

Launch of the WHO Global Network on Long-Term Care

*Report of the first Network meeting, held virtually on 22 September 2020
(unedited version)*



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ABBREVIATIONS

AAH	Ageing and Health (unit)	
COVID-19	coronavirus disease 2019	
GNLTC	Global Network on Long-Term Care	
INTEGRATED CONTINUUM OF LONG-TERM CARE		Integrated continuum of
long-term care		
ICOPE	integrated care for older people	
UHC	universal health coverage	
UN	United Nations	
WHO	World Health Organization	

EXECUTIVE SUMMARY

As a response to changing demographics – increasing numbers of people living longer worldwide – the World Health Organization (WHO) and other stakeholders refocused efforts to promote the health of older people through the concept of healthy ageing. The concept represents a vision in which everyone can live a long and healthy life, which has through much work and advocacy led to the endorsement of the Decade of Healthy Ageing by WHO Member States of World Health Assembly resolution WHA73.12.

Healthy ageing inspires a new focus for health care in older age – moving beyond disease and focusing on optimizing people's intrinsic capacity and functional ability as people age. However, as the integrated care for older people (ICOPE) approach emphasizes, health services for older people need to be reoriented to better respond to individual needs, preferences and goals – in short, become person-centred.

With these underlying principles of person-centred care and healthy ageing, an important piece of care for older people must be addressed – long-term care. Either in settings such as long-term care facilities, or within (intergenerational) homes and communities, long-term care represents a cornerstone of care of older people who have significant declines in intrinsic capacity. A global network on long-term care was therefore envisaged to support WHO to advance a person-centred, integrated continuum of long-term care of older people during the Decade of Healthy Ageing (2020–2030).

It is against this background that the Launch of the WHO Global Network on Long-Term Care (GNLTC) took place. On 22 September 2020 the Network met for the first time with the meeting held virtually due to the coronavirus disease 2019 (COVID-19) pandemic, which has disproportionately impacted older people, and particularly those in long-term care facilities. The GNLTC brings together experts from more than 30 different institutions, 24 countries and from all six regions of WHO at a very difficult time, particularly for older people. The COVID-19 pandemic has made even more urgent the need to refocus long-term care on older people themselves, within an integrated care model.

This first meeting of the GNLTC oriented members on the proposed objectives of the Network and workstreams through which to attain them over the course of the Decade of Healthy Ageing: i) health policy and systems for long-term care; ii) service provision; iii) assessment of the need for long-term care; and iv) financing mechanisms for long-term care services. Among the discussion points of work were from and responding further to the COVID-19 pandemic's impact on older people, sustainable financing models for long-term care, and addressing both the formal and informal long-term care workforce with respect to capacity building.

As WHO embarks on the Decade of Healthy Ageing 2020–2030 together with the GNLTC, WHO seeks to support countries to systematically strengthen and develop sustainable and equitable long-term care systems, with clear benchmarks and milestones. It also aims to provide countries a better description of the long-term care services that should be provided and financed through universal health coverage (UHC)

and explore ways in which countries could sustain them. Supported by the GNLTC, WHO also intends to build further workforce capacity to provide high-quality, person-centred care to older people who have significant declines in intrinsic capacity, through development of training programmes and platforms for family/community caregivers (who are often older women themselves and marginalized) as well as competency-based training tools for the long-term care workforce.

The Decade agenda is ambitious. This is why the GNLTC will be so important in advising and contributing to the work of WHO. The expertise and experience from the diverse backgrounds, whether it be from academia, government, civil society, international organizations and more, and the insight from diverse cultures, will be fundamental to address the challenges facing long-term care, address inequities, and implement actions to strengthen long-term care systems with measurable impacts over the course of the Decade.

With the founding of the GNLTC, WHO is optimistic that progress will accelerate to achieve the goals of the Decade, but also move closer to Sustainable Development Goal 3: “ensur[ing] healthy lives and promot[ing] well-being for ALL at ALL ages” [emphasis added]. Collaborating with partners, WHO is certain that it can truly “leave no one behind”, and enable all older adults to not only meet their basic needs but also live a long and healthy life – by “adding life to years” not just “adding years to life”.

INTRODUCTION

The 2020 meeting on the Launch of the WHO Global Network on Long-Term Care (GNLTC) took place virtually on the 22 September 2020 bringing together experts from more than 30 different institutions, 24 countries and from all six regions of WHO.

With the adoption of the Decade of Healthy Ageing by the Seventy-third World Health Assembly (resolution WHA73.12)¹ access to long-term care for people who need it has become a fundamental area of work to ensure that older people continue to have optimal functional ability, live meaningful lives and achieve healthy ageing.

Despite the endorsement of the Decade of Healthy Ageing, the coronavirus disease 2019 (COVID-19) pandemic has revealed the weakness of long-term care services for older people – with more than 40% of the COVID-19 deaths linked to long-term-care facilities in many countries. This is a stark reminder of the need to transform long-term-care systems to better serve older people.

The scope of the GNLTC is driven by the necessity to transform models of long-term care to be more integrated within health systems and provided in a continuum with other health services that adhere to the principles of person-centred care.

During the Decade of Health Ageing, WHO is mandated to:

- provide technical support for national situation analyses of long-term care;
- design tools and guidance for a minimum package of long-term care as part of universal health coverage (UHC);
- provide online resources for informal caregivers;
- improve the working conditions of care workers;
- assess the health impact of social protection programmes, including pensions.

The GNLTC will advise WHO in developing concrete normative products to support countries in achieving sustainable and equitable long-term care, throughout the Decade of Healthy Ageing.

Objective of the meeting

The objective of the meeting was to introduce the GNLTC members, introduce the works on long-term care outlined by the Decade of Healthy Ageing (2020–2030) and share the WHO normative work that will be prioritized during the Decade.

Dr Anshu Banerjee, Director, Maternal, Newborn, Child, Adolescent Health & Ageing, WHO, opened the meeting by welcoming the 39 experts representing more than 30 institutions, 24 countries and all six WHO Regional Offices with an equal number of women and men. Dr Banerjee then discussed the Decade of Healthy Ageing (2020–2030),² noting that it marks a new beginning for the global agenda on ageing with older adults at the center. This includes ensuring older people who need long-term care have

¹ [https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73\(12\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73(12)-en.pdf)

² <https://www.who.int/ageing/decade-of-healthy-ageing>

access to high-quality services, which is one of the four priority areas of the action plan outlined in the Decade.

With the rapid rise in older people globally, it was stressed that providing long-term care services will be fundamental in living a meaningful life and optimizing functional ability for those older adults who experience significant declines in physical and mental capacities. He also emphasized that support and training for caregivers must be highlighted so that high-quality long-term care services could be provided to older people.

Though this is the first official meeting of the WHO GNLTC³, the Network has already offered critical support on important work WHO has produced addressing the COVID-19 pandemic. This includes the “Infection prevention and control guidance for long-term-care facilities in the context of COVID-19”⁴; and the “Policy brief on preventing and managing COVID-19 across long-term care”⁵.

Going forward the Network will be pivotal in providing advice to WHO in developing norms and guidelines necessary for the implementation of the Global Strategy and Action Plan on Ageing and Health⁶ throughout the Decade of Healthy Ageing to achieve the vision of healthy ageing: adding life to years, not just years to life.

Annex 1 contains the meeting agenda and list of participants.

INTRODUCTION OF THE GNLTC

Tribute to Dr Islene Araujo de Carvalho

Before beginning the presentation of the GNLTC, the Ageing and Health (AAH) unit in the Department of Maternal, Newborn, Child & Adolescent Health & Ageing paid tribute to their colleague Dr Islene Araujo de Carvalho, who passed away in September 2020. Dr Araujo de Carvalho was a driving force behind healthy ageing, and one of the early voices calling for a GNLTC for older people, saying: “It is time to advance firmly but quickly in the areas of long-term care for older people” and that “we need to gather the strengths of experts so we can move forward during the Decade to address these ambitious agendas”. She will be deeply missed.

The GNLTC

A summary of the activities and initiatives that conceived healthy ageing in 2015 was shared, which led to the endorsement of the Decade of Healthy Ageing by the Seventy-third World Health Assembly.

³ <https://www.who.int/ageing/long-term-care/global-network/aah-global-network-on-l-t-c-gnltc-aah/en/>

⁴ Infection prevention and control (IPC) guidance for long-term care facilities in the context of COVID-19 (<https://apps.who.int/iris/handle/10665/331508>).

⁵ Preventing and managing COVID-19 across long-term care services: policy brief (<https://apps.who.int/iris/handle/10665/333074>).

⁶ <https://www.who.int/ageing/global-strategy/en/>

Rather than focusing on the absence of disease, healthy ageing considers the perspectives of functional ability that enable older people to do the things they have reason to value. Functional ability is determined by both intrinsic capacity of the individual, which is a composite of all their physical and mental capacities, and the environments they inhabit.

The GNLTC's mission is to support WHO in developing norms and guidelines necessary for the implementation of the Global Strategy and Action Plan on Ageing and Health throughout the Decade of Healthy Ageing. To that end, seven draft objectives were shared.

1. Provide technical advice on the development of WHO guidelines on long-term care.
2. Raise global and national awareness on the importance of equitable and sustainable long-term care systems in achieving healthy ageing and facilitate dissemination of WHO guidelines on long-term care.
3. Strengthen networks and partnerships between experts, long-term care-related organizations through knowledge sharing and fostering opportunities for collaboration to link and promote synergy with other areas of the Global Strategy and Action Plan on Ageing and Health and the Decade of Healthy Ageing.
4. Collaboratively develop innovative agendas to advance healthy ageing with a focus on long-term care and care delivered at home and the community.
5. Advance research through facilitating data sharing and fostering new ways of collecting and analysing data on long-term care.
6. Collaboratively provide platforms for pilot projects for implementation, monitoring and evaluation of long-term care services.
7. Contribute to capacity building of long-term care workforce, including family caregivers.

There are currently 39 members of the GNLTC coming from all six WHO regions, though representation coming from the African, Eastern Mediterranean and South-East Asia Regions could be strengthened. As the Network was envisaged to have approximately 50 members, meeting participants were encouraged to contact the GNLTC Secretariat to suggest additional members from these regions particularly. Members are expected to serve on the GNLTC in the capacity as experts in their fields rather than in an official capacity for their respective organizations.

Four workstreams have been developed to realize the GNLTC's ambitions during the Decade.

1. Health policy and systems for long-term care – provide a common understanding of long-term care systems, what constitutes long-term care systems strengthening, and identify bottlenecks to achieving sustainable long-term care systems in countries.
2. Service provision of long-term care – provide methodological advice on identifying long-term care services, help define key principles that need to be included in long-term care provision, and work to help develop technical guidance and training materials to build capacity and support the long-term care workforce (both formal and informal caregivers) in countries.

3. Assessment of the need for long-term care – advise on identifying core domains of functional ability relevant for long-term care as well as develop and identify tools to assess these core domains.
4. Financing mechanisms for long-term care services – advise WHO on the important aspects of financing that enhance sustainable and equitable long-term care provision.

Among other topics, participants discussed the objectives and workstreams during the last session of the meeting.

THE DECADE OF HEALTHY AGEING (2020–2030)

The Decade of Healthy Ageing

The global population is ageing. It is estimated that by 2050 around 2.1 billion people will be aged 60 years or older and that 80% of them will be living in low- and middle-income countries.

Underpinned by the Global Strategy and Action Plan on Ageing and Health, the Decade of Healthy Ageing is about fostering and building connections and collaborations and involving many sectors to improve healthy ageing, including health, finance, long-term care, social protections, education, labour, housing, transport, information and communication. This will involve governments, academia, civil society and experts such as those in the GNLTC. Central to every activity of the Decade will be engagement with older people.

The Decade of Healthy Ageing will focus on four action areas.

- Change how people think, feel and act towards age and ageing.
- Ensure that communities foster the abilities of older people.
- Deliver person-centred integrated care and primary health services responsive to older people.
- Provide access to long-term care for older people who need it.

Four overarching enabling activities will be used to carry out the actions within the Decade.

- Engage and give voice to older people, families and communities.
- Nurture leadership and capacity building.
- Connect stakeholders.
- Strengthen data, research and innovation.

During the Decade of Healthy Ageing all parties – countries, international and national partners and WHO – must maintain the momentum surrounding healthy ageing. Some of the proposed activities include the following, among others.

- **Countries** should ensure legal frameworks and sustainable financial mechanisms for provision of long-term care.
- **National and international partners** should contribute evidence to develop appropriate models and sustainable mechanisms for funding long-term care.

- **WHO** should provide technical support for national situation analyses of long-term care and design tools and guidance for a minimum package of long-term care as part of UHC.

WHO Integrated continuum of long-term care

The Vienna International Plan of Action on Ageing, agreed to during the United Nations (UN) General Assembly in 1982 (resolution 37/51) was the first UN resolution on ageing. Its goal was to strengthen the capacities of governments and civil society to address the needs of older people. It emphasized integration of health and social care services; closer coordination between social welfare and health sectors, family, community and home care; ageing in place; going beyond disease orientation; and achieving well-being for both the older person themselves but also caregivers.⁷ Despite this focus in the 1980s, to date only 41% of countries have ratified a national policy on long-term care, 69% of older people globally live in low- and middle-income countries where formal long-term care is limited, and only 5.6% of older persons worldwide are covered by legislation that provides health coverage for all.

Long-term care and healthy ageing

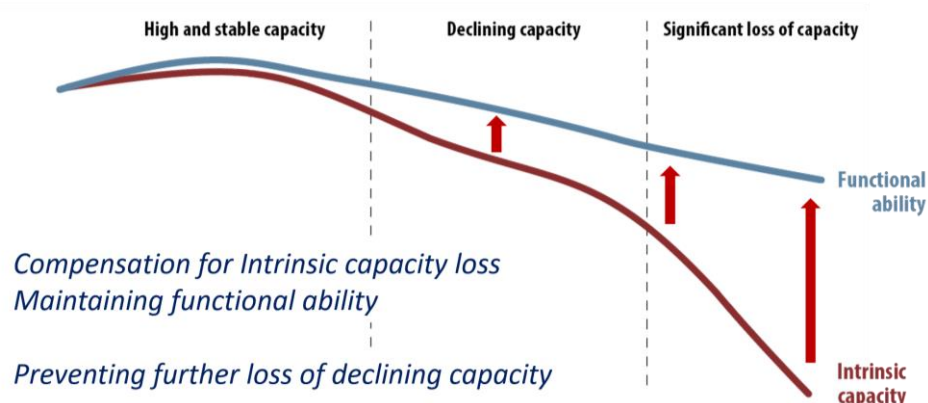
WHO articulated a vision for healthy ageing as “the process of developing and maintaining the functional ability that enables well-being in older age”.⁸ The public health framework for healthy ageing has two components: intrinsic capacity and functional ability, which are assessed across the life course. This marks a shift from point-in-time disease detection addressed by fragmented treatments, to person-centred assessment across the life course as a continuous trajectory.

WHO defined long-term care as services “to ensure that people with, or at risk of, a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity”⁹ Such long-term care services would aim to compensate for intrinsic capacity loss to maintain functional ability at an optimal level as long as possible, while working to prevent further loss of declining capacity. For long-term care services, the outcome would mainly focus on gains in functional ability.

⁷ <https://www.un.org/development/desa/ageing/resources/vienna-international-plan-of-action.html>

⁸ World report on ageing and health. Geneva: World Health Organization; 2015 (https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=B7C5A5C5E81A12582586A26455824C04?sequence=1, accessed 23 November 2020).

Fig. 1. Long-term care services



Long-term care services include traditional health services such as management of chronic geriatric conditions, rehabilitation, palliation, promotion and preventative services. However, long-term care services should also include assistive care services such as caregiving and social support for older people. All these services must be integrated and provided in a continuum with the underlying core principles of person-centred care and with the goal of enabling older people to do the things that have meaning to them.

WHO INTEGRATED CONTINUUM OF LONG-TERM CARE will uphold these principles of integration, non-fragmentation and being person-centred to support countries to develop high-quality long-term care programmes. The WHO INTEGRATED CONTINUUM OF LONG-TERM CARE emphasis on integration of health and assistive care services for older people and support for family caregivers (as part of a focus on home and community), will be fundamental in advancing activities to transform long-term care throughout the Decade.

Decade of Healthy Ageing and Long-term care

The Decade of Healthy Ageing calls on WHO to work with other UN agencies to further long-term care (Box 1)⁹

Box 1. [Actions for WHO Secretariat with other United Nations agencies]

Provide technical support for national situation analyses of long-term care and for development, implementation and monitoring of relevant legislation, policies, plans, financing and services.

Design tools and guidance for a minimum package of long-term care as part of universal health coverage, including:

- appropriate, sustainable models, with financing options for different resource settings;
- training in good-quality care to ensure an optimal mix of skills for long-term care;

⁹ <https://www.who.int/ageing/decade-of-healthy-ageing>

-
- support to improve the working conditions of caregivers and recognize their contribution; and
 - prevention of and responses to ageism and elder abuse in formal and informal long-term care.

Provide online resources for informal caregivers.

Improve the working conditions of care workers through the Working for Health initiative.

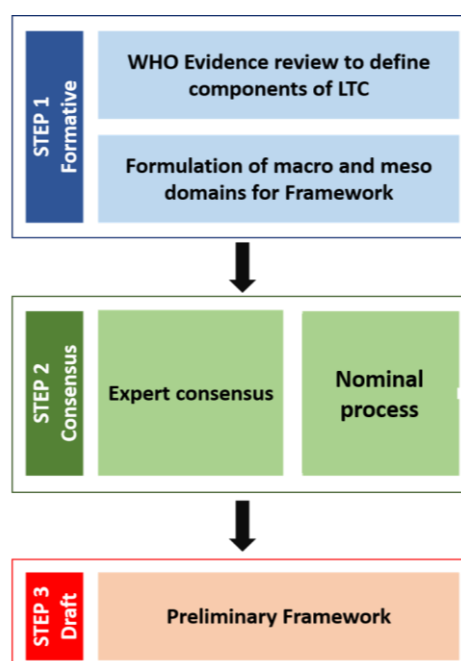
Assess the health impact of social protection programmes, including pensions.

WHO INTEGRATED CONTINUUM OF LONG-TERM CARE Country Readiness Framework

WHO is developing the WHO INTEGRATED CONTINUUM OF LONG-TERM CARE Readiness Framework to support the actions of the Decade of Healthy Ageing in the area of providing technical support for national situation analyses of long-term care. The WHO INTEGRATED CONTINUUM OF LONG-TERM CARE Country Readiness Framework will provide a framework for countries in macro-level domains to evaluate when assessing country readiness for long-term care service provision.

Currently WHO has completed a rapid review of the literature and has reviewed related WHO frameworks. WHO will then begin a nominal consensus process of the extracted elements of macro-level components relevant for long-term care in a subsequent GNLTTC technical discussion series on 26 November 2020.

Fig. 2. WHO INTEGRATED CONTINUUM OF LONG-TERM CARE Readiness Framework

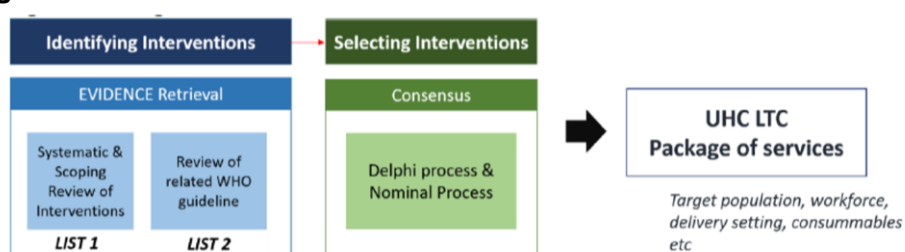


WHO UHC INTEGRATED CONTINUUM OF LONG-TERM CARE Package

WHO is developing the UHC INTEGRATED CONTINUUM OF LONG-TERM CARE Package to support the actions of the Decade of Healthy Ageing in the area of “designing tools and guidance for a minimum package of long-term care as part of universal health coverage”. The UHC INTEGRATED CONTINUUM OF LONG-TERM CARE Package will support countries in the development of a minimum package of long-term care services which are provided through UHC.

Currently WHO has completed the evidence review process and will soon be conducting the Delphi consensus process, followed by a nominal consensus process on 10 December 2020.

Fig. 3. WHO UHC INTEGRATED CONTINUUM OF LONG-TERM CARE Package



Integrated care of older people (ICOPE)

Integrated care of older people (ICOPE)¹⁰ reflects a community-based approach that will help to reorient health and social services towards a more person-centred and coordinated model of care that supports optimizing functional ability for older people.

Personalized care plans are an essential part of ICOPE: the older person is involved in decision-making and goal setting based on their particular needs and preferences. Support for self-management includes providing older people with information, skills and tools, respecting their autonomy and abilities to direct their own care (e.g. mAgeing¹¹).

Optimally, such tailored assessment should utilize opportunities to involve communities in supporting care and include multicomponent interventions, such as strength and resistance exercise, oral supplemental nutrition, home adaptation to prevent falls, and cognitive stimulation. Such interventions should also involve multi-disciplinary health and social care workers. Indeed, the ICOPE tool was developed for use in various settings such as community and primary care.

ICOPE implementation began in several countries in 2019. Results and lessons learned will inform the WHO ICOPE Implementation Pilot Programme READY phase by providing examples of real-world usability of the ICOPE Handbook and assessing the

¹⁰ <https://www.who.int/ageing/publications/icope-handbook/en/>

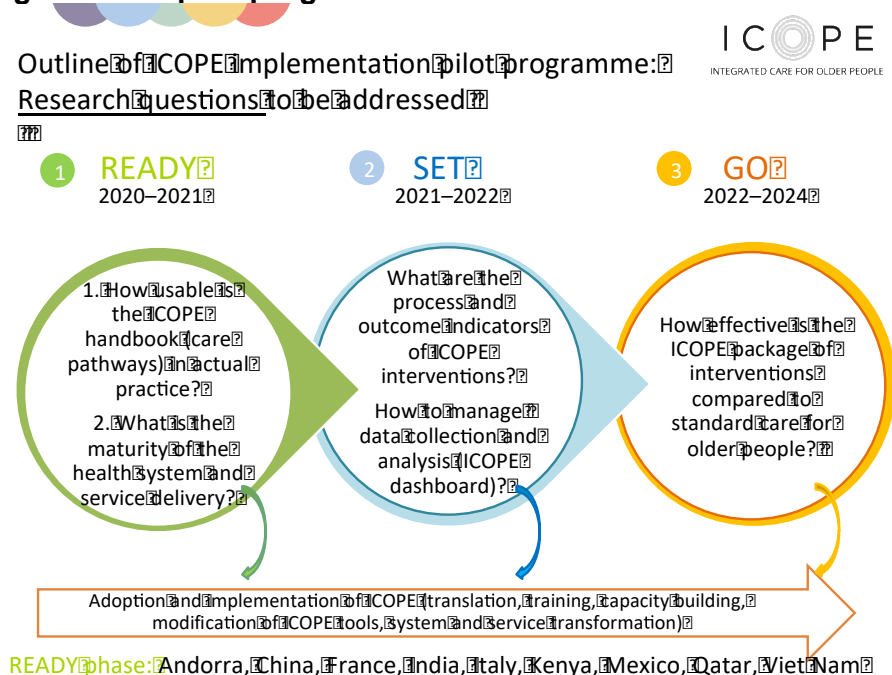
¹¹ <https://www.who.int/ageing/health-systems/mAgeing/en/#:~:text=The%20WHO%20mobile%20health%20for,known%20as%20the%20ICOPE%20Guidelines>

readiness of the system service levels using the ICOPE implementation score card (Fig. 4). A number of tools¹² that use the guidance have already been developed.

- ICOPE Implementation Framework: guidance for systems and services and a scorecard for self-assessment on implementation readiness (available in all six official languages of the UN and Portuguese).
- ICOPE Handbook: practical guidance on person-centred assessment and pathways in primary care (available in all six official languages of the UN, Portuguese and Vietnamese).
- ICOPE Handbook app: mobile application (iOS, Android) for the ICOPE Handbook (available in all six official languages of the UN, Portuguese and Vietnamese).

The ICOPE Implementation Pilot Programme is open to all countries; policy-makers and experts are encouraged to contact WHO to participate in the piloting of ICOPE in their countries.

Fig. 4. ICOPE pilot programme



¹² <https://www.who.int/ageing/health-systems/icope/en/>

DISCUSSION OF THE GNLTC DRAFT OBJECTIVES AND FOUR WORKSTREAMS

Discussion of the GNLTC draft objectives

Discussion of the GNLTC began with the seven draft objectives discussed at the beginning of the meeting (see *The GNLTC*).

1. Provide technical advice on the development of WHO guidelines on long-term care.
2. Raise global and national awareness on the importance of equitable and sustainable long-term care systems in achieving healthy ageing and facilitate dissemination of WHO guidelines on long-term care.
3. Strengthen networks and partnerships between experts, long-term care-related organizations through knowledge sharing and fostering opportunities for collaboration to link and promote synergy with other areas of the Global Strategy and Action Plan on Ageing and Health and the Decade of Healthy Ageing.
4. Collaboratively develop innovative agendas to advance healthy ageing with a focus on long-term care.
5. Advance research through facilitating data sharing and fostering new ways of collecting and analysing data on long-term care.
6. Collaboratively provide platforms for pilot projects for implementation, monitoring and evaluation of long-term care services.
7. Contribute to capacity building of long-term care workforce.

In general there was consensus on these points, though participants did have comments about areas within those objectives on which to focus specifically and how they might evolve as the Network developed. One comment indicated that the seven objectives were a good start, but they do not reflect the new overarching framework of healthy ageing. Applying the healthy ageing framework to each objective would result in some shifts. Such an exercise could also be employed when engaging countries to re-examine their own long-term care systems – to view them within the context of the healthy aging framework. What follows are the main points of discussion.

Technical advice (aligns with objective 1)

- WHO would appreciate advice from the Network on determining country readiness to provide specific macro-domains of long-term care, which is already part of the INTEGRATED CONTINUUM OF LONG-TERM CARE Readiness Framework. Financing was given as an example: various aspects of sustainable financing can apply to countries. WHO would be asking GNLTC to provide country perspectives, especially experience from low- and middle-income countries. Another area of work, also detailed in the UHC INTEGRATED CONTINUUM OF LONG-TERM CARE Package, is to determine which minimal long-term care services should be provided through UHC in the long term. The expertise of those on the Network can also inform future areas of work.
- There was a suggestion for the Network to address palliative care and chronic disease care management within the UHC INTEGRATED CONTINUUM OF LONG-TERM CARE Package as well as the WHO INTEGRATED CONTINUUM OF LONG-

TERM CARE Readiness Framework and use such work to inform the evidence base.

Equity (aligns with objective 2)

- It was suggested that the Network address inequities such as ageism, lack of dignity, sexism, racism and gender inequity within long-term care. All agreed this should be a critical component of the Network. This is part of a broader issue of an “equity agenda” addressing sexism, racism (and other marginalizing attitudes); this agenda categorically affirms the rights of all people to health coverage. Within this agenda it is also vitally important to consider the role that the lack of long-term care systems has in amplifying inequities. Discussion focused on how best to incorporate equity in the most impactful way. It was suggested that a cross-cutting statement on the equity agenda be drafted, which will be added to all aspects of the framework related to long-term care.¹³
- The issue of poverty among older people also needs to be addressed.
- As well as acknowledging the issue of ageism in LTC, the Network will need to discuss further about the strategy to restrict the debate to older people exclusively. Otherwise, defining some key aspects of LTC will continue to be problematic.

Capacity building (aligns with objective 3)

- Specific ways in which the GNLTC could support capacity building in low- and middle-income countries were discussed. Focusing on prevention could be a way to ease the burden of expanding such capacity in these countries. It was discussed that the Network would provide advice on important preventative services addressing intrinsic capacity decline in the late phases of lifetime trajectory but also focus more on compensatory services for long-term care to optimize functional ability.

Caregivers, formal and informal (aligns with objective 7 and part of a GNLTC workstream)

- Many participants noted the role families and other informal caregivers play in long-term care – long-term care is an issue for society at large, but the most immediate pressure is borne by (extended) families¹⁴. Several points were made.
 - It was suggested that the UHC INTEGRATED CONTINUUM OF LONG-TERM CARE Package include interventions aimed particularly at families (i.e. informal caregivers).
 - The point was made that family caregiving is the main form of support for older people especially in low- and middle-income countries; WHO and the Network should acknowledge that support. Acknowledgment of this support could be included in messages to change attitudes related to cost versus investment related to long-term care discussed below.
 - Components of programming and messaging should also be tailored to both women and men separately: women often assume the role of

¹³ Healthy ageing: raising awareness of inequalities, determinants, and what could be done to improve health equity. *The Gerontologist*. 2016; 56(Suppl. 2):S178–S193 (<https://doi.org/10.1093/geront/gnw034>, accessed 13 October 2020).

¹⁴ According to the Brazilian Longitudinal Study of Aging (ELSI-Brazil), one third of the people who act as informal caregivers in Brazil must stop study or work to offer this care.

caregivers within families, making their viewpoints and challenges of particular concern. At the same time, men should increasingly be a part of the caregiving role and their inclusion needs specific messaging, and societal behaviour change. Messages to children as part of school curricula could also be adapted to discuss and normalize the concept of caregiving regarding gender.

- For many communities, community response and community health workers will most likely constitute the core pillar of long-term care.
- The Age-Friendly Communities Initiative¹⁵ should be expanded particularly to promote ageing in place.

COVID-19 and updating the long-term care model

- There have been many lessons learned since the COVID-19 pandemic began, particularly with respect to long-term care and older people. As mentioned in the introduction, the GNLTC has already been involved in advice supporting the response to COVID-19. It would be useful if more of the lessons learned could be incorporated into the GNLTC's objectives, specifically with respect to organization, function and financing of long-term care.
- As stated often during the meeting, response to COVID-19 has laid bare the weakness of current long-term care systems, in high-income and low- and middle-income countries alike. Redesign of all aspects of long-term care should be considered – for the safety and well-being of both older people and providers – using the guiding principles of healthy ageing and person-centred care as foundational. The GNLTC should be involved in this redesign.
- Core services from the perspective of UHC should also be considered during this redesign. It is imperative to discuss ways to avoid physical and chemical restraint of older people. Unfortunately this still occurs in long-term care. Perspectives of the older people and their family/caregivers should also be sought and used to inform the redesign of services and the long-term care system itself.

Discussion of the GNLTC draft workstreams

Discussion then turned to the four draft workstreams (see *The GNLTC*). There were no objections to workstreams 1 and 2: **health policy and systems** and **service provision**. Much of the discussion focused on Workstreams 3 and 4; some of the earlier discussion also touched on these workstreams, and has therefore been included here.

Health policy and systems for long-term care

- Long-term care marks a very fundamental shift for all health systems: as populations age, there comes a point where health systems have to be equally good at curing as well as maintaining functional ability to maximize quality of life.

¹⁵ <https://www.sciencedirect.com/science/article/abs/pii/S1064748116301993>

- Long-term care is more than just medical care; it includes assistive care, social care and support and housing. A bottom-up approach should be used to generate ideas on how to structure an inclusive policy.

Service provision of long-term care

No specific comments during the discussion.

Assessment of the need for long-term care

- Assessment will be critical if the GNLTC wishes to use functional ability within the framework of healthy ageing. One reason for this is because the current tools to assess functional ability are inadequate and used without a framework (this could be considered a future research need).
- Assessment of needs and available services should be expanded to assess the so-called meso-level: not only the services provided but the environments in which that care is provided, using standardized indicators or metrics (of services). The role that the **environment** plays in long-term care is important, but not yet well understood (this could be considered a future research area).
- Emphasis of assessments should be broadened beyond only medical issues (e.g. evaluation of socioeconomic factors besides functional abilities or decline in intrinsic capacity), and should include viewpoints from more stakeholders, such as informal caregivers, sociologists, etc.
- Baseline countrywide information may be needed to assess the level of each country's long-term care system, in order to measure impact of any changes.

Financing mechanisms for long-term care services

- Limited resources nationally mean that policy-makers primarily focus on care-dependent older people when considering long-term care. Sustainable financing mechanisms are needed, alongside changing policy-makers' attitudes about care from one of cost to one of investment. Economists within the Network could help the Network think about such mechanisms, while the entire Network should conceive creative ways to address changing attitudes.
- One way to promote long-term care and change attitudes is to shift the discussion from one of *cost* to one of *investment* in long-term care. The concept of person-centred integrated care can be leveraged in changing attitudes. Partnerships in objective 3 of the Network will be critical to changing attitudes, not just the shift related to sustainable financing, but those related to ageism and equity as well.
- COVID-19 has shown the fragility of long-term care systems. Service providers are increasingly closing due to unsustainability of the care model in the midst of the COVID-19 pandemic. This will leave a care gap for the ageing population, which makes sustainable financing an urgent concern. A database/repository of best and worst practices related to financing and long-term care models is needed to build a knowledge base.

CLOSING AND NEXT STEPS

The meeting closed with highlights of some of the main topics to be addressed by the Network:

- COVID-19 and its impact across long-term care;
- caregiver support, role of family and community;

- integration of services at the micro-service level and closer coordination; between multiple sectors at the macro system level;
- ageing in place;
- sustainable financing for long-term care, including the changing of perception from one of *cost* of long-term care to one of *investment* in long-term care (this could also be addressed in the behaviour/attitude changes addressed in any statement on equity/ageism);
- health outcome measures for long-term care focusing on functional ability
- inequity: ageism, racism, inclusion of all;
- enhancing intergenerational interactions with review of how older and younger populations can learn from one another.

Next steps

- On 26 and 27 October 2020 a meeting on COVID-19 and care for older people will be convened. Focus will be on review of the evidence thus far, the lessons learned and how to build a response going forward.
- On 26 November 2020, the meeting on the INTEGRATED CONTINUUM OF LONG-TERM CARE Readiness Framework will be held, the first in a technical series for the GNLTC focusing on long-term care.
- On 10 December 2020, the second technical series meeting of the Network will be held, focusing on the UHC package.
- On 28 January 2021, the third meeting of the GNLTC will be convened. The focus is still being determined.

Due to the COVID-19 pandemic, all AAH unit meetings in 2020 will be held virtually. It is hoped that at some point in 2021, colleagues will be able to gather again in person.

ANNEX 1. MEETING PROGRAMME AND MEMBERS

INTRODUCTORY MEETING

September 22, 2020

Time: 1:00 PM ~ 3:00 PM (CET)

Time	Topic
PRESENTATION & DISCUSSION	
13:00 – 13:05	OPENING <i>Dr Anshu Banerjee (Director, Maternal, Newborn, Child, Adolescent Health & Ageing, WHO)</i>
13:05 – 13:45	INTRODUCTION OF GNLTC 1. The WHO Global Network of Long-term care <i>Dr Zee-A Han (Ageing and Health, MCA, WHO)</i> 2. Introduction of Members <i>GNLTC Members</i>
13:45– 14:15	THE DECADE OF HEALTHY AGEING (2020-2030) 1. The Decade of Healthy Ageing <i>Dr Anshu Banerjee (Director, Maternal, Newborn, Child, Adolescent Health & Ageing, WHO)</i> 2. WHO Long-term care <i>Dr Zee-A Han (Ageing and Health, MCA, WHO)</i> 3. Integrated care for older people (ICOPE) <i>Dr Yuka Sumi (Ageing and Health, MCA, WHO)</i> Q&A
14:15 – 14:55	DISCUSSION <i>Dr Ritu Sadana (Unit Head, Ageing and Health, MCA, WHO)</i> 1. Potential objectives of the workstream 2. Feedback on Terms of Reference for GNLTC 3. Discussion on work by the GNLTC 4. Other <i>Members of the GNLTC</i>
14:55 – 15:00	CLOSING & NEXT STEPS

LIST OF MEMBERS

MEMBERS

Liat AYALON
Professor, School of social work, Bar Ilan University
Israel

Rafael BENGEOA
Director/Former Minister of Health for the Basque Government, Institute of Health
and Strategy
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Executive Director, The Worldwide Hospice Palliative Care Alliance
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Samaraweera DILHAR
Consultant Physician, Colombo South Teaching Hospital
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Professor, Physical Medicine and Rehabilitation, University of Puerto Rico School of
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Immediate Past-President, International Society of Physical and Rehabilitation
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Leon GEFFEN
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Muthoni GICHU
Government officer, Ministry of Health
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