countries and other development partners, is carrying out a broad situation analysis of the demographic, health and socioeconomic situations of the elderly and developing a strategy for strengthening active and healthy ageing. This consultation is being convened to: (a) review challenges, including demographic characteristics and trends; (b) analyse the social determinants of active and healthy ageing in our Region; and (c) exchange experiences on policies and programme interventions, including success stories, for strengthening active and healthy ageing. It is hoped that the consultation’s outcome will be a regional framework for strengthening active and healthy ageing.

With your expertise and experience, I am confident that you will be able to contribute to the success of the consultation. I look forward to receiving the report of this consultation with its recommendations and follow-up action plan. I wish you fruitful deliberations and a pleasant stay in Thirvananthapuram.
Annex 2

Programme

Thursday, 6 December 2007

08:30  Assemble at Reception of the Hotel Residency Tower for field visit to the Centre for Development Studies (CDS)

09:00 – 11:00 Brief by CDS on its activities on active and health ageing

11:00 – 11:30 **Agenda 1:** Inaugural Session at CDS
  ➢ Welcome address by CDS
  ➢ Message of the WHO Regional Director
  ➢ Address by Chief Guest, Her Excellency Minister for Health and Social Welfare, P.K. Sreemathi Teacher

11:30 – 12:00 Group photo/Tea break

12:30 – 14:00 **Lunch at hotel**

14:00 – 14:15 Introduction of participants and appointment of Office Bearers

14:15 – 15:45 **Agenda 2:** Overview on strengthening active and healthy ageing
  ➢ Regional Overview by Dr Davison Munodawafa, HPE/SEARO
  ➢ Ageing and Health in the Asia and the Pacific Region by Dr Srinivas Tata, UNESCAP, Thailand

15:45 – 16:15 Tea break

16:15 – 17:45 **Agenda 2:** Country experiences
  Discussion Topics:
  ➢ Health System for the Elderly
  ➢ Health Promotion at all levels
  ➢ Socio Economic Security determinants
  Selected country experiences and discussion {India, Maldives, Sri Lanka and Thailand}

18:30 – 20:30 **High tea/Reception**
Friday, 7 December 2007

08:30 – 09:00 Recap of Day One

09:00 – 10:30 Agenda 2: Country experiences – contd.
Discussion topics:
➢ Health System for the Elderly
➢ Health Promotion at all levels
➢ Socio Economic Security determinants
Selected country experiences and discussion
{Bangladesh, Bhutan, Indonesia, Myanmar and Nepal}

10:30 – 11:00 Tea break

11:00 – 12:30 Agenda 3: Review of challenges
Panel Discussions (Presentation & Discussions)
➢ Demographic trends and challenges of ageing population
  – Dr K. Srinivasan
➢ Social determinants
  – Dr M.K. Shankardass
➢ Economic impacts
  – Dr Ravindra P. Rannan-Eliya

12:30 – 14:00 Lunch

14:00 – 15:30 Agenda 3: Review of challenges
Panel Discussions (Presentation & Discussions) – contd.
➢ Active and Healthy Ageing
  – Dr A.B. Dey
➢ Possible public health interventions
  – Dr B. Krishnaswamy
  – Dr Jagdish Kaur

15:30 – 16:00 Tea break

16:00 – 17:30 Agenda 4: Regional Framework (Group Work)
Strategic directions to be implemented by:
➢ Member States
➢ Civil society
➢ WHO
Saturday, 8 December 2007

08:30 – 09:00 Recap of Day Two
09:00 – 10:00 **Agenda 4:** Regional Framework (Group Work) – contd.
10:00 – 11:00 Discussions and Report back
11:00 – 11:30 **Tea break**
11:30 – 12:30 **Agenda 5:** Conclusion, Summary and Recommendations
12:30 – 13:00 **Agenda 6:** Closing
13:00 – 14:00 **Lunch**
Annex 3

List of participants

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