Pakistan Alliance *for* Social Protection

PASP

MALIR UNIVERSITY OF SCIENCE & TECHNOLOGY

SPRC Social Protection Resource Centre

Discussion on Old Age Well-Being in Pakistan

JOINTLY ORGANIZED BY MALIR UNIVERSITY & PAKISTAN ALLIANCE FOR SOCIAL PROTECTION (PASP)

LINKAGES BETWEEN THE DISEASE BURDEN & THE OLD AGE WELL-BEING IN PAKISTAN

Dr. Palitha Gunarathna Mahipala
WHO Representative,
WHO Country Office, Islamabad
Chief Guest

Prof. Steven M Albert, MS, PhD
Chair, Behavioral and Community Health Sciences
Philip B. Hallen Endowed Chair in Community Health and Social Justice,
The University of Pittsburgh, USA
"Disease Burden and the Well Being in Old Age: From Geroscience to Policy "

Prof. Aliya H. Khan, MS, PhD
Professor of Economics and Former Dean Faculty of Social Sciences,
Quaid-e-Azam University(QAU)
"Work Profile of Older Age Persons: Evidence from the Pakistan Labour Force Survey (2017-18)"

Prof. Mehtab S. Karim, MS, PhD
VC , Malir University of Science & Technology, Karachi and Executive Director Centre for Studies in Population & Health
"Health issues of the Elderly in Pakistan"

Dr. Qudsia Uzma
Focal Point for Healthy Ageing
Country Office WHO, Islamabad
"Policy Framework for Old Age Healthcare in Pakistan: A critical evaluation"

Dr. Safdar Ali Sohail
Executive Director, SPRC & Convenor, PASP
"Moderator "

Social Protection Resource Centre Dialogue Series

Old Age Well-being in Pakistan: Linkages between the Disease Burden & the Old Age Well-Being in Pakistan

Jointly organized by Malir University & Pakistan Alliance for Social Protection (PASP)

18th July, 2020

SPEAKERS & TOPICS:




1. PROF. STEVEN M. ALBERT
   Chair, Behavioral and Community Health Sciences, The University of Pittsburgh, USA
   Topic: Disease Burden and the Well Being in Old Age from Geroscience to Policy
2. PROF. MEHTAB S. KARIM
   Vice Chancellor Malir University of Science & Technology, Karachi & Executive Director Center for Studies in Population & Health
   Topic: Health Issues of the Elderly in Pakistan
3. PROF. ALIYA H.KHAN
   Professor of Economics & Finance, Dean Faculty of Social Sciences, Quaid-e-Azam University
   Topic: Work profile of older age persons: evidence from the Pakistan labor force Survey (2017-18)
4. DR. UZMA QUDSIYA
   Focal Point for Healthy Ageing Country Office, WHO, Islamabad
   Topic: Policy Framework for Old Age Healthcare in Pakistan, A critical evaluation

CHIEF GUEST:

DR. PALITHA GUNARATHNA MAHIPALA
WHO Representative, WHO Country Office, Islamabad

MODERATOR:

DR. SAFDAR ALI SOHAIL
Executive Director, SPRC & Convener, PASP

TABLE OF CONTENTS

OLD AGE WELL-BEING IN PAKISTAN: LINKAGES BETWEEN THE DISEASE BURDEN & THE OLD AGE WELL-BEING IN PAKISTAN

1. PURPOSE

Social Protection Resource Centre (SPRC) is a think tank dedicated to promote universal social protection in Pakistan. Being a premiere think tank dedicated on policy research and advocacy for social protection, SPRC has created an alliance of like-minded national and international organization under the ambit of Pakistan Alliance for Social Protection (PASP). SPRC has initiated the advocacy related activities in which SPRC Policy Dialogue Series is a key initiative. This series aims to provide quality and knowledge-based insight of eminent professionals and policy advisors on various issues related to social protection. SPRC has started debate on much ignored issue of social protection for persons of old age and care for people with severe disabilities. In the first episode of the policy dialogue the focus had been placed on the old age welling in Pakistan and the role of federal institution i.e., Employees Old age Benefit Institution (EOBI). In the second episode of the policy dialogue, the focus is based on understanding and discussing the nature of Disease Burden in Pakistan among 55 and older citizens, including their mental health problems. Furthermore, this episode revolved around the assessment of whether our Old Age Benefits and Care practices respond to the actual needs of Old Age Wellbeing, with a view to firm up the future agenda for a significant improvement in the Old Age Wellbeing in Pakistan.

2. ISSUES DISCUSSED- AN OVERVIEW

The Webinar focused on the conceptualization of the Old Age to emphasize that the Old Age should not be merely defined as an age threshold like 60 or 65. Old Age in any society is also a socially constructed concept and we should have a better understanding as to how this would play out in Pakistan, as the nature of this conceptualization would have serious public policy implications. It was acknowledged by all the speakers and participants present in the webinar that the Disease Burden affects significantly on the quality of Old Age Wellbeing. There are people in their 50's who display old age characteristics in Pakistan and there are people in 70's who opt or are forced to work. In Pakistan, traditionally the family itself is the principle caregiver to the old people, however as many families -particularly in urban areas- are becoming nuclear and within a generation the average number of children has declines substantially, serious illness and chronic disability affects the individual as well as family. Pakistan today has a huge care gap as the state appears to have abdicated its responsibility in terms of Old Age care to the family without realizing that the family care giving today is much more demanding, stressful, and expensive. A large number of families are not able to cope with the demands of old age care without the Government joining hands with them. Apparently, our health policies have not given the kind of importance this subject demands and this discussion analyzed the issue thoroughly. As the number of persons in ages 50 and above in Pakistan is growing fast (their annual growth rate is 3.5% per annum), our contention is that Pakistan could learn a great deal from international experiences and the best practices and could develop better policies by benefiting from the international and regional experiences.

3. SESSIONS PROCEEDINGS

3.1. INTRODUCTORY NOTE

The webinar was started with a welcoming address from the moderator Dr. Safdar Sohail, Executive Director-SPRC & Convener-PASP. In his address, he stated about the composition of the discussion webinar series for the program to be launched on the 1st of October which is celebrated as UN International Day for Older Persons. He reiterated the objectives and goals of the formation of the non-voluntary alliance and a think tank organization of SPRC and PASP to be aligned with the Universal Social Protection Program (USPP). The vision of the organization is to persuade the state to provide minimum social protection to all at all times or states, which is universal and ensures a maximum collective outcome in any system. PASP is hosted at and by SPRC. The building block is Old Age well-being where the old-age well-being is addressed from different

angles in this four-part discussion, for which first discussion has already been done on the role of Employee Old Age Benefit Institution, EOBI and bringing old age well-being in the mainstream. The third part, which will be held today, is focused on exploring the linkages between the disease burden and old age well-being. Following these discussion series, a report will be launched in the 1st of October, undertaking surveys on old age well-being based on government related policies and public and experts' viewpoint.

Introducing the Chief Guest from WHO, Dr. Safdar invited Mr. Mahipala to start with the inaugural address.

3.2. INAUGURAL ADDRESS BY DR. PALITHA GUNARATHNA MAHIPALA, WHO REPRESENTATIVE, WHO COUNTRY OFFICE, ISLAMABAD

Mr. Mahipalla inaugurated the webinar-discussion series by paying greetings to the speakers and participants and congratulated the PASP and Malir University to organize such useful discussion on an important issue Old age well-being in Pakistan because such opportunities promote reform and re-engineering options to bring changes and policy reforms in the system in future.

He stated that it is a known fact that everyone wants healthy-ageing with safety and dignity with similar health opportunities for our future generation. Increasing longevity is one of the greatest achievement of the human history due to improved healthcare systems and insurance of good healthcare facilities to all. Ageing population is considered as one of the biggest demographic challenge in the 21st century but global community has gratefully considered the issue of healthy ageing of all people in the SDGs 2030 agenda with the slogan of 'Leaving No One Behind'. The size and composition of any population is determined jointly by three interlinked factors; fertility, mortality and migration. All countries have experienced substantial increase in life expectancy since 1950s. As life expectancy increases with the improving survival in the old age attributes to the increased longevity. Hence, declining fertility and increasing longevity are the key drivers of the population ageing globally including Pakistan.

He added that increasing age is frequently associated with the increasing healthcare, utilization, and cost leading to financial catastrophe. Ensuring all people with an access to social insurance without financial burden would be crucial and should be focused in policy formulation in any country. However, on the biological level, ageing happens due to the accumulation of the damage to the wide variety of the molecule over time leading to gradual decrease in physical and mental capacity, and growing diseases. However, along with biological factors, Dr. Mahipalla highlighted few of the social indicators, which play an important role in healthy ageing such as wisdom, emotional stability, and rational decision-making. He emphasized for the need to acknowledge speed and stale of ageing everywhere.

Talking about statistics, Dr. Mahipalla highlighted that there are more than one billion people aged 60 years and older with most living in lower and middle-income countries. Globally, two people reach the age of 60 years every second. By 2030, 16% of the world population will be over 60 years; those who are 60+ make 75% of the total population suffering from non-communicable diseases. Furthermore, Pakistan being the fifth most populous country, is among one of those 15 countries where there are more than 10 million people above 60 years of age. It is estimated that 6.4% of the total population of Pakistan is over 60 years and above and will almost be double by 2050. The country however ranked 92 of 96 countries in the Global Age Watch Index, which ranks countries according to the social an economic well-being of the older people.

Talking about the common problems and issues regarding ageing, he enlisted few of the problems in old age including hearing loss, cataract, back pain, osteoarthritis, diabetes, pulmonary diseases, depression and dementia. He identified that factors affecting healthy ageing start at early stage of life. Therefore, the influence on development on healthy behavior needs to be maintained throughout the life particularly with balanced diet, regular physical activity, and refrained tobacco. He described few of the following important steps for transformation and policy formation in future that should be the key focus of the discussion as well.

1. Formulate Evidence based policy such as age-friendly benefit package, can be a part of universal health coverage and universal health care package. In that reference, Pakistan has developed a comprehensive Universal Healthcare Package, which can address many issues comprehensively. However, Age-friendly benefit package must be beyond the health issues;

2. Aligning the health systems is the need of all the persons for which Primary Health Care must be focused, which include screening, treatment, valued care and rehabilitation. However, it is time to think about more comprehensive healthcare with easy access. Giving example pf Sri Lanka, he explained that their primary health care approach is centered in health care delivery. Centers have been established in the primary health care institutions for healthy life style centers, which focus on screening, BP checking, BMI measurements, blood sugar checking, monitoring cholesterol levels to treat patients especially of elders. Furthermore, these steps goes beyond the institutions with the involvement of the community based interventions and regular counselling for older people. All these interventions are made by a trained nurse, mid wife, healthcare professionals and medical officers with the locals intervention. Moreover, these centers also provide nutrition advisors and practical exercise sessions for the elderly people. Even, a detailed drug-list has been prepared for the treatment of physical and mental healthcare of the elderly people, of which, 25 drugs are available to treat all these patients who are seeking primary healthcare in these centers;

3. Providing long-term healthcare with strong institutional and community base;

4. Creating age-friendly environment and accepting elders as an asset to the society with the mindset change;

5. Improving identification, measurements, monitoring, evaluation and implementation level of interventions identified;

6. Infrastructure development such as age friendly citizen communities, local intervention models are available locally;

7. Operational research in view of generating policy related research;

8. Building human resource for health because specialized persons are needed in healthcare system for example, considering the experience from Thailand and Sri Lanka, new post graduate courses on elderly care are introduced, new specialties have been established, new categories of staff such as public healthcare community based care have been started.

He concluded his address with a statement that WHO has developed the interrelated care for older people, package of the tools, and social care to understand the issue and implement by providing evidence based tools and guiding principles for the states to support the system for healthy ageing facilities and maximize all the people's intrinsic capacity and functional ability.

4. SPEAKERS SESSION

Moving on further, Dr. Safdar started the Speakers Session' by first inviting Professor Steven M. Albert to talk about Disease Burden and Well-being in Old Age in the scientific policy perspective, followed by Dr. Mehtab Karim for sharing his insight about health Issues of the elderly in Pakistan, Prof. Aliya H.Khan for sharing her work related to work profile of older age persons: evidence from the Pakistan labor force Survey (2017-18) and lastly Dr. Uzma Qudsiya to talk about policy framework for old age healthcare in Pakistan. Following are the key points discussed by the all the aforementioned speakers.

4.1. PROF. STEVEN M. ALBERT

Topic: Disease Burden and the Well Being in Old Age from Geroscience to Policy

Prof. Albert first introduced the idea of Geroscience, which is the new medical field dealing with the study of biology of aging, changing the rate of aging through molecular biology and understanding the ageing process

through chronological and biological aspects. He then talked about the changing age structure in Pakistan, which is expected to have increased dependency ratio as becoming a greater demographic challenge in coming years. He added that the median age group is more as compared to other levels of age -groups. However, aging is the strongest risk factor for all chronic age diseases with related increase in morbidity and disease burden. The ageing is the greatest drivers of chronic diseases, which raises in an exponential fashion and poses a crucial medical challenge. He shared statistics from a study done by NHATS in US that only 25% of people do not report any kind of medical issue during one month of experimental study while the rest of the people complained of issues such as pain, fatigue, breathing difficulty, sleep difficulty, depressed mood and dementia with increase in their age.

He pointed out that multi-morbidity is one of the serious problem associated with other problems with ageing. Grip strength and gate speed declines with age. However, the question of social care is the most important factor in case of aging along with the biological care. It is the most important investment in old age and it matters a lot that how many we invest in the molecular factors of ageing as compared to social factors. He further added that the cellular ageing is the realm of geroscience and health span accepted as new approach. He shared hallmarks of aging with nine models composed of different domains of cellular functions and molecular biology related to the process of ageing, which is basically compared in animals with humans. He highlighted that chronological age is not a good indicator of biological ageing estimate because rate of ageing varied in people with age. With the new experimental study being produced in the field of ageing, he concluded with the statement that rethinking ageing and manipulation of the rate of ageing is the new adopted approach. The main Idea is to first have a targeted gene with protein pathway for ageing and secondly therapy that effects that gene through drugs named as synolytics. Moreover, it was suggested that trying metformin for reducing other chronic diseases and other issues in older age is the new proposal. However, social care is also important along with the molecular factors of older age well-being. Therefore, social incentives must be promoted and facilities must be introduced at community levels.

4.2. PROF. MEHTAB S. KARIM

Topic: Health Issues of the Elderly in Pakistan

Prof. Mehtab started with the fact that the recent COVID 19 pandemic has raised threat to the most effected ones who are aged 60 years and above. He shared a few key statistics about the elderly people in Pakistan that in 1960s, there were 2.7 million people, who were over 60 plus and now we have approximately 13-14 million of those people who were born in 1960s, who might have reach their 60's or above. It meant that there is an increase to five times in the elderly age population since 1960s. Furthermore, the annual growth rate of older people is 3.5% per annum as compared to 2.1% of overall population growth rate for general population. The total proportion of older age population is 4% only because our fertility rate is higher.

He then talked about the problems faced by the elderly people in Pakistan that there are poor health facilities such as lack of Geriatric specialists for elderly people and even there is no concept of such specialized resource persons for the elderly people in Karachi. He reinstated that old age is normally the cause of death in many cases, which may not be true due to the involvement of other factors. Hence, it is important to have a trained healthcare system as demands are increasing for it. He then shared his experience in which he took the case study of Karachi due to presence of many migrants. It is observant fact that extended family system in Pakistan is shifting to nuclear system and most of the elderly people are either living with children or living alone with no caretaker around. In addition, there is always has been demand of more sons as caretaker of the parents as per the societal mindset. Unfortunately, proper healthcare is not present for the elderly people in Pakistan due to all these interlinked factors.

Karachi megacity survey (KMS) was conducted in 2017 on four different issues; transport, water, health and education, in which 12000 people were interviewed and grouped in to three-aged group distribution for people above 60 years. Various questions were asked regarding health facilities, health services, attitude of health professionals etc. When asked about health facilities used, majority of the respondents responded that health services were poor in public sector because more of the people turn to private healthcare services. Majority of the respondents were satisfied with the health facilities and timely treatment, which they received and visited

but it could have been better. Moreover, respondents were satisfied with the attitude of healthcare staff and professionals. It was inferred from the study for the elderly people in Karachi conducted in 2006 that 1/3rd of the population is living in nuclear system in Karachi and there is a major population in 60-64 years of age. 1/3rd of that sample complained of poor health with ageing and majority were having high BP, hypertension and depression. In case of doing daily basis chores, majority of the respondents were comfortable in doing their related house chores such as personal shopping, use of telephone, cooking, housework etc. However, women have more poor health related conditions as compared to men.

Dr. Mehtab proposed that he would like to have a fresh study using the similar benchmark of study for Karachi for more districts involved in it. He shared another of his study about depression in a cross sectional study in Karachi city where it was found that depression is the major global health concern more because of nuclear family system. There is a strong association between family support and depression. He recommended that health policy must be aligned with mental health related interventions. He concluded that with the mobilizing resources for elderly issues and healthcare support to the elder people, more efforts to be made at societal level. It is the need of time to plan and implement a comprehensive and cost effective health care strategy for vulnerable, marginalized and resource deficient elderly population by government and private agencies covering their medical, psychological, social, and economic wellbeing and needs.

4.3. PROF. ALIYA H.KHAN

Topic: Work profile of older age persons: evidence from the Pakistan labor force Survey (2017-18)

Dr. Aliya stated that In the backdrop of COVID 19, ILO is specifically observing the situation for the old age workers aged 55 and over because they normally rely on informal source of emplyment. Moreover, ILO is more focused for the study of labor force in lower and middle income countries because they rely on more informal work due to less pesions and even pensionalble jobs are not available to most of the population due to which elderly people suffer a lot and healthcare coverage is also low in the public healthcare insurance system. She shared the information regarding Labor Force Survey 2021 that it will cover district wise data of age segregation with special module for the old age benfits for the first time in history.

She shared data analysis of the Pakistan Labor Survey (2017-18) for the working age popualation 10 years and above with two categories that are employed and unemployed but actively seeking working. It was inferred that 557% are out of the labor force due to several engagements like education, household work or retired etc. Retired or out of working force direly need policy for the inclusion and being theneficiary of healthcare facilities. For the first time, the age group of 55 years and above aged people were included in the survey. In case of gender seggregation, for males and females; 13.6% and 10.8 % are out of labor force in the age group of 55-65 years respectively. It means that greater number of males are out of working force as compared to females. Males, who are in pensionable jobs do not require to be in the working force as compared to women, who don't have such opportunities. In case of the proportion regarding labor force popultion, male aged 55+ years comprised of 11.3% and females comprised of 8% of the total labor force in the same age group.

In two diferent segments in rural-urban divide, male composed of 12% in rural as compared to 10% in the urban areas because there are no pension schemes in the rural areas at all. Whereas, females labor force have 8% of proportion in rural and 6% in urban areas. Hence, similar pattern is observed for the females also as compared to males. It is also observed that pensionable beneficiaries are also having good healthcare insurances as compared to non-pensionabale jobs. Furthermore, male labor force participation rate above 55-59 years of age is almost 92% as it is the age group, who are approaching retirement, but with the increase in age, the ratio starts decreasing. The highest male force partcipation labor rate is estimated for the age group 40-42 that is 98.5% . For females, the labor force oarticipation rate is already lowest in South Asia and within the country, it is 20% as compared to 80% of male labor force participation rate overall. But in the age group of 55-59 years, for females, it is 23.4%, for 60-64 age group, it is 16.6% and for 65 years and above age group is 8.2%. The highest FPFPR is 28.0% for the age group 40-44 of years. It shows that women in even old age are working, which is striking as it should be in earlier age groups.

She further added that the potential of Labor Force Survey data is higher for the micro data analysis and can be conducted in different seggregation such as by gender, labor force status, rural urban divide, employment status by age group, major aoccupation groups, sectoral classification, number of working hours, migration status, inter and intra provincial divide and many more variables. This data set can be used fo rmulti-purpose way of analysis for the elderly people separately. Pakistan Bureau of Statistics, PBS is embarking a COVID-19 survey, which is an independent national level short panel survey and completed in one month.The survey includes instruments like demographic variables, employment variables, food insecurity, assistance from welfare programs and coping strategies for COVID outcomes, housing, water and sanitation and hygeine variables (WASH). It wil specifically ask about the access to welfare programs. Moreover, a Labor Expert Group was also constituted in May 2019 under the umbrella of Ehsaas Program to develop recommendations for extended social protection measures to the informal economy workers in all age groups.

In the end, Dr. Aliya share few recommendations and observations that there is no registry of the workers in formal and informal economy which could be used to bring relief to people who have sufered due to COVID. Therefore, we need a live registry updated all the time for a better understanding like Chile has it to focus targeted interventions in the areas of concerns and lowering morbidity ratios. Universal coverage is what we are seeking for which this live registry is needed. She informed that for the first time under Ehsaas Program, significant proportion of daily wage workers are registered. She emphasized the need of this data set because the whole family system is transitioning towards a nuclear family system and elderly people would need healthcare faciities in future and if they are not registered, they are not able to claim the social security benefits due to their status and might be the most vulnerable community at that point. Hence, we should explore the existing data set in the domain of elderly related issues and data sets.

4.4. DR. UZMA QUDSIYA

Topic: Policy Framework for Old Age Healthcare in Pakistan, A critical evaluation

Being the last speaker, Dr. Uzma talked about policy related ssues for old age benefits. It is an observing factor that there is a growing trend of older population and its increasing by 3.3% annually and will get double in the upcoming years. She then shared a few of the statistics, that Pakistan is a country with 7% of older population with average life expectancy of 66.5% and world ranking is 133 out of 192 countries in terms of life expectancy. There is gross difference between healthy life expectancy and life expectancy and even at an early age, it is high and with ageing, the gap is widening further as compared to at birth. Non-comunicable diseases count for 85% in the age of 70 years of age and above.

She shared key interventions by WHO for the old age well-being including WHO Global Guidance in Health Ageing, Report on Ageing and Health in 2015, followed by Global Strategy and Action Plan on Ageing and Health Aligned with the SDGs, Integrated Approach For Older People Guidelines, Tools To Coping Strategies, 2020-2030 as Decade Of Healthy Ageing by UN, Q&As On COVID 19 For Older People to address their concerns regarding healthcare. The report of Integradted Care for Older People includes targetting healthcare providers, who are working at pirmary healthcare level , secondary and professionals for developing health curricula, with the development agencies and civil society as well. It is divided in to different set of modules, in which the first module is focused on declining and mental capacities among older adults including focus on mobiity laws with recommendations of having multi-modal exercises for the older people, for malnutririon, regular screening, provision of required tools for hearing impairment. The second module is based on geriatric syndromes, which includes urination irregularities and related issues. It includes recommendations for pelvic core muscle trainings, issues around risk of falls, reviewing the medications, multi-modal exercises at home. Finally, last module Is based on caregiver support for the need proper training and support and facilitation for ensuring that they are not burned out and given considerable care.

She shared recommendations on the implementation consideration along with these guidelines, old people centered, integrated approach must be adopted for implementational level at micro, macro and meso with sequential level approach in terms of identifying, defining a care plan and needs, implementing a care plan, empowering the older people, strengthening the capacity, maintaing strong referral, and engaging communities. One of the WHO study about older people and access to healthcare highlighted statistics in two

of the provinces punjab and sindh that in our primary health care and secondary healthcare, out of the total clientale, 1/4th that uses 20% for the primary healthcare and 25% uses the secondary healthcare level, are people of 50 years and above. Whereas, at tertairy level, it is increased up to more than 30%. She highlighted that females more commonly received at out-patients department and males are received commonly at emergency departments, which shows that they are more exposed due to their more labor force participation.

She concluded with the suggestions and recommendations on the current status of pakistan and the way forward which includes the formulation of National Health Vision in 2016 for next ten years with a clear focus and vision of ageing population and disabiities. There is a lack of proper policy framework on healthcare for older people, though, there are some indirect support coming from the public sector, which count 80% of the health care budget going in to the tertiary heathcare where majority of the 1/3rd of the cientale is older people. In addition, there are very successful health insurance programs of the government being implemented in more than 60 distrcits provinding coverage for the chronic illnesses, which indirectly covers the healthcare needs of older people. Then there ia also a country reporting on global survey for monitering the implementational strategies aligned with WHO guidleines. Intergration of key intervnetions aligned with the ICOPE guidleines in the essential health services package at coommnity and primary healthcare center including Universal Health Coverage. WHO support on healthy ageing implemented a donor funded project on 'Protecting Rights of Older People with Diabilities among the Refugees' and took population in KP and Balcocistan Provinces. Then, it has developed behavioural change communication framework for promoting healthy ageig among older people with disabilities in refugee population and conducted a rapid need, readiness and response assessment of healthcare system and social protection mechanisms for older people with diabilities in refugee population. WHO has also distributed assistive devices among older people with disabilities from selected camps, villages in KP and Blaochistan provinces. WHO is also recreating fit-or-purpose health system for ageing population, which includes re-oreintaing services for older people in longer term care, intergrated healthcare for older people in care coordintaion, investment in the health workforce in geriatrics and geronotlogy, health system readiness for ageing population for age-friendliness and responsivess and measuring access of older adults to healthcare and UHC for defining relevant indicators and regular reporting. The chalenges includes lack of policy framework on healthy ageing aligned with wh Guidelines, dire need for stakeholder coordination for development strategies and plan on continuation of essentiail healthcare services for older adults during COVID-19, limited data avaliable on ageing to support evidence based planning for ageing population and development of training packages and job aids.

5. COMMENTS

This section includes the comments from the renwed partcipants and speakers for the topic;

5.1. MR. AZHAR HAMEED

Mr. Azhar acknowledged the efforts of the speakers and organization for such as intercative and enriched session. He proposed that such studies will be shared with him as it would provide support for the moving of recent amendment in EOBI Act. It will get the institutions aligned with the recent demands and getting acquainted with the informal sector as well.

5.2. DR KARAMAT

Dr. Karamat also acknowleded the efforst for conducting such an enlightening session. he further proposed that it would be appropriate if we start focusing the documented and undocumented parts of the economy, as in the COVID time we were not able to reach out to the expected population.
Coveraga of the daily wagers and informal sector in ehsaas and BISP programs in collaboration with all the stakeholders must be considered and assured of starting nad discussing this step from Sindh Government in an upcming a meeting with them.

5.3. DR. NIZAMUUDIN

Dr. Nizamuddin stated that it was a very acadmeic and research oriented session which could provide good base for concrete policy research work in future with such good team. We really need to work on gaps that we have found out regarding elderly needs and need to think and work very closely with

EOBI. It should also be ocnsidered that how to incude informal economy in these initiatives and proposed of conducting a national survey for older population in pakistan in a comprehensive way.

5.4. MR SHUJAAT

Mr. Shujaat commented that this is an area of concern which normally left unattended. There is a huge gap between our destination and right know where we are standing. Hence, it is an opporuntiy to take the lead for this organization in a very organized and well researched way. It is also a public policy issue and a very important challenge, thhough EOBI is doing good but the challenge is outlayed and for that purpose players or stakeholders should be increased such as nvolvement of businsessses, academic, political, civil society and other relavant players in the future to make it universal in an actual way.