

Policy Brief

Healthy Ageing in Pakistan

Based on Healthy Ageing Index Developed By Social Protection Resource Centre

Moderated by

Dr. Nadeemul Haque VC PIDE

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Honoured by

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Policy Recommendations by

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This decade of 2021 to 2030 is declared as Healthy ageing by United Nation. There are Physical, mental and social determinants of Healthy Ageing and final outcome is interplay of all these factors. So to achieve the targets, Integrated Care for Older People (ICOPE) guide lines are developed which covers all aspects. SPRC has developed an index to assess the old age wellbeing and it is in line with international guidelines. COVID 19 has effected the older population and by our pilot research we could understand that social protection and other safety nets are the key for wellbeing of vulnerable and older people in this case.

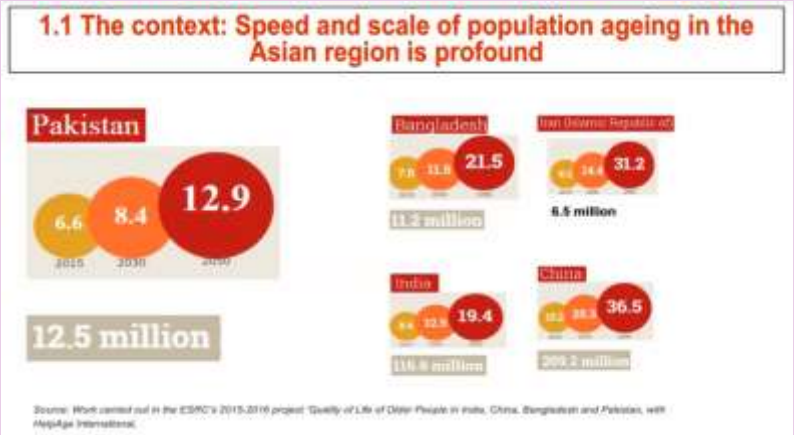
Social Protection Resource Centre in collaboration with PIDE organized a webinar on 31st March2021 for endorsement and further improvement of this Index.

Dr Nadeemul Haque Vice Chancellor PIDE highlighted about rights of older persons above 60 especially inability to avail bank loan or credit card. He introduced the chief guest honourable Secretary Human Rights Division and esteemed participants from WHO Country Representative, public sector decision makers , Academia and Research and Policy community. Dr Safdar Ali Sohail reiterated the positive role of social fabric and safety nets of society for healthy Ageing and role of CSOs and policy community in implementation of polices.

WHO /WR mr Palitha G.Mahipala highlighted the importance of healthy ageing and UN efforts to bring momentum by declaring decade of healthy ageing .He highlighted some fact that ageing is most challenging demographic event and globally two people reach age sixty every second and by 2030 16% of population will be more than 60 and may not be having basic resources to meaningful and dignified life. Pakistan 5th most populous country of the world and ranks 92nd out of 96 in ageing index based on socioeconomic well-being. Ageing is well embedded in SDG agenda of leaving no one behind. WHO has developed a package of tools for Integrated Care of Older People (ICOPE) which gives a direction and action plan to governments, partners and to develop person centered care of older persons. In Pakistan WHO is supporting Contextualization of guidelines ,UHC package by MoNHSR&C has incorporated ICOPE guidelines and WHO is working on setting standards and capacity building of care givers at facility level and home care. Inclusion of guide lines in essential health services package and interventions at Primary Health Care and community level are most effective.

Pakistan quite a young society, where appx. 7% of the population is ageing population, to be exactly there is 6.6% of the total population with age 60 or more in 2015 in Pakistan. The more critical bid is not that percentage because it is often fallacious. It is the number that involves in 6.6%, which is in excess of 10 million, making it 12 million in 2020. There are only 15 countries in the world, which have older persons more than 10 million in the world. By the time we will reach 2050, it will be doubled to the proportion that we have now 12.9% would translate into excess of 40 million to be exact 42 million older persons in Pakistan.

That would one of the five countries in the world that in 2050 will have more than 40 million older persons in the country. We would require more resources to improve the functional ability including inherent capacity of individuals, improvement in environment and well effective health systems and social security.



For Older People (ICOPE) package of tools, this offers an approach that helps key stakeholders in health and social care to understand, design, and implement a person-centered and coordinated model of care. By providing evidence-based tools and guidance specific to every level of care, ICOPE helps health systems support Healthy Ageing and maximize older people’s intrinsic capacity and functional ability.

According to the WHO Report on Health & Ageing, 2015, the concept of healthy ageing is defined as the process of developing and maintaining the functional ability. The central concept is the functional disability with another concept of well-being in old age. Therefore, functional ability is what enhances the wellbeing in old age. Ageing is the combination of intrinsic capacity and external environment. As

MacArthur Model of Successful Ageing

There are three main attributes of successful health ageing;

- *Low risk of disease and disease related disability*
- *Maintenance of mental and physical functioning*
- *Continued engagement with life (through relations with others and productive activities*

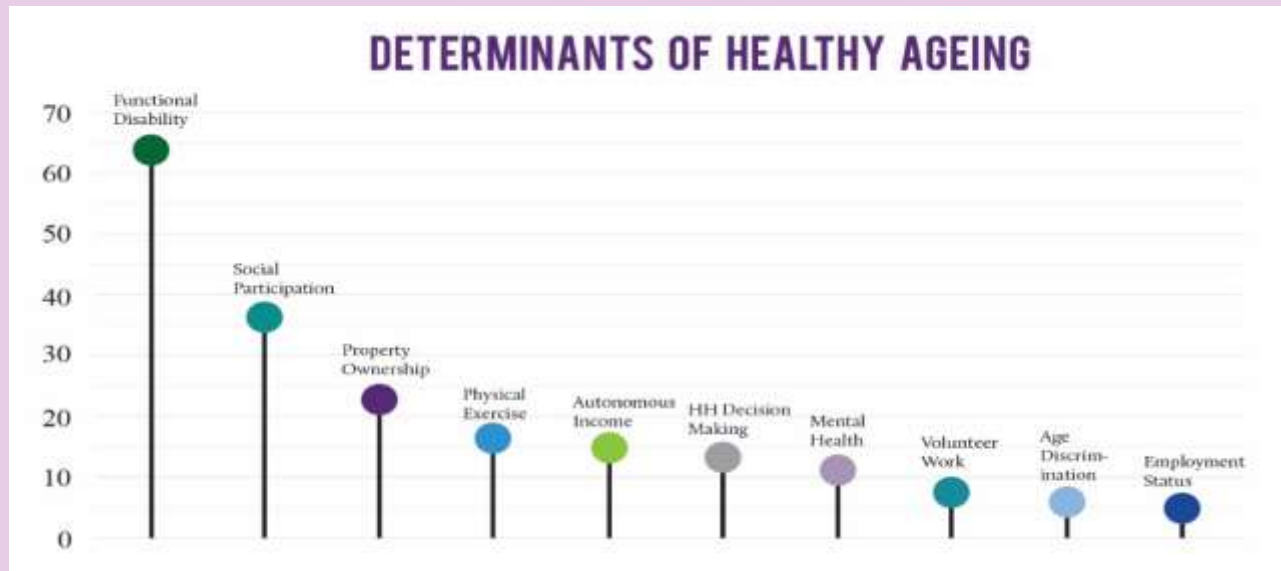
you get older the intrinsic capacity naturally declines, but it is active age friendly environment, which push that curve upward so that functional ability if you have a good strong environment, it declines at a much slower rate than the intrinsic capacity. Hence, there lies the role of good of public polices good social protection system that despite in

natural decline in our capacities, the system helps us to maintain certain functional abilities even in very old age.

Key Findings of Survey by SPRC

1. Women in old age face more functional difficulties, whether it is difficulty of seeing, hearing, walking, listening and concentration.
2. The illnesses of older people, high blood pressure, flu/fever and Arthritis are the major reasons for old age visiting hospitals in the last six months.
3. The women participation in social activities is significantly less as compared to men.

4. The 72% of the older people in Pakistan live with family children/grandchildren and 9% of the older people live only with spouse.
5. Most of the older people surveyed reported their dietary needs are met adequately, while 30% of the people reported their medical needs are not met which is alarming situation.

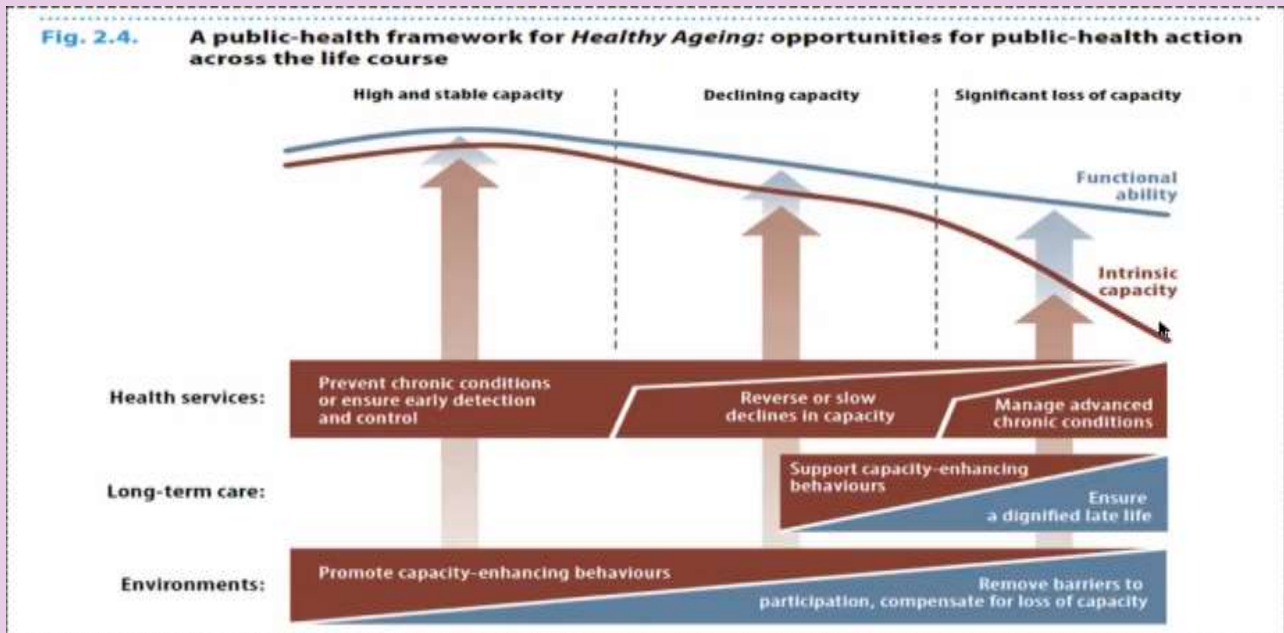


Functional disability is the top most Determinant of Healthy ageing followed by social participation, property ownership, physical exercise, autonomous income, household decision-making, mental health, volunteer work, age discrimination and employment status. It is also pertinent to say that viable income source is major determinant.

Identified Challenges for the Older Persons:

- i. Majority of the elders lack formal financial support, especially from the formal sources like, pensions, and other old age benefits.
- ii. Environment is also not too ideal especially for elders living in low-income families due to:
 - a. High dependency burden (elder people depends on the family for food. And healthcare)
 - b. Lack of decent employment activities (Resource constraints)
 - c. Out-of-pocket health expenditures.
 - d. Lack of Person Centered Health Facilities
- iii. The elder women are more vulnerable due to mobility constraints.

- iv. Urban areas lack recreational activities for the older persons; therefore, there could be compromised of psychosocial health in the urban areas as compared to the rural areas.
- v. Lack of proper social protection systems, which offers focused benefits for the older people in terms of health coverage, rehabilitation and malnutrition.



Key Messages on Healthy Ageing Index in Pakistan (HAIP):

1. HAIP (Healthy Aging Index of Pakistan) well appreciated as a concept, identifying key issues, for policy advocacy and recommendations.
2. Further work on index is suggested with bigger sample size to scale up to National Level with fine class quantiles and stratified Rural Urban components.
3. Equal gender representation and streamlining women contributions for coverage purposes.
4. Improvement in selected key indicators and applying weights and normalization.
5. Differential analysis for men and women is suggested as it was done for the 33 countries in case of Active aging Index, to identify where women fall short and in what respect.
6. Analyze and look in to each of the domain separately based on gender, employment, social participation, independent living etc.
7. For HAIP, regional context should be explored and identify Best Practices/Policies in the region to replicate in Pakistan.
8. Equity and Equal opportunity with reference to men and women for attaining Active and Healthy ageing.

Government Interventions by Ministry of Human Rights

Establishment of Senior Citizens Council: As a constitutional requirement formation of Senior Citizens Council under Domain of Ministry of Human Rights Senior Citizens Bill, will act as instruments to formulate policy on ageing in the light of national and international commitments on the Welfare of senior citizens.

Creation of Dar ul Shafqat: The creation of old age homes known as the Dar ul Shafqat would be created to accommodate senior citizens of Islamabad since federal ministry's jurisdiction is the ICT capital territory and facilities and privileges are also proposed in the bill such as financial support, special medical treatment, concession on medicines and drugs.

The Council for the Rights of PWDs 2020: The Council for the Rights of Persons with Disabilities has been established. Its main feature is the certification for assessment of disability and placement for employment and other facilities and concessions. So far, this Council will in the territorial limits of Islamabad as issued more than 18000 certificates to persons with disabilities in Islamabad alone for employment and other facilities.

Quota based Employment for PWDs: Ministry of Human Rights is also pursuing a policy with other main divisions of Federal government to ensure observance of mandatory 2% employment quota for the disabled.

Policy Recommendations:

1. Developing Policies and contextual strategies but working on available evidence and adopting good models in Asian countries.
2. Contextualizing and scaling up of Healthy Ageing Index by national survey.
3. Comprehensive all-inclusive approach at Policy and strategic level.
4. It was suggested to more focus is required to improve the functional ability rather than relying on social safety nets.
5. Person Centred Health care and inclusion of older persons in Universal Health Care. Streamlining the WHO Integrated Care for Older People (ICOPE) guide lines for enhancing functional ability and physical and social environment.
6. Changing health lens to Social determinants of health lens.
7. A dynamic approach to deal with **today's and tomorrow's** elder where we can provide them;
 - i. Better access to health, education, and decent jobs can improve the capacity of tomorrow's elders
 - ii. Improve workplace financial entitlements and enforce social security benefits especially for Women.

- iii. Make cities for elderly friendly by promoting recreational facilities and adequate provision of services
- iv. **Health promotion interventions for today's young will result in tomorrow's healthy elder.**

