

Summary report on the

WHO-EM/HSG/347/E

**Consultative meeting on an
integrated care approach for
older people and the WHO
*Global action plan on the
public health response to
dementia 2017–2025* in the
Eastern Mediterranean Region**

Beirut, Lebanon
26–29 June 2018



REGIONAL OFFICE FOR THE

**World Health
Organization**

Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean held a consultative meeting on promoting an integrated care approach for older people and strengthening the implementation of the WHO *Global action plan on the public health response to dementia 2017–2025* in the Eastern Mediterranean Region in Beirut, Lebanon, from 26 to 29 June 2018. Sixty-four participants from 11 countries attended the meeting, including regional and international experts, and WHO staff from the Region and headquarters.

The purpose of the consultative meeting was to introduce the concepts, approaches and parameters of integrated care for the older population and scale up action for dementia in the Region.

The objectives of the meeting were to:

- examine the acceptability and relevance of the proposed outline of the integrated care approach for older people;
- determine the key elements of older people's integrated health care delivery;
- identify practical steps to strengthen national capacities to implement the WHO *Global action plan on the public health response to dementia 2017–2025*, including introducing implementation support tools such as WHO's dementia-friendly initiatives toolkit, the WHO Mental health gap (mhGAP) action programme's *mhGAP intervention guide – version 2.0 for mental, neurological and substance use disorders in non-specialized health settings* and the WHO iSupport online training programme for carers of people living with dementia; and
- review the findings of the pilot implementation of the WHO Global Dementia Observatory in countries of the Region and

build on these experiences to set up the Global Dementia Observatory in other countries of the Region.

The message of Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, was delivered by Dr Ramez Mahaini, Coordinator, Maternal and Child Health, Regional Office for the Eastern Mediterranean. In his message, Dr Al-Mandhari stated that the United Nations (UN) 2030 Agenda for Sustainable Development pledged that no one would be left behind and that all human beings would have the opportunity to fulfil their potential in dignity and equality. He asserted that to make this a reality we must all invest in developing comprehensive rights-based health and social care services that work together seamlessly across the domains of promotion, prevention and care throughout the life course. He stated that Sustainable Development Goal 3: “Ensure healthy lives and promote well-being for all at all ages”, included two targets relevant to the health of older people, namely, Target 3.4: “By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being”, and Target 3.8: “Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”. Dr Al-Mandhari added that the *Roadmap of WHO’s work for the Eastern Mediterranean Region 2017–2021* also emphasized the importance of WHO’s further engagement with countries of the Region in setting priorities that correspond to their national health needs in line with global health agendas, and that WHO’s *Thirteenth general programme of work* aimed to reduce the number of older people who are care-dependent by improving access to quality essential health services.

Dr Al-Mandhari also referred to the WHO *Global strategy and action plan on ageing and health* and the WHO *Global action plan on the public health response to dementia 2017–2025* as significant steps towards establishing a framework to achieve integrated care for older people and people with dementia and their carers.

2. Summary of discussions

The first part the meeting focused on determining the main steps to adapt and implement the WHO Integrated care for older people (ICOPE) approach at the country level. These steps included:

1. developing regulatory frameworks to support the adoption and implementation of ICOPE and mainstreaming comprehensive services within and between concerned sectors;
2. identifying older people in need of care in the community early;
3. conducting comprehensive assessments when older people enter health or social care systems where a decline in intrinsic capacity is suspected or observed;
4. mobilizing all resources required for service delivery including networks of health and social care providers;
5. establishing health information systems to collect and report data on the health and social needs of older people and existing services; and
6. identifying a list of core interventions and the operational framework that can best be implemented in countries of the Region.

A working group then focused on the challenges countries of the Region face regarding health care for older people, such as fragmented health and social services, the fact that most of the available health services for older people are preventative, and challenges related to the introduction of health care for older people in hospital care systems, the expansion of health services for older

people to cover curative care and rehabilitation services provided by health facility units for older people, and the promotion of home care teams.

Suggested actions to implement ICOPE included: the coordination of all concerned stakeholders, including the active involvement of nongovernmental organizations; building the technical capacity of volunteers and health care professionals to implement ICOPE at all levels (primary, secondary and tertiary care); raising public awareness through all available media channels; and the promotion of comprehensive health practices for older people at all levels of health care services and among older people and their caregivers.

Participants requested the technical support of WHO and other partners to initiate ICOPE implementation, starting with the prioritization of ICOPE according to the health and social needs of older people and existing resources.

Participants agreed that key performance indicators for each element of ICOPE, in addition to regular national, regional and global surveys and reports and research enhancement, were needed to monitor and evaluate the progress of ICOPE implementation.

Participants also agreed on the need to base the selection of the core ICOPE element implemented in each country on scientific evidence, cost-effectiveness, feasibility, affordability, sustainability, relevance, acceptability and effectiveness in reducing the number of older people who are care-dependent.

Participants highlighted the importance of promoting the integration of the ICOPE package into existing health care programmes, ranging from individual care services to public health programmes. It was

agreed that health systems should accommodate ICOPE elements, allocate required resources, and create/update strategies, guidelines, and training and educational tools.

Participants strongly recommended the strengthening of essential elements such as funding, supportive leadership, multi-stakeholder collaboration, accessibility, quality of care, communication strategies, and health information systems to continuously monitor and scale up the implementation of the ICOPE package.

The second part of the meeting focused on ways to scale up the implementation of the WHO *Global action plan on the public health response to dementia 2017–2025* across the seven areas of action in alignment with the UN 2030 Agenda for Sustainable Development and existing WHO priorities:

1. dementia as a public health priority
2. dementia awareness and friendliness
3. dementia risk reduction
4. dementia diagnosis, treatment and care
5. support for dementia carers
6. information systems for dementia
7. dementia research and innovation.

In light of the health, economic, societal and developmental costs of dementia, combined with the expected rise in the number of people living with dementia, particularly in developing countries where health and social systems may not be equipped to provide holistic care, participants agreed that it was imperative that the health response to dementia be accorded priority in the Region.

It is estimated that 2.3 million people, or 8.7% of people aged 60 years and over, are living with dementia in North Africa and the Middle East,

with the number expected to rise to 4.4 million people by 2030. The annual cost of dementia in countries of the Region increased from US\$ 4.5 billion in 2010 to US\$ 16 billion in 2015, while the regional per capita cost increased from US\$ 3926 in 2010 to US\$ 6925 in 2015.

The technical tools developed to support countries to implement the provisions of the WHO *Global action plan on the public health response to dementia 2017–2025* were introduced at the meeting. The tools include:

1. *Towards a dementia plan: a WHO guide*, which provides guidance for countries in formulating a comprehensive policy response to dementia, through a multi-phased, step-wise approach. The manual is organized into three phases, each divided into a series of steps that include practical tips and lessons learned both from the literature on dementia and country experiences. The guide is closely linked to the WHO Global Dementia Observatory and includes associated aids such as a checklist to guide the preparation, development and implementation of a dementia plan, and stakeholder mapping and priority-setting tools.
2. The WHO Mental health gap (mhGAP) action programme's *mhGAP intervention guide – version 2.0 for mental, neurological and substance use disorders in non-specialized health settings*, which aims to support the scaling up of care for priority mental, neurological and substance use disorders, with dementia being one of these. The *mhGAP intervention guide* is a clinical decision-making tool to assist non-specialized health care workers in the assessment and management of these conditions. An app version is also available free of charge for both iOS and Android systems.

3. The WHO iSupport online training programme for carers of people living with dementia, which provides knowledge and skills training for carers of people with dementia. It is a personalized programme where carers can tailor the programme to their personal needs.
4. The WHO Global Dementia Observatory platform, which collects information on a country's system to support people living with dementia and their caregivers. The goal of the Observatory is to facilitate the strengthening of countries' systems to support individuals with dementia. The Observatory's primary purpose is to function as an international surveillance platform to support evidence-based service planning and strengthening of policies as well as health and social care systems in four major strategic domains: epidemiology, policy, resources and research. It also has a secondary knowledge exchange function, facilitating the creation of country profiles on dementia readiness and progress.
5. The WHO dementia-friendly initiatives toolkit is currently under development.
6. The WHO guidelines on risk reduction of cognitive decline and dementia, which provide evidence-based recommendations on lifestyle behaviours, interventions, and the management of specific physical and mental health conditions to prevent cognitive decline and dementia, are also currently under development.

In order to scale up action on dementia, the need for the development and implementation of national plans based on the WHO *Global action plan on the public health response to dementia 2017–2025* and the options regarding the piloting of the support instruments in the Region were discussed.

3. Recommendations

To Member States

1. Develop action plans reflecting the main activities required for the adoption of the WHO ICOPE approach by national programmes on healthy ageing, and share these plans with the Regional Office by 31 October 2018. WHO can provide technical support regarding the development of these action plans.
2. The action plans for the national adoption of the WHO ICOPE approach should include the following activities:
 - Create or update country data on healthy ageing, and identify knowledge gaps that require research/national surveys to be carried out to ensure a solid evidence base with which to prepare advocacy and policy briefs. This country data will also be useful in identifying programme priorities and strategic directions.
 - Prioritize community health awareness activities on healthy ageing to enhance knowledge on the health needs of older people, improve their intrinsic capacity, functional ability and quality of life, and ensure their dignity.
 - Develop programme implementation and progress indicators in line with the WHO *Global strategy and action plan on ageing and health* to serve the adoption of ICOPE.
 - Carry out capacity-building to improve the knowledge and skills of health care and social service providers at the community level. The forthcoming WHO manual *Primary health care for older persons: a regional guide for primary health care workers* will provide an excellent opportunity for capacity-building based on region-specific guidelines. WHO

global guidelines on integrated care for older people (currently under development) need to be made available at the earliest possible opportunity. Medical specialist practice training should be completed and maintained in Member States.

- Select the most appropriate methodology for implementing the ICOPE approach, including piloting and the selection of those ICOPE elements that can most feasibly be adapted to local settings.
- Ensure national leadership and governance during the process of country strategic planning for ICOPE implementation.
- Strengthen and operationalize ICOPE-related policies and regulations.
- Improve ICOPE universal health coverage, including quality of care and standardization of policies and guidelines.
- Strengthen the ICOPE integrated package within the Continuum of Care approach.
- Plan for a comprehensive regional assessment of older people's intrinsic capacity and functional ability.
- Ensure the effective implementation of relevant surveillance and response systems for ICOPE programme monitoring and evaluation.

To WHO

1. Identify country-level events which will enable experience sharing between managers of national health and social care programmes for older people.

2. Focus on improving communications with and between national focal points in Member States.
3. Carry out sustained advocacy to make dementia a higher public health priority through closer collaboration between public, private and civil society actors, within WHO, and between sister UN agencies.
4. Set up a regional advisory group which can provide not only guidance and support regarding the implementation of the WHO *Global action plan on the public health response to dementia 2017–2025* in countries of the Region but also avenues for closer collaboration and experience sharing between areas of work such as service development, evidence/data generation, and the setting up of communities of learning.
5. Expand the number of countries participating in the Global Dementia Observatory initiative.
6. Support countries in piloting the WHO iSupport online training programme for carers of people living with dementia.
7. Speed up the development of risk reduction guidelines, and identify valid/standardized screening tools for clinical use.



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