



SOCIAL POLICIES CATALOGUE ON POPULATION AGEING



A RAPID SCOPING REVIEW



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DISCLAIMER

Findings in this report are derived from a rapid scoping review and reflect available evidence as retrieved by the review. This report does not cover all social policies worldwide and only discusses those identified from the search strategy described in Appendix 1. It is possible that certain relevant policies have fallen outside of the review development process.

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PREFACE

In 2019, the total population of Asia and the Pacific region stood at 4.7 billion, accounting for 60 per cent of the world's population. It is noteworthy to point out the region's population is ageing at an unprecedented speed.

Population ageing has two dimensions: individuals are living longer, and the share of older persons in the total population is increasing, with women constituting the majority of the 'oldest old'.

Indeed, ageing is an achievement of sustainable development, and older persons have much to contribute. In many countries in Asia and the Pacific region they are responsible for looking after grandchildren, and tend to have more time to volunteer and help out in local communities than those who are economically active. In many nations, especially across Asia-Pacific, it is older persons who are local leaders, and who have the experience, local knowledge and respect to help with conflict resolution in communities and key responses during emergencies.

But far too often, older persons are left behind, with women bearing the brunt. This has been driven home all the more amid the ongoing COVID-19 pandemic. To counter this, countries should develop policies that aim for and promote healthy ageing through a life-cycle approach and with gender equality at their core, and ensure their effective implementation.

There have been ongoing efforts to compile and assess existing policies on population ageing for a better understanding of the current perspectives of social and policy implications of ageing. It is crucial that countries learn from one another's experiences, including countries under the mechanism of South-South cooperation.

As a guardian of the landmark International Conference of Population and Development (ICPD) Programme of Action, with its vision of rights and choices for all, we have crafted this catalogue through the systematic identification and collation of available social policies on population ageing on a global scale. This compilation is all the more timely as the world grapples with the COVID-19 crisis and seeks to regain lost ground in achieving the 2030 Agenda and its Sustainable Development Goals (SDGs) with their promise of leaving no one behind.

We present this snapshot of current national and global strategies on population ageing with a view to examining how they fit into a pre-determined model of the life-cycle approach to population ageing advocated for by Asia and the Pacific Regional Office of the United Nations Population Fund, UNFPA.

As we embark on the Decade of Healthy Ageing (2020-2030), which converges with the Decade of Action to achieve the SDGs, we stand ready to partner all the more with governments and civil society alike in addressing the challenges and harnessing the opportunities of population ageing in Asia and the Pacific region.



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INTRODUCTION

The proportion of older persons (defined as persons aged over 60 years; see Box 1) is projected to continue to rise, reaching 16.4 per cent in 2030 and 21.3 per cent in 2050.¹ The phenomenon of population ageing (Box 2) is attributed to increased life expectancy and declined fertility rates associated with continual social and economic development, and its impact plays a vital role towards achieving the Sustainable Development Goals (SDGs). While an ageing population brings about advantages, such as positive contributions to society in the form of labour and knowledge, as well as childcare, financial, practical and emotional assistance to family members, societies are faced with the social, economic, and public health costs and challenges of population ageing. To address these issues, countries will require policy responses and adequate policy changes, as part of a comprehensive, effective, long-term strategy. The positives could outweigh negatives depending upon the policy options that a country takes.

Box 1. Definition of older person

Some countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person, but this does not adapt well across different countries. In many parts of the world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant, such as the roles assigned to older persons; in some cases, it is the loss of roles accompanying physical decline is significant in defining old age.

At the moment, the UN agreed cut off is 60+ years to refer to the older population.² The ages of 60 and 65 years are often used, despite their arbitrary nature, for which the origins and surrounding debates can be followed from the end of the 1800's through the mid-1900's.^{3,4,5}

For the purpose of this document, the UN definition of older persons as being 60 years and older will be used.

Box 2. Impact of population ageing

Population ageing is an increasing median age in a population due to rising life expectancy and declining fertility rates. Population ageing is poised to become one of the most significant social transformations of the twenty-first century, with implications for nearly all sectors of society, including labour and financial markets, the demand for goods and services; such as housing, transportation and social protection, as well as family structures and intergenerational ties.

According to data from *World Population Prospects: the 2019 Revision*, by 2050, one in six people in the world will be over age 65 (16 per cent), up from one in 11 in 2019 (9 per cent).⁶ By 2050, one in four persons living in Europe and Northern America could be aged 65 or over. In 2018, for the first time in history, persons aged 65 or above outnumbered children under five years of age globally. The number of persons aged 80 years or over is projected to triple, from 143 million in 2019 to 426 million in 2050.

¹ UN Department of Economic and Social Affairs Population Division. Population ageing and sustainable development. POPFACTS, No. 2017/1, June 2017. Available from: https://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2017-1.pdf.

² United Nations. The Madrid International Plan of Action on Ageing and the Political Declaration 2002.

³ Thane P. The muddled history of retiring at 60 and 65. *New Society*. 1978;45(826):234-236.

⁴ Roebuck J. When does old age begin? The evolution of the English definition. *Journal of Social History*. 1979;12(3):416-28.

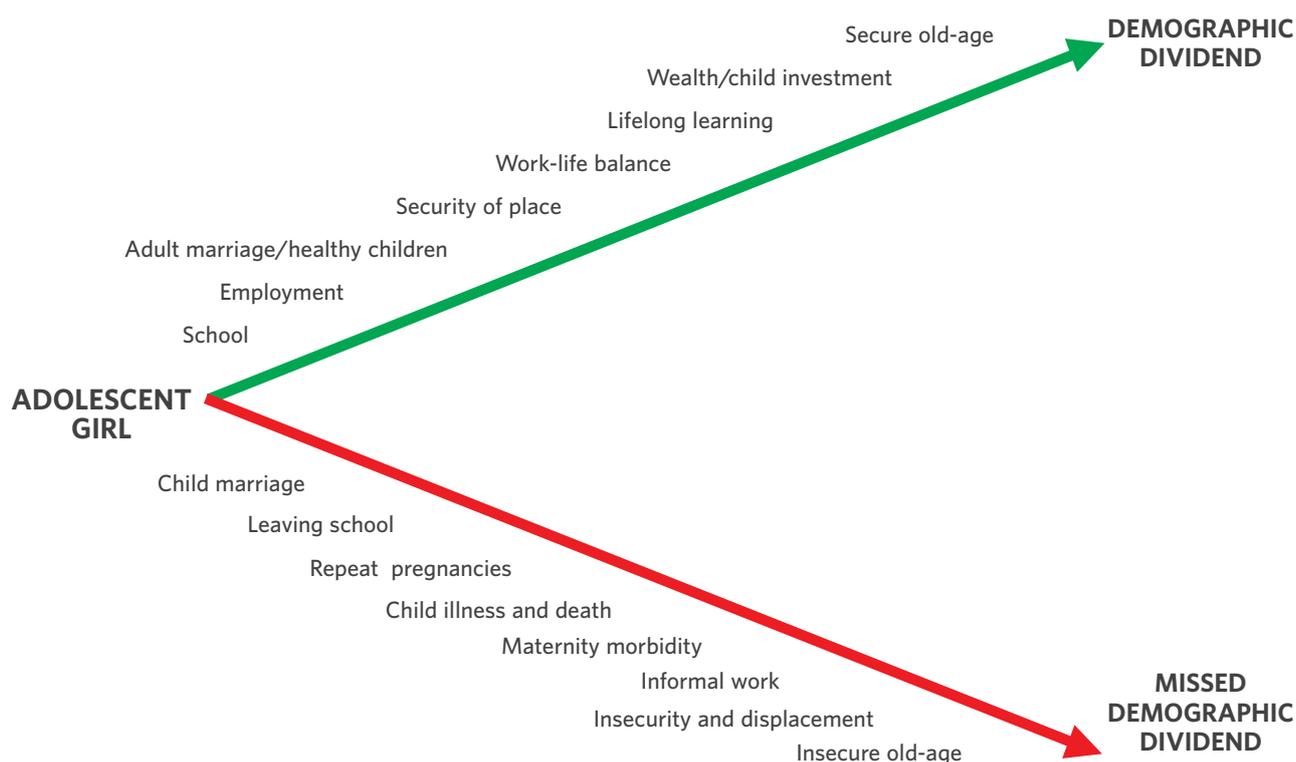
⁵ Thane P. History and the sociology of ageing. *Social History of Medicine*. 1989;2(1):93-96.

⁶ United Nations. *Revision of World Population Prospects*. 2019.

There is a need to emphasize the sequential events and developmental steps throughout a person's life, since many events that happen in later life are underpinned by fertility and lifestyle decisions, as well as social expectations and preferences during the early phases of the life cycle, which we call the life-cycle approach. As a global effort for healthy ageing, several measures could be considered at different stages of the life cycle, as the experiences impact on a person's rate and nature of the ageing process (Figure 1). These include investing in sexual and reproductive health services to promote healthy lifestyle behaviours, to ensure women's choices on pregnancy and childbirth and eliminate gender inequality; facilitating effective balance of female labour force participation and fertility with user-friendly environments and policies (e.g. availability of childcare services, breastfeeding facilities at workplaces or flexible working hours); and to encourage social inclusion of older people through organized social activities (e.g. community voluntary work).

There have been previous efforts to compile and assess existing social policies on population ageing to gain a better understanding of the current perspectives of social and policy implications of ageing.^{7,8,9} This rapid scoping review provides a snapshot of national and global policy options on population ageing for governments of countries and partners in the region, who can choose the best mix of policies to address issues related to population ageing in their context.¹⁰

Figure 1. Social sequential events in life for girls



⁷ Williamson C. Policy Mapping on Ageing in Asia and the Pacific Analytical Report. HelpAge International East Asia/Pacific Regional Office. July 2015. Available from: <http://ageingasia.org/mapping-of-ageing-policies/>

⁸ United Nations Population Fund and HelpAge International. Overview of Available Policies and Legislation, Data and Research, and Institutional Arrangements Relating To Older Persons - Progress Since Madrid. July 2011. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/Older_Persons_Report.pdf.

⁹ Peng I, Yeandle S. Eldercare. Policies in East Asia and Europe: Mapping policy changes and variations and their implications. UN Women. December 2017. Available from: <http://www.unwomen.org/en/digital-library/publications/2017/12/discussion-paper-eldercare-policies-in-east-asia-and-europe>

¹⁰ United Nations Population Fund, Asia-Pacific. Addressing Population Ageing: A Life-Cycle Approach for Population Ageing in the Asia-Pacific Region. 2020.

METHODOLOGY – RAPID SCOPING REVIEW

Methods for developing this social policy catalogue followed a rapid scoping review methodological framework. A detailed description of the methodology employed for this scoping review can be found in Appendix 1. In light of the need to provide a concise overview of the current societal approaches to population ageing, this rapid review approach was adopted in which certain nominated components of the traditional review process were simplified.^{11,12} This hybrid 'rapid scoping review' framework facilitates efficient, streamlined yet robust synthesis of evidence within a short timeframe, and is a viable methodological option for evidence-based policy making. The overarching questions of this rapid scoping review were formulated as follows:

- 1. What is the current situation regarding the strategic directions and objectives of existing national and international social policies on population ageing?**
- 2. Is the concept of a life-cycle approach to population ageing being addressed in these policies?**

A thematic analysis to map the identified social policies to the following operational definitions was also performed:

- Policies for the social protection of the entire society, which will be affected or influenced by population ageing, such as policies on social security and poverty as well as disability, social stability and humanitarian assistance, social protection and healthcare services.
- Policies targeting older people and ageing, where the policy measures are specific to older persons such as housing policies, community services, labour/employment policies, healthcare strategies, human rights policies, and financial support mechanisms.
- Policies promoting healthy ageing, such as investments in non-communicable diseases, maternal and child health promotion, and preventive measures for better lifestyle behaviours.
- Policies that address gender equality in the context of population ageing, for example, family and gender policies to address issues related to low fertility, and immigration policies, including migrant workers in the workforce.

Characteristics of included government reports are described in Appendix 2, and policy analytic studies/evaluations in Appendix 3.

For the purpose of this scoping review, the following operational definitions were applied to categorize policies when consolidating and synthesizing the review findings:

- Social protection of the overall society (Policies for the social protection of the overall society, which will be affected or influenced by population ageing, such as policies on social security and poverty as well as disability, social stability and humanitarian assistance, social protection and healthcare services.)
- Targeting older persons and ageing (Policies targeting older persons and ageing, where the policy measures are specific to older persons such as housing policies, community services, labour/employment policies, healthcare strategies, human rights policies, and financial support mechanisms.)
- Promoting healthy ageing (Policies promoting healthy ageing, such as investments on non-communicable diseases, maternal and child health promotion, and preventive measures for better lifestyle behaviours.)
- Policies that address gender equality (Policies that address gender equality in the context of population ageing; for example, family and gender policies to tackle low fertility, and immigration policies, including migrant workers in the workforce.)

¹¹ Ganann R, Ciliska D, Thomas H. Expediting systematic reviews: Methods and implications of rapid reviews. *Implementation Science* 2010; 5:56.

¹² Tricco AC, Antony J, Zarin W, et al. A scoping review of rapid review methods. *BMC Medicine* 2015;13:224.

DESCRIPTION OF THE IDENTIFIED POLICIES AND RATIONALE FOR THEIR INCLUSION

A total of nearly 200 policy documents and reports were included in this rapid scoping review. The main characteristics of the included policy documents are summarized in Appendices 4 and 5. Policy mapping according to the pre-defined operational definitions of the included policies indicated an overall balance of policies targeting older persons/ageing and those that address social prospects of the entire population.

A substantial number of included policy documents focus on cross-sectoral societal issues, for which a single policy was mapped to multiple operational definitions. During the scoping study, no documents explicitly referring to mechanisms for eliminating redundant, outdated or less cost-effective policy measures were identified. Therefore, selected policy examples for each of the four remaining operational definitions are provided below in a narrative form. Below are some of the identified example policies from across the world including Asia and the Pacific region:

1. Protection of the entire population

There are two policy examples from Finland and Canada that address social protection of the entire population comprehensively. One example published in the English language from Asia and the Pacific region is from Malaysia.

While focusing on older persons, it is important for policies to consider the entire population; that is, not only the different demographics of society, but different aspects of society. In 2010, Finland introduced a strategy for social and health policy titled “Socially Sustainable Finland 2020”¹³ for a socially sustainable society based on ecological, economic and social sustainability. The strategy has three strategic approaches: health and social welfare foundation, accessibility for all members of society, and a healthy and safe living environment. In Canada, the Provincial Government of Newfoundland and Labrador released a strategy on social, economic, and cultural inclusion of persons with disabilities following public consultations in the fall of 2010¹⁴, striving for equal access to and choices on participating in activities and events for individuals with disabilities in Newfoundland and Labrador. In Asia, Malaysia rolled out the Eleventh Malaysia Plan 2016-2020¹⁵, with the theme of “anchoring growth in people”, and focuses on the inclusion and sustainability for all Malaysians, with economic growth as priority.

2. Targeting older persons and ageing

To address the social welfare needs and equality of older persons, Australia has a number of legislative acts in place. The Age Discrimination Act 2004¹⁶ aims to eliminate discrimination against persons on the grounds of age and to protect the rights to equality for all, regardless of age, while the Aged Care (Accommodation Payment Security) Act 2006¹⁷ provides funds to cover accommodation payment balances to aged care service users in the event of corporate or personal insolvency. Additionally, the Aged Care (Living Longer Living Better) Act 2013¹⁸ monitors demands and effectiveness of aged care services, e.g., residential and home care places, and the Aged Care Quality and Safety Commission Act 2018¹⁹ provides an overall guarantee of the safety, health, well-being and quality of life of aged care service consumers.

¹³ Ministry of Social Affairs and Health. 2016. Socially sustainable Finland 2020 – Strategy for social and health policy. Helsinki: Ministry of Social Affairs and Health, Finland.

¹⁴ Newfoundland and Labrador (Canada). Access. Inclusion. Equality. Provincial Strategy for the Inclusion of Persons with Disabilities. 2010.

¹⁵ Economic Planning Unit. 2015. Eleventh Malaysia Plan 2016-2020: Anchoring growth on people. Putrajaya: Economic Planning Unit, Prime Minister’s Department, Malaysia.

¹⁶ Australian Government. 2004 [Registered 11 Apr 2019]. Age Discrimination Act 2004. Includes amendments up to Act No. 164, 2018.

¹⁷ Australian Government. 2006 [Registered 1 March 2017]. Aged Care (Accommodation Payment Security) Act 2006. Includes amendments up to Act No. 11, 2016.

¹⁸ Australian Government. 2013 [Registered 8 March 2016]. Aged Care (Living Longer Living Better) Act 2013. Includes amendments up to Act No. 126, 2015.

¹⁹ Australian Government. 2018 [Registered 12 Dec 2018]. Aged Care Quality and Safety Commission Act 2018. No. 149, 2018.

In the United States, the Older Americans Act Reauthorization Act of 2016²⁰, which amends the Older Americans Act of 1965, has a duty to assist states, area agencies on ageing and relevant service providers, in collaboration with relevant federal agencies, on modernizing multi-purpose senior centres, delivering person-centred transportation services across geographic boundaries, and improving care service coordination for individuals with multiple chronic illnesses. The overall aim is to address elder abuse, neglect and exploitation as well as protect the health, safety, welfare, and rights of older persons. As required by this Act, state government agencies on ageing shall develop the state plans to respond to the aforementioned issues and increase public awareness of elder abuse, neglect and exploitation. For example, in 2016 the Department of Elder Affairs of the State of Florida issued the 'Florida State Plan on Aging' for federal fiscal years 2017-2020²¹. It was reported that Florida has the highest proportion of residents aged 60 years and over in the US, comprising a quarter (25.1 per cent) of the entire state population, and the state plan focuses on a number of goals, for example, to protect the legal rights of older persons and to prevent abuse, neglect and exploitation.

A published evaluation of institutional long-term care policies for the elderly in China, Yang et al.²² reported that in Qingdao, Shandong Province, a long-term care nursing insurance scheme was rolled out in 2012 to address the special needs of urban-based older persons, covering a range of services including home- and community-based long-term care services as well as residential or nursing care at designated facilities. This scheme requires no individual or employer contributions and is subsidized by the municipal government. For older persons in Shanghai, the costs for long-term care incurred at government-run nursing homes are reimbursed through social health insurance, of which there are three modes: the urban employee basic medical insurance, covering urban-area residents with employment before their retirement; the urban resident basic medical insurance, covering uninsured urban residents, such as people with disabilities; and the new cooperative medical scheme, which is a nationwide voluntary scheme subsidized by the government for rural residents. In Nanjing, Jiangsu Province, a means-tested model is used to provide access to long-term care using monthly care vouchers for pre-defined user groups: "Three No's" (not working, no income, no family support), "Five Guarantees" (food, clothing, fuel, health services, funeral arrangements/education), below poverty line, critical long-term care needs, and aged 70 or above with no children. For older persons with severe disabilities, costs for institutional care services will be subsidized in addition to the care voucher scheme.

3. Promotion of healthy ageing

In Zimbabwe, the Ministry of Health and Child Care, together with WHO and Age International, introduced the "Zimbabwe National Healthy Ageing Strategic Plan 2017-2020"²³. The overarching goals of this strategic plan are to create an enabling age-friendly environment for the provision of quality and strengthening of quality and integrated health services for healthy ageing. The two goals are matched with corresponding strategic actions (e.g., to promote healthy lifestyle behaviours to tackle non-communicable diseases), as well as performance indicators to evaluate the implementation of the strategy, such as monitoring the proportions of community health workers caring for older persons with knowledge and competency in geriatric medicine and gerontology as well as the number of health colleges providing training on core geriatric and gerontological competencies.

4. Policies that address gender equality (in the context of population ageing)

Policy examples from Asia and the Pacific region include Bangladesh's National Women Development Policy 2011 and Viet Nam's National Strategy on Gender Equality for the 2011-2020 period. Both of these have mentioned rapid population ageing as the context of the policy development.

²⁰ United States of America in Congress. 2016. Older Americans Act Reauthorization Act of 2016. Public Law No: 114-144 (04/19/2016).

²¹ Department of Elder Affairs. 2016. Florida State Plan on Aging Federal Fiscal Years 2017-2020. Tallahassee: Florida Department of Elder Affairs, United States of America.

²² Yang W, Jingwei He A, Fang L, Mossialos E. Financing institutional long-term care for the elderly in China: a policy evaluation of new models. *Health Policy Plan*. 2016;31:1391-401.

²³ Ministry of Health and Child Care. 2017. Zimbabwe National Healthy Ageing Strategic Plan 2017-2020. Harare: Ministry of Health and Child Care, Zimbabwe.

Developed by the Ministry of Women and Children Affairs in 2011, the Bangladesh National Women Development Policy covers a wide array of perspectives, such as the rights to adequate development of female children; elimination of discrimination and abuse of women; protection of women in armed conflicts and assuring their involvement in peace missions; education and training; sport and cultural participation; equal rights of women during economic policy-making; political involvement; poverty elimination, financial empowerment and employment opportunities; health, nutrition and food security; housing arrangements; protection of women and children during disasters. Specific focus includes women with disabilities, ethnic groups and so-called 'backward classes'.

For Viet Nam, the National Strategy on Gender Equality 2011-2020 addresses gender equal opportunities across cultural, economic, political and social sectors, for an overall aim of sustainable development on a national level by 2020. The strategy's objectives and selected policy targets are:

- i) to increase women's participation in upper management in the political field, with over 35 per cent women elected to the National Assembly and Councils over the 2016-2020 period;
- (ii) to narrow the gender gap in the labour market, striving for over 35 per cent female entrepreneurs by 2020;
- (iii) to assure gender equality in education and training, targeting an increase in women holding master or doctoral degrees by 50 per cent and 25 per cent, respectively, by 2020;
- (iv) to assure gender equality in accessing health services, with a target of reducing maternal mortality rate to below 52 per 100,000 live births by 2020;
- (v) to assure gender equality in the cultural sector, reducing gender-discriminating cultural programmes and products by 80 per cent by 2020;
- (vi) to eliminate gender-based violence, with the rate of legal support and counselling offered to domestic violence victims reaching 50 per cent by 2020;
- (vii) to improve gender equality in state management, aiming for 100 per cent of legal documents with content addressing gender discrimination.

Life-cycle approach and intergenerational solidarity

Policies that involve all the generations and/or emphasize intergenerational solidarity were analysed separately. The International Planned Parenthood Federation (IPPF) released a statement on sexual and reproductive health and rights of the ageing population for its member associations in 2017²⁴, and highlighted the importance of a life-cycle approach when considering sexual and reproductive health services for the ageing population. Specifically, the IPPF recommends a life-cycle approach in sexual and reproductive health service provision management by considering interventions for adolescents and youth, women of reproductive age, and older women.

In the Pacific, a similar policy is the Cook Islands Mental Health and Wellbeing Policy²⁵, which recommends that preventive strategies for mental health and wellbeing should "*respond to specific, targeted groups across the lifespan*". The policy states that "*policies, plans and services for mental health must apply health and social needs at all stages of the life course – including infancy, childhood, adolescence, adulthood and older age – emphasizing self care and self sustainability versus dependency*".

CONCLUSION

In this review, a wide range of social policies to address population ageing have been identified from all over the world, including Asia and the Pacific region. The identified policies should be reviewed through an accurate and objective assessment of the context of the country.

It is hoped that the policy options collated in this document will result in the best mix of policies, which ultimately can guide countries to be better prepared for enhancing the well-being of older persons and other populations as they prepare for ageing.

²⁴ International Medical Advisory Panel. 2018. IMAP Statement on sexual and reproductive health and rights of the ageing population. London: International Planned Parenthood Federation, United Kingdom.

²⁵ Ministry of Health. 2015. Mental Health and Wellbeing Policy. Rarotonga: Ministry of Health, Cook Islands.

APPENDIX 1:

METHODOLOGY OF THE LITERATURE REVIEW

Methods for developing this social policy catalogue followed a rapid scoping review methodological framework. The main steps in the scoping review development framework include: formulating the review question(s), identifying relevant documents, selecting relevant documents to be included, charting the data, and then collating, summarizing and reporting the results.¹ In light of the need to provide a concise overview of the current societal approaches to population ageing in a timely fashion, a rapid review approach was also adopted where certain nominated components of the traditional review process are simplified.^{2,3} This hybrid 'rapid scoping review' framework facilitates efficient, streamlined yet robust synthesis of evidence within a short timeframe and is a viable methodological option for evidence-based policy making.

Formulating the review questions

The overarching questions of this rapid scoping review are formulated as follows:

1. What is the current situation regarding the strategic directions and objectives of existing national and international social policies on population ageing?
2. Is the concept of a life-cycle approach to population ageing being addressed in these policies?

Identifying relevant sources of evidence

Sources of information included research papers as well as policy reports/statements from government agencies or professional bodies published in English. A broad search of three bibliographic databases, MEDLINE (PubMed), EMBASE (OvidSP) and AgeLine (EBSCO), over the period of 1 April 2002 to 24 March 2019 was conducted to identify relevant peer-reviewed journal articles published after the adoption of the Madrid International Plan of Action on Ageing and the Political Declaration at the Second World Assembly on Ageing in April 2002.⁴ In line with a rapid, streamlined approach, these databases were selected primarily for their accessibility (MEDLINE and EMBASE) and subject specificity (AgeLine). Search strategies were developed to allow for a broad coverage without any specific reference to policy directions. General search terms included keywords on the core type of target population ('older persons') and policy direction ('population ageing'). Search strategy for MEDLINE, which was adapted for use in other databases, is as below:

("Population Dynamics"[Mesh]) OR "Population"[Mesh] AND ("Aging"[Mesh]) OR "Aged" [Mesh]) OR ("Aged, 80 and over" [Mesh]) OR "Frail Elderly" [Mesh]) OR "Geriatrics" [Mesh]
AND

"Policy" [Mesh]) OR "Policy Making" [Mesh]) OR "Public Policy" [Mesh]) OR "Social Control Policies" [Mesh]) OR "Social Control, Formal"[Mesh]
AND

"Health Plan Implementation"[Mesh] OR (implement OR aware* OR uptake OR up-take OR take-up OR adhere OR adhered OR adherence OR concordance OR accordance OR adopt* OR comply OR complies OR compliance OR respond OR response OR disseminat* OR spread OR spreading OR barrier OR barriers OR facilitat**

¹ Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology* 2005;8(1):19-32.

² Ganann R, Ciliska D, Thomas H. Expediting systematic reviews: methods and implications of rapid reviews. *Implementation Science* 2010;5:56.

³ Tricco AC, Antony J, Zarin W, et al. A scoping review of rapid review methods. *BMC Medicine* 2015;13:224.

⁴ United Nations. Political Declaration and Madrid International Plan of Action on Ageing. Second World Assembly on Ageing, Madrid, Spain, 8-12 April 2002. Available from: <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>

A grey literature search from Google Scholar was also pursued to identify unpublished government reports and policy documents. Key contacts from UNFPA Country Offices in Asia and the Pacific region were contacted for local intelligence on available policies/strategies in the respective countries.

Selecting sources of evidence

One reviewer screened all literature search results and full-text articles of potentially eligible titles or abstracts were retrieved for further assessment. The same reviewer assessed the full texts and the following sources of evidence were included:

- analyses or reviews of social policies on population ageing with clear reporting of methodology published in academic peer-reviewed journals;
- social policies (defined as action plans or recommendations from an organization, not individuals) on population ageing at local, state/provincial, country or regional levels, which may be disseminated as policy briefs, position statements or government reports.

Charting the data, and collating and summarizing the results

Data charting and policy mapping were performed by one reviewer. Since the objectives were to conduct current reviews of available policy documents and reports, a narrative data synthesis approach was used to present findings as descriptive summaries. Characteristics of the identified policy documents are summarized in tables with relevance to time (publication year), geographical location (country), context (state or district, nationwide), information source (e.g. government report, journal article) and key policy recommendations.

A thematic analysis to map the identified social policies to the following operational definitions was also performed:

- Policies for the social protection of the entire population, which will be affected or influenced by population ageing, such as policies on social security and poverty as well as disability, social stability and humanitarian assistance, social protection and healthcare services.
- Policies targeting older persons and ageing, where the policy measures are specific to older persons such as housing policies, community services, labour/employment policies, healthcare strategies, human rights policies, and financial support mechanisms.
- Policies promoting healthy ageing, such as investments on noncommunicable diseases, maternal and child health promotion, preventive measures for better lifestyle behaviours
- Policies that address gender equality in the context of population ageing, for example family and gender policies to tackle low fertility, immigration policies including migrant workers in the workforce.

APPENDIX 2:

KEY CHARACTERISTICS OF INCLUDED GOVERNMENT REPORTS AND POLICY STATEMENTS

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
Anguilla	Ministry of Social Development	2009	National Policy For Older Persons		✓	✓		
Australia	Australian Government	2006	Aged Care (Accommodation Payment Security) Act 2006		✓			
Australia	Australian Government	2018	Aged Care Quality and Safety Commission Act 2018		✓			
Australia	Australian Government	2004	Age Discrimination Act 2004		✓			
Australia	Council of Attorneys-General	2019	National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023		✓			
Australia	Commonwealth of Australia	2012	Living Longer. Living Better		✓	✓		
Australia	Commonwealth of Australia	2011	National Disability Strategy 2010-2020	✓				
Australia	Australian Health Ministers' Advisory Council	2017	National Strategic Framework for Chronic Conditions	✓		✓		✓
Australia	Parliament	2013	Aged Care (Living Longer Living Better) Act 2013		✓	✓		
Australia	Government of South Australia	2009	Health Service Framework for Older People 2009-2016		✓	✓		
Australia	Government of South Australia	2013	Prosperity through longevity: South Australia's ageing plan 2014-2019		✓	✓		
Australia	Local Government Association of SA (LGA)	2015	LGA Ageing Strategy 2016-2021		✓	✓		
Australia	Victoria State Government	2003	Improving care for older people: a policy for Health Services		✓	✓		
Bangladesh	Ministry of Health and Family Welfare	2012	Bangladesh Population Policy	✓	✓	✓	✓	
Bangladesh	General Economics Division Planning Commission	2012	Perspective Plan of Bangladesh (2010-2021): Making Vision 2021 a Reality	✓			✓	
Bangladesh	General Economics Division Planning Commission	2015	7th Five Year Plan FY2016 - FY2020	✓			✓	
Bangladesh	General Economics Division Planning Commission	2015	National Social Security Strategy (NSSS) of Bangladesh	✓	✓		✓	✓

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
Bangladesh	Ministry of Education	2009	National Education Policy 2010	✓				
Bangladesh	Ministry of Health and Family Welfare	2011	Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016	✓		✓	✓	
Bangladesh	Ministry of Health and Family Welfare	2016	Health, Nutrition and Population Strategic Investment Plan (HNPSIP) 2016-2021	✓		✓		
Bangladesh	Ministry of Women and Children Affairs	2011	National Women Development Policy 2011				✓	
Canada	Canadian Medical Association	2013	Health and Health Care for an Aging Population		✓	✓		
Canada	Employment and Social Development Canada	2016	National Follow-up to the United Nations Economic Commission for Europe Regional Implementation Strategy for the Madrid International Plan of Action on Ageing	✓	✓	✓	✓	
Canada	Federal, Provincial and Territorial (F/P/T) Ministers of Health	2005	The Integrated Pan-Canadian Healthy Living Strategy	✓		✓		
Canada	Federal, Provincial and Territorial (F/P/T) Ministers of Health	2010	Curbing Childhood Obesity	✓		✓		
Canada	Ministers of Health and of Health Promotion/Healthy Living of Canada	2010	Creating a Healthier Canada: Making Prevention a Priority (Declaration on Prevention and Promotion)	✓		✓		
Canada	Government of Newfoundland and Labrador	2007	Provincial Healthy Aging Policy Framework		✓	✓		
Canada	Government of Newfoundland and Labrador	2006	Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador (Phase 1: 2006-2008)	✓		✓		
Canada	Government of Newfoundland and Labrador	2006	Reducing Poverty: An Action Plan for Newfoundland and Labrador (Poverty Reduction Strategy)	✓				
Canada	Government of Newfoundland and Labrador	2011	Access. Inclusion. Equality. Provincial Strategy for the Inclusion of Persons with Disabilities in Newfoundland and Labrador	✓				
Canada	Government of Nova Scotia	2005	Strategy for Positive Aging in Nova Scotia		✓	✓		
Canada	Parliamentary Information and Research Service	2012	Canada's Aging Population and Public Policy: 5. The Effects on Employers and Employees	✓	✓		✓	

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
Canada	Parliamentary Information and Research Service	2012	Canada's Aging Population and Public Policy: 6. The Effects on Home Care	✓	✓			
Canada	Parliamentary Information and Research Service	2012	Canada's Aging Population and Public Policy: 7. The Effects on Community Planning	✓	✓			
Cook Islands	Ministry of Internal Affairs	2012	Cook Islands Policy on Ageing 2012-2017		✓	✓		
Cook Islands	Ministry of Finance and Economic Management	2018	Gender Policy				✓	
Cook Islands	Ministry of Internal Affairs	2011	Cook Islands National Policy on Gender Equality and Women's Empowerment & Strategic Plan of Action, 2011-2016				✓	
Cook Islands	Ministry of Health	2017	Cook Islands National Health Strategic Plan 2017-2021	✓		✓		
Cook Islands	Ministry of Health	2015	Cook Islands National Strategy and Action Plan for Non-Communicable Diseases 2015-2019	✓		✓		
Cook Islands	Ministry of Health	2015	Mental Health and Wellbeing Policy	✓				✓
Cook Islands	Ministry of Health Dental Services	2014	The Cook Islands National Oral Health Strategy 2014-2018	✓				
Cook Islands	Office of the Prime Minister	2016	National Sustainable Development Plan 2016-2020	✓	✓	✓	✓	
Cook Islands	Ministry of Health	2012	Cook Islands Tobacco Control Action Plan 2012-2016	✓		✓		
European Union	European Commission	2010	Europe 2020 - A strategy for smart, sustainable and inclusive growth	✓	✓	✓	✓	✓
European Union	European Commission	2011	Strategic Implementation Plan for the European Innovation Partnership on Active and Healthy Ageing		✓	✓		
European Union	European Commission	2017	European Pillar of Social Rights	✓			✓	
European Union	European Commission	2012	Towards a job-rich recovery (Employment Package)	✓				
European Union	European Commission	2012	An Agenda for Adequate, Safe and Sustainable Pensions	✓				
European Union	European Commission	2013	Investing in children: breaking the cycle of disadvantage	✓				
European Union	European Commission	2016	The European Social Fund - Investing in people	✓				
European Union	Council of the EU	2012	Council Declaration on the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward		✓	✓		

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
European Union	Joint Action (JA) ADVANTAGE	2018	Prevention and management of frailty in the EU: A health policy priority		✓	✓		
FDI World Dental Federation	FDI World Dental Federation, Geneva, Switzerland	2016	FDI policy statement on oral health for healthy ageing. Adopted by the FDI General Assembly: 24 September 2015, Bangkok, Thailand.		✓	✓		✓
Fiji	Ministry of Social Welfare, Women and Poverty Alleviation & Fiji: UNFPA Pacific Sub-Regional Office	2011	Fiji National Policy for Ageing 2011-2015		✓	✓		
Finland	Ministry of Social Affairs and Health	2011	Socially sustainable Finland 2020 - Strategy for social and health policy	✓				
Ghana	Ministry of Employment and Social Welfare	2010	National ageing policy 'ageing with security and dignity'		✓	✓		
India	Ministry of Law and Justice	2007	Maintenance and Welfare of Parents and Senior Citizens Act, 2007	✓	✓			
India	Ministry of Social Justice and Empowerment	2011	National Policy for Senior Citizens 2011		✓			
International Planned Parenthood Federation (IPPF)	N/A	2018	International Medical Advisory Panel (IMAP) Statement on sexual and reproductive health and rights of the ageing population		✓	✓		✓
Ireland	Department of Business, Enterprise and Innovation	2018	Action Plan for Jobs 2018	✓				
Ireland	Department of Children and Youth Affairs	2014	Better Outcomes, Brighter Futures. The national policy framework for children & young people 2014-2020	✓				
Ireland	Department of Children and Youth Affairs	2015	National Youth Strategy 2015-2020	✓		✓		
Ireland	Department of Education & Skills	2016	National Skills Strategy 2025 - Ireland's Future	✓				
Ireland	Department of Health	2012	Future Health - A Strategic Framework for Reform of the Health Service 2012-2015	✓				
Ireland	Department of Health	2012	The National Carers' Strategy - Recognised, Supported, Empowered	✓	✓			
Ireland	Department of Health	2013	The National Positive Ageing Strategy		✓	✓		

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
Ireland	Department of Health	2014	The Irish National Dementia Strategy	✓	✓			
Ireland	Department of Health	2014	The Path to Universal Healthcare: White Paper on Universal Health Insurance	✓				
Ireland	Department of Health & Children	2008	Tackling Chronic Disease – A Policy Framework for the Management of Chronic Diseases	✓		✓		
Ireland	Department of Health & Children	2009	Palliative care for children with life-limiting conditions in Ireland - A National Policy	✓				
Ireland	Department of Justice and Equality	2017	National Disability Inclusion Strategy 2017-2021	✓				
Ireland	Department of Social Protection	2007	National Action Plan for Social Inclusion 2007-2016	✓				✓
Ireland	Department of the Environment, Community and Local Government	2012	National Housing Strategy for People with a Disability 2011-2016	✓				
Ireland	Government of Ireland	2004	Equality Act 2004	✓				
Ireland	Government of Ireland	2005	Disability Act 2005	✓				
Ireland	Government of Ireland	2007	Health Act 2007	✓				
Ireland	Government of Ireland	2015	Assisted Decision Making (Capacity) Act 2015	✓				
Ireland	Health Service Executive Primary Care Division	2017	Palliative Care Services Three Year Development Framework (2017-2019)	✓				
Jamaica	Ministry of Labour and Social Security	2018	National Policy for Senior Citizens, 2018		✓	✓		
Kenya	Ministry of Gender, Children and Social Development	2011	Kenya National Social Protection Policy	✓				
Kenya	Ministry of Labour, Social Security and Services	2014	National Policy on Older Persons and Ageing		✓	✓		
Lao PDR	Ministry of Labour and Social Welfare	2004	The National Policy Towards the Elderly in the Lao PDR		✓	✓		
Malaysia	Prime Minister's Department	2015	Eleventh Malaysia Plan, 2016-2020	✓				
Malta	Parliamentary Secretariat for Rights of Persons with Disability & Active Ageing	2013	National Strategic Policy for Active Ageing: Malta 2014-2020		✓	✓		
Mongolia	Government of Mongolia	2009	The National Strategy for Population Ageing in Mongolia		✓	✓	✓	

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
Myanmar	Ministry of Planning and Finance	2018	Myanmar Sustainable Development Plan (2018-2030)	✓	✓	✓	✓	✓
Myanmar	Ministry of Social Welfare, Relief and Resettlement	2014	Myanmar National Social Protection Strategic Plan	✓				✓
Nepal	Law Commission	2006	Senior Citizens Act, 2063 (2006)		✓	✓		
Nepal	Ministry of Health and Population	2015	Nepal Health Sector Strategy 2015-2020	✓		✓		
Nepal	Ministry of Health	2014	National Health Policy 2014	✓		✓		
Nepal	Ministry of Youth and Sports	2015	Youth Vision - 2025 And Ten-Year Strategic Plan	✓			✓	
New Zealand	Ministry of Health	2012	Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017	✓		✓		
New Zealand	Ministry of Health	2013	New Zealand Framework for Dementia Care	✓		✓		
New Zealand	Ministry of Health	2014	'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018	✓		✓		
New Zealand	Ministry of Health	2014	Improving the Lives of People with Dementia	✓		✓		
New Zealand	Ministry of Health	2015	Living Well with Diabetes: A plan for people at high risk of or living with diabetes 2015-2020	✓		✓		
New Zealand	Ministry of Health	2016	Healthy Ageing Strategy		✓	✓		
New Zealand	Ministry of Health	2016	New Zealand Health Strategy: Roadmap of actions 2016	✓		✓		
New Zealand	Ministry of Health	2016	Pharmacy Action Plan: 2016 to 2020	✓		✓		
New Zealand	Ministry of Health	2017	Review of Adult Palliative Care Services in New Zealand	✓	✓	✓		
New Zealand	Ministry of Social Development	2014	The New Zealand Carers' Strategy Action Plan for 2014 to 2018	✓	✓			
New Zealand	Ministry of Social Development	2016	New Zealand Disability Strategy 2016-2026	✓				
New Zealand	New Zealand Government	2018	Residential Care and Disability Support Services Act 2018		✓	✓		
New Zealand	New Zealand Government	2018	Social Security Act 2018	✓				
New Zealand	Wellington City Council	2012	Positive Ageing Policy		✓	✓		
New Zealand	Wellington City Council	2011	Wellington Towards 2040: Smart Capital	✓		✓		
Philippines	Congress of the Philippines	2010	Expanded Senior Citizens Act of 2010 (Republic Act No. 9994)		✓	✓		

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
Philippines	Department of Health	2016	Philippine Health Agenda 2016-2022	✓		✓		✓
Philippines	Department of Health	2017	Philippine Plan of Action for Nutrition 2017-2022	✓		✓		
Philippines	Department of Social Welfare and Development	2006	Philippine Plan of Action for Senior Citizens (PPASC 2006-2010)		✓	✓		
Philippines	National Economic and Development Authority	2017	Philippine Development Plan 2017-2022	✓	✓	✓		
Philippines	Congress	2005	Republic Act No. 9336	✓	✓			
Philippines	Congress	2012	Republic Act 10354 (The Responsible Parenthood and Reproductive Health Act of 2012)	✓		✓	✓	✓
Philippines	Congress	2014	Republic Act 10645	✓				
Philippines	Congress	2018	Republic Act 11310 [Pantawid Pamilyang Pilipino Program (4Ps) Act]	✓		✓	✓	
Qatar	Ministry of Public Health	2018	National Health Strategy 2018-2022	✓	✓	✓		
Seychelles	Ministry of Health and Social Affairs	2016	National Policy on Ageing		✓			
Singapore	Ministry of Health	2016	Action Plan for Successful Ageing		✓	✓		
Singapore	Ministry of Social and Family	2016	3rd Enabling Masterplan (2017-2021)	✓	✓			
Singapore	Development Ministry of Health	2015	MediShield Life Scheme Act 2015	✓				
South Africa	Department of Social Development	2005	South African Policy for Older Persons		✓	✓		
South Africa	Parliament	2004	Social Assistance Act, 2004	✓				
South Africa	Parliament	2006	Older Persons Act, 2006		✓			
Sri Lanka	Ministry of Social Service & Social Welfare	2006	National Policy for Senior Citizens Sri Lanka		✓	✓		✓
Thailand	Ministry of Social Development and Human Security	2003	Act on the Elderly, B.E. 2546 (2003 A.D.)		✓	✓		
Thailand	National Commission on the Elderly; Ministry of Social Development and Human Security	2009	The 2nd National Plan on The Elderly (2002-2021) 1st Revised of 2009		✓	✓		
Thailand	Office of the National Economic and Social Development Board; Office of the Prime Minister	2017	The Twelfth National Economic and Social Development Plan (2017-2021)	✓				

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
United Kingdom	British Geriatrics Society, in association with Age UK and Royal College of General Practitioners	2014	Best practice guidelines for the management of frailty: a British Geriatrics Society, Age UK and Royal College of General Practitioners report		✓			
United Kingdom	Government Cabinet Office	2011	Opening Doors, Breaking Barriers: A Strategy for Social Mobility	✓				✓
United Kingdom	Department of Health & Social Care	2011	No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages	✓		✓		✓
United Kingdom	Ministry of Housing, Communities and Local Government	2018	National Planning Policy Framework	✓				
United Kingdom	National Health Service	2019	The NHS Long Term Plan	✓	✓	✓		
United Kingdom	National Institute for Health and Care Excellence	2015	Home care: delivering personal care and practical support to older people living in their own homes - Guideline		✓	✓		
United Kingdom	National Institute for Health and Care Excellence	2015	Older people with social care needs and multiple long-term conditions		✓	✓		
United Kingdom	National Institute for Health and Care Excellence	2018	Care and support of people growing older with learning disabilities		✓	✓		
United Kingdom	UK Parliament	2006	National Health Service Act	✓				
United Kingdom	UK Parliament	2006	The Employment Equality (Age) Regulations	✓				
United Kingdom	UK Parliament	2010	Equality Act	✓				
United Kingdom	UK Parliament	2012	Health and Social Care Act	✓				
United Kingdom	UK Parliament	2014	Care Act	✓				
United Kingdom	UK Parliament	2014	The Pensions Act	✓				
United Kingdom	UK Parliament	2016	Welfare Reform and Work Act 2016	✓				
United Kingdom	UK Public Health England	2016	Strategic plan for the next four years: Better outcomes by 2020	✓				✓
United Kingdom	The Scottish Government / Convention of Scottish Local Authorities (COSLA)	2010	Caring together: The Carers Strategy for Scotland 2010-2015	✓	✓			
United Kingdom	The Scottish Government / Convention of Scottish Local Authorities (COSLA)	2011	Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012-2021		✓			

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
United Kingdom	The Scottish Government	2012	A National Telehealth and Telecare Delivery Plan for Scotland to 2015 Driving Improvement, Integration and Innovation	✓				
United Kingdom	The Scottish Government	2019	A Fairer Scotland for Older People A Framework for Action		✓			
United States	American Academy of Nursing	2019	American Academy of Nursing on Policy position statement: Disaster preparedness for older adults		✓			
United States	N/A	2008	Medicare Improvements for Patients and Providers Act of 2008	✓	✓			
United States	N/A	2010	Health Care and Education Reconciliation Act of 2010	✓				
United States	N/A	2010	Patient Protection and Affordable Care Act	✓				
United States	N/A	2014	Workforce Innovation and Opportunity Act	✓				
United States	N/A	2016	Older Americans Act Reauthorization Act of 2016		✓			
United States	N/A	2017	Elder Abuse Prevention and Prosecution Act		✓			
United States	N/A	2018	Bipartisan Budget Act of 2018	✓				
United States	N/A	2017	Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017 (RAISE Family Caregivers Act)	✓				
United States	N/A	2018	Supporting Grandparents Raising Grandchildren Act	✓	✓			
United States	N/A	2019	Arizona State Plan on Aging 2019-2022		✓	✓		
United States	N/A	2014	2014-2018 Arizona Healthy Aging Plan		✓	✓		
United States	N/A	2017	California State Plan on Aging 2017-2021		✓	✓		
United States	N/A	2016	Delaware State Plan on Aging October 1, 2016 to September 30, 2020		✓	✓		
United States	N/A	2017	Florida State Plan on Aging 2017-2020		✓	✓		
United States	N/A	2017	2017 - 2019 Hawaii State Plan on Aging		✓	✓		
United States	N/A	2017	Illinois State Plan on Aging for FY2017-FY2019		✓	✓		
United States	N/A	2019	Indiana State Plan on Aging Federal Fiscal Years 2019-2022		✓	✓		

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
United States	N/A	2018	Iowa State Plan on Aging Federal Fiscal Years 2018-2021		✓	✓		
United States	N/A	2018	Kansas State Plan on Aging Federal Fiscal Years 2018-2021		✓	✓		
United States	N/A	2012	Maine State Plan on Aging October 1, 2012 - September 30, 2016		✓	✓		
United States	N/A	2017	Maryland State Plan on Aging 2017-2020		✓	✓		
United States	N/A	2018	Massachusetts State Plan on Aging 2018-2021		✓	✓		
United States	N/A	2015	Minnesota Board on Aging State Plan FFY 2015-2017		✓	✓		
United States	N/A	2015	New Hampshire State Plan on Aging October 1, 2015 through September 30, 2019		✓	✓		
United States	N/A	2013	New Jersey State Strategic Plan on Aging October 1, 2013 - September 30, 2017		✓	✓		
United States	N/A	2015	2015-2019 New York State Plan on Aging		✓	✓		
United States	N/A	2019	Oklahoma State Plan on Aging Federal Fiscal Year 2019-2022		✓	✓		
United States	N/A	2017	Oregon State Plan on Aging October 1, 2017 - September 30, 2021		✓	✓		
United States	N/A	2016	Pennsylvania 2016-20 State Plan on Aging		✓	✓		
United States	N/A	2015	Rhode Island State Plan on Aging October 1, 2015 to September 30, 2019		✓	✓		
United States	N/A	2017	South Carolina State Plan on Aging 2017-2021		✓	✓		
United States	N/A	2017	South Dakota State Plan on Aging October 1, 2017 - September 30, 2021		✓	✓		
United States	N/A	2017	Tennessee State Plan on Aging October 1, 2017 - September 30, 2021		✓	✓		
United States	N/A	2019	Vermont State Plan on Aging FFY 2019-2022		✓	✓		
United States	N/A	2019	Virginia State Plan for Aging Services (October 1, 2019 to September 30, 2023)		✓	✓		
United States	N/A	2018	Washington State Plan on Aging 2018-2022		✓	✓		

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
United States	N/A	2019	State of Wisconsin Aging Plan for Older People Federal Fiscal 2019-2021		✓	✓		
Uganda	Ministry of Gender, Labour and Social Development	2009	National Policy for Older Persons	✓			✓	
Viet Nam	Ministry of Labor, Invalids and Social Affairs	2012	National Strategy on Gender Equality for the 2011-2020 period	✓			✓	
Viet Nam	National Council for Competitiveness Improvement and Sustainable Development	2012	Viet Nam Sustainable Development Strategy for 2011-2020	✓				
Viet Nam	Executive Board of the National Program for Prevention and Control of Tobacco Harms	2013	National Strategy for prevention and control of tobacco's harmful effects through 2020	✓		✓		
Zambia	Ministry of Community Development, Mother and Child Health	2014	National Social Protection Policy	✓				
Zambia	Ministry of Health	2012	National Health Policy	✓				
Zimbabwe	Ministry of Health and Child Care	2016	National Health Strategy For Zimbabwe 2016-2020	✓	✓	✓		✓
Zimbabwe	Ministry of Health and Child Care	2017	Zimbabwe National Healthy Ageing Strategic Plan (2017-2020)		✓	✓		

APPENDIX 3: KEY CHARACTERISTICS OF INCLUDED POLICY ANALYSES/EVALUATIONS

Country/ Organization	Publishing unit	Year	Title	Mapping of operational definitions				Life-cycle approach?
				1	2	3	4	
				1. Protection of the entire population 2. Targeting older persons and ageing 3. Promotion of healthy ageing 4. Policies that address gender equality				
China	Yang W, et al.	2016	Financing institutional long-term care for the elderly in China: a policy evaluation of new models		✓			
England	Drennan V, et al.	2018	Moving upstream in health promoting policies for older people with early frailty in England? A policy analysis		✓	✓		
European Union member states	Courtin E, et al.	2014	Mapping support policies for informal carers across the European Union	✓	✓			

APPENDIX 4:

SUMMARIES OF INCLUDED GOVERNMENT REPORTS AND POLICY STATEMENTS

Country/Organization: Anguilla	Publishing unit: Ministry of Social Development	Year: 2009
Title: National Policy for Older Persons Excerpts of policy contents		
<p>Principles</p> <ul style="list-style-type: none"> A. Independence - The keystone of the policy is to help older persons maintain control of their lives by making their own decisions and choices on matters that affect them. B. Safety - A safe environment to live in inside and outside of their homes. C. Security - Older persons need financial and economic security. D. Accessibility - There should be no discrimination in services for older persons. E. Productive Ageing - All older persons should be able to live socially and economically productive lives. F. Home Care - Family environment is best for older persons. Institutional care should be the last resort. G. Dignity - Older persons are entitled to receive services and benefits in a manner that maintains their humanity/dignity. Older persons must be respected. H. Human Rights - Older persons have the right to choose and practice the religious belief of their choice. <p>Priority areas</p> <ul style="list-style-type: none"> (1) Education and media - to promote more positive images of ageing (example: to encourage lifelong learning amongst senior citizens) (2) National infrastructure - to ensure that new infrastructure is designed so that it is easily accessible to older persons and that existing buildings be adapted in a similar way (example: to lobby the Department of Physical Planning to adopt their construction policy to mandate 'age design' when planning applications are submitted) (3) Housing - to ensure that older persons have access to adequate and affordable housing (example: influence Rent Control Policy) (4) Legislation - to ensure the rights of older people (example: develop and implement laws to ensure protection of the rights of older persons; to ensure protection against abuse, violence and discrimination of older persons) (5) Supportive family environment - to promote a supportive environment which allows older persons to participate in family affairs (example: develop a social support system - assisted living programmes with a view to enhancing the ability of relatives to take care of older persons within the family) (6) Income security - to promote financial stability among older persons (example: to encourage businesses to develop pension plans and to ensure that social security schemes supported by necessary legislation) (7) Health services - to enable older persons to live healthy lives through the implementation of health maintenance programmes (example: promote 'Primary Health Programmes' that emphasize on care of older persons) (8) HIV/AIDS - to create an awareness about all aspects of HIV/AIDS through education via the media, targeting senior citizens and sensitizing them about their risk of contracting the disease (example: to ensure that community outreach campaigns on HIV/AIDS have programmes specially directed towards senior citizens with and without the disease) (9) Nutrition - to ensure that nutritional needs of the elderly are met (example: establish social services interventions to assist older persons to obtain, prepare and eat an appropriate diet (meal programmes, transportation, home delivery services)) (10) Mental health services - to ensure that mentally challenged persons be given the services and support needed regardless of age, race, gender, religion or financial status (example: promote public awareness programmes to combat the stigma of mental illnesses especially senility and Alzheimer's) (11) Emergency management & disaster situations - to accommodate the needs of and safeguard the well-being of older persons in national emergency situations whether in their homes or in shelters (example: co-opt NGOs to assist with safeguarding the well-being and evacuation of older people in times of disaster) 		

- (12) Recreation - to encourage and maintain social and productive activities that will improve levels of functioning (mental and physical) and lessen any potential decline (example: to provide an alternative for elderly persons to make constructive use of their time (Day Centres)); activities may include: individual activities, small and large group activities, intergenerational experiences
- (13) Research and development - to engage in ongoing research and systems development for the advancement of issues affecting older persons (example: to collect data on current trends (locally, regionally and internationally) in order to inform policy, decision making, and change)

Country/Organization:
Australia

Publishing unit:
Australian Government

Year:
2006

Title:
Aged Care (Accommodation Payment Security) Act 2006
Excerpts of policy contents

The object of this Act is to establish a regulatory framework that will:

- (a) protect and enhance the safety, health, well-being and quality of life of aged care consumers; and
 - (b) promote aged care consumers' confidence and trust in the provision of aged care services and Commonwealth-funded aged care services; and
 - (c) promote engagement with aged care consumers about the quality of care and services provided by: (i) approved providers of aged care services; and (ii) service providers of Commonwealth-funded aged care services.
- In certain circumstances, the Commonwealth will pay to a person an amount that the Secretary considers is equal to an accommodation payment balance, and interest, owed to the person by an approved provider or former approved provider.
 - Any rights that a person who is paid such an amount had to recover the amount from an approved provider or former approved provider are transferred to the Commonwealth.
 - The Commonwealth may recoup certain costs it incurs from other approved providers.

Country/Organization:
Australia

Publishing unit:
Australian Government

Year:
2018

Title:
Aged Care Quality and Safety Commission Act 2018
Excerpts of policy contents

The object of this Act is to establish a regulatory framework that will:

- (a) protect and enhance the safety, health, well-being and quality of life of aged care consumers; and
- (b) promote aged care consumers' confidence and trust in the provision of aged care services and Commonwealth-funded aged care services; and
- (c) promote engagement with aged care consumers about the quality of care and services provided by: (i) approved providers of aged care services; and (ii) service providers of Commonwealth-funded aged care services.

This Act establishes the Aged Care Quality and Safety Commission and provides for there to be a Commissioner of the Commission.

A number of functions are conferred on the Commissioner, including:

- (a) the function of protecting and enhancing the safety, health, well-being and quality of life of aged care consumers; and
- (b) the function of promoting the provision of quality care and services by approved providers of aged care services and service providers of Commonwealth-funded aged care services; and
- (c) the consumer engagement functions; and
- (d) the complaints functions; and
- (e) the regulatory functions; and
- (f) the education functions.

The Aged Care Quality and Safety Advisory Council is also established and has specified functions relating to the giving of advice in relation to the Commissioner's functions.

This Act also deals with the sharing of information, confidentiality and powers to enter premises and exercise the search powers in relation to premises for certain purposes.

Country/Organization: Australia	Publishing unit: Australian Government	Year: 2004
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Title:
Age Discrimination Act 2004
Excerpts of policy contents

The objects of this Act are:

- (a) to eliminate, as far as possible, discrimination against persons on the ground of age in the areas of work, education, access to premises, the provision of goods, services and facilities, accommodation, the disposal of land, the administration of Commonwealth laws and programs and requests for information; and
- (b) to ensure, as far as practicable, that everyone has the same rights to equality before the law, regardless of age, as the rest of the community; and
- (c) to allow appropriate benefits and other assistance to be given to people of a certain age, particularly younger and older persons, in recognition of their particular circumstances; and
- (d) to promote recognition and acceptance within the community of the principle that people of all ages have the same fundamental rights; and
- (e) to respond to demographic change by: (i) removing barriers to older people participating in society, particularly in the workforce; and (ii) changing negative stereotypes about older people; bearing in mind the international commitment to eliminate age discrimination reflected in the Political Declaration adopted in Madrid, Spain on 12 April 2002 by the Second World Assembly on Ageing.

- This Act makes it unlawful to discriminate on the ground of age.
- This Act has effect subject to certain geographical and constitutional limitations.
- Discrimination on the ground of age can be direct or indirect.
- It is unlawful to discriminate on the ground of age in relation to work and certain other areas.
- It is not unlawful to discriminate on the ground of age if a particular exemption is applicable.
- It is an offence to do certain things related to age discrimination.
- Complaints can be made to the Commission about unlawful discrimination.
- Functions are given to the Commission.

Country/Organization: Australia	Publishing unit: Council of Attorneys-General	Year: 2019
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Title:
National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023
Excerpts of policy contents

Priority areas:

1. Enhancing our understanding - Working together to better understand the risk factors, warning signs and prevention strategies for abuse through data gathering and research
2. Improving community awareness and access to information - Improve understanding about what constitutes abuse and where to go to get further information, support, and access to services
3. Strengthening service responses - Ensuring the right support services are in place to assist older people experiencing abuse within a relationship of trust
4. Planning for future decision-making - Helping Australians to put formal and informal arrangements in place to prepare for decision-making in their later years
5. Strengthening safeguards for vulnerable older adults - Putting in place safeguards for those who may be vulnerable to abuse or neglect or who have become isolated from family and friends.

Country/Organization: Australia	Publishing unit: Commonwealth of Australia	Year: 2012
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Title:
Living Longer. Living Better
Excerpts of policy contents

Aged Care Reform Measures

1. Staying at home (integrated Home Support program; Home Care packages)

2. Supporting carers (streamlining and expanding support for carers)
3. Residential care (better support to build more residential care facilities)
4. Workforce (addressing workforce pressures)
5. Consumer support and research (more support for consumer advocacy and community visitors)
6. Better health care connections (better palliative care and support in the aged care system)
7. Tackling dementia (better care for older Australians with behavioural problems associated with severe dementia in residential care)
8. Older Australians from diverse backgrounds (more support for veterans in Home Care Packages and residential aged care)
9. Building a system for the future (establishing an Aged Care Reform Implementation Council)
10. Positive ageing agenda (housing, participation, lifelong learning, active ageing, volunteering and philanthropy, age discrimination)

Country/Organization:
Australia

Publishing unit:
Commonwealth of Australia

Year:
2011

Title:
National Disability Strategy 2010-2020
Excerpts of policy contents

The purpose of the National Disability Strategy is to:

- establish a high level policy framework to give coherence to, and guide government activity across mainstream and disability-specific areas of public policy
- drive improved performance of mainstream services in delivering outcomes for people with disability
- give visibility to disability issues and ensure they are included in the development and implementation of all public policy that impacts on people with disability
- provide national leadership toward greater inclusion of people with disability.

The Strategy covers six policy areas:

- Inclusive and accessible communities—the physical environment including public transport; parks, buildings and housing; digital information and communications technologies; civic life including social, sporting, recreational and cultural life.
- Rights protection, justice and legislation—statutory protections such as anti-discrimination measures, complaints mechanisms, advocacy, the electoral and justice systems.
- Economic security—jobs, business opportunities, financial independence, adequate income support for those not able to work, and housing.
- Personal and community support—inclusion and participation in the community, person-centred care and support provided by specialist disability services and mainstream services; informal care and support.
- Learning and skills—early childhood education and care, schools, further education, vocational education; transitions from education to employment; life-long learning.
- Health and wellbeing—health services, health promotion and the interaction between health and disability systems; wellbeing and enjoyment of life.

Country/Organization:
Australia

Publishing unit:
Australian Health Ministers' Advisory Council

Year:
2017

Title:
National Strategic Framework for Chronic Conditions
Excerpts of policy contents

Objectives:

1. Focus on prevention for a healthier Australia.
2. Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life.
3. Target priority populations.

Objective 1:

- Strategic Priority Area 1.1 Promote health and reduce risk
- Strategic Priority Area 1.2 Partnerships for health
- Strategic Priority Area 1.3 Critical life stages
- Strategic Priority Area 1.4 Timely and appropriate detection and intervention

Objective 2:

- Strategic Priority Area 2.1 Active engagement
- Strategic Priority Area 2.2 Continuity of care
- Strategic Priority Area 2.3 Accessible health services
- Strategic Priority Area 2.4 Information sharing
- Strategic Priority Area 2.5 Supportive systems

Objective 3:

- Strategic Priority Area 3.1 Aboriginal and Torres Strait Islander health
- Strategic Priority Area 3.2 Action and empowerment

Country/Organization:
Australia

Publishing unit:
Parliament

Year:
2013

Title:

Aged Care (Living Longer Living Better) Act 2013

Excerpts of policy contents

Purpose:

To give effect, in part, to the Living Longer Living Better (LLLBB) package announced by the Government in April 2012.

Specifically, this Bill:

- makes changes to residential aged care, including the introduction of accommodation payments for all types of residential aged care
- removes the distinction between high and low level care for residential aged care
- establishes 'Home Care' which will replace existing community aged care packages
- introduces (means tested) fees and charges for both residential and home care
- introduces new supplements for eligible care recipients and a workforce supplement for eligible providers
- ensures that people in residential or community aged care prior to 30 June 2014 will maintain their current arrangements unless they choose to have the new arrangements apply or leave care for more than 28 days and
- makes changes to governance and administrative arrangements, including an independent review of implementation of the legislation to be tabled in Parliament no later than 30 June 2017.

Fees and charges for aged care - overarching principles

- Those who can afford to, will contribute to the cost of care and accommodation, through means testing arrangements (income and asset testing)
- Lifetime and yearly caps apply to protect consumers from high costs
- Full pensioners will be exempt from paying fees (both home and residential care)
- Current rules for the treatment of the family home as an exempt asset will continue
- The cost associated with care and accommodation will be separated
- Care fees cannot be higher than the Government subsidy

Country/Organization:
Australia

Publishing unit:
Parliament

Year:
2009

Title:

Health Service Framework for Older People 2009–2016

Excerpts of policy contents

The overall objectives of this Framework are to:

- maximise the period in which older people maintain good health and wellness
- compress the period in which they transition to ill-health, become frail and increasingly dependent on care
- deliver services and programs that keep older people out of hospitals and shift the balance of care toward care provided in the community
- deliver services that are integrated across the continuum of care and promote smooth transitions between the care settings that exists along that continuum
- position at the 'right places' along the continuum of care, the right types of services that specialise in care of older people in ways that ensure the sustainability and efficacy of those services
- reduce dependence on the health and aged sector over the long term and promote cost effective outcomes for SA Health

Statewide initiatives

- 1.1 Establishing a statewide geriatric clinical network.
- 1.2 Strengthening primary health services to better meet the needs of older people.
- 1.3 Using a shared model of care and common approach to service delivery.
- 1.4 Rolling out an 'Informed Choices Program' across the state.

Service level redesign initiatives

- 2.1 Establishing three metropolitan and seven country regional older people's health services.
- 2.2 Configuring Older People's Assessment and Management units in each Metropolitan and Country General Hospital.
- 2.3 Establishing Older Persons Acute Assessment Services in each Major Metropolitan Hospital and in all Major and General Hospital Emergency Department.
- 2.4 Developing community-based rapid response capacity across each regional older people's health services catchment.
- 2.5 Greater integration between regional older people's health services and transitional care programs including new governance and support arrangements.

Collaborative enablers

- 3.1 Establish an SA Health for Older People Interface Group.
- 3.2 Strengthening service partnering arrangements across the state.

Workforce initiatives and enablers

- 4.1 Developing a statewide older people's health services workforce strategy.
- 4.2 Growing the established workforce.
- 4.3 Exploring and using new and emerging roles.
- 4.4 Proliferating advanced practice roles.

Quality, data, reporting initiatives

- 5.1 Developing capacity to report on the quality and outcomes of care of all older people.
- 5.2 Implementing a statewide quality program.
- 5.3 Establishing a statewide reporting cycle.
- 5.4 Putting in place IT solutions & support.

Research and education initiatives

- 6.1 Establishing a statewide population-based aged care research collaborative.
- 6.2 Using a statewide approach to education, training support and practice development.

Country/Organization:
Australia

Publishing unit:
Government of South Australia

Year:
2013

Title:

Prosperity through longevity: South Australia's ageing plan 2014-2019

Excerpts of policy contents

Vision:

The state government's vision is to bring the community together to create an all-ages-friendly state. To ensure South Australians have a fulfilling, active and enjoyable life at every age, gaining the maximum benefit from longevity linking personal wellbeing with social and economic productivity.

- Develop dynamic and innovative state government policies and programs to enable the increased participation and wellbeing of older people
- Value and enable seniors as vital drivers of the state's social infrastructure and economy
- Provide opportunities for seniors that empower them to make informed decisions

Priorities:

1. Health, wellbeing and security
2. Social and economic productivity
3. All-ages-friendly communities

Action plan

Focuses on:

- Innovation
- Engagement
- Across-sector cooperation

Examples of actions: More free travel on public transport, rethinking food in aged care facilities, providing better access to arts and cultural events, more community spaces designed for the benefits of older people.

Country/Organization:
Australia

Publishing unit:
Local Government Association of South Australia

Year:
2015

Title:
LGA Ageing Strategy 2016-2021

Excerpts of policy contents

Purpose:

The Local Government Association of South Australia (LGA SA) provides leadership and support to Councils in recognising and responding to the needs and aspirations of their communities as people grow older.

Goals:

1. Effective leadership and advocacy provide better outcomes for our communities as they age (e.g. incorporate age-friendly initiatives within LGA plans and policies, for example pedestrian and Cycle Movement and Open Space Strategies)
2. Productive partnerships generate leverage for Councils (e.g. identify potential partners based in universities or other research institutions to lead or participate in innovative research)
3. Councils develop skills and competence to enable the provision of age-friendly places, spaces and experiences (e.g. capitalise on the potential of the "baby boomer" generation to reimagine the world of volunteering)
4. Communicate and promote examples of good practice (e.g. promote the contribution of older people to the community and of Councils to the wellbeing of older people)

Country/Organization:
Australia

Publishing unit:
Victoria State Government

Year:
2003

Title:
Improving care for older people: a policy for Health Services

Excerpts of policy contents

Aims:

To encourage Health Services to:

- (1) adopt a strong, person-centred approach to the provision of care and services
- (2) better understand the complexity of older people's health care needs
- (3) improve integration within Health Service's community-based programs and between Health Services and ongoing support services available in the broader community

Principle 1: Health Services apply practice based on best evidence to the care of older people, including specific attention to the risk of malnutrition, decreased functional mobility, loss of skin integrity, incontinence, falls, the development of delirium, problems with medication, poor self-care and depression.

Principle 2: Health Services take clinical governance responsibility (clinical effectiveness, risk management, education and training, and consumer participation) for the care of older people.

Principle 3: Treatment and care provided by Health Services places the person at the centre of their own care and considers the needs of the older person's carers.

Principle 4: Health Services identify older people at risk of adverse health outcomes and/or having existing or potential supportive care requirements.

Principle 5: Treatment and care provided for older people with a positive risk screen includes the completion of a comprehensive assessment.

Principle 6: Treatment and care provided for older people includes interdisciplinary care planning that is founded on evidence based care pathways.

- Principle 7:** Treatment and care provided for older people is coordinated to achieve integrated care across all settings.
- Principle 8:** Older people receive treatment and care in the setting that best meets their needs and preferences where it is safe and cost effective to do so.
- Principle 9:** Health Services integrate their community-based programs to provide the appropriate treatment, therapy and supportive care to meet the needs of older people.
- Principle 10:** Robust protocols and agreements developed between Health Services and ongoing community support providers ensure that older people continue to receive the care they require in a coordinated and integrated manner.
- Principle 11:** An adequate level of support for people awaiting long-term care options is provided in the setting that best meets their needs.
- Principle 12:** All people across Victoria have access to Centres Promoting Health Independence.

Country/Organization:
Bangladesh

Publishing unit:
Ministry of Health and Family Welfare

Year:
2012

Title:
Bangladesh Population Policy
Excerpts of policy contents

Vision:

Develop a healthier, happier and wealthier Bangladesh through planned development and control of the nation's population.

Objectives:

1. Lower the Total Fertility Rate (TFR) to 2.1 by increasing the rate of prevalence of contraceptive users to 72%, and achieve NRR = 1 by the year 2015
2. Ensure the availability of family planning methods to eligible couples by providing easy access to reproductive health services including family planning methods; build awareness among the poor and the adolescents of family planning, reproductive health, reproductive tract infections and HIV/AIDS; and prioritize counseling services
3. Reduce maternal and infant mortality, and take steps to improve health care for mothers and children by ensuring safe motherhood
4. Ensure gender equity and women's empowerment, and strengthen activities to eliminate gender discrimination in family planning and maternal and child health care programs
5. Undertake short-, medium- and long-term plans for developing the population into human resources with the participation of the concerned Ministries
6. Ensure easy access to information on reproductive health including family planning at all levels

Key strategies:

1. Client-Centred Service - e.g. Bring newly-weds, adolescents and parents of one or two children under the coverage of family planning services on a priority basis)
2. Urban Health Care
3. Area-Based Plans and Strategies
4. Behaviour Change Communication (BCC) Program - e.g. Make all-out efforts to popularize and establish the slogan 'No more than two children, but one is better'; Assist in promotion of behavioral change program to prevent all contagious diseases including infection of the reproductive tract, sexually transmitted diseases, HIV/AIDS etc
5. Adolescent Welfare Program - e.g. ensure providing information and advice in favour of late marriage and having children with adequate birth intervals; create employment opportunities for the unmarried women in the rural areas
6. Participation of Non-Government and Private Sectors
7. Empowerment of Women and Equal Partnership of Men and Women - e.g. Establish necessary child care facilities including day care centers in both urban and rural work areas
8. Human Resources Development
9. Legal measures - e.g. As per birth registration information, ensure the citizens' rights for all children, get them enrolled in schools at an appropriate age and prevent early marriage of girl children. Use birth certificate during admission into school and marriage registration in order to ensure birth registration
10. Social measures: Welfare Services for the Elderly, Poor and Disabled People - e.g. Undertake special priority programs for them with regard to health, education and social security/safety net
11. Population and Environment - e.g. Discourage establishment of housing blocks and industrial factories causing depletion of agricultural lands in urban and rural areas, and promote planned housing areas and industrial zones

12. Discourage Urban Migration and Introduce Planned Urbanization: Minimize disparities between citizens' facilities/ services in rural and urban areas in order to discourage migration from villages to towns, and create new employment opportunities in rural areas
13. Integrated Information Collection and its Use - e.g. Conduct regular survey and research on population, health and nutrition
14. Decentralization of Administrative and Financial Power - e.g. In order to provide demand-driven reproductive health services, identify local problems and prospects, and, in the light of those, develop local level action plan through the participation of the local elite, stakeholders and women representatives of the poor in the society
15. Production and Supply of Family Planning Commodities - e.g. Especially, ensure supply of necessary materials for providing family planning and reproductive health services to organizations engaged in such services in labour intensive areas

Country/Organization:
Bangladesh

Publishing unit:
General Economics Division Planning Commission

Year:
2012

Title:
Perspective Plan of Bangladesh (2010-2021): Making Vision 2021 a Reality
Excerpts of policy contents

A strategic articulation of the development vision, mission, and goals of the Government in achieving a prosperous Bangladesh grounded in political and economic freedoms a reality in 2021.

The Vision

Vision 2021 calls for Bangladeshi socio-economic environment to be transformed from a low income economy to the first stages of a middle-income nation by the year 2021, when poverty would have all but disappeared, where society would be full of caring and educated people living healthy and happy lives. Bangladesh in 2021 shall be a country in which:

- (i) every citizen has equal opportunities to achieve his/her fullest potential;
- (ii) all citizens enjoy a quality of life where basic health care and adequate nutrition are assured;
- (iii) all citizens have access to a modern, technical, and vocational education tailored to meet the human resource needs of a technologically advancing nation;
- (iv) sustainability of development is ensured through better protection from climate change and natural disasters;
- (v) there is respect for the principles of democracy, rule of law, and human rights;
- (vi) gender equality is assured; so are the rights of ethnic populations and of all other disadvantaged groups including persons with disability; and
- (vii) the diversity and creativity of all people are valued and nurtured.

Technical Framework for Achieving Middle Income Country Status: four linked models

- (i) A macroeconomic framework containing five accounts delineating the economy to generate consistent macroeconomic outlook over 2003 to 2021 period.
- (ii) A dynamic computable general equilibrium (DCGE) model based on an updated input-output table and a social accounting matrix for Bangladesh for FY07. The key outcomes of the macroeconomic framework are fed into the DCGE model to derive the sectoral implications over the perspective plan period.
- (iii) An Employment Satellite Matrix (ESM), constructed for FY07. The sectoral value additions and outputs are linked with the ESM to calculate sectoral employment impacts under perspective plan period.
- (iv) The Distribution and Poverty Module has been developed using the information of Household Income and Expenditure Survey (HIES) 2010. Household income, consumption and sectoral price information generated in the DCGE are linked with this module to assess the poverty situation.

Development Priorities

- Ensuring broad-based growth and food security.
- Addressing globalization and regional cooperation.
- Providing energy security for development and welfare.
- Establishing a knowledge based society.
- Building a sound infrastructure.
- Ensuring effective governance.
- Mitigating the impacts of climate change.
- Creating a caring society.
- Promoting innovation under a digital Bangladesh.

Broad goals

- Achieve middle-income country status by 2021 through sustained annual rate of GDP at 10 per cent by 2021.
- Eradicate illiteracy after 2014, by ensuring 100 per cent net enrolment at primary level as soon as possible after 2010, providing free tuition to degree level as soon as possible after 2013, and turn Bangladesh into a country of educated people with adequate skills in information technology.
- Substantially eradicate poverty by bringing down the number of people living below the poverty line to 15 percent of the population estimated at no more than 25 million.
- Ensure a minimum intake of 2,122 k. cal/person/day of food for all and standard nutritional food to at least 85 per cent of the population by 2021.
- Achieve self sufficiency in food by 2012.
- Change the sectoral composition of output with the shares of agriculture, industry, and services approximating 15 percent, 38 percent, and 47 percent respectively by 2021.
- Reduce the unemployment rate to 15 per cent; change the shares of agriculture, industry, and services in employment to 30 per cent, 25 per cent, and 45 per cent respectively by 2021.
- Provide living accommodation for the entire population as soon as possible after 2015, supply of pure drinking water for the entire population as soon as possible after 2011, and bring all household under hygienic sanitation by 2013.
- Reduce maternal mortality to 1.5 per cent, raise the use of birth control methods to 80 per cent, and bring down infant mortality to 15 per thousand live births by 2021.
- Eradicate all contagious diseases and increase life expectancy to 70 years by 2021.
- Generate 8,500 MW of electricity by 2013, 11,500 MW by 2015, and make provisions to meet the expected demand for power of 20,000 MW by 2021, such that it ensures per capita energy consumption to rise to 600 kwh.
- Promote and deepen the application of information technology towards a digital Bangladesh.
- Ensure preservation, conservation, and restoration of all the historical monument/mass graves of martyred war veterans.
- Ensure protection of the environment by effectively meeting the challenges arising from climate change and preventing environmental degradation.

Country/Organization:
Bangladesh

Publishing unit:
General Economics Division Planning Commission

Year:
2015

Title:
7th Five Year Plan FY2016 - FY2020
Excerpts of policy contents

The 7th Plan centres on three themes:

- GDP growth acceleration, employment generation and rapid poverty reduction;
- A broad-based strategy of inclusiveness with a view to empowering every citizen to participate full and benefit from the development process.
- A sustainable development pathway that is resilient to disaster and climate change; entails sustainable use of natural resources; and successfully manages the inevitable urbanization transition.

The economic growth strategy of 7th FYP includes four pivotal themes:

- Break out of the sphere of 6% growth and raise the annual average growth rate to 7.4%.
- Growth will be inclusive, pro-poor, adapt well to the urban transition and be environmentally sustainable.
- By the end of the 7th FYP, poverty and extreme poverty will be substantially lowered.
- All the additional labour force will be gainfully employed, including much of the underemployed.

Plan goals and targets

The core targets set in accordance with the vision and goals of the Perspective Plan under the 7th FYP include:

A. Income and poverty

- Attaining average real GDP growth rate of 7.4% per year over the Plan period
- Reduction in the head-count poverty ratio by 6.2 percentage points
- Reduction in extreme poverty by about 4.0 percentage points
- Creating good jobs for the large pool of under-employed and new labour force entrants by increasing the share of employment in the manufacturing sector from 15 percent to 20 percent

B. Sector Development

- Significant growth of the agriculture, industry and service sectors
- Increase the contribution of the manufacturing sector to 21% of GDP by FY20
- Substantial improvement of exports to \$54.1 billion by FY20
- Achieving a Trade-GDP ratio of 50% by FY20

C. Macroeconomic Development

- Total revenue to be raised from 10.7% of GDP to 16.1% by FY20
- Maintain the current fiscal deficit of 5% of GDP
- Government spending to be increased to 21.1% of GDP by FY20
- FDI to be increased substantially to \$9.6 billion by FY20

D. Urban Development

- Infrastructural investment and civic facilities in peri-urban growth centres especially around Special Economic Zones
- Inclusive housing and other civic services for urban inhabitants including for people living in informal settlements and slums
- Inclusive urban planning based on sustainable land use planning and zoning
- Increased productivity, access to finance, and policy support for urban micro-small and medium enterprises

E. Human Resource Development (Education, Health and Population)

- Achieving 100 percent net enrolment rate for primary and secondary education
- Percentage of cohort reaching grade 5 to be increased to 100 from current 80 percent
- Under 5 mortality rate to be reduced to 37 per 1000 live birth
- Maternal Mortality Ratio to be reduced to 105 per 100,000 live births
- Immunization, measles (percent of children under 12 months) to be increased to 100 percent
- Reduce proportion of underweight children among under-five children to 20 percent
- Births attended by skilled health staff to be increased to 65 percent
- Reduction of Total Fertility Rate to 2.0
- Increasing Contraceptive Prevalence Rate to 75 percent

F. Water and Sanitation

- Safe drinking water for all
- Proportion of urban population with access to sanitary latrines to be increased to 100 percent
- Proportion of rural population with access to sanitary latrines to be raised to 90 percent

G. Energy and Infrastructure

- Installed Generation Capacity of electricity to be increased to 23,000 MW by 2020
- Ensure energy mix for energy security
- Electricity coverage to be increased to 96 percent with uninterrupted supply to industries
- Reduce system loss from 13% to 9%, improve energy efficiency & conservation
- Construction of 6.15 km. long Padma Multipurpose Bridge at Mawa-Janjira
- Construction of about 26 km. long Dhaka Elevated Expressway
- Construction of Dhaka-Chittagong expressway and upgradation of Dhaka-Chittagong highway to 4-6 lane
- Improve the multimodal transport network with a significant increase in the share of rail and waterways traffic
- Reduce urban traffic congestion with focus on Dhaka and Chittagong cities
- Reduce the incidence of road accidents
- Completion of the following high Priority Mega Projects: Padma Bridge, Deep Sea Port Project; MRT-6 project; LNG terminal project; Payra Port Project; Rooppur Nuclear Power Plant Project; Rampal Coal Power Project; Matarbari Coal Power Project

H. Gender equality, income inequality and social protection

- Female to male ratio in tertiary education to be raised from current 70 percent to 100 percent
- The ratio of literate female to male for age group 20-24 to be raised to 100 percent from the current 86 percent
- Encourage female enrolment in technical and vocational education
- Reduce or maintain the current income inequality of 0.45
- Spending on Social Protection as a share of GDP to be increased to 2.3% of GDP

I. Environmental Sustainability

- Increase productive forest coverage to 20 percent
- Improve air quality in Dhaka and other large cities and enact Clean Air Act
- Promote Zero discharge of industrial effluents
- Urban wetlands are restored and protected in line with Wetland Conservation Act
- At least 15% of the wetland in peak dry season is protected as aquatic sanctuary
- 500 meter wide permanent green belt established and protected along the coast
- Land zoning for sustainable land/water use completed
- Environmental, Climate Change and disaster risk reduction considerations are integrated into project design, budgetary allocations and implementation process
- Canals and natural water flows of Dhaka and other major cities restored

J. ICT Development

- Improve tele density to 100%, internet penetration to 100% and broadband coverage to 50%
- All primary schools to have at least 1 and all secondary schools to have at least 3 multimedia classrooms; 30% of primary schools and 100% of all secondary schools to have an ICT laboratory
- 25% Community Health Clinics provide teleconsultation with specialists in urban areas
- All G2P cash transfers and most P2G and B2G payments done digitally
- Most vital government services are made available at all Digital Centres, through the national portal and over mobile devices; 100% of citizens and residents have digital ID that is used in service delivery
- Social media is regularly used for communication with various demand and supply side stakeholders
- Open government data and big data analysis are regularly used in public decision support. Increase domestic ICT earnings to \$2 billion and export earnings to \$2 billion; 1 million trained HR for the ICT industry
- Spending on Research and Development to constitute 1 % of GDP
- Robust cyber security measures are institutionalized

Country/Organization:
Bangladesh

Publishing unit:
General Economics Division Planning Commission

Year:
2015

Title:
National Social Security Strategy (NSSS) of Bangladesh

Excerpts of policy contents

The long-term vision for Social Security is to:

Build an inclusive Social Security System for all deserving Bangladeshis that effectively tackles and prevents poverty and inequality and contributes to broader human development, employment and economic growth.

The goal for the NSSS is to:

Reform the national Social Security System by ensuring more efficient and effective use of resources, strengthened delivery systems and progress towards a more inclusive form of Social Security that effectively tackles lifecycle risks, prioritising the poorest and most vulnerable members of society.

Programme Consolidation along the Life Cycle Risks

The core life cycle programmes suggested by NSSS are:

Programmes for Children: The strategy advocates two core programmes for children:

- A child grant for children of poor and vulnerable family up to age 4. The child grant will be limited to a maximum of two children per family to avoid any adverse implications for the population management policy.
- A school stipend for all primary and secondary school going children and adolescents belonging to the poor and vulnerable households.
- The children will also have the disability benefit, the school meals programme, the orphans programme and the legal provision to ensure that abandoned children get the financial support from the responsible parent.
- Supply side interventions relating to immunization, childcare health and nutrition, water supply and sanitation and nutrition outreach will be strengthened.

Programmes for the Working Age: The strategy consists of:

- Strengthening education and training programmes to motivate the adolescents and youth to complete education and to enable the working youth and the older workforce to acquire required skills.
- Implementing a strengthened workfare programme for the unemployed poor. The Government will in a longer perspective consider converting food-based programmes into cash-based and consolidating fragmented schemes.
- Exploring possibilities of providing unemployment, sickness, maternity and accidental insurance as a part of a National Social Insurance Scheme (NSIS).
- Implementing a programme of financial support to vulnerable women (widows, divorced, destitute, single mother, and unemployed single women including adolescent girls) and facilitate their participation in the labour market. In the strategy, women will be entitled to the Old Age Allowance and the Disability Benefit as relevant. Additionally, in recognition of the special difficulties faced by vulnerable working age women, the strategy advocates a consolidated income transfer under a reformed Vulnerable Women's Benefit (VWB) programme.
- In addition, the strategy provides for expansion of the Maternal Health Voucher Scheme (MHVS) administered by the Ministry of Health and Family Welfare and a range of policy measures to facilitate the entry of women in the labour market.

Comprehensive Pension System for Elderly: This reformed programme has four components:

- The Old Age Allowance for senior citizens who are aged 60 years and above and belong to the poor and vulnerable population. Continue with the Government Service Pension under the Finance Division with no change at this time.
- Explore possibilities to establish a National Social Insurance Scheme (NSIS), to be managed under the Insurance Development & Regulatory Authority (IDRA) under the provision of the Insurance Act-2010, based on the principle of employers and employees jointly paying contribution. The NSIS would provide pensions as well as address other contingencies (such as disability, sickness, unemployment and maternity).
- Review options to facilitate the development of Private Voluntary Pension (PVP), which are open to all citizens irrespective of occupation or formality of employment. The Old Age Allowance and the Government Service Pension will be funded by the Budget. The NSIS and the PVP would be funded through employer and employee contributions.

Programmes for People with Disabilities: The support strategy for the disabled consists of:

- A disability benefit for children with disabilities
- A disability benefit for working age population with disabilities

Country/Organization:
Bangladesh

Publishing unit:
Ministry of Education

Year:
2009

Title:
National Education Policy 2010
Excerpts of policy contents

The aims, objectives, goals and principles of the Education Policy will be as follows.

1. to reflect the Constitutional guarantee at all levels of education and make learners aware of the freedom, sovereignty and integrity of Bangladesh;
2. to stimulate the intellectual and practical qualities of the learners so that moral, human, cultural, scientific and social values are established at personal and national levels;
3. to inspire the students with the spirit of our war of liberation and develop patriotism, nationalism and qualities of good citizens (i.e. sense of justice, non-communalism, dutifulness, awareness of human rights, cultivation of free thinking and discipline, love for honest living, the tolerance of corporate life, friendliness and perseverance);
4. to promote the continuity of national history, tradition and culture through an intergenerational process;
5. to foster creative and thinking faculties among the learners through a system of education that contains indigenous spirit and elements and which will lead to a life-oriented development of knowledge of the learners;
6. to evolve an education process that is oriented to creativity, practicability and productivity to achieve advancement in the economic and social fields of the country; to create a scientific mindset of the students and to develop in them the qualities of leadership;
7. to remove socio-economic discrimination irrespective of race, religion and creed and to eradicate gender disparity; to develop non-communalism, friendliness, global fraternity, fellow-feeling and respect for human rights;
8. to create unhindered and equal opportunities of education for all as per learners' talents and aptitudes, irrespective of geographical, social and economical situations to establish a society that is free from discrimination; to resist use of education as a commodity to reap profits;

9. to show tolerance for different ideologies for the development of a democratic culture and to help develop a life-oriented, realistic and positive outlook;
10. to ensure the marginal competencies of learners at each level so that they are discouraged from rote learning, rather use their own thoughtfulness, imagination and urge for curiosity;
11. to ensure skills of high standard at different areas and levels of education so that learners can successfully compete at the global context;
12. to attach substantial importance to information and communication technology (ICT) along with Maths, Science and English in order to build up a digital Bangladesh based on knowledge-orientation and cultivation of ICT;
13. to put special emphasis on the extension of education; to give priority to primary and secondary education; to motivate the students to show dignity of labour; to enable students to acquire skills in vocational education to facilitate self-employment, irrespective of levels of education;
14. to develop some uniform and basic ideas amongst all learners; to establish a sense of equal status amongst all citizens of the country to implement a uniform curriculum of certain basic subjects at the primary level schools of diverse delivery systems; to prescribe and ascertain the learning of some uniform textbooks to attain that; to initiate some method of teaching in some basic subjects at the secondary level to achieve similar objectives;
15. to ensure a creative, favorable and joyful environment for the students at the primary and secondary levels for their proper protection and congenial development;
16. to help students grow up with sound moral character through lessons from their respective religious teachings and moral sciences;
17. to ensure proper quality of education at each level and to correlate the competencies learnt at the earlier level (as per the aims and objectives of education) with the next one to consolidate the formations of knowledge and skills; to promote extension of such knowledge and skills; to enable the learners to acquire these skills; to motivate the people to participate in the educational process, at the primary, secondary and vocational levels, in particular to realize the objectives of education;
18. to build students as skilled human resources to fight the challenges of the world threatened by climate change and other natural disasters and to create in them a social awareness about environment;
19. to ensure quality of the higher education in all disciplines and motivate students in research and to create a congenial and necessary environment of research within the country through the cultivation of knowledge and sciences;
20. to ensure the proper context and situations in the education system at the higher level that facilitates ideal cultivation of learning;
21. to extend the use of information and communication technology (ICT) instrumental in educational process at every level;
22. to take special measures for the development of education of the backward classes of the country including the street-children;
23. to promote and develop the languages and cultures of the indigenous and small ethnic groups;
24. to ensure the education of the physically and mentally challenged learners;
25. to create a society free from the curse of illiteracy;
26. to initiate special measures to promote education in the areas identified as backward in education;
27. to ensure efficient and correct teaching of Bangla language;
28. to take necessary steps to create facilities of playground, sports, games and physical exercises in all educational institutions for the healthy growth of the physical and mental qualities of the learners;
29. to take various steps to foster hygienic awareness of the students;
30. to caution the students and make them aware of the dangers of taking drugs or similar items.

Country/Organization:
Bangladesh

Publishing unit:
Ministry of Health and Family Welfare

Year:
2011

Title:
Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016

Excerpts of policy contents

The goal of HPNSDP is to ensure quality and equitable health care for all citizens by improving access to and utilization of health, population and nutrition services and the development objective is to improve both access and utilization of such services, particularly for the poor.

Framework of HPNSDP 2011-2016

- The Vision is to see the people healthier, happier and economically productive to make Bangladesh a middle income country by 2021.
- The Mission is to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health.
- The Goal is to ensure quality and equitable health care for all citizens in Bangladesh by improving access to and utilization of health, population and nutrition services.
- The Development Objective is to “improve access to and utilization of essential health, population and nutrition services, particularly by the poor.”

The drivers of the strategic plan are as follows:

- Scaling up services for the achievement of the targets of MDG 1, 4, 5 and 6 by 2015.
- Addressing population growth with vigorous, fully integrated family planning services, and cross-cutting, multi-sector interventions.
- Mainstreaming nutrition in all service delivery points through the channels of DGHS and DGFP (Directorate General of Health Services and Directorate General of Family Planning).
- Expanding access to services for priority communicable and non-communicable diseases.
- Revitalizing the Community Clinic based services as part of a functional Upazila Health System (UHS).
- Strengthening overall health system and governance including establishing a sustainable Monitoring and Evaluation System along with Health Information System (HIS).
- Improving health equity for the poor and geographically marginalized population.

Sector specific strategies include:

- Streamline, expand the access and quality of MNCH (Maternal, Neonatal and Child Health) services, in particular supervised deliveries (MDG 4 and MDG 5).
- Revitalize various family planning interventions to attain replacement level fertility (MDG 5).
- Improve and strengthen nutritional services by mainstreaming nutrition within the regular DGHS and DGFP services (MDG 1).
- Strengthen preventive approaches as well as control programs to communicable diseases (MDG 6).
- Expand NCD control efforts at all levels by streamlining referral systems.
- Strengthen hospital accreditation and management systems.
- Strengthen the various support systems by increasing the health workforce at Upazila and CC (Community Clinic) levels, including capacity building and enhanced focus on coordinated implementation of Operational Plans, Management Information System with ICT and Monitoring & Evaluation functions.
- Strengthen drug management and improve quality drug provision; and improve procurement processing to reduce the time between procurement and distribution.
- Increase coverage and quality of services by strengthening coordination with other intra and inter-sectoral and private sector service providers.
- Pursue priority institutional and policy reforms, such as decentralization and LLP, incentives for service providers in hard to reach areas, PPP (Public Private Partnership), single annual work plan, etc.

Country/Organization:
Bangladesh

Publishing unit:
Ministry of Health and Family Welfare

Year:
2016

Title:

Health, Nutrition and Population Strategic Investment Plan (HNPSIP) 2016-2021

Excerpts of policy contents

Ten Key Driving Forces of the HNPSIP (2016-21)

1. A stronger governance and stewardship role of the MOHFW, building capacities in leadership, management and regulation for better quality services
2. A restructured MOHFW, to increase performance, efficiency and accountability while removing duplication and waste.
3. The roll out of an upgraded Essential Services Package (ESP) with greater functional integration of services at district level and a functional referral system.
4. The development of new approaches and partnerships with the private sector and the community to ensure basic services reach the poor, the hard to reach, the disabled, elderly and those left behind.
5. A focused improvement in quality of care, including ensuring the implementation of a comprehensive health workforce strategy and action plan.

6. Promoting the importance of public health and increased investment in prevention, primary care and strengthening community engagement.
7. Tackling the rising burden of NCDs through cross-sectoral work to establish healthy lifestyles and healthy environment.
8. Tackling the burden of established and new communicable diseases.
9. The adoption of new technologies to strengthen surveillance, data quality and information systems to provide a strong evidence base for decision making.
10. Greater investment in health, ensuring a focus on managing demand, increasing efficiency and developing the evidence base for future health funding.

Vision

To see the people healthier, happier and economically productive to make Bangladesh a middle income country by 2021" (Vision 2021)

Mission

To create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health"

Overall Goal

To ensure that all citizens of Bangladesh enjoy health and well-being by ensuring access to quality and equitable healthcare and a healthy and safe living environment"

Component 1: Governance and Stewardship of the sector

Strategic objective 1: To strengthen governance and stewardship of the public and private health sectors

Strategic objective 2: To undertake institutional development for improved performance at all levels of the system

Strategic objective 3: To provide sustainable financing for equitable access to health care for the population and accelerated progress towards universal health coverage

Component 2: Stronger Health Systems

Strategic objective 4: To strengthen the capacity of the MOHFW's core health systems
(Financial Management, Procurement, Infrastructure development)

Strategic objective 5: Establish a high quality health workforce available to all through public and private health service providers

Strategic objective 6: To strengthen the evidence base for health sector decision-making

Component 3: Quality Health Services

Strategic objective 7: To improve equitable access to and utilization of quality health, nutrition and family planning services

Strategic objective 8: To promote healthy lifestyle choices within a healthy environment

Country/Organization:
Bangladesh

Publishing unit:
Ministry of Women and Children Affairs

Year:
2011

Title:

National Women Development Policy 2011

Excerpts of policy contents

The Objectives of National Women Development Policy are as follows.

1. To establish equal rights of men and women in areas of state and public life in the light of the constitution of Bangladesh.
2. To ensure security and safety of women in all areas of state, social and family life.
3. To ensure the socio-economic, political, administrative and legal empowerment;
4. To establish human rights of women.
5. To ensue full and equal participation of women in the mainstream socio-economic development.
6. To bring up women as educated and skilled human resources.
7. To deliver the women from the curse of poverty.
8. To remove existing male-female disparities.
9. To give appropriate recognition to women's contribution in socio-economic areas.
10. To eliminate all forms of abuse of women and female children.
11. To eliminate discrimination to women and female children.

12. To establish gender equality in politics, administration, other areas of activity, socio-economic activity, education, culture, sports and in all areas of family life.
13. To innovate and import technology favoring the interest of women and prohibit anti-women technologies.
14. To ensure taking appropriate steps to ensure sound health and nutrition of the women.
15. To ensure priority of women in provision for proper shelter and housing;
16. To arrange rehabilitation of the women affected in natural calamities and armed conflicts.
17. To extend overall assistance to ensure rights of the disabled women and women belonging to the smaller ethnic groups.
18. To arrange safety of the widow, aged, guardianless, husband abandoned, unmarried and childless women.
19. To reflect gender perspective in the mass media including positive image of the women and female children.
20. To assist in flowering of Talented, genius women of their creative potentials.
21. To provide necessary support services for development of women.
22. To provide overall assistance in ensuring the growth of women entrepreneurs.

Country/Organization:
Canada

Publishing unit:
Canadian Medical Association

Year:
2013

Title:
Health and Health Care for an Aging Population

Excerpts of policy contents

Recommendations on three areas:

1. Promotion of "Healthy Aging"

- Governments at all levels support programs to promote physical activity, nutrition, injury prevention and mental health among older Canadians
- Older Canadians have access to high-quality, well-funded programs and supports to help them achieve and maintain physical fitness and optimal nutrition
- Older Canadians have access to high-quality, well-funded programs aimed at determining the causes and reducing the risk of falls
- Older Canadians have access to high-quality, well-funded programs to promote mental health and well-being and reduce social isolation
- Older Canadians be encouraged to follow current guidelines for healthy living, such as the 2012 Canadian Physical Activity Guidelines for adults 65 and over.
- Physicians and other health care providers be encouraged to counsel older patients about the importance of maintaining a healthy and balanced life style.
- All stakeholders assist in developing health literacy tools and resources to support older Canadians and their families in maintaining health.

2. A Comprehensive Continuum of Health Services

- Governments and other stakeholders work together to develop and implement models of integrated, interdisciplinary health service delivery for older Canadians.
- Governments continue efforts to ensure that older Canadians have access to a family physician, supported by specialized geriatric services as appropriate.
- Governments and other stakeholders work together to develop and implement a National Caregiver Strategy, and expand the support programs currently offered to informal caregivers.
- All stakeholders work together to develop and implement a national dementia strategy
- Governments and other stakeholders work together to develop and implement a pan-Canadian pharmaceutical strategy that addresses both comprehensive coverage of essential medicines for all Canadians, and programs to encourage optimal prescribing and drug therapy.
- Governments work with the health and social services sector, and with private insurers, to develop a framework for the funding and delivery of accessible and sustainable home care and long-term care services.
- Medical schools enhance the provision, in undergraduate education and in residency training for all physicians, of programs addressing the clinical needs of older patients.
- Medical students and residents be exposed to specialty programs in geriatric medicine and other disciplines that address the clinical needs of older patients.
- Continuing education programs on care for older patients be developed and provided to physicians of all specialties, and to other health care providers, on a continuous basis.

- Health systems promote collaboration and communication among health care providers through means such as widespread use of the electronic health record.
- All stakeholders work toward integration of health care along the continuum by addressing the barriers that separate: (a) acute care from the community; (b) health services from social services; and (c) provincially-funded health care services such as physicians and hospitals, from services funded through other sources, such as pharmacare, home care and long term care.
- Programs be developed and implemented that promote optimal prescribing and medication management for seniors.
- Research be conducted on a continuous basis to identify best practices in the care of seniors, and monitor the impact of various interventions on health outcomes and health care costs.
- Continuing education, clinical practice guidelines and decision support tools be developed and disseminated on a continuous basis, to help physicians keep abreast of best practices in elder care.

3. An Age-Friendly Environment

- Governments provide older Canadians with access to adequate income support.
- Governments devote a portion of national infrastructure funding to providing an adequate supply of accessible and affordable housing for seniors.
- Older Canadians have access to opportunities for meaningful employment if they desire.
- Communities take the needs and potential limitations of older Canadians into account when designing buildings, walkways, transportation systems and other aspects of the built environment.
- The health system offer a range of high-quality, well-funded home care and social support services to enable older Canadians to remain independent in the community for as long as possible.
- Physicians receive advice and education on optimal community supports and resources to keep seniors independent and/or at home.
- Training and programs be provided to physicians and other care providers to enable them to identify elder abuse, and to intervene with abused people and their abusers.

Country/Organization:
Canada

Publishing unit:
Development Canada

Year:
2016

Title:

National Follow-up to the United Nations Economic Commission for Europe Regional Implementation Strategy for the Madrid International Plan of Action on Ageing

Excerpts of policy contents

Key achievements

Goal 1: To encourage longer working life and maintain ability to work

- Income security provisions that support an extended working life - Government of Canada's Old Age Security (OAS) program: The benefits under the OAS program include the OAS pension, paid to people aged 65 or over who meet residence requirements, and the Guaranteed Income Supplement for low-income seniors. To improve flexibility and choice, the Government introduced a provision which allows for voluntary deferral of the OAS pension for up to five years, or as late as age 70, giving Canadians the option to receive their OAS pension at a later date in exchange for a higher monthly amount. For each month of delay, their OAS pension increases by 0.6%, for a total of 7.2% for each full year of deferral.
- Programming that supports older workers - Targeted Initiative for Older Workers program which supports unemployed older workers (typically age 55 to 64) living in small, vulnerable communities of 250,000 or less to reintegrate them into the labour market and/or improve their employability; Renewing Older Workers' Essential Skills for the 21st Century Multi-Generational Workplace initiative (commonly referred to as the Third Quarter) from 2010 to 2016. This project developed a unique job-search website that matched the competencies of workers aged 45 and over with the essential skills needs of employers
- Supporting age-friendly workplaces and combatting ageism in the workplace - The Forum of Federal/Provincial/Territorial Ministers Responsible for Seniors developed online tools in 2012 to foster age-friendly workplaces, including a guide for employers to promote older worker participation, a self-assessment tool for employers and an age-friendly workplaces charter
- Balancing work and care - Employment Insurance compassionate care benefits paid to people who have to be away from work temporarily to provide care or support to a family member who is gravely ill and who has a significant risk of death. Eligible people are now entitled to benefits for a maximum of 26 weeks (previously 6 weeks).
- Research into healthy workplaces

Goal 2: To promote participation, non-discrimination and social inclusion of older adults

- (i) Integrated approaches to seniors' issues - e.g. Ontario: Action Plan for Seniors (2013), an overarching guide on keeping seniors active, healthy and connected to their communities; Seniors Community Grant Program, which provides funding to not-for-profit groups for projects that enhance social inclusion, volunteerism and community engagement; and the Community Transportation Pilot Grant Program, which provides funding to municipalities to partner with community organizations to improve local transportation services for seniors
- (ii) Collection and sharing of data, statistics and qualitative information
- (iii) Including seniors' voices
- (iv) Addressing elder abuse - Protecting Canada's Seniors Act in January 2013, which amends the Criminal Code of Canada so that age of the victim is considered an aggravating factor for criminal sentencing purposes; while Newfoundland and Labrador passed An Act Respecting the Protection of Adults in June 2014, which protects adults who are at risk of abuse and neglect; Enduring Powers of Attorney Act, developed in conjunction with and for enactment by provinces and territories, contains specific measures to ensure that protections and remedies to protect against the financial abuse of seniors exist in a harmonized way across Canada.

Goal 3: To promote and safeguard dignity, health and independence in older age

- (i) Promoting the sustainability and adequacy of pension systems - The Government changed provisions that were to increase the age of eligibility for Old Age Security benefits from 65 to 67, starting in 2023; an increase of \$947 per year to the Guaranteed Income Supplement top-up for the lowest-income single seniors, starting in July 2016. This measure represents an investment of over \$670 million per year, and will improve the financial security of about 900,000 vulnerable seniors across Canada. Almost 70 percent of these seniors are women.
- (ii) Improving home and continuing care and supporting caregivers - Newfoundland and Labrador Paid Family Caregiving pilot program. This program provides subsidies over an 18-month period for seniors and adults with disabilities to pay a family member for approved home support; Manitoba's Caregiver Recognition Act (2011) serves to increase awareness and recognition of the valuable contributions of unpaid caregivers; sets out general principles for government relating to caregivers; and provides for a minister-appointed caregiver advisory committee, mandatory biannual reporting and an annual recognition event.
- (iii) Palliative Care
- (iv) Legislation on medical assistance in dying
- (v) Health promotion and seniors' mental health
- (vi) Brain health and dementia
- (vii) Age-Friendly Communities
- (viii) Seniors housing
- (ix) Supports for aging in place - Manitoba's Rent Assist - Help for Low-Income Senior Renters, which provides direct monthly cash to low-income renters aged 55 and over, and Alberta's Seniors Property Tax Deferral Program, which allows homeowners 65 and older to defer all or part of their residential property taxes through a low-interest home equity loan to be repaid when the home is sold, or sooner if the senior chooses.
- (x) Fall prevention, technology investments and emergency preparedness

Goal 4: To maintain and enhance intergenerational solidarity

- (i) Building strong intergenerational relationships
- (ii) Celebrating older Canadians and promoting volunteering

Country/Organization:
Canada

Publishing unit:
**Federal, Provincial and Territorial (F/P/T)
Ministers of Health**

Year:
2005

Title:
The Integrated Pan-Canadian Healthy Living Strategy

Excerpts of policy contents

Its vision is a healthy nation in which all Canadians experience the conditions that support the attainment of good health.

To achieve this, the goals of the Strategy are to:

- improve overall health outcomes; and
- reduce health disparities.

The proposed pan-Canadian Healthy Living targets seek to obtain a 20% increase in the proportion of Canadians who are physically active, eat healthily and are at healthy body weights.

Country/Organization: Canada	Publishing unit: Federal, Provincial and Territorial (F/P/T) Ministers of Health	Year: 2010
Title: Curbing Childhood Obesity Excerpts of policy contents		
Vision Canada is a country that creates and maintains the conditions for healthy weights so that children can have the healthiest possible lives.		
Strategies I Making childhood overweight and obesity a collective priority for action II Coordinating efforts on three key policy priorities: - Supportive Environments: making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating; - Early Action: identifying the risk of overweight and obesity in children and addressing it early; - Nutritious Foods: looking at ways to increase the availability and accessibility of nutritious foods and decrease the marketing of foods and beverages high in fat, sugar and/or sodium to children. III Measuring and reporting on collective progress		
Country/Organization: Canada	Publishing unit: Ministers of Health and of Health Promotion/ Healthy Living of Canada	Year: 2010
Title: Creating a Healthier Canada: Making Prevention a Priority [Declaration on Prevention and Promotion] Excerpts of policy contents		
Guiding principles 1. Prevention is a priority 2. Prevention is a hallmark of a quality health system 3. Prevention is the first step in management 4. Health promotion has many approaches that should be used 5. Health promotion is everyone's business		
Country/Organization: Canada	Publishing unit: Government of Newfoundland and Labrador	Year: 2007
Title: Provincial Healthy Aging Policy Framework Excerpts of policy contents		
Our vision is for individuals, families, communities and society as a whole to foster healthy aging in order to achieve optimal health and well-being.		
Priority directions - Recognition of Older Persons through increased societal respect and regard for older persons; age-friendly policies, programs and services; and greater social inclusion of seniors in our society; - Celebrating Diversity by ensuring that the diversity of the aging population is seen and valued in provincial policies, programs and services; - Supportive Communities by enhancing the role that communities play to support an aging population; - Financial Well-being by improving the financial well-being of seniors through identification of opportunities; improving knowledge about government services and programs; and encouraging financial and retirement planning; - Health and Well-being by ensuring people as they age have the best possible physical, emotional, social, mental, and spiritual health and well-being; and - Employment, Education and Research by focusing on the impact of an aging population on employment, education and research.		

Country/Organization: Canada	Publishing unit: Government of Newfoundland and Labrador	Year: 2006
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Title:
Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador (Phase 1: 2006-2008)
Excerpts of policy contents

The aim of the Provincial Wellness Plan is to address a set of wellness priorities which contribute to improving health and wellness.

The wellness priorities include:

- healthy eating
- physical activity
- tobacco control
- injury prevention
- mental health promotion
- child and youth development
- environmental health

The wellness priorities will be addressed through the following four key directions:

- Strengthen partnerships and collaboration
- Develop and expand wellness initiatives
- Increase public awareness
- Enhance capacity for health promotion
- Health protection

Country/Organization: Canada	Publishing unit: Government of Newfoundland and Labrador	Year: 2006
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Title:
Reducing Poverty: An Action Plan for Newfoundland and Labrador (Poverty Reduction Strategy)
Excerpts of policy contents

The vision is of a province where poverty has been eliminated. This will be a prosperous, diverse province where all individuals are valued, can develop to their full potential and have access to the supports they need to participate fully in the social and economic benefits of Newfoundland and Labrador.

Initiatives examples:

- Increase basic individual and family Income Support benefit rates by five per cent
- Increase the labour market participation and reduce barriers to employment for persons with disabilities, including: a wage subsidy program, employment-related disability supports, internships to promote technology and school-to-work transition supports
- Increase the private child care allowance by \$75 per month for working Income Support clients
- Offer women who are victims of family violence enhanced employment readiness services
- Increase the Mother Baby Nutrition Supplement rate by \$15 per month to help with the cost of nutritious food during and after pregnancy

Country/Organization: Canada	Publishing unit: Government of Newfoundland and Labrador	Year: 2011
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Title:
Access. Inclusion. Equality. Provincial Strategy for the Inclusion of Persons with Disabilities in Newfoundland and Labrador
Excerpts of policy contents

The Vision

Newfoundland and Labrador will be a fully inclusive province where people with disabilities have the same opportunities and choices on an equal basis with others.

Guiding principles

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices and independence of persons;
- Non-discrimination;
- Full and effective participation and inclusion in society;
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women;
- Respect for the evolving capacities of children with disabilities;
- Respect for the right of children with disabilities to preserve their identities.

Country/Organization:
Canada

Publishing unit:
Government of Nova Scotia

Year:
2005

Title:

Strategy for Positive Aging in Nova Scotia

Excerpts of policy contents

Vision

Nova Scotia is an inclusive society of caring communities that supports the well-being of seniors and values their contributions.

Guiding principles

Dignity – We demonstrate respect for the personal privacy, individual values, preferences, and spiritual beliefs of seniors.

Fairness – We equally address the distinctive needs of diverse seniors in accordance with the Nova Scotia Human Rights Act.

Participation – We enable seniors to maintain their social status and social connections in the community.

Respect – We promote a culture of respect across generations and recognize the contributions of seniors to family, friends, community, and society.

Safety – We enable seniors to live in safe and supportive living environments, free from danger, fear and exploitation.

Self-Determination – We respect the right of seniors to manage their affairs and participate as fully as possible in decisions affecting their health and security.

Self-Fulfilment – We ensure seniors can access the educational, cultural, spiritual, and recreational resources of society.

Security – We ensure seniors have sufficient resources to meet their basic needs and lead self-fulfilling lives.

Country/Organization:
Canada

Publishing unit:
Parliamentary Information and Research Service

Year:
2012

Title:

Canada's Aging Population and Public Policy: 5. The Effects on Employers and Employees

Excerpts of policy contents

Canada's retirement income system comprises three pillars:

1. the publicly funded Old Age Security (OAS), Guaranteed Income Supplement (GIS) and Spouse's Allowance (SPA) programs;
 2. a contributory system of pensions covering all employed and self-employed Canadians that comprises the Canada Pension Plan (CPP) and the parallel Quebec Pension Plan (QPP); and
 3. savings through employer-sponsored registered pension plans (RPPs), registered retirement savings plans (RRSPs) and/or Tax-Free Savings Accounts (TFSA's), all of which are tax-assisted, as well as other investments.
- OAS is a monthly taxable benefit available to individuals aged 65 years and older who have been Canadian citizens or legal residents of Canada at some point before applying for benefits and who have lived in Canada for at least 10 years before applying for benefits. The amount of the benefit is updated quarterly to reflect increases in the cost of living as measured by the Consumer Price Index.
 - GIS provides a monthly, non-taxable benefit to low-income OAS recipients living in Canada.
 - SPA program provides a monthly non-taxable benefit to the spouse or common-law partner of an individual who is receiving OAS and GIS benefits. To qualify for SPA benefits, the spouse or common-law partner must be aged between 60 and 64 years and must have lived in Canada for at least 10 years since the age of 18.

- CPP and the QPP are earnings-related pensions funded by contributions made by employers and employees; self-employed persons contribute as both the employer and the employee. The CPP is administered by the federal government, while the QPP is administered by the government of Quebec.
- RPP: Prior to 2008, the Income Tax Act (ITA) contained provisions that prohibited employees from accruing pension benefits under a defined benefit RPP while, at the same time, receiving a pension from that RPP or from another employer's or a related employer's RPP. In 2007, the ITA was amended to allow employers to offer qualifying employees up to 60% of the annual amount of the defined benefit pension to which they are entitled while accruing additional pension benefits. In addition, the Pension Benefits Standards Act, 1985 was amended to accommodate phased retirement in federally regulated pension plans.
- Initially designed as a retirement savings vehicle, an RRSP allows an individual to accumulate tax-sheltered savings until age 71. While RRSP contributions are tax-deductible, withdrawals of contributions and investment returns are considered to be taxable income that is taxed at regular federal and provincial/territorial personal income tax rates. Once an RRSP-holder reaches age 71, he or she is no longer allowed to make RRSP contributions and must choose either to withdraw the full value of his or her RRSP assets and pay taxes on that amount or to convert his or her RRSP into either a registered retirement income fund or an annuity.
- TFSA was introduced in 2009 as a type of savings account that allows an individual to earn tax-free investment returns. TFSA contributions are not tax-deductible, but the contributions and the investment returns are exempt from tax when withdrawn.

Immigration

Citizenship and Immigration Canada offers the Federal Skilled Worker Program and Canadian Experience Class (provides a route to permanent residence for highly skilled temporary foreign workers) to address national structural labour market needs, and the Quebec skilled worker and provincial nominee programs respond to regional labour market gaps.

Country/Organization:
Canada

Publishing unit:
Parliamentary Information and Research Service

Year:
2012

Title:

Canada's Aging Population and Public Policy: 6. The Effects on Home Care

Excerpts of policy contents

Employment and workplace support for caregivers

Compassionate Care Benefits under Employment Insurance (EI) 2004: provide income assistance and job security to family members and friends who take temporary leave from regular employment to care for a terminally ill person at risk of dying.

Measures to reduce the private costs of caregiving

In Canada, federal tax-related initiatives to reduce the private costs of providing care include the federal medical expense tax credit, the disability tax credit, the attendant care expense deduction, and the caregiver tax credit. The family caregiver tax credit was introduced in Budget 2011 to provide new tax support for caregivers of infirm dependent family members.

Federal funding for home care

The federal government provides financial support for health and social services through two transfers: the Canada Health Transfer (CHT) and the Canada Social Transfer. The Canada Health Act "establishes criteria and conditions related to insured health services and extended health care services that the provinces and territories must fulfill to receive the full federal cash contribution under the Canada Health Transfer. Two categories of services are covered under the Canada Health Act: insured health services (such as hospital and doctor care) and extended health services (such as residential long-term care, home care, adult residential care, and ambulatory health services).

Direct funding of services: Eligible veterans, first nations people on-reserve, and Inuit in designated communities

The Veterans Independence Program is designed to help veterans remain healthy and independent in their own homes and communities by providing a wide range of services, from grounds maintenance and housekeeping to personal care and nursing care at home.

Two federal programs provide home care to First Nations people on-reserve and to Inuit in specific northern communities: the First Nations and Inuit Home and Community Care Program (Health Canada) and the Adult Care Program through Indian and Northern Affairs Canada. The Adult Care Program assists First Nations people who have functional limitations due to age, health problems or disabilities. The First Nations and Inuit Home and Community Care Program funds the delivery of home and community-based services to support those with chronic diseases, persons with disabilities, and the elderly in over 600 communities.

Country/Organization: Canada	Publishing unit: Parliamentary Information and Research Service	Year: 2012
Title: Canada's Aging Population and Public Policy: 7. The Effects on Community Planning Excerpts of policy contents		
<p>Housing</p> <ul style="list-style-type: none"> - The Veterans Independence Program, is targeted to veterans and is provided by Veterans Affairs Canada. Its goal is "to help clients remain healthy and independent in their own homes or communities." - Canada Mortgage and Housing Corporation's (CMHC) Residential Rehabilitation Assistance Program is targeted in part to persons with disabilities (who may also be seniors); it offers financial assistance to allow homeowners and landlords to pay for modifications to make their property more accessible to persons with disabilities. These modifications are intended to eliminate physical barriers, imminent safety risks and improve the ability to meet the demands of daily living within the home. <p>Transportation</p> <p>Federal contributions have been considerable, beginning in recent years with a \$900-million allocation in Budget 2006 through the Public Transit Capital Trust;³⁵ this was topped up in 2008 with an additional \$500 million.</p> <p>Outdoor spaces and buildings</p> <p>In Canada, the National Building Code serves as a model for use in provincial and territorial jurisdictions. Its objectives are consistent with principles of universal design: "to limit the probability that, as a result of the design or construction of the building, a person with a physical or sensory limitation will be unacceptably impeded from accessing or using the building or its facilities."</p>		
Country/Organization: Cook Islands	Publishing unit: Ministry of Internal Affairs	Year: 2012
Title: Cook Islands Policy on Ageing 2012-2017 Excerpts of policy contents		
<p>Vision</p> <p>A healthy, empowered and active older population supported to live a quality life with dignity and respect</p> <p>Objectives</p> <ul style="list-style-type: none"> - Ensure improved coordination of services for older persons; - Ensure that services for older persons, including older persons with disabilities, are affordable, accessible and appropriate; - Facilitate better utilization of existing services; - Enhance the range and geographic distribution of services; - Integrate the needs of older persons in all Government policies and sector plans; - Ensure the participation of older persons in monitoring the implementation of this Policy and decision-making at all levels; and - To protect the rights of older persons in the Cook Islands. <p>9 priority areas</p> <ol style="list-style-type: none"> 1. Enhanced coordination of services for older persons and the establishment of a Committee for Older Persons 2. Improved integration and participation of older persons in decision making and community affairs including the establishment of older persons' groups 3. Support for families to provide quality care for older persons 4. Appropriate and accessible health care 5. Financial security 6. Improved provision of and access to recreation, education, community and sporting opportunities for older persons 7. Integration of the needs of older persons into national and sector plans 8. Increased awareness and research on the issue of ageing and promotion of positive images of ageing 9. Increased labour force participation and self-employment of older persons 		

Country/Organization: Cook Islands	Publishing unit: Ministry of Finance and Economic Management	Year: 2018
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Title:
Gender Policy (*In line with the National Policy on Gender Equality and Women's Empowerment*)
Excerpts of policy contents

Objectives

- To adopt a gender sensitive approach which will achieve greater and more sustainable development results, in an efficient manner.
- To ensure that women and men equally benefit from activities which are funded through MFEM from both national resources and development partner assistances.
- To avoid or minimise potential risks and impacts on women and men from projects funded through MFEM.
- To contribute positively to removing the institutional barriers to gender equality.

Key elements and actions

1. Gender Sensitivity
To observe how MFEM's operations affect women and men, and to account for women's needs and perspectives in planning the Ministry's systems and operations.
2. Gender Analysis
To assess systematically the impact of a project, funded through MFEM, on men and women, and on the economic and social relationship between them.
3. Gender Planning
To ensure the formulation of specific strategies (within the parameters of MFEM's mandate) that aim to bring about equal opportunities for men and women to reduce disparities where they exist.
4. Mainstreaming
To consider gender issues in all aspects of MFEM's operations, accompanied by efforts to encourage women's participation in the decision making process of development activities.
5. Non-discrimination
When on-granting MFEM will ensure that there is no discrimination in the benefits and remuneration, for both men and women employed by the project.
6. Improving data collection
The MFEM will improve data collection relating to gender. As such the MFEM, will disaggregate data on grant funding support provided to women or women/gender related projects in comparison to overall grant funding support provided. The MFEM will ensure that this must be undertaken for all projects supported by the Green Climate Fund (GCF).

Country/Organization: Cook Islands	Publishing unit: Ministry of Internal Affairs	Year: 2011
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Title:
Cook Islands National Policy on Gender Equality and Women's Empowerment & Strategic Plan of Action, 2011-2016
Excerpts of policy contents

Objectives

- (1) Define agreed priorities for empowering women and achieving gender equality;
- (2) Create an enabling environment for translating Government commitment to gender equality and women's human rights into reality;
- (3) Align national plans to implement Government's international and regional commitments on gender equality and women's empowerment.
- (4) Define a mechanism for monitoring and reporting on the progress in line with the Cook Islands commitment to regional and international state obligations.

Vision

A society in which social justice enable all individuals to live in dignity, enjoy their human rights, achieve their full potential and contribute to the development and the wellbeing of the society; where women and girls have equal access to and benefits from the development and growth of the country; where women and girls are protected from all forms of discrimination and violence.

Mission

Establish and reinforce mechanisms to eliminate gender inequalities and for addressing the needs of the women of the Cook Islands and ensure they fully enjoy their human rights.

Goal

To advance gender equality and enhance women's empowerment ensuring the active contribution and meaningful participation of both Cook Islands women and men in all spheres, and at all levels, of development and decision making.

Priority outcomes

1. Gender-responsive Government's programs and policies
2. Equitable participation of women and men in decision-making and governance systems
3. Enabling environment for the full participation of women in economic development
4. Improved capacity of women to contribute to climate change adaptation and disaster risk reduction strategies
5. Improved capacity of women to address health issues
6. Elimination of violence against women

Country/Organization:
Cook Islands

Publishing unit:
Ministry of Health

Year:
2017

Title:

Cook Islands National Health Strategic Plan 2017-2021

Excerpts of policy contents

Vision

"All people living in the Cook Islands living healthier lives and achieving their aspirations"

Mission

"To provide accessible, affordable health care and equitable health services of the highest quality, by and for all in order to improve the health status of people living in the Cook Islands"

Strategic focuses

- Key Result Area 1: Health Administration and Management
- Key Result Area 2: Community Health Services
- Key Result Area 3: Hospital Health Services
- Key Result Area 4: Allied Health Service
- Key Result Area 5: Pa Enea Health Services
- Key Result Area 6: Health Partnerships

Policy goals

1. To strengthen administrative and management capacity and capability to meet the health systems and health service needs, demands and expectations for the Ministry of Health.
2. To strengthen and improve community health services under the principles of Primary Health Care and Healthy Islands context.
3. To provide quality clinical care and services to meet the needs and expectations of patients, that are in line with the policies and resources of the Ministry of Health.
4. To provide quality pharmaceutical service, diagnostics and support services to meet clinical needs in line with the policies and resources of the Ministry.
5. To work collaboratively, complement and support health partners in the implementation of agreed health related interventions and activities.

Country/Organization: Cook Islands	Publishing unit: Ministry of Health	Year: 2015
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Title:
Cook Islands National Strategy and Action Plan for Non-Communicable Diseases 2015-2019
Excerpts of policy contents

Goal

The Global Goal for NCD is to reduce NCD related premature deaths by 25% by 2025 (25 by 25). To align with this, the Cook Islands goal is to reduce the incidence of NCD by 2% per year by 2019.

Objectives

1. To promote and strengthen partnerships for a multi-sectoral implementation of NCD Strategies and activities
2. To reduce binge alcohol drinking amongst the people living in the Cook Islands by 10% by 2019
3. To reduce the prevalence of current tobacco users in the Cook Islands by 10% by 2019
4. To ensure that people with mental health and disabilities have equal access to NCD services and are aware of the supportive services available to them
5. To reduce the proportion of overweight and obese children and adults living in the Cook Islands by 10% by 2019
6. To increase fruit and vegetable consumption to three or more servings per day by 35% by 2019
7. To reduce salt intake in people's diet to the recommended daily standard of less than 5 grams per day (200mgs of sodium)
8. To reduce physical inactivity for all people living in the Cook Islands by 10%
9. To prevent and control NCD through health systems strengthening using a primary health care approach
10. To establish and strengthen monitoring, evaluation and surveillance of NCD in the Cook Islands

Country/Organization: Cook Islands	Publishing unit: Ministry of Health	Year: 2015
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Title:
Mental Health and Wellbeing Policy
Excerpts of policy contents

Vision

A Cook Islands where mental wellbeing is valued, recognized and understood, and where people have the most appropriate effective mental health support and services to reach their potential.

Goal

To promote mental wellbeing; seek to prevent mental disorders when possible; and to provide care, enhance recovery, protect human rights and reduce the mortality, morbidity and disability for people affected by mental disorders.

Principles

- Equity: There must be fair treatment for all.
- Equality: Everyone must be treated equally.
- Collaboration: All agencies must work in a collaborative manner.
- Accessibility: Services must be accessible to everyone.
- Participation: People with mental illnesses must be included.
- Evidence-based: Mental health strategies, actions and interventions for treatment, prevention and promotion must comply with scientific evidence and/or best practice, taking cultural considerations into account.
- Efficiency: Efficiently utilise existing resources.
- Respect: Respect must be incorporated and exercised at all times.
- Spirituality: Spiritual needs of people must be taken into consideration.
- Cultural: Cultural needs of people must be taken into consideration.
- Life course approach: Policies, plans and services for mental health must apply health and social needs at all stages of the life course - including infancy, childhood, adolescence, adulthood and older age - emphasizing self-care and self-sustainability versus dependency.
- Human rights: Mental health strategies, actions and interventions for treatment, prevention and promotion must comply with the Convention on the Rights of Persons with Disabilities, Convention on the Rights of the Child and Convention to Eliminate All Forms of Discrimination Against Women and other international and regional human rights instruments.
- Empowerment: of Gender equality and Youth issues.
- Affordability: Making sure that people are able to afford the services.

Country/Organization: Cook Islands	Publishing unit: Ministry of Health Dental Services	Year: 2014
Title: The Cook Islands National Oral Health Strategy 2014-2018 Excerpts of policy contents		
<p>Vision</p> <p>“Turanga Oraanga Nio Manea e te Matutu” is a vision aimed at attaining good oral health status among our people and a quality, accessible, equitable oral health care service that is not only responsive to the oral health care needs of our people but is also innovative.</p> <p>Principles</p> <ul style="list-style-type: none"> - Improving the oral health of those most at risk and disadvantaged is a priority, particularly the young, elderly and those residing in the Pa Enua; - Oral health is an integral part of general health and the overall wellbeing of an individual; - The Ministry of Health, must ensure that quality oral health care services are readily available and delivered to the people of the Cook Islands; - Strong preventive and curative services must complement each other; - A strong workforce is trained to provide high quality service; - Evidence based practice requires comprehensive up-to-date data obtained through on-going research that is robust enough to inform decision making processes. 		
Country/Organization: Cook Islands	Publishing unit: Office of the Prime Minister	Year: 2016
Title: National Sustainable Development Plan 2016-2020 Excerpts of policy contents		
<p>2020 National Vision</p> <p>“To enjoy the highest quality of life consistent with the aspirations of our people, and in harmony with our culture and environment”</p> <p>National Development Goals</p> <ul style="list-style-type: none"> Goal 1 Improve welfare, reduce inequity and economic hardship Goal 2 Expand economic opportunities, improve economic resilience and productive employment to ensure decent work for all Goal 3 Promote sustainable practices and effectively manage solid and hazardous waste Goal 4 Sustainable management of water and sanitation Goal 5 Build resilient infrastructure and ICT to improve our standard of living Goal 6 Improve access to affordable, reliable, sustainable, modern energy and transport Goal 7 Improve health and promote healthy lifestyles Goal 8 Inclusive and equitable quality education and promote life-long learning opportunities Goal 9 Accelerate gender equality, empower all women and girls, and advance the rights of youth, the elderly and disabled Goal 10 Achieve food security and improved nutrition, and increase sustainable agriculture Goal 11 Promote sustainable land use, management of terrestrial ecosystems, and protect biodiversity Goal 12 Sustainable management of oceans, lagoons and marine resources Goal 13 Strengthen resilience to combat the impacts of climate change and natural disasters Goal 14 Preserve our heritage and history, protect our traditional knowledge, and develop our language, creative and cultural endeavours Goal 15 Ensure a sustainable population, engaged in development for Cook Islanders by Cook Islanders Goal 16 Promote a peaceful and just society and practice good governance with transparency and accountability 		

Country/Organization: Cook Islands	Publishing unit: Ministry of Health	Year: 2012
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Title:
Cook Islands Tobacco Control Action Plan 2012-2016
Excerpts of policy contents

Goal

To improve the health of people in the Cook Islands by reducing harm from tobacco use and exposure to second-hand smoke.

Objectives

- Objective 1: To improve infrastructure and coordination for tobacco control activities
- Objective 2: To increase awareness and empower the community to discourage tobacco use and encourage protection from exposure to second-hand smoke
- Objective 3: To promote cessation of tobacco use
- Objective 4: To reduce the accessibility of tobacco products
- Objective 5: To further reduce tobacco promotion and regulate tobacco products
- Objective 6: To reduce exposure to second-hand smoke
- Objective 7: To strengthen tobacco monitoring, evaluation and surveillance programmes

Country/Organization: European Union	Publishing unit: European Commission	Year: 2010
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Title:
Europe 2020 – A strategy for smart, sustainable and inclusive growth
Excerpts of policy contents

Three priorities

- Smart growth – developing an economy based on knowledge and innovation.
- Sustainable growth – promoting a more resource efficient, greener and more competitive economy.
- Inclusive growth – fostering a high-employment economy delivering economic, social and territorial cohesion.

Targets

- The employment rate of the population aged 20-64 should increase from the current 69% to at least 75%, including through the greater involvement of women, older workers (55-64) and the better integration of migrants in the work force
- 3% of the EU’s GDP should be invested in R&D.
- The “20/20/20” climate/energy targets should be met (including an increase to 30% of emissions reduction if the conditions are right).
- The share of early school leavers should be under 10% and at least 40% of the younger generation should have a tertiary degree.
- 20 million less people should be at risk of poverty.

Initiatives

- “Innovation Union” to improve framework conditions and access to finance for research and innovation so as to ensure that innovative ideas can be turned into products and services that create growth and jobs.
- “Youth on the move” to enhance the performance of education systems and to facilitate the entry of young people to the labour market.
- “A digital agenda for Europe” to speed up the roll-out of high-speed internet and reap the benefits of a digital single market for households and firms.
- “Resource efficient Europe” to help decouple economic growth from the use of resources, support the shift towards a low carbon economy, increase the use of renewable energy sources, modernise our transport sector and promote energy efficiency.
- “An industrial policy for the globalisation era” to improve the business environment, notably for SMEs, and to support the development of a strong and sustainable industrial base able to compete globally.
- “An agenda for new skills and jobs” to modernise labour markets and empower people by developing their skills throughout the lifecycle with a view to increase labour participation and better match labour supply and demand, including through labour mobility.

- "European platform against poverty" to ensure social and territorial cohesion such that the benefits of growth and jobs are widely shared and people experiencing poverty and social exclusion are enabled to live in dignity and take an active part in society.

Broad guidelines for the economic policies of the Member States and of the European Union

- Guideline 1: Promoting investment
- Guideline 2: Enhancing growth through Member States' implementation of structural reforms
- Guideline 3: Removing key barriers to sustainable growth and jobs at Union level
- Guideline 4: Improving the sustainability and growth-friendliness of public finances

On guidelines for the employment policies of the Member States for 2015

- Guideline 5: Boosting demand for labour
- Guideline 6: Enhancing labour supply, skills and competences
- Guideline 7: Enhancing the functioning of labour markets
- Guideline 8: Fostering social inclusion, combatting poverty and promoting equal opportunities

Country/Organization:
European Union

Publishing unit:
European Commission

Year:
2011

Title: Strategic Implementation Plan for the European Innovation Partnership on Active and Healthy Ageing

Excerpts of policy contents

Objectives

The Partnership aims to increase by 2 the average number of healthy life years⁵ in the EU by 2020, by securing a triple win for Europe:

- improving the health status and quality of life of European citizens, with a particular focus on older people;
- supporting the long-term sustainability and efficiency of health and social care systems; and
- enhancing the competitiveness of EU industry through an improved business environment providing the foundations for growth and expansion of new markets.

Three pillars reflecting the 'life stages' of the older individual in relation to care processes

A) Prevention, screening and early diagnosis.

- Improving effectiveness of clinical outcomes through improved health literacy, patient empowerment, ethics and adherence programmes.
- Realising innovation in personal health management through validated programmes and good practices for early diagnosis and preventive measures (including health promotion).
- Implementing integrated programmes for prevention, early diagnosis and management of functional decline, both physical and cognitive, in older people.

B) Care and cure.

- Disseminating and implementing, as appropriate, protocols, education and training programmes for health professionals, care personnel and informal/family carers with special attention to emerging roles and comprehensive case management, for example on frailty, multi morbidity and remote monitoring.
- Piloting and establishing multi-morbidity case management, with new models of care for a range of chronic conditions, including protocols and individualised care plans.
- Reducing avoidable/unnecessary hospitalisation of older people with chronic conditions, through the effective implementation of integrated care programmes and chronic disease management models that should ultimately contribute to the improved efficiency of health systems.

C) Active ageing and independent living.

- Supporting people with cognitive impairments at home through regional co-operation on proving solutions, pooling socio-economic evidence on return of investment and viable business models for innovation, building on users' experience, and diffusing this information for re-use.
- Enhancing deployment and take up of interoperable independent living solutions based on open standards.
- Supporting social inclusion of older people by replicating proven solutions with validated socio-economic evidence on the return of investment and viable funding models for innovation, building on experience from a large user base.

Country/Organization: European Union	Publishing unit: European Commission	Year: 2017
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Title:
European Pillar of Social Rights
Excerpts of policy contents

Three categories, 20 principles

1. Equal opportunities and access to the labour market

1. Education, training and life-long learning
2. Gender equality
3. Equal opportunities
4. Active support to employment

2. Fair working conditions

5. Secure and adaptable employment
6. Wages
7. Information about employment conditions and protection in case of dismissals
8. Social dialogue and involvement of workers
9. Work-life balance
10. Healthy, safe and well-adapted work environment and data protection

3. Social protection and inclusion

11. Childcare and support to children
12. Social protection
13. Unemployment benefits
14. Minimum income
15. Old age income and pensions
16. Health care
17. Inclusion of people with disabilities
18. Long-term care
19. Housing and assistance for the homeless
20. Access to essential services

Country/Organization: European Union	Publishing unit: European Commission	Year: 2012
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Title:
Towards a job-rich recovery (Employment Package)
Excerpts of policy contents

1. Support job creation
2. Restore the dynamics of labour markets
3. Enhance EU governance

Country/Organization: Cook Islands	Publishing unit: European Commission	Year: 2017
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Title:
An Agenda for Adequate, Safe and Sustainable Pensions
Excerpts of policy contents

EU initiatives in support of Member State efforts

1. Balancing time spent in work and retirement
2. Developing complementary private retirement savings
3. Enhancing the EU's monitoring tools on pensions and strengthening Synergies across policy areas

Country/Organization: European Union	Publishing unit: European Commission	Year: 2013
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Title:

Investing in children: breaking the cycle of disadvantage

Excerpts of policy contents

1. Be guided by the following horizontal principles

- Tackle child poverty and social exclusion through integrated strategies that go beyond ensuring children's material security and promote equal opportunities so that all children can realise their full potential;
- Address child poverty and social exclusion from a children's rights approach, in particular by referring to the relevant provisions of the Treaty on the European Union, the Charter of Fundamental Rights of the European Union and the UN Convention on the Rights of the Child, making sure that these rights are respected, protected and fulfilled;
- Always take the child's best interests as a primary consideration and recognise children as independent rights-holders, whilst fully acknowledging the importance of supporting families as primary carers;
- Maintain an appropriate balance between universal policies, aimed at promoting the well-being of all children, and targeted approaches, aimed at supporting the most disadvantaged;
- Ensure a focus on children who face an increased risk due to multiple disadvantage such as Roma children, some migrant or ethnic minority children, children with special needs or disabilities, children in alternative care and street children, children of imprisoned parents, as well as children within households at particular risk of poverty, such as single parent or large families;
- Sustain investment in children and families, allowing for policy continuity and long-term planning; assess how policy reforms affect the most disadvantaged and take steps to mitigate any adverse effects.

2. Develop integrated strategies , based on three key pillars

- 2.1. Access to adequate resources
- 2.2. Access to affordable quality services
- 2.3. Children's right to participate

3. Further develop necessary governance, implementation and monitoring arrangements**4. Make full use of relevant EU instruments**

Country/Organization: European Union	Publishing unit: European Commission	Year: 2016
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Title:

The European Social Fund – Investing in people

Excerpts of policy contents

The European Social Fund (ESF) addresses four major challenges

- **Employment:** The ESF funds projects across Europe that assist people of all ages and backgrounds so they have a better chance of finding work. Priorities evolve to deliver the right support when it is needed. Following the 2008 financial crisis the focus was on young people, for example.
- **Social inclusion:** Improving the lives of the poor and socially excluded is also central to the ESF's mission. Money goes to projects that help disadvantaged people out of low paid jobs while improving their access to vital services.
- **Education:** Adequate education is a key element for finding the right job or getting back to work. ESF-backed lifelong learning and vocational training schemes give people the opportunity to improve their careers and life chances. Children benefit as well, as funding is used to avoid them dropping out of school.
- **Public services:** More efficient public services benefit business and people by cutting red tape and saving time. ESF investments are used to reform public administrations and the judiciary, making them more transparent and easily accessible for citizens and companies.

Three key principles – partnership, shared management and co-financing – guide the ESF.

Title:

Council Declaration on the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward

Excerpts of policy contents

1) Employment

- Continuing vocational education and training: Offer women and men of all ages access to, and participation in, education, training and skills development allowing them (re-)entry into and to fully participate in the labour market in quality jobs.
- Healthy working conditions: Promote working conditions and work environments that maintain workers' health and well-being, thereby ensuring workers' life-long employability.
- Age management strategies: Adapt careers and working conditions to the changing needs of workers as they age, thereby avoiding early retirement.
- Employment services for older workers: Provide counselling, placement, reintegration support to older workers who wish to remain on the labour market.
- Prevent age discrimination: Ensure equal rights for older workers in the labour market, refraining from using age as a decisive criterion for assessing whether a worker is fit for a certain job or not; prevent negative age-related stereotypes and discriminatory attitudes towards older workers at the work place; highlight the contribution older workers make.
- Employment-friendly tax / benefit systems: Review tax and benefit systems to ensure that work pays for older workers, while ensuring an adequate level of benefits.
- Transfer of experience: Capitalise on older workers' knowledge and skills through mentoring and age-diverse teams.
- Reconciliation of work and care: Adapt working conditions and offer leave arrangements suitable for women and men, allowing them as informal carers to remain in employment or return to the labour market.

2) Participation in society

- Income security: Put in place systems that provide adequate incomes in old age preserving the financial autonomy of older people and enabling them to live in dignity.
- Social inclusion: Fight social exclusion and isolation of older people by offering them equal opportunities to participate in society through cultural, political and social activities.
- Senior volunteering: Create a better environment for volunteer activities of older people and remove existing obstacles so that older people can contribute to society by making use of their competences, skills and experience.
- Life-long learning: Provide older people with learning opportunities, notably in areas such as information and communication technologies (ICT), self-care and personal finance, empowering them to participate actively in society and to take charge of their own life.
- Participation in decision making: Keep older women and men involved in decision making, particularly in the areas that directly affect them.
- Support for informal carers: Make professional support and training available to informal carers; ensure respite care and adequate social protection to prevent social exclusion of carers.

3) Independent living

- Health promotion and disease prevention: Take measures to maximise healthy life years for women and men and reduce the risk of dependency through the implementation of health promotion and disease prevention. Provide opportunities for physical and mental activity adapted to the capacities of older people.
- Adapted housing and services: Adapt housing and provide services that allow older people with health impairments to live with the highest possible degree of autonomy.
- Accessible and affordable transport: Adapt transport systems to make them accessible, affordable, safe and secure for older people, allowing them to stay autonomous and participate actively in society.
- Age-friendly environments and goods and services: Adapt local environments as well as goods and services so that they are suitable for people of all ages (design-for-all approach), in particular by making use of new technologies, including eHealth; prevent age discrimination in the access to goods and services.
- Maximising autonomy in long-term care: For people in need of help/care, ensure that their autonomy and participation are augmented, preserved or restored to the greatest possible extent and that they are treated with dignity and compassion.

Country/Organization: European Union	Publishing unit: EJoint Action (JA) ADVANTAGE	Year: 2018
Title: Prevention and management of frailty in the EU: A health policy priority Excerpts of policy contents		
<p>1. Understanding frailty</p> <ol style="list-style-type: none"> 1. The WHO definition of frailty should be adopted. 2. A specific code for frailty should be created and included in the International Classification of Diseases (ICD) classification of the WHO. 3. (Being a dynamic condition, potentially reversible through appropriate and timely interventions) the systematic study of factors associated with the development and progression of frailty in the population should be enhanced to inform resource planning and calibrate interventions addressed to groups of people at higher risk. 4. Validated tools to screen and diagnose frailty should be implemented in the care pathways, contextualised at local level according to practice priorities and characteristics. 5. Community-based, two-step screening programmes for frailty at population level should be developed and evaluated 6. The Comprehensive Geriatric Assessment approach should be widely adopted for recognising and managing frailty through a global assessment of the frail person. <p>2. Preventing and managing frailty</p> <ol style="list-style-type: none"> 1. A holistic and integrated approach to care should be promoted. 2. Frailty prevention should include the promotion of healthy lifestyles (e.g. nutrition and physical exercise). 3. Personalisation of care should be supported as a fundamental approach to the treatment of chronic diseases in the presence of frailty. 4. Prescribing should be considered carefully by physicians to avoid inappropriate polypharmacy when treating older people with, or at risk of, frailty. 5. Tele-health care solutions and falls prevention programmes should be further developed. <p>3. Increasing awareness & Preparing the workforce</p> <ol style="list-style-type: none"> 1. Each MSs should develop a plan to invest in health workforce capacity and capability in the area of frailty prevention and management, in line with the WHO recommendation from 2015. 2. Multidisciplinary training curricula and educational programmes should be developed and delivered jointly between academic centres, hospitals, primary care settings and communities. 3. Education and training programmes in the field of frailty prevention and management should be evaluated in a transparent way for multidimensional efficacy and should be accredited following the criteria of European Accreditation Council for Continuing Medical Education). 		
Country/Organization: FDI World Dental Federation	Publishing unit: FDI World Dental Federation, Geneva, Switzerland	Year: 2016
Title: FDI policy statement on oral health for healthy ageing. Adopted by the FDI General Assembly: 24 September 2015, Bangkok, Thailand Excerpts of policy contents		
<p>Principles</p> <p>Attention to oral health care has been shown not only to promote maintenance of a natural, healthy and functional dentition, but also contributes to survival in older adults. Maintaining optimal oral health reduces the risk of suffering from non-communicable diseases (NCDs) and promotes healthy ageing.</p> <p>Policy</p> <p>FDI recommends that:</p> <ul style="list-style-type: none"> - NDAs, dental care providers and government authorities should jointly promote oral health, since a healthy and functional dentition is a fundamental part of general health and well-being - Health care providers should prepare for an increased need of oral health services for dentate older adults, including preventive and restorative services through the individual's life course, as complete tooth loss among older adults is declining 		

- NDAs and national agencies should monitor and periodically report oral health measures and related health factors, using standardised epidemiological surveillance, and support public health policies for healthy ageing to promote optimal general and oral health
- Government authorities, NDAs and academic institutions should further support and commit scientific research on the inter-relation of NCDs with oral diseases and their impact on general health, wellbeing and quality of life to optimise the prospect of healthy ageing for all
- NDAs and academic institutions must provide training and education to the dental workforce, at all levels, to meet the increasing needs of the elderly, understanding that age-associated changes in systemic health and medication use can impact oral health and function.

Country/Organization:
Fiji

Publishing unit:
**Ministry of Social Welfare, Women and Poverty
Alleviation & Fiji: UNFPA Pacific Sub-Regional Office**

Year:
2011

Title:
Fiji National Policy for Ageing 2011-2015

Excerpts of policy contents

Vision

An inclusive society that instils dignity, respect for human rights and meets basic needs through empowerment of older persons.

Goals and objectives

Goal 1: Recognition of the contribution of older people to the social, cultural, economic and political sectors of society

- Greater integration and participation of older persons in decision making and community affairs
- The Human Rights of older persons are respected and upheld, particularly of older women
- Increased labour force participation and self-employment of older persons
- Increased education and training opportunities for older persons

Goal 2: Strengthened social assistance for older persons

- Reduction of poverty among older persons

Goal 3: Healthy living

- Improve the overall health of older persons
- Improve understanding of the health status and needs of the older persons

Goal 4: An enabling and supportive environment for the elderly

- Improve support of older persons within their community
- Develop recreation and sporting opportunities for older persons
- Provide adequate institutional care to meet needs

Country/Organization:
Finland

Publishing unit:
Ministry of Social Affairs and Health

Year:
2011

Title:
Socially Sustainable Finland 2020 – Strategy for social and health policy

Excerpts of policy contents

Strategic choices

1. A strong foundation for welfare

- Health and welfare in all policies
- Longer working careers through wellbeing at work
- Balancing the various areas of life
- Sustainable social protection financing

2. Access to welfare for all

- Reduce differentials in welfare and health
- Customer-oriented services
- New service structures and operating practices
- Strong sense of social inclusion

3. A healthy and safe living environment

- Strengthen the viability of the environment
- Ensure that society can continue to function under exceptional circumstances

Country/Organization:
Ghana

Publishing unit:
Ministry of Employment and Social Welfare

Year:
2010

Title:

National ageing policy 'ageing with security and dignity'

Excerpts of policy contents

The overarching goal of the National Ageing Policy is to achieve the overall social, economic and cultural re-integration of older persons into mainstream society, to enable them as far as practicable to participate fully in the national development process.

Objectives

- Fully realize all human rights and fundamental freedoms of all older persons;
- Achieve secure ageing, which involves reaffirming the goal of eradicating poverty in old age and building on the United Nations Principles for older persons;
- Empower older persons to fully and effectively participate in the economic, social and political lives of their societies, including through income-generating and voluntary work;
- Provide opportunities for individual development, self-fulfilment and well-being throughout life as well as in late life through, for example, access to lifelong learning and participation in the community while recognizing that older persons are not one homogeneous group;
- Ensure the full enjoyment of economic, social and cultural rights, and civil and political rights of persons and the elimination of all forms of violence and discrimination against older persons;
- Ensure commitment to gender equality among older persons through, inter alia, gender-based discrimination;
- Recognise the cultural importance of families, intergenerational interdependence, solidarity and reciprocity for social development;
- Provide health care, support and social protection for older persons including preventive and rehabilitative health care;
- Facilitate partnership between all levels of government, civil society, and private sector and older persons themselves in translating the International Plan of Action into practical action;
- Harness scientific research, expertise and the potential of technology to address individual and societal health implications of ageing;
- Empower older persons to effectively participate in making decisions that directly affect them.

Country/Organization:
International Planned Parenthood Federation

Publishing unit:
N/A

Year:
2018

Title:

International Medical Advisory Panel (IMAP) Statement on sexual and reproductive health and rights of the ageing population

Excerpts of policy contents

For service delivery

- Provide SRH services for older people
- Integrate a life cycle approach in programming service provision
- Train health professionals for age-friendly health care services with no prejudice

For advocacy

- Participate in advocacy for ageing populations
- Promote Universal Health Coverage
- Involve and empower older people at every level and in all activities
- Raise awareness of health needs and rights of older people, ageism and elderly abuse

For knowledge sharing

- Share experiences and tools
- Contribute to data collection and research

Country/Organization:
Ireland

Publishing unit:
Department of Business, Enterprise and Innovation

Year:
2018

Title:

Action Plan for Jobs 2018

Excerpts of policy contents

The Action Plans are underpinned by the following strategic goals:

- Create 200,000 additional jobs by 2020, including 135,000 outside Dublin;
- Grow trade and investment in existing markets and diversify into new markets;
- Deliver strong competitive regions to drive regional employment;
- Develop and attract high quality talent;
- Become a global innovation leader to grow and diversify the composition of our exports;
- Drive productivity across all sectors of the economy;
- Achieve a top 5 competitiveness ranking.

Country/Organization:
Ireland

Publishing unit:
Department of Children and Youth Affairs

Year:
2014

Title:

Better Outcomes, Brighter Futures: The national policy framework for children & young people 2014-2020

Excerpts of policy contents

Our vision is for Ireland to be one of the best small countries in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future.

Government's key commitments to children and young people up to the age of 24.

The five national outcomes that we want for all our children and young people are that they:

1. Are active and healthy, with positive physical and mental wellbeing.
2. Are achieving their full potential in all areas of learning and development.
3. Are safe and protected from harm.
4. Have economic security and opportunity.
5. Are connected, respected and contributing to their world.

Country/Organization:
Ireland

Publishing unit:
Department of Children and Youth Affairs

Year:
2015

Title:

National Youth Strategy 2015-2020

Excerpts of policy contents

The aim of the National Youth Strategy is to enable all young people to realise their maximum potential, by respecting their rights and hearing their voices, while protecting and supporting them as they transition from childhood to adulthood.

Country/Organization: Ireland	Publishing unit: Department of Education & Skills	Year: 2016
Title: National Skills Strategy 2025 - Ireland's Future Excerpts of policy contents		
<p>Over the next ten years, it will advance towards the ambitious vision that Ireland will be renowned at home and abroad as a place where the talent of our people thrives through:</p> <ul style="list-style-type: none"> - The quality and relevance of our education and training base, which is responsive to the changing and diverse needs of our people, society and the economy; - The strength of relationships and transfer of knowledge between employers, education and training providers, and all sections of society, and the resulting impact on how people are prepared for life and work; - The quality of our workforce – a nation of people armed with relevant knowledge, entrepreneurial agility and analytical skills; - The effective use of skills to support economic and social prosperity, and to enhance the well-being of our country; - The effective use of technology to support talent and skills provision, to grow enterprise, and to enhance the lives of all within society. 		
Country/Organization: Ireland	Publishing unit: Department of Health	Year: 2012
Title: Future Health – A Strategic Framework for Reform of the Health Service 2012-2015 Excerpts of policy contents		
<p>Four pillars:</p> <ul style="list-style-type: none"> (i) Health and Wellbeing (ii) Service Reform - A New Integrated Model of Care (iii) Structural Reform (iv) Financial Reform 		
Country/Organization: Ireland	Publishing unit: Department of Health	Year: 2012
Title: The National Carers' Strategy – Recognised, Supported, Empowered Excerpts of policy contents		
<p>Vision Statement</p> <p>Carers will be recognised and respected as key care partners. They will be supported to maintain their own health and well-being and to care with confidence. They will be empowered to participate as fully as possible in economic and social life.</p> <p>The Four National Goals for carers are to;</p> <ol style="list-style-type: none"> 1. Recognise the value and contribution of carers and promote their inclusion in decisions relating to the person that they are caring for 2. Support carers to manage their physical, mental and emotional health and well-being 3. Support carers to care with confidence through the provision of adequate information, training, services and supports 4. Empower carers to participate as fully as possible in economic and social life 		

Country/Organization: Ireland	Publishing unit: Department of Health	Year: 2013
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Title:
The National Carers' Strategy – Recognised, Supported, Empowered
Excerpts of policy contents

Vision Statement

Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people's engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times.

National Goals

- National Goal 1: Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.
- National Goal 2: Support people as they age to maintain, improve or manage their physical and mental health and wellbeing.
- National Goal 3: Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.
- National Goal 4: Support and use research about people as they age to better inform policy responses to population ageing in Ireland.

Country/Organization: Ireland	Publishing unit: Department of Health	Year: 2014
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Title:
The Irish National Dementia Strategy
Excerpts of policy contents

Vision Statement

The aim of the Strategy is to improve dementia care so that people with dementia can live well for as long as possible, can ultimately die with comfort and dignity, and can have services and supports delivered in the best way possible.

The Strategy identifies key principles to underpin and inform the full range of health and social care services provided to people with dementia, their families and carers. These include the following:

- An integrated, population-based approach should be taken to dementia service provision;
- Services, including palliative care services, should be tailored to deliver the best possible outcomes for people with dementia and their families and carers;
- All communications with those with dementia should be as accessible as possible;
- All those dealing with people with dementia across health and social care settings should be appropriately trained.

Country/Organization: Ireland	Publishing unit: Department of Health	Year: 2014
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Title:
The Path to Universal Healthcare: White Paper on Universal Health Insurance
Excerpts of policy contents

Vision Statement

To develop an efficient and effective single-tier health service which promotes equitable access to high quality care on the basis of need.

Country/Organization: Ireland	Publishing unit: Department of Health & Children	Year: 2008
Title: Tackling Chronic Disease – A Policy Framework for the Management of Chronic Diseases Excerpts of policy contents		
<p>Policy requirements</p> <ol style="list-style-type: none"> 1. Chronic disease programmes and initiatives should operate within the overall policy requirements established by the Minister and the Department of Health and Children. 2. Department of Health and Children will support the development of intersectoral working to deal with the preventative aspects of chronic disease. 3. Health service delivery should provide structured and integrated care for patients with long-term chronic conditions. 4. Programmes should be developed for the major disease groups in the form of disease management programmes. Disease management programmes should be evidence based, recognise the nature of the interdisciplinary work concerned and comprise the total course of the disease. 5. Criteria should be established for the definition, diagnosis and stratification of the major chronic diseases. 6. Clinical decision systems such as guidelines for the management of the major chronic diseases should be developed. 7. Models of shared care should be developed within disease management programmes and that describe the nature of tasks between primary care and specialist services. 8. The primary healthcare sector should play a central role in the care of patients with chronic disease. Primary healthcare should be strengthened to meet the needs of patients with chronic conditions. 9. There should be an agreed management plan for each patient; whether care is provided in primary care or by a specialist unit. 10. Patients should actively participate in the management of their condition. 11. Clinical information systems should be further developed to support chronic disease management programmes. 12. Quality assurance should be established as part of the disease management programmes for chronic diseases. 13. Evidence-based methods and research on chronic disease programmes should be supported. 14. Chronic disease programmes should be monitored and evaluated on an ongoing basis. 		
Country/Organization: Ireland	Publishing unit: Department of Health & Children	Year: 2009
Title: Palliative care for children with life-limiting conditions in Ireland - A National Policy Excerpts of policy contents		
Aims to provide a framework within which a seamless service for children with life-limiting conditions and their families can be planned, delivered and accounted for.		
Country/Organization: Ireland	Publishing unit: Department of Justice and Equality	Year: 2017
Title: National Disability Inclusion Strategy 2017-2021 Excerpts of policy contents		
<p>The Strategy comprises the following eight themes:</p> <ol style="list-style-type: none"> 1. Equality and Choice 2. Joined up policies and public services 3. Education 4. Employment 5. Health and Wellbeing 6. Person centered disability services 7. Living in the Community 8. Transport and access to places 		

Country/Organization: Ireland	Publishing unit: Department of Social Protection	Year: 2007
<p>Title: National Action Plan for Social Inclusion 2007-2016 Excerpts of policy contents</p>		
<p>The overall goal of this Plan is:</p> <p>Overall Poverty Goal</p> <ul style="list-style-type: none"> - To reduce the number of those experiencing consistent poverty to between 2% and 4% by 2012, with the aim of eliminating consistent poverty by 2016, under the revised definition. <p>Within each section of the lifecycle, a number of high level goals are being prioritised to achieve this goal.</p> <p>The lifecycle stages are</p> <ul style="list-style-type: none"> - children; - people of working age; - older people; and - people with disabilities. 		
Country/Organization: Ireland	Publishing unit: Department of the Environment, Community and Local Government	Year: 2012
<p>Title: National Housing Strategy for People with a Disability 2011-2016 Excerpts of policy contents</p>		
<p>The strategy's vision is:</p> <p>To facilitate access, for people with disabilities, to the appropriate range of housing and related support services, delivered in an integrated and sustainable manner, which promotes equality of opportunity, individual choice and independent living.</p>		
Country/Organization: Ireland	Publishing unit: Government of Ireland	Year: 2004
<p>Title: Equality Act 2004 Excerpts of policy contents</p>		
<p>An Act to amend the Employment Equality Act 1998, Pensions Act 1990 and equal Status Act 2000 for the purpose of making further and better provision in relation to equality of treatment in the workplace and elsewhere</p>		
Country/Organization: Ireland	Publishing unit: Government of Ireland	Year: 2005
<p>Title: Disability Act 2005 Excerpts of policy contents</p>		
<p>An Act to enable provision to be made for the assessment of health and education needs occasioned to persons with disabilities by their disabilities, to enable ministers of the government to make provision, consistent with the resources available to them and their obligations in relation to their allocation, for services to meet those needs, to provide for the preparation of plans by the appropriate ministers of the government in relation to the provision of certain of those, and certain other services, to provide for appeals by those persons in relation to the non-provision of those services, to make further and better provision in respect of the use by those persons of public buildings and their employment in the public service and thereby to facilitate generally access by such persons to certain such services and employment and to promote equality and social inclusion and to provide for related matters.</p>		

Country/Organization: Ireland	Publishing unit: Government of Ireland	Year: 2007
Title: Health Act 2007 Excerpts of policy contents		
An Act to establish a body to be known as an túdarás um fhaisnéis agus cáilíocht sláinte or, in the English language, as the health information and quality authority and oifig an phríomh-chigire seirbhísí sóisialacha or, in the English language, the office of the chief inspector of social services and to provide for the dissolution of certain bodies; to provide for the transfer of the functions of the dissolved bodies and their employees to the health information and quality authority; to provide for a scheme of registration and inspection of residential services for older people, persons with disabilities and children in need of care and protection; to provide for the repeal and amendment of certain other acts; and to provide for related matters.		
Country/Organization: Ireland	Publishing unit: Government of Ireland	Year: 2015
Title: Assisted Decision Making (Capacity) Act 2015 Excerpts of policy contents		
An Act to provide for the reform of the law relating to persons who require or may require assistance in exercising their decision-making capacity, whether immediately or in the future.		
Country/Organization: Ireland	Publishing unit: Health Service Executive Primary Care Division	Year: 2017
Title: Palliative Care Services Three Year Development Framework (2017-2019) Excerpts of policy contents		
The objective of the Development Framework is to inform and direct the development of adult palliative care services in Ireland for the three year period from 2017-2019.		
Country/Organization: Jamaica	Publishing unit: Ministry of Labour and Social Security	Year: 2018
Title: National Policy for Senior Citizens, 2018 Excerpts of policy contents		
The policy envisages that by 2030: Senior citizens will live and participate actively in a society that guarantees their rights, recognises their capabilities and contributions, and facilitates their enjoyment of a life of fulfilment, health and security.		
Guiding principles		
They include respect for human rights and dignity; inclusive and participatory development; gender equity; equitable access and reasonable accommodation and evidence-based monitoring and evaluation.		
Three pillars		
Active and Productive Ageing for National Development; Advancing Health and Well-being; and Enabling and Supportive Environments		

Policy goals/expected outcomes

- Goal 1: Increased participation of senior citizens in all spheres of the society
- Goal 2: Improved income security and social protection coverage for senior citizens
- Goal 3: Adequate and supportive health and welfare systems for senior citizens
- Goal 4: Improved independence, security and safety for senior citizens
- Goal 5: Enhanced family support systems and community solidarity, from interaction with senior citizens
- Goal 6: Strengthened institutional and infrastructural networks for partnership, collaboration and governance

Thematic areas

- 1. Social Engagement and Participation;
- 2. Social Protection, Income Security and Employment;
- 3. Health and Wellness;
- 4. Physical Environments, Protection and Safety;
- 5. Family Integration and Intergenerational Transfers;
- 6. Governance and Capacity-building.

Country/Organization:
Kenya

Publishing unit:
Ministry of Gender, Children and Social Development

Year:
2011

Title:
Kenya National Social Protection Policy

Excerpts of policy contents

The overarching goal of social protection is to ensure that all Kenyans live in dignity and exploit their human capabilities for their own social and economic development.

To attain this, the following broad policy objectives will be pursued:

- i. Protecting individuals and households from the impact of adverse shocks to their consumption that is capable of pushing them into poverty or into deeper poverty.
- ii. Supporting individuals and households to manage these shocks in ways that do not trap them in poverty by reducing their exclusion and strengthening their ability to graduate from social assistance and to become financially self-sufficient.
- iii. Cushioning workers and their dependants from the consequences of income-threatening risks such as sickness, poor health, and injuries at work as well as from the threat of poverty in their post-employment life.
- iv. Promoting key investments in human capital and physical assets by poor and non-poor households and individuals that will ensure their resilience in the medium-term and that will break the intergenerational cycle of poverty.
- v. Promoting synergies and integration among social protection providers as well as positive interactions among stakeholders for the optimal functioning of this Policy.

Country/Organization:
Kenya

Publishing unit:
Ministry of Labour, Social Security and Services

Year:
2014

Title:
National Policy on Older Persons and Ageing

Excerpts of policy contents

The overall goal of this policy is to provide an environment that recognizes, empowers, and facilitates Older Persons to participate in the society and enjoy their rights, freedoms and live in dignity.

Policy Objectives

- i. To facilitate the provision of reasonable care and assistance to Older Persons by family and the state.
- ii. To promote collaboration and partnerships among key stakeholders for the effective implementation of this policy.
- iii. To promote the participation of Older Persons in development processes.
- iv. To enhance and facilitate Older Persons to pursue their personal development.
- v. To create a favourable environment that enables Older Persons to live in dignity.
- vi. To protect the Older Persons from abuse.

Country/Organization: Lao PDR	Publishing unit: Ministry of Labour and Social Welfare	Year: 2004
Title: The National Policy Towards the Elderly in the Lao PDR Excerpts of policy contents		
<p>Objectives</p> <ol style="list-style-type: none"> To enhance the good characteristics of the elderly people of all ethnic groups in the cause of the struggle for national independence in the past and in the task of the protection and development construction of the country at the present. To provide all conditions for all organisations, both state and private, families and society to take care and support materially and mentally the elderly in accordance with realities. To provide opportunities to enable the elderly to continue of being a good people for the country and to transfer that goodness and good tradition to the next generation. To create awareness for the people of the Lao PDR of the problems in advance, when the time of retire has come up in order to prepare themselves to be the elderly. To encourage and promote health care For the elderly. To create the conditions for the elderly to participate in the economic activities earn for living and gain incomes for themselves and families based on their real capacity. 		
Country/Organization: Malaysia	Publishing unit: Prime Minister's Department	Year: 2015
Title: Eleventh Malaysia Plan, 2016-2020 Excerpts of policy contents		
Strategic Thrusts and Focus Areas		
<p>1. Enhancing inclusiveness towards an equitable society</p> <p>Focus area A Uplifting B40 households towards a middle-class society</p> <p>Focus area B Empowering communities for a productive and prosperous society</p> <p>Focus area C Transforming rural areas to uplift wellbeing of rural communities</p> <p>Focus area D Accelerating regional growth for better geographic balance</p> <p>Focus area E Enhancing Bumiputera Economic Community (BEC) opportunities to increase wealth ownership</p> <p>2. Improving wellbeing for all</p> <p>Focus area A Achieving universal access to quality healthcare</p> <p>Focus area B Providing adequate and quality affordable housing to poor, low- and middle-income households</p> <p>Focus area C Creating safer living environments for thriving communities</p> <p>Focus area D Improving road safety and emergency services to reduce fatalities</p> <p>Focus area E Enculturating the spirit of 1Malaysia to foster social cohesion and national unity</p> <p>Focus area F Promoting sports for healthy living and unit</p> <p>3. Accelerating human capital development for an advanced nation</p> <p>Focus area A Improving labour market efficiency to accelerate economic growth</p> <p>Focus area B Transforming TVET to meet industry demand</p> <p>Focus area C Strengthening lifelong learning for skills enhancement</p> <p>Focus area D Improving the quality of education for better student outcomes and institutional excellence</p> <p>4. Pursuing green growth for sustainability and resilience</p> <p>Focus area A Strengthening the enabling environment for green growth</p> <p>Focus area B Adopting the sustainable consumption and production concept</p> <p>Focus area C Conserving natural resources for present and future generations</p> <p>Focus area D Strengthening resilience against climate change and natural disasters</p>		

5. Strengthening infrastructure to support economic expansion

- Focus area A Building an integrated need-based transport system
- Focus area B Unleashing growth of logistics and enhancing trade facilitation
- Focus area C Improving coverage, quality and affordability of digital infrastructure
- Focus area D Continuing the transition to a new water services industry framework
- Focus area E Encouraging sustainable energy use to support growth

6. Re-engineering economic growth for greater prosperity

- Focus area A Transforming services
- Focus area B Energising manufacturing
- Focus area C Modernising agriculture
- Focus area D Transforming construction
- Focus area E Growing dynamic SMEs
- Focus area F Translating innovation to wealth
- Focus area G Investing in competitive cities and regional economic corridors

Country/Organization:
Malta

Publishing unit:
**Parliamentary Secretariat for Rights of Persons with
Disability & Active Ageing**

Year:
2013

Title:

National Strategic Policy for Active Ageing: Malta 2014-2020

Excerpts of policy contents

Three major themes: active participation in the labour market, participation in society, and independent living.

Country/Organization:
Mongolia

Publishing unit:
Government of Mongolia

Year:
2009

Title:

The National Strategy for Population Ageing in Mongolia

Excerpts of policy contents

Two fundamental components

- Strategy to prepare for population ageing
- Strategy to improve the livelihood of older people

The main purpose of the strategy to prepare for population ageing is to ensure future social security for the working age population by increasing employment of working age people and implementing an employment-sensitive economic policy.

The strategy to improve the livelihood of older people includes such issues as providing older people with employment opportunities, ensuring older people's entitlement to a guaranteed and liveable income, enhancing quality and access to health services for older people, improving infrastructure for older population, fostering positive attitudes toward ageing and behaviour among public, and creating a favourable environment for older people's participation in social activities by enabling them to be active community members.

Principles

- Respect for human rights
- Promote participation and cooperation
- Based on needs
- Ensure age structure-based planning

Country/Organization: Myanmar	Publishing unit: Ministry of Planning and Finance	Year: 2018
Title: Myanmar Sustainable Development Plan (2018-2030) Excerpts of policy contents		
<p>Perspectives: Vision: “A Peaceful, Prosperous and Democratic Myanmar”. Under 3 pillars: Peace & Stability; Prosperity & Partnership; People & Planet (aligned to the SDGs)</p> <p>Goals:</p> <ol style="list-style-type: none"> 1. Peace, national reconciliation, security and good governance 2. Economic stability and strengthened macroeconomic management 3. Job creation and private sector led growth 4. Human resources and social development for a 21st century society 5. Natural resources and the environment for posterity of the nation <p>Strategies: There are 28 strategies in total, but the ones relevant to Ageing are under Goals 4 and 5, as follows:</p> <p>Strategy 4.1: Improve equitable access to high quality lifelong educational opportunities</p> <p>Strategy 4.2: Strengthen health services systems enabling the provision of universal health care using a path that is explicitly pro-poor</p> <p>Strategy 4.3: Expand an adaptive and systems based social safety net and extend social protection services throughout the life cycle</p> <p>Strategy 4.4: Increase secure access to food that is safe and well-balanced</p> <p>Strategy 4.5: Protect the rights and harness the productivity of all, including migrant workers</p> <p>Strategy 5.1: Ensure a clean environment together with healthy and functioning ecosystems</p> <p>Strategy 5.2: Increase climate change resilience, reduce exposure to disasters and shocks while protecting livelihoods, and facilitate a shift to a low-carbon growth pathway</p> <p>Strategy 5.3: Enable safe and equitable access to water and sanitation in ways that ensure environmental sustainability</p> <p>Strategy 5.4: Provide affordable and reliable energy to populations and industries via an appropriate energy generation mix</p> <p>Strategy 5.5: Improve land governance and sustainable management of resource-based industries ensuring our natural resources dividend benefits all our people</p> <p>Strategy 5.6: Manage cities, towns, historical and cultural centers efficiently and sustainably</p>		
Country/Organization: Myanmar	Publishing unit: Ministry of Social Welfare, Relief and Resettlement	Year: 2014
Title: Myanmar National Social Protection Strategic Plan Excerpts of policy contents		
<p>Perspectives: Myanmar social protection includes policies, legal instruments and programmes for individuals and households that prevent and alleviate economic and social vulnerabilities, promote access to essential services and infrastructure and economic opportunity, and facilitate the ability to better manage and cope with shocks that arise from humanitarian emergencies and/or sudden loss of income.</p> <p>Four key dimensions:</p> <ol style="list-style-type: none"> 1. Protective social protection - programmes that offer vulnerable groups relief from economic and social deprivation, and that reduce poverty and vulnerability (i.e. basic social services, the provision of social assistance, social insurance and public employment programmes) 2. Preventive social protection - preventing risks and shocks, and mitigating loss of income after a shock (includes access to basic social services, income security and diversification, employment opportunities, and health security) 3. Promotive social security - promoting human capital development and adaptive capacity, allowing households to invest more in human capital development and productivity 4. Transformative social protection - focussing on equity and social cohesion along with socio-economic development 		

Criteria/values:

1. Complementarity (avoid overlap and duplication)
2. Impact (cost effective in reaching the poor and vulnerable)
3. Equity and coverage (universal access, supportive of social inclusion)
4. Sustainability
5. Holistic approach
6. Life-cycle: addressing the different risks and vulnerabilities that occur at different stages of the life cycle from birth to older ages.
7. People-centered: Reflects Myanmar's social norms, empowering the poor and vulnerable in society
8. Evidence-based
9. Gender-sensitive
10. Flexible and adaptive

Country/Organization:
Nepal

Publishing unit:
Law Commission

Year:
2006

Title:**Senior Citizens Act, 2063 (2006)**

Excerpts of policy contents

1. To make provisions immediately on the protection and social security of senior citizens and enhancement of trust, respect and good faith towards them by utilizing knowledge, skills, capability and experiences inherent in them
2. "Senior Citizen" means a citizen of Nepal having completed the age of sixty years
3. To respect senior citizens
4. Maintenance and care of senior citizen
5. Petition by senior citizen
6. To deal property exclusively
7. Power to procure service
8. Prohibition on engaging for begging
9. Facilities and concessions
10. Priority and representation in lawsuits
11. Priority to be given in acts
12. Power to rebate sentence of imprisonment
13. Formation of central senior citizen welfare committee
14. Functions, duties and powers of Central Senior Citizen Welfare Committee
15. Formation of District Senior Citizen Welfare Committee
16. Functions, duties and powers of District Senior Citizen Welfare Committee
17. Senior citizen welfare fund
18. Accounts and audit
19. To prepare records
20. Establishment and operation of care centre or day service centre
21. To give information
22. Cremation
23. Provisions relating to property
24. May provide allowance or facility
25. To provide identity card
26. Punishment
27. Power to try and settle case at first instance
28. Appeal
29. Government to be the Plaintiff
30. Power to give direction
31. Report to be submitted
32. Power to frame Rules and Bye-laws

Country/Organization: Nepal	Publishing unit: Ministry of Health and Population	Year: 2015
Title: Nepal Health Sector Strategy 2015-2020 Excerpts of policy contents		
<p>Vision: All Nepali citizens have productive and quality lives with highest level of physical, mental, social and emotional health</p> <p>Mission: Ensure citizens' fundamental rights to stay healthy by utilizing available resources optimally and through strategic cooperation between service providers, service users and other stakeholders.</p> <p>NHSS propels Nepal's health sector towards UHC through four key strategic directions:</p> <ul style="list-style-type: none"> - Equitable Access to Health Services - Quality Health Services - Health Systems Reform - Multi-sectoral Approach 		
Country/Organization: Nepal	Publishing unit: Ministry of Health	Year: 2014
Title: National Health Policy 2014 Excerpts of policy contents		
<p>Vision: All Nepali citizens have the physical, mental and spiritual health to lead productive and quality lives</p> <p>Mission: Ensure citizens' fundamental rights to stay healthy by optimally utilizing the available resources optimally and fostering strategic cooperation between health service providers, service users and other stakeholders</p> <p>Goal: Provide health services through equitable and accountable health system while increasing access of every citizens to quality health services to ensure health as a fundamental human right to every citizens</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Provide free of cost the basic health services that remains as a fundamental right of a citizen 2. Establish effective and accountable health services that are easily accessible and are equipped with essential drugs, diagnostics and skilled human resources 3. Promote participation of people in health services provision. Promote ownership while increasing involvement/partnership of private sectors and NGOs in health services effectively manage partnership to built ownership within government and private sector 		
Country/Organization: Nepal	Publishing unit: Ministry of Youth and Sports	Year: 2015
Title: Youth Vision – 2025 And Ten-Year Strategic Plan Excerpts of policy contents		
<p>Youth Vision-2025: Making the Nepalese youth strong, competent, competitive and self-reliant, to build a modern, just and affluent Nepal through their meaningful participation and promotion of their leadership capacity.</p> <p>Long Term Goals: To prepare competent human resources for turning the nation from a least developed one into a fast developing nation by achieving national affluence, equality and social justice within next ten years through common youth's participation, collaboration and leadership development and by making huge investment in the youth development sector including life-friendly education, employment, health and social security</p>		

- Pillar 1: Quality and Vocational Education
- Pillar 2: Employment, Entrepreneurship and Skill Development
- Pillar 3: Youth Health and Social Security
- Pillar 4: Mobilization, Participation and Leadership Development
- Pillar 5: Sports and Entertainment

Country/Organization:
New Zealand

Publishing unit:
Ministry of Health

Year:
2012

Title:

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017

Excerpts of policy contents

VISION: All New Zealanders will have the tools to weather adversity, actively support each other's wellbeing, and attain their potential within their family and whānau and communities. Whatever our age, gender or culture, when we need support to improve our mental health and wellbeing or address addiction, we will be able to rapidly access the interventions we need from a range of effective, well-integrated services. We will have confidence that our publicly funded health and social services are working together to make best use of public funds and to support the best possible outcomes for those who are most vulnerable

ABCD overarching goals

- A Actively using our current resources more effectively
- B Building infrastructure for integration between primary and specialist services
- C Cementing and building on gains in resilience and recovery for:
 - i. people with low-prevalence conditions and/or high needs (psychotic disorders and severe personality disorders, anxiety disorders, depression, alcohol and drug issues or co-existing conditions)
 - ii. (a) Maori; (b) Pacific peoples, refugees, people with disabilities and other groups
- D Delivering increased access for:
 - i. infants, children and youth
 - ii. adults with high-prevalence conditions (mild to moderate anxiety, depression, alcohol and drug issues or co-existing conditions, and medically unexplained symptoms)
 - iii. our growing older population

Country/Organization:
New Zealand

Publishing unit:
Ministry of Health

Year:
2013

Title:

New Zealand Framework for Dementia Care

Excerpts of policy contents

Vision: People with dementia, their family and whānau are valued partners in an integrated health and social support system. They are supported throughout their journey with dementia to maintain and maximise their abilities, optimise their sense of wellbeing and have control over their circumstances.

Principles: Following a person-centred and people-directed approach

- Providing accessible, proactive and integrated services that are flexible to meet a variety of needs
- Developing the highest possible standard of care

Overarching Factors:

- Education and training for people with dementia and their families and whānau
- Workforce education and training
- Readily accessible information
- Governance
- Family and whānau support
- Culturally appropriate services
- Funding streams
- Monitoring and evaluation
- Advocacy

Country/Organization: New Zealand	Publishing unit: Ministry of Health	Year: 2014
Title: 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018 Excerpts of policy contents		
<p>Vision: Pacific 'Āiga, kĀiga, magafaoa, kĀpĀ tangata, vuvale and fĀmili experience equitable health outcomes and lead independent lives.</p> <p>*1 Ala Mo'ui is a combination of a number of Pacific languages meaning 'pathways to the essence of life force'. It represents the holistic view of health and wellbeing, encompassing the physical, mental, cultural and spiritual dimensions that are important to Pacific people: Tongan ('Ala Mo'ui), Niuean (Ala Moui), Samoan (Ala), Cook Island Maori (Ara), Tokelauan (Ala), Tuvaluan (Ala).</p> <p>*2 'Āiga, kĀiga, magafaoa, kĀpĀ tangata, vuvale and fĀmili mean 'family' in Samoan, Tokelauan and Tuvaluan, Niuean, Cook Island Maori, Fijian and Tongan respectively.</p> <p>Four priority outcomes</p> <ul style="list-style-type: none"> - Systems and services meet the needs of Pacific peoples. - More services are delivered locally in the community and in primary care. - Pacific peoples are better supported to be healthy. - Pacific peoples experience improved broader determinants of health. 		
Country/Organization: New Zealand	Publishing unit: Ministry of Health	Year: 2014
Title: Improving the Lives of People with Dementia Excerpts of policy contents		
<p>Nine key areas to improve the quality of life for people with dementia. These action areas are to:</p> <ul style="list-style-type: none"> - implement a nationally consistent approach to dementia care - increase dementia awareness - reduce the risk of dementia - increase access to a timely diagnosis of dementia - provide navigation of services and increase the quality of information and education - increase the ability of people with dementia to remain living at home - increase the quality of information and education for the workforce - develop dementia-friendly health and social support services - provide respectful and supportive end-of-life care 		
Country/Organization: New Zealand	Publishing unit: Ministry of Health	Year: 2015
Title: Living Well with Diabetes: A plan for people at high risk of or living with diabetes 2015-2020 Excerpts of policy contents		
<p>Vision: all New Zealanders with diabetes, or at high risk of developing type 2 diabetes, are living well and have access to high-quality, people-centred health services</p> <p>Priority Areas For Action 2015-2020</p> <ol style="list-style-type: none"> 1. Prevent high-risk people from developing type 2 diabetes 2. Enable effective self-management 3. Improve quality of services 4. Detect diabetes early and reduce the risk of complications 5. Provide integrated care 6. Meet the needs of children and adults with type 1 diabetes 		

Country/Organization: New Zealand	Publishing unit: Ministry of Health	Year: 2016
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Title:
Healthy Ageing Strategy
Excerpts of policy contents

Vision: Older people live well, age well and have a respectful end of life in age-friendly communities

To achieve this vision, we need to ensure our policies, funding, planning and service delivery:

- prioritise healthy ageing and resilience throughout people's older years
- enable high-quality acute and restorative care, for effective rehabilitation, recovery and restoration after acute events
- ensure older people can live well with long-term conditions
- better support older people with high and complex needs
- provide respectful end-of-life care that caters to personal, cultural and spiritual needs

Country/Organization: New Zealand	Publishing unit: Ministry of Health	Year: 2016
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Title:
New Zealand Health Strategy: Roadmap of actions 2016
Excerpts of policy contents

8 refreshed guiding principles for the system:

1. Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi
2. The best health and wellbeing possible for all New Zealanders throughout their lives
3. An improvement in health status of those currently disadvantaged
4. Collaborative health promotion, rehabilitation and disease and injury prevention by all sectors
5. Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
6. A high-performing system in which people have confidence
7. Active partnership with people and communities at all levels
8. Thinking beyond narrow definitions of health and collaborating with others to achieve wellbeing

5 themes:

1. People-powered
2. Closer to home
3. Value and high performance
4. One team
5. Smart system

27 areas for action

Country/Organization: New Zealand	Publishing unit: Ministry of Health	Year: 2016
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Title:
Pharmacy Action Plan: 2016 to 2020
Excerpts of policy contents

Vision: People are at the centre of our health system. People are the focus of this Action Plan.

Pharmacist services, as an integrated component of a people-powered, collaborative model of care, will be delivered in innovative ways, across a broad range of settings, so that everyone has equitable access to medicines and health care services. The health care team will fully use the unique and complementary skill set of pharmacists, as medicines management experts. The focus will be on delivering high-quality care, supported by smart systems, that:

- is responsive to the changing health needs of New Zealanders;
- empowers them to manage their own health and wellbeing better, as part of a one-team approach that supports people to live longer, but also to spend more of that life in good health.

Four focus areas

This Action Plan identifies four focus areas for changing models of care over the next three to five years:

1. population and personal health
2. medicines management services
3. minor ailments and referral
4. dispensing and supply services

Tools for change

Four essential tools for change, closely aligned to themes in the New Zealand Health Strategy, have also been identified as necessary to support this change:

1. leadership
2. smart systems
3. workforce
4. regulation

Country/Organization:
New Zealand

Publishing unit:
Ministry of Health

Year:
2017

Title:

Review of Adult Palliative Care Services in New Zealand

Excerpts of policy contents

The purpose of the Review of Adult Palliative Care Services in New Zealand (the Review) is to recommend actions to ensure that all New Zealand adults who would benefit from palliative care at the end of their life continue to receive high-quality care and a seamless experience of care regardless of whether they are at home, in hospital, in a hospice or in an aged residential care facility.

The five priority areas are to:

- increase the emphasis on primary palliative care
- improve quality in all settings
- grow the capability of informal carers in communities
- respond to the voices of people with palliative care needs and their families and whānau
- ensure strong strategic connections

Country/Organization:
New Zealand

Publishing unit:
Ministry of Social Development

Year:
2014

Title:

The New Zealand Carers' Strategy Action Plan for 2014 to 2018

Excerpts of policy contents

Vision: New Zealand Aotearoa is a society that values individuals, families, whānau or aiga who support others who need help with their everyday living.

Order of objectives

The order of the objectives has been rearranged to reflect the priorities of carers as follows:

- Objective 1: Enable whānau, aiga, family and carers to take a break
- Objective 2: Protect the health and wellbeing of whānau, aiga, family and carers
- Objective 3: Provide information whānau, aiga, family and carers need
- Objective 4: Improve pathways to paid employment for carers and support for whānau, aiga, family and carers to balance their work, life and caring roles
- Objective 5: Increase awareness and understanding of the carer's role

Country/Organization: New Zealand	Publishing unit: Ministry of Social Development	Year: 2016
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Title:
New Zealand Disability Strategy 2016-2026
Excerpts of policy contents

Vision: New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen

The three principles are: Te Tiriti o Waitangi, the Convention on the Rights of Persons with Disabilities, and ensuring disabled people are involved in decision-making that impacts them.

The two approaches are: Investing in our whole lives – a long-term approach, and Specific and mainstream services – a twin-track approach.

8 outcome areas

- Outcome 2 employment and economic security**
We have security in our economic situation and can achieve our full potential
- Outcome 3 health and wellbeing**
We have the highest attainable standards of health and wellbeing
- Outcome 4 rights protection and justice**
Our rights are protected, we feel safe, understood and are treated fairly and equitably by the justice system
- Outcome 5 accessibility**
We access all places, services and information with ease and dignity
- Outcome 6 attitudes**
We are treated with dignity and respect
- Outcome 7 choice and control**
We have choice and control over our lives
- Outcome 8 leadership**
We have great opportunities to demonstrate our leadership

Country/Organization: New Zealand	Publishing unit: New Zealand Government	Year: 2018
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Title:
Residential Care and Disability Support Services Act 2018
Excerpts of policy contents

The purpose of this Act is to—

- (a) specify the circumstances in which certain older persons are required to pay for their own long-term residential care; and
- (b) specify the circumstances in which a funder must contribute towards the cost of those persons' long-term residential care; and
- (c) provide for those persons to apply for a means assessment to determine if, and how much, a funder must contribute towards the cost of their long-term residential care; and
- (d) provide that those persons are not required to pay more than the maximum contribution (which amount is specified by written notice published on an Internet site and notified in the Gazette) for their long-term residential care, if that care is provided by a provider who has a contract with a funder to provide long-term residential care to older persons; and
- (e) provide for the assessment of the amount a person is required to pay towards the cost of home-based disability support services supplied to that person; and
- (f) ensure that financial support (that is, a funder's contribution to the cost of long-term residential care, or towards the cost of home-based disability support services) provided under this Act is provided to persons taking into account that, where appropriate, they should use the resources available to them before seeking financial support under this Act.

Overview: This Act—

- (a) sets out the rules relating to liability for the cost of certain long-term residential care;
- (b) sets out the rules relating to liability for the cost of home-based disability support services.

Country/Organization: New Zealand	Publishing unit: New Zealand Government	Year: 2018
Title: Social Security Act 2018 Excerpts of policy contents		
<p>The purpose of this Act is—</p> <p>(a) to enable the provision of financial and other support as appropriate</p> <p>(i) to help people to support themselves and their dependants while not in paid employment; and</p> <p>(ii) to help people to find or retain paid employment; and</p> <p>(iii) to help people for whom work is not currently appropriate—because of sickness, injury, disability, or caring responsibilities—to support themselves and their dependants:</p> <p>(b) to enable in certain circumstances the provision of financial support to people to help alleviate hardship:</p> <p>(c) to ensure that the financial support referred to in paragraphs (a) and (b) is provided to people taking into account—</p> <p>(i) that, where appropriate, they should use the resources available to them before seeking financial support under this Act; and</p> <p>(ii) any financial support that they are eligible for or already receive, otherwise than under this Act, from publicly funded sources:</p> <p>(d) to provide services to encourage and help young people to move to or remain in education, training, and employment, rather than receiving financial support under this Act:</p> <p>(e) to impose, on the following specified people or young people, the following specified requirements or obligations:</p> <p>(i) on people seeking or receiving financial support under this Act, administrative and, where appropriate, work-related requirements; and</p> <p>(ii) on young people who are seeking or receiving financial support under this Act, educational, budget management, and (where appropriate) parenting requirements; and (iii) on people receiving certain financial support under this Act, obligations relating to the education and primary health care of their dependent children.</p>		
Country/Organization: New Zealand	Publishing unit: Wellington City Council	Year: 2012
Title: Positive Ageing Policy Excerpts of policy contents		
<p>Scope</p> <ul style="list-style-type: none"> - positioning Wellington as a desirable place to live for older people - promoting the city as a safe, attractive and inclusive place for older people to live - ensuring that neighbourhoods are supportive, caring and resilient in times of need - ensuring that people have adequate access to health, housing and social services - ensuring that people remain engaged and valued members of the city as they age, and in retirement <p>Outcome</p> <p>A future position for the city is one:</p> <ul style="list-style-type: none"> - that embraces changing notions of 'retirement' - where Wellington is a city of choice for older people who want to contribute to our social and economic vitality - that is appealing to older people because they are stimulated by a variety of social interaction as their needs change over time 		

Country/Organization: New Zealand	Publishing unit: Wellington City Council	Year: 2011
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Title:
Wellington Towards 2040: Smart Capital
Excerpts of policy contents

- 4 goals**
1. People-centred city: Our city will be healthy, vibrant, affordable and resilient, with a strong sense of identity and 'place'
 2. Connected city: Our people, places and ideas will link to networks across physical, virtual and social connections
 3. Eco-city: Our city will take an environmental leadership role as the Capital of clean and green New Zealand
 4. Dynamic central city: The central city will be a place of creativity, exploration and innovation, offering the lifestyle of a much larger city

Country/Organization: Philippines	Publishing unit: Congress of the Philippines	Year: 2010
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Title:
Expanded Senior Citizens Act of 2010 (Republic Act No. 9994)
Excerpts of policy contents

An Act to maximize the contribution of senior citizens to nation building, grant benefits and special privileges and for other purposes

Objectives

- (a) To recognize the rights of senior citizens to take their proper place in society and make it a concern of the family, community, and government;
- (b) To give full support to the improvement of the total well-being of the elderly and their full participation in society, considering that senior citizens are integral part of Philippine society;
- (c) To motivate and encourage the senior citizens to contribute to nation building;
- (d) To encourage their families and the communities they live with to reaffirm the valued Filipino tradition of caring for the senior citizens;
- (e) To provide a comprehensive health care and rehabilitation system for disabled senior citizens to foster their capacity to attain a more meaningful and productive ageing; and
- (f) To recognize the important role of the private sector in the improvement of the welfare of senior citizens and to actively seek their partnership.

In accordance with these objectives, this Act shall:

- (1) establish mechanisms whereby the contributions of the senior citizens are maximized;
- (2) adopt measures whereby our senior citizens are assisted and appreciated by the community as a whole;
- (3) establish a program beneficial to the senior citizens, their families and the rest of the community they serve; and
- (4) establish community-based health and rehabilitation programs for senior citizens in every political unit of society.

Country/Organization: Philippines	Publishing unit: Department of Health	Year: 2016
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Title:
Philippine Health Agenda 2016-2022
Excerpts of policy contents

- Goals**
- Financial protection
 - Better health outcomes
 - Responsiveness
- 3 Guarantees**
- All life stages & triple burden of disease (services for both the well & the sick)
 - Service delivery network (functional network of health facilities)
 - Universal health insurance (financial freedom when accessing services)

Strategy

- a. Advance health promotion, primary care and quality
- b. Cover all Filipinos against financial health risk
- c. Harness the power of strategic HRH
- d. Invest in eHealth and data for decision-making
- e. Enforce standards, accountability and transparency
- f. Value clients and patients
- g. Elicit multi-stakeholder support for health

Country/Organization:
Philippines

Publishing unit:
Department of Health

Year:
2017

Title:
Philippine Plan of Action for Nutrition 2017-2022

Excerpts of policy contents

Goal

To improve the nutrition situation of the country as a contribution to:

- a. The achievement of Ambisyon 20402 by improving the quality of the human resource base of the country
- b. Reducing inequality in human development outcomes
- c. Reducing child and maternal mortality

Outcome targets

- To reduce levels of child stunting and wasting
- To reduce micronutrient deficiencies to levels below public health significance
- No increase in overweight among children
- To reduce overweight among adolescents (from 8.3% to <5%) and adults (from 31.1% to 28%)

Sub-outcome or intermediate outcome targets

- To reduce the proportion of nutritionally-at-risk pregnant women from 24.8% to 20% by 2022
- To reduce the prevalence of low birthweight from 21.4% in 2013 to 16.6% by 2022
- To increase the prevalence of exclusive breastfeeding among infants 5 months old from 24.7% in 2015 to 33.3 by 2022
- To increase the percentage of children 6-23 months old meeting the minimum acceptable diet from 18.6% in 2015 to 22.5% by 2022
- To increase the proportion of households with diets that meet the energy requirements from 31.7% in 2013 to 37.1 by 2022

Country/Organization:
Philippines

Publishing unit:
Department of Social Welfare and Development

Year:
2006

Title:
Philippine Plan of Action for Senior Citizens (PPASC 2006-2010)

Excerpts of policy contents

Goal

"A society for all ages where the senior citizens are empowered to achieve active ageing."

Mission

"Promotion of active ageing, through social protection and support for the rights and welfare of senior citizens and their empowerment by developing policies, programs, projects and services implemented with or through Local Government Units, Non-Government Organizations, People's Organizations, National Government Agencies and other members of civil society."

The Three (3) Priority Directions/Major Areas of Concerns are:

1. Senior citizens and development
2. Advancing health and well being into old age
3. Ensuring supportive and enabling environments

Country/Organization: Philippines	Publishing unit: National Economic and Development Authority	Year: 2017
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Title:
Philippine Development Plan 2017-2022
Excerpts of policy contents

The goal of the PDP 2017-2022 is to enable Filipinos to attain a matatag, maginhawa at panatag na buhay

Targets

- The Philippines will be an upper middle income country by 2022
- Growth will be more inclusive as manifested by a lower poverty incidence in the rural areas, from 30 percent in 2015 to 20 percent in 2022
- The Philippines will have a high level of human development by 2022
- The unemployment rate will decline from the current 5.5 percent to 3-5 percent in 2022
- There will be greater trust in government and in society
- Individuals and communities will be more resilient
- Filipinos will have greater drive for innovation

Strategies

- Enhancing the social fabric: The aim is to regain peoples' trust in public institutions and cultivate trust in fellow Filipinos
- Inequality-reducing Transformation: Ordinary Filipinos will feel the "Pagbabago"
- Increasing potential growth: It is imperative that economic growth is accelerated and sustained for "Patuloy na Pag-unlad"

Country/Organization: Philippines	Publishing unit: Congress	Year: 2005
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Title:
Republic Act No. 9336
Excerpts of policy contents

An act appropriating funds for the operation of the government of the Republic of the Philippines from January one to December thirty-one, two thousand five, and for other purposes.

Programs/Projects Related to Senior Citizens and the Differently-Abled

- In support of the Philippine Plan of Action for Older Persons, 2005-2009, all departments, bureaus, offices, agencies, commissions, and SUCs shall set aside at least one percent (1%) of their total FY 2005 budget appropriations as cost of implementation thereof, in coordination with the DSWD.

Country/Organization: Philippines	Publishing unit: Congress	Year: 2012
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Title:
Republic Act 10354 (The Responsible Parenthood and Reproductive Health Act of 2012)
Excerpts of policy contents

An Act providing for a National Policy on Responsible Parenthood and Reproductive Health.

The State recognizes and guarantees the human rights of all persons including their right to equality and nondiscrimination of these rights, the right to sustainable human development, the right to health which includes reproductive health, the right to education and information, and the right to choose and make decisions for themselves in accordance with their religious convictions, ethics, cultural beliefs, and the demands of responsible parenthood.

It is the duty of the State to protect and strengthen the family as a basic autonomous social institution and equally protect the life of the mother and the life of the unborn from conception. The State shall protect and promote the right to health of women especially mothers in particular and of the people in general and instill health consciousness among them. The family is the natural and fundamental unit of society. The State shall likewise protect and advance the right of families

in particular and the people in general to a balanced and healthful environment in accord with the rhythm and harmony of nature. The State also recognizes and guarantees the promotion and equal protection of the welfare and rights of children, the youth, and the unborn.

Moreover, the State recognizes and guarantees the promotion of gender equality, gender equity, women empowerment and dignity as a health and human rights concern and as a social responsibility. The advancement and protection of women's human rights shall be central to the efforts of the State to address reproductive health care.

The State shall defend:

- (a) The right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood;
- (b) The right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development;
- (c) The right of the family to a family living wage and income; and
- (d) The right of families or family associations to participate in the planning and implementation of policies and programs.

The State likewise guarantees universal access to medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies which do not prevent the implantation of a fertilized ovum as determined by the Food and Drug Administration (FDA) and relevant information and education thereon according to the priority needs of women, children and other underprivileged sectors, giving preferential access to those identified through the National Household Targeting System for Poverty Reduction (NHTS-PR) and other government measures of identifying marginalization, who shall be voluntary beneficiaries of reproductive health care, services and supplies for free.

The State shall eradicate discriminatory practices, laws and policies that infringe on a person's exercise of reproductive health rights.

The State shall also promote openness to life; Provided, That parents bring forth to the world only those children whom they can raise in a truly humane way.

Country/Organization:
Philippines

Publishing unit:
Congress

Year:
2014

Title:
Republic Act 10645
Excerpts of policy contents

An act providing for the mandatory Philhealth coverage for all Senior Citizens, amending for the purpose Republic Act No. 7432, as amended by Republic Act No. 9994, otherwise known as the "Expanded Senior Citizens Act of 2010".

All senior citizens shall be covered by the national health insurance program of PhilHealth. Funds necessary to ensure the enrollment of all senior citizens not currently covered by any existing category shall be sourced from the National Health Insurance Fund of PhilHealth from proceeds of Republic Act No. 10351, in accordance with the pertinent laws and regulations.

Country/Organization:
Philippines

Publishing unit:
Congress

Year:
2018

Title:
Republic Act 11310 [Pantawid Pamilyang Pilipino Program (4Ps) Act]
Excerpts of policy contents

An Act Institutionalizing the Pantawid Pamilyang Pilipino Program (4Ps).

Declaration of Policies

The State shall promote a just and dynamic social order thereby uplifting its citizens and marginalized sectors from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all.

- (a) The Congress shall give highest priority to the enactment of measures that protect and enhance the right of all the people to human dignity, reduce social, economic, and political inequalities, and remove cultural inequities by diffusing wealth and political power for the common good;
- (b) The promotion of social justice shall include the commitment to create economic opportunities based on freedom of initiative and self-reliance;
Towards this end, the State shall establish programs that invest and harness our country's human capital and improvement of delivery of basic services to the poor, particularly education, health and nutrition, which is an intervention anticipated to break the intergenerational cycle of poverty.
- (c) Break the intergenerational cycle of poverty through investment in human capital and improved delivery of basic services to the poor, particularly education, health, nutrition, and early childhood care and development;
- (d) Promote gender equality and empowerment of women and children's rights;
- (e) Achieve universal primary education;
- (f) Reduce child mortality and malnutrition;
- (g) Improve maternal health; and
- (h) Ensure healthy lives and promote well-being for all.

The Pantawid Pamilyang Pilipino Program (4Ps) is the national poverty reduction strategy and a human capital investment program that provides conditional cash transfer to poor households for a maximum period of seven (7) years, to improve the health, nutrition and education aspect of their lives.

Country/Organization:
Qatar

Publishing unit:
Ministry of Public Health

Year:
2018

Title:
National Health Strategy 2018-2022
Excerpts of policy contents

Principles

- Action and empowerment
- Teamwork and collaboration
- Patient-centered care
- Accountability and patient safety
- Leadership
- Intelligence
- Empathy

7 Priority populations

1. **Healthy children and adolescents**
National targets by 2022:
25% reduction in the prevalence of dental caries among children less than 5 years old
15% increase in the level of exclusive breast-feeding of children at 6 months of age
5% increase in the proportion of adolescents who meet recommended levels of physical activity
2. **Healthy women leading to healthy pregnancies**
(National target by 2022: A 10% improvement in score of a compound index ******(including assessment of prenatal, perinatal, and post-natal care) used to measure healthy women and healthy pregnancies)
3. **Healthy and safe employees**
(National target by 2022: 80% of government and semigovernment employees will have access to an occupational health-based workplace wellness program)
4. **Mental health and wellbeing**
(National target by 2022: Improved access to mental health services, with 20% of care being delivered in the primary and community sector by 2020)
5. **Improved health for people with multiple chronic conditions**
(National target by 2022: 25% decrease in the 30-day readmission rate for chronic conditions)
6. **Health and wellbeing for people with special needs**
(National target by 2022: Every healthcare facility will have a system in place to meet the needs of this population)
7. **Healthy ageing**
(National target by 2022: One year increase in Healthy Life- Years (HLYs) for the over 65 years old population)

Country/Organization: Seychelles	Publishing unit: Ministry of Health and Social Affairs	Year: 2016
Title: National Policy on Ageing Excerpts of policy contents		
<p>Policy focus</p> <p>This policy focuses on the following themes:</p> <ol style="list-style-type: none"> 1. Sustainable Income Maintenance and Service Provision 2. Health and Well-Being 3. Age-Friendly Environments 4. Labour and Employment 5. Participation in Development 6. Intergenerational Solidarity 7. Neglect, Abuse and Violence 8. Combating Ageism <p>Principles that underpin the Policy therefore include:</p> <ul style="list-style-type: none"> - Human rights, including the right that older people have to the best possible health and its accountable, progressive realization; - Gender equality; - Equality and non-discrimination, particularly on the basis of age; - Equity (equal opportunity to the determinants of healthy ageing that does not reflect social or economic status, place of birth or residence or other social determinants); - Intergenerational solidarity (enabling social cohesion between generations). <p>The vision of the National Policy on Ageing is to have a society where the elderly remains valued, are fully empowered to participate and benefit in development and where they are able to live active, healthy and dignified lives.</p> <p>Goal: Through the participation of all stakeholders, develop a comprehensive and coherent national response to ageing that is equitable and sustainable.</p>		
Country/Organization: Singapore	Publishing unit: Ministry of Health	Year: 2016
Title: Action Plan for Successful Ageing Excerpts of policy contents		
<p>A successfully ageing Singapore will be:</p> <ul style="list-style-type: none"> - OPPORTUNITIES FOR ALL AGES - KAMPONG FOR ALL AGES - CITY FOR ALL AGES <p>Key initiatives and targets* (*within the next 10-15 years)</p> <p>Lifelong Employability</p> <ul style="list-style-type: none"> - The re-employment age will be raised from 65 to 67 by 2017, to enable workers to work longer if they are willing and able to, with the possibility of further increases in the future as our population ages. <p>Health and Wellness</p> <ul style="list-style-type: none"> - A National Seniors' Health Programme that will reach over 400,000 older adults. - A new workplace health programme that will target 120,000 mature workers aged 40 and above. <p>Senior Learning</p> <ul style="list-style-type: none"> - A National Silver Academy that will eventually provide some 30,000 learning places for seniors to pursue their interests. We aim to have 100 schools and Voluntary Welfare Organisations/community organisations to come on board the Intergenerational Learning Programme. 		

Senior Volunteerism

- We aim to recruit an additional 50,000 senior volunteers.

Community Befriending

- Expand home visitation programmes in at least 50 neighbourhoods to keep social isolation and poor health at bay among vulnerable seniors.

Inter-generational Harmony

- Co-locate eldercare and childcare facilities in some 10 new Housing & Development Board housing developments.

Aged Care

Between 2015 and 2020, the Ministry of Health (MOH) will:

- More than double the number of Community Hospital beds.
- Increase nursing home capacity by more than 70%.
- Increase home and community care places by 50% and 100% respectively.

Active Ageing and Assisted Living

- MOH has planned another 40 day centres for seniors by 2020. About a quarter of these centres will be large Active Ageing Hubs in housing developments, providing active ageing and assisted living services to seniors.

Transport

The Land Transport Authority will:

- Implement 35 Silver Zones by 2020.
- Double the number of Green Man Plus traffic lights from the current 500 to 1,000 by end-2018.
- Install lifts at an additional 41 pedestrian overhead bridges by 2018.
- Replace all buses with wheelchair-accessible ones by 2020.

Research

- The National Research Foundation will set aside up to \$200 million for a National Innovation Challenge on Active and Confident Ageing to catalyse research related to ageing.

Country/Organization:

Singapore

Publishing unit:

Ministry of Social and Family Development

Year:

2016

Title:

3rd Enabling Masterplan (2017-2021)

Excerpts of policy contents

Vision: A caring and inclusive society where persons with disabilities are empowered to achieve their fullest potential and participate fully as integral and contributing members of society

Four key thrusts

Key Thrust 1: Improving the quality of life of persons with disabilities

Key Thrust 2: Supporting caregivers

Key Thrust 3: Building the community

Key Thrust 4: Building an inclusive society

9 Strategic directions

Key thrust 1

1. Responsive and adaptable services throughout the different life stages to support and care for persons with disabilities
2. Timely and effective detection of disabilities
3. Access to opportunities for development and quality education
4. Improved access to enhanced pathways for employment and lifelong learning opportunities
5. Holistic and quality support across services

Key thrust 2

6. Recognition that caregivers play a critical role in caring for persons with disabilities

Key thrust 3

7. Capacity and capability building of the disability sector
8. Technology is made a priority to improve the quality of life of persons with disabilities

Key thrust 4

9. Support and empower persons with disabilities to live within and participate actively in the community

Country/Organization: Singapore	Publishing unit: Ministry of Health	Year: 2015
Title: MediShield Life Scheme Act 2015 Excerpts of policy contents		
A medical insurance scheme, known as the MediShield Life Scheme, is established for the purpose of paying the whole or part of the costs incurred by an insured person for approved medical treatment or services received by the insured person in an approved medical institution during the period when the insured person is insured under the Scheme		
Country/Organization: South Africa	Publishing unit: Department of Social Development	Year: 2005
Title: South African Policy for Older Persons Excerpts of policy contents		
<p>Vision: A society in which people are enabled to age with security and dignity and to continue to participate in their communities as citizens with full rights</p> <p>Mission: To facilitate services to older persons that are accessible, equitable and affordable, that conform to prescribed norms and standards and improve the quality of life</p> <p>Goals:</p> <ul style="list-style-type: none"> - To enable older persons to enjoy active, healthy and independent lives - To create an enabling and supportive environment to older persons - To provide continuous care to those older persons in need <p>Three focus areas (as adopted during the Second World Assembly Plan of Action held in Madrid in 2002)</p> <ol style="list-style-type: none"> A. Older persons and development, to be addressed by active participation in society; work and the ageing labour force; rural and urban development; access to knowledge, education and training; intergenerational solidarity; income security, social protection and poverty prevention; and provision in emergency situations. B. Advancing health and well-being into old age, to be addressed by lifelong health promotion; universal and equal access to health services; HIV/AIDS; training of care providers and health professionals; mental health services; and disabilities. C. Ensuring enabling and supportive environments to be addressed by housing and the living environment; care and support for caregivers; addressing neglect, abuse and violence; and communicating positive images of ageing. 		
Country/Organization: South Africa	Publishing unit: Parliament	Year: 2004
Title: Social Assistance Act, 2004 Excerpts of policy contents		
To provide for the rendering of social assistance to persons; to provide for the mechanism for the rendering of such assistance; to provide for the establishment of an inspectorate for social assistance; and to provide for matters connected therewith.		
The objects of this Act are to :		
<ol style="list-style-type: none"> (a) provide for the administration of social assistance and payment of social grants (b) make provision for social assistance and to determine the qualification requirements in respect thereof (c) ensure that minimum norms and standards are prescribed for the delivery of social assistance (d) provide for the establishment of an inspectorate for social assistance. 		

Country/Organization: South Africa	Publishing unit: Parliament	Year: 2006
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Title:

Older Persons Act, 2006

Excerpts of policy contents

To deal effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and at the promotion and maintenance of their status, rights, well-being, safety and security; and to provide for matters connected therewith.

The objects of the Act are to:

- (a) maintain and promote the status, well-being, safety and security of older persons;
- (h) maintain and protect the rights of older persons;
- (c) shift the emphasis from institutional care to community-based care in order to ensure that an older person remains in his or her home within the community for as long as possible;
- (d) regulate the registration, establishment and management of services and the establishment and management of residential facilities for older persons; and
- (e) combat the abuse of older persons.

Country/Organization: Sri Lanka	Publishing unit: Ministry of Social Service & Social Welfare	Year: 2006
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Title:

National Policy for Senior Citizens Sri Lanka

Excerpts of policy contents

Mission

1. To prepare the population for a productive and fulfilling life at old age socially, economically, physically and spiritually; and create an age friendly infrastructure and a community support to the elderly to participate and remain connected to the Sri Lankan society.
2. To ensure independence, participation care, self-fulfilment and dignity for those in old age and assure that their concerns are national concerns and will not live unprotected or ignored or marginalised.

Objectives

1. To give leadership and policy initiative to create a healthy environment for Senior Citizens within the cultural mores and religious practices and provide opportunities for, and removing barriers to peoples participation in society and access to services across their life span.
2. To strengthen an integration between generations, and to strengthen the bonds between the young and the old.

Strategies (grouped according to MIPAA)

Older Person and Development

1. Mainstream ageing into development policy and promote full integration and participation of Senior Citizens
2. Create awareness of ageing population and positive attitudes towards ageing & senior citizens
3. Provide access to appropriate education and training
4. Provide social welfare and protection
5. Ensure income security & promote suitable employment
6. Ensure gender specific issues in ageing
7. Ensure provision of services for persons in special circumstances
8. Advancing health and well being in old age ensure health, nutrition and recreation
9. Counselling services

Ensuring, Enabling and Supportive Environments

10. Promote appropriate housing, transportation & living environment
11. Strengthen the family unit to take care of parents & other senior citizens
12. Provide legal protection
13. Ensure consumer protection
14. Encourage community participation
15. Cater for cultural and spiritual needs

Implementation and Follow Up

16. Conduct research & disseminate information
17. Develop an implementation & follow up mechanism

Country/Organization:
Thailand

Publishing unit:
Ministry of Social Development and Human Security

Year:
2003

Title:
Act on the Elderly, B.E. 2546 (2003 A.D.)

Excerpts of policy contents

The elderly shall have right to access the following protection, promotion and support:

- (1) Medical and public health services particularly provided by taking account of convenience and rapidness for the elderly.
- (2) Education, religions and useful information and news for their living.
- (3) Appropriate occupations or occupational training.
- (4) Self-development and participation in social activities, grouping together as a network or community.
- (5) Facilities and safety directly rendered to the elderly in buildings, places, vehicles or other public services.
- (6) Appropriate support for transport fares.
- (7) Exemption from entry fees to government places.
- (8) Assistance for any elderly person facing danger of torture or unlawful exploitation or abandonment.
- (9) Provision of advice and consultation on other proceedings in connection with a case or the remedy of family problems.
- (10) Extensive provision of housing, food and clothing where necessary.
- (11) Extensive and fair provision of monthly old-age pension.
- (12) Assistance in holding their traditional funerals.
- (13) Other matters stipulated by the Committee in an announcement.

Country/Organization:
Thailand

Publishing unit:
National Commission on the Elderly; Ministry of Social Development and Human Security

Year:
2009

Title:
The 2nd National Plan on The Elderly (2002-2021)1st Revised of 2009

Excerpts of policy contents

Perspectives: "The elderly are valuable assets to the society"

Objectives:

1. To encourage the elderly well-being where they can lead their life as an asset to the society with their dignity and individual independence and autonomy under the reliable security.
2. To raise social conscience on the respect for and recognition of the elderly valuable contribution to the society whereby their valuable experience shall be promoted as longest possible.
3. To raise all people's awareness regarding the necessity for readiness preparation for their quality ageing.
4. To encourage the people, family, community, local, public and private sectors to realize and take part in the actions involving the elderly.
5. To formulate the frameworks and guidelines for good practice on the elderly for all concerned parties to observe aiming at an integral and comprehensive implementation on the elderly missions.

5 Strategies

1. Strategy on readiness preparation of the people for their quality ageing;
2. Strategy on the elderly promotion and development;
3. Strategy on the social safeguards for the elderly;
4. Strategy on management of developing the national comprehensive system for undertakings and developing the personnel for the elderly involving missions;
5. Strategy on processing, upgrading and disseminating knowledge on the elderly and the national monitoring of implementation of NPE.

Country/Organization: Thailand	Publishing unit: Office of the National Economic and Social Development Board; Office of the Prime Minister	Year: 2017
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Title:
The Twelfth National Economic and Social Development Plan (2017-2021)
Excerpts of policy contents

1. Objectives

- 1.1 To lay a foundation for a good value-system by encouraging Thais to be ethical, disciplined, happy, healthy and smart. They should have good social values, public mindedness, close family ties, and be capable of continuous self-development through every stage of their lives.
- 1.2 To provide economic and social security as well as fair access to resources and quality social services. To enhance the capabilities of the disadvantaged. To encourage communities to be strong and self-reliant.
- 1.3 To promote an economy that is strong, competitive, stable, and sustainable. To strengthen existing production and service bases as well as develop new ones by using intensive innovation. To strengthen the grassroots economy, and foster energy, food, and water security.
- 1.4 To preserve and restore natural resources and environmental quality in order to support green growth and enhance the quality of life of Thai citizens.
- 1.5 To improve public administration by enabling it to become more efficient, transparent, modern, and able to work in an integrated manner with various development partners.
- 1.6 To distribute prosperity across different regions through urban and regional development by supporting existing production and service bases and developing new ones.
- 1.7 To strengthen the connectivity between Thailand and other countries at the sub-regional, regional, and international levels. To promote Thailand as a leading actor in trade, services, and investment within sub-regional, regional, and international collaboration frameworks.

2. Overall Targets

- 2.1 The Thai people should have a good value-system.
- 2.2 Income inequality and the level of poverty should be reduced.
- 2.3 The Thai economy should be strong and competitive.
- 2.4 Natural capital and environmental quality should be able to support green growth. Thailand should have food, energy, and water security.
- 2.5 National sovereignty, security, safety, reconciliation and the country's confidence should be improved.
- 2.6 Public administration should be efficient, modern, transparent, accountable, decentralized, and welcome public participation.

Country/Organization: United Kingdom	Publishing unit: British Geriatrics Society, in association with Age UK and Royal College of General Practitioners	Year: 2014
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Title:
Best practice guidelines for the management of frailty: a British Geriatrics Society, Age UK and Royal College of General Practitioners report
Excerpts of policy contents

Recognition of frailty: The BGS recommends that all encounters between health and social care staff and older people in community and outpatient settings should include an assessment for frailty. A gait speed <0.8m/s; a timed-up-and-go test >10s; and a score of ≥3 on the PRISMA 7 questionnaire can indicate frailty. The common clinical presentations of frailty (falls, delirium, sudden immobility) can also be used to indicate the possible presence of frailty.

Management of frailty: The BGS recommends an holistic medical review based on the principles of comprehensive geriatric assessment (CGA) for all older people identified with frailty. This will: diagnose medical illnesses to optimise treatment; apply evidence-based medication review checklists (e.g. STOPP/START criteria); include discussion with older people and carers to define the impact of illness; work with the older person to create an individualised care and support plan.

Screening for frailty: The BGS does not recommend population screening for frailty using currently available instruments.

Country/Organization:
United Kingdom

Publishing unit:
Government Cabinet Office

Year:
2011

Title:

Opening Doors, Breaking Barriers: A Strategy for Social Mobility

Excerpts of policy contents

A life cycle approach:

- Foundation Years (0-5 years)
- School years (5-16 years)
- Transition years (16-24 years)
- Adulthood (24 and over)

Five broad principles:

- long-term view
- progressive approach
- Government does not have all the answers
- evidence-based approach
- impact across the life cycle

Foundation Years

- building a coherent strategy from conception to age five, and promoting an early intervention approach across Government, informed by the Field, Allen and Tickell reviews;
- supporting maternal and child health and well-being, recruiting 4,200 new health visitors and doubling the capacity of the Family Nurse Partnership programme;
- helping parents to parent well, and supporting strong family relationships, especially for those who are most vulnerable;
- supporting high quality early years services by retaining but reforming the national network of Sure Start Children's Centres, offering services to all families, but focusing on those in greatest need;
- enabling parents to balance work and home through generous and flexible parental leave and working arrangements; and
- providing access to affordable and high quality early education and care, with 15 hours of free early education for disadvantaged two-year-olds, and for all three and four-year-olds.

School Years

- raising standards in all schools through system-wide reform: improving the status and quality of teaching, devolving as much power as possible to the frontline, improving accountability and transparency, and setting clear expectations of what all children should achieve;
- a relentless focus on narrowing gaps in attainment between children from different backgrounds, with a new Pupil Premium to help raise the attainment of disadvantaged pupils; and
- raising children's aspirations through access to high quality advice and guidance coupled with a radical change in how we engage with businesses, universities and wider society.

Transition Years

- narrowing the gap in educational access and attainment;
- reducing the gap between vocational and academic routes, ensuring that both enable young people to progress;
- ensuring fairer access to higher education, so that bright people from poor backgrounds have a good chance of getting to university;
- increasing the proportion of young people engaged in education or training; and
- improving outcomes in the labour market for those looking for work and reducing the rate of worklessness.

Adulthood

- improving fair access by challenging employers, in particular the professions, to open up opportunities and contribute to improved social mobility;
- supporting those who missed out on education first time round or want to develop their skills and qualifications in later life;

- ensuring no one is left behind by enhancing support for workless adults through tax and benefit reform and the new Work Programme; and
- helping those with little wealth to build up assets so they are better insulated from shocks as well as able to grasp opportunities.

Country/Organization:
United Kingdom

Publishing unit:
Department of Health & Social Care

Year:
2011

Title:
No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages

Excerpts of policy contents

Life course approach:

- This strategy takes a life course approach, recognising that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much we can do to protect and promote wellbeing and resilience through our early years, into adulthood and then on into a healthy old age.
- It is built around five priorities across the life course that are vital for good mental health: starting well, developing well, living well, working well and ageing well.

The strategy guiding values:

- Freedom – reaching our potential; personalisation and control
- Fairness – equality, justice and human rights
- Responsibility – everyone playing their part and valuing relationships

The six mental health objectives (outcome indicators):

1. **More people will have good mental health**
More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.
2. **More people with mental health problems will recover**
More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.
3. **More people with mental health problems will have good physical health**
Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.
4. **More people will have a positive experience of care and support**
Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.
5. **Fewer people will suffer avoidable harm**
People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.
6. **Fewer people will experience stigma and discrimination**
Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

Improving outcomes in mental health: promoting equality and reducing inequality

The strategy considers specific groups protected by the Equality Act 2010, including:

- older people
- minority ethnic people
- disabled people
- lesbian, gay and bisexual
- women, men

Country/Organization: United Kingdom	Publishing unit: Ministry of Housing, Communities and Local Government	Year: 2018
Title: National Planning Policy Framework Excerpts of policy contents		
<p>The National Planning Policy Framework sets out the Government's planning policies for England and provides a framework within which locally-prepared plans for housing and other development can be produced.</p> <p>Strategic policies: Strategic policies should set out an overall strategy for the pattern, scale and quality of development, and make sufficient provision¹² for:</p> <ul style="list-style-type: none"> a) housing (including affordable housing), employment, retail, leisure and other commercial development; b) infrastructure for transport, telecommunications, security, waste management, water supply, wastewater, flood risk and coastal change management, and the provision of minerals and energy (including heat); c) community facilities (such as health, education and cultural infrastructure); and d) conservation and enhancement of the natural, built and historic environment, including landscapes and green infrastructure, and planning measures to address climate change mitigation and adaptation. <p>Within this context, the size, type and tenure of housing needed for different groups in the community should be assessed and reflected in planning policies (including, but not limited to, those who require affordable housing, families with children, older people, students, people with disabilities, service families, travellers, people who rent their homes and people wishing to commission or build their own homes).</p>		
Country/Organization: United Kingdom	Publishing unit: National Health Service	Year: 2019
Title: The NHS Long Term Plan Excerpts of policy contents		
<p>The National Health Service Plan identifies challenges that remain within the health services provided in the UK and has responded with a plan for them which are divided into seven chapters: (1) A New Service Model for the 21st Century, wherein patients get more options and better support (2) More NHS action on prevention and health inequalities, (3) Further progress on care quality and outcomes improvement, (4) Support for NHS staff and how current workforce pressures will be tackled, (5) Wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS, (6) NHS sustainable financial path (taxpayers' investment used to maximum effect), and finally (7) Next steps in implementing the Long Term Plan.</p> <p>Supporting people to age well: People are now living far longer, but extra years of life are not always spent in good health. They are more likely to live with multiple long-term conditions, or live into old age with frailty or dementia, so that on average older men now spend 2.4 years and women spend three years with 'substantial' care needs.</p> <p>Carers will benefit from greater recognition and support: Many carers are themselves older people living with complex and multiple long-term conditions. We will improve how we identify unpaid carers, and strengthen support for them to address their individual health needs. We will do this through introducing best-practice Quality Markers for primary care that highlight best practice in carer identification and support.</p> <p>Both the wellbeing of older people and the pressures on the NHS are also linked to how well social care is functioning. When agreeing the NHS' funding settlement the government therefore committed to ensure that adult social care funding is such that it does not impose any additional pressure on the NHS over the coming five years. That is basis on which the demand, activity and funding in this Long Term Plan have been assessed.</p>		

Demand for NHS services continues to grow, for at least five separate reasons. Some of the reasons are either desirable or unavoidable as follows:

- growing and ageing population, inevitably increasing the number of people needing NHS care and the intensity of support they require;
- growing visibility and concern about areas of longstanding unmet health need (for example in young people's mental health services);
- redesign healthcare so that people get the right care at the right time in the optimal care setting (for example, providing better support to people living in care homes to avoid emergency hospital admissions; providing better social care and community support to slow the development of older people's frailty; and fundamentally redesigning outpatient services so that both patients' time and specialists' expertise are used more appropriately);

Nine out of ten adults with mental health problems are supported in primary care. The Improving Access to Psychological Therapies (IAPT) programme to treat common mental health conditions is world-leading. Mental illness is a leading cause of disability. Stress, anxiety and depression were the leading cause of lost work days. The cost of poor mental health to the economy as a whole is estimated to be far in excess of what the country gives the NHS to spend on mental health. So reducing the impact of common mental illness can also increase our national income and productivity.

The Five Year Forward View for Mental Health set out plans for expanding IAPT services so at least 1.5 million people can access care each year by 2020/21. We will continue to expand access to IAPT services for adults and older adults with common mental health problems, with a focus on those with long-term conditions.

Milestone for mental health services for adults

- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24. The NHS will ensure that a 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21. Services will be resourced to offer intensive home treatment as an alternative to an acute inpatient admission.

Country/Organization:
United Kingdom

Publishing unit:
National Institute for Health and Care Excellence

Year:
2015

Title:

Home care: delivering personal care and practical support to older people living in their own homes - Guideline

Excerpts of policy contents

This guideline covers the planning and delivery of person-centred care for older people living in their own homes (known as home care or domiciliary care). It aims to promote older people's independence and to ensure safe and consistently high quality home care services. These guidelines focus on older people receiving home care and their carers, and how person-centred home care should be planned and delivered. It addresses how those responsible for managing, providing and commissioning home care should work together to deliver safe, high-quality home care services. These services should promote independence and support people to do the things that are important to them. The guideline is for health and social care practitioners, home care provider organisations, home care managers, home care workers, commissioners of home care in local authorities and clinical commissioning groups, and people using or planning to use home care services.

This guideline focuses on older people receiving home care and their carers. The guideline does not cover younger adults (although many of the recommendations may also be relevant to younger adults). This is because the largest group of people using home care is older people.

Recommendations

1. Ensuring care is person centred
 - Providing person-centred care helps deliver: better quality of life for people who use services and their carers; older people consistently value services that address their needs, choices and preferences
2. Providing information about care and support options

3. Planning and reviewing home care and support (Strategic planning of home care)
 - Recognise home care as an important component of care packages for older people.
 - Consider home care support for older people with low to moderate needs to avoid, delay or reduce future dependency on health and social care services.
4. Delivering telecare
5. Joint working between health and social care
6. Ensuring safety and safeguarding people using home care services
7. Recruiting, training and supporting home care workers

Country/Organization:
United Kingdom

Publishing unit:
National Institute for Health and Care Excellence

Year:
2015

Title:
Older people with social care needs and multiple long-term conditions

Excerpts of policy contents

This is an evidence-based guideline which covers planning and delivering social care and support for older people who have multiple long-term conditions and social care needs. It promotes an integrated and person-centred approach to delivering effective health and social care services. It addresses how those responsible for commissioning, managing and providing care for people with social care needs and multiple long-term conditions should work together to deliver safe, high-quality services that promote independence, choice and control. It is relevant to all older people with social care needs and multiple long-term conditions, including those living in their own homes, in specialist settings or in care homes.

Recommendations

1. Identifying and assessing social care needs including telecare to support older people with social care needs and multiple long-term conditions
2. Care planning including coordinating care, planning care collaboratively
 - Ensure that care plans enable older people with social care needs and multiple long-term conditions to participate in different aspects of daily life, as appropriate, including: self-care, taking medicines, learning, volunteering, maintaining a home, financial management, employment, socialising with friends, hobbies and interests.
3. Supporting carers
4. Integrating health and social care planning
5. Delivering care (Providing support and information, Supporting self-management, Ensuring continuity of care and links with specialist services)
6. Preventing social isolation
7. Training health and social care practitioners

Country/Organization:
United Kingdom

Publishing unit:
National Institute for Health and Care Excellence

Year:
2018

Title:
Care and support of people growing older with learning disabilities

Excerpts of policy contents

The purpose of this guideline is to help commissioners and providers identify, plan and provide for the care and support needs of people growing older with learning disabilities and their families and carers. It covers integrated commissioning and planning; service delivery and organisation; providing accessible information, advice and support; identifying and assessing people's changing needs; care planning; and supporting access to services including health, social care, housing and end of life care. It aims to ensure that people with learning disabilities are given the help they need to access a range of services as they grow older so they can live healthy and fulfilled lives.

The guideline covers care and support in all settings, including people's homes and family homes, temporary accommodation, supported living (including the KeyRing network and Shared Lives schemes) and specialist accommodation. It also covers day services, residential and nursing homes, and primary and secondary healthcare. The overarching principles and recommendations of this document include:

- (1) Access to services and person-centred care,
- (2) Communicating and making information accessible,
- (3) Recognising decision-making, mental capacity and consent,
- (4) Involving people, family members, carers and advocates.

It is important to note that the guideline states that a specific age limit is not used in this guideline because adults with learning disabilities typically experience age-related difficulties at different ages, and at a younger age, than the general population.

Older people with learning disabilities also have particular housing and social support needs. Two-thirds of adults with learning disabilities live with their families, usually their parents. In some instances, they may be caring for an older frail parent while they too are getting older. Eventually, ageing family carers may reluctantly explore alternative care arrangements when they are no longer able to provide long-term care. More serious is when family care ends through parental illness or death and, due to lack of future planning, the person may be moved inappropriately, or have multiple moves.

For people living in homes designed for adults with learning disabilities, these may be considered unsuitable for them as they age, which can lead to a move. Older people with learning disabilities are thus likely to be placed in older people's residential services at a much younger age than the general population, even though this may not meet their preferences or needs, especially in relation to communication, support and activities.

Country/Organization:
United Kingdom

Publishing unit:
UK Parliament

Year:
2006

Title:
National Health Service Act
Excerpts of policy contents

The National Health Service Act 2006 consolidates certain enactments relating to health service in England. It covers promotion and provision of the health service in England, local authorities and the NHS, medical services, dental services and explores the health service bodies including strategic health authorities, primary care trusts, NHS trusts, special health authorities and NHS foundation trusts.

Country/Organization:
United Kingdom

Publishing unit:
UK Parliament

Year:
2006

Title:
The Employment Equality (Age) Regulations
Excerpts of policy contents

The Employment Equality (Age) Regulations of 2006 sets out regulations against discrimination on grounds of age, discrimination by way of victimisation, and regulations on instruction to discriminate and against harassment on grounds of age. It explores discrimination in employment and vocational training, with instructions of enforcing these regulations. It also includes exceptions to the regulations stipulated earlier in the document itself against discrimination on grounds of age, including exceptions for retirement, national security, statutory authority, the national minimum wage, certain benefits on length of service, enhanced redundancy payments to employees and life assurance cover to retired workers.

Country/Organization:
United Kingdom

Publishing unit:
UK Parliament

Year:
2006

Title:
Equality Act
Excerpts of policy contents

The Equality Act of 2010 provides provisions for the government to make strategic decisions about the exercise of their functions to consider the desirability of reducing socio-economic inequalities; to reform and harmonise equality law

and restate the greater part of the enactments relating to discrimination and harassment related to certain personal characteristics; to enable certain employers to be required to publish information about the differences in pay between male and female employees; to prohibit victimisation in certain circumstances; to require the exercise of certain functions to be with regard to the need to eliminate discrimination and other prohibited conduct; to enable duties to be imposed in relation to the exercise of public procurement functions; to increase equality of opportunity, to amend the law relating to rights and responsibilities in family relationships, and for connected purposes.

The national minimum wage: young workers

- (1) It is not an age contravention for a person to pay a young worker (A) at a lower rate than that at which the person pays an older worker (B) if—
 - (a) the hourly rate for the national minimum wage for a person of A's age is lower than that for a person of B's age, and
 - (b) the rate at which A is paid is below the single hourly rate.
- (2) A young worker is a person who qualifies for the national minimum wage at a lower rate than the single hourly rate; and an older worker is a person who qualifies for the national minimum wage at a higher rate than that at which the young worker qualifies for it.

Country/Organization:
United Kingdom

Publishing unit:
UK Parliament

Year:
2012

Title:
Health and Social Care Act

Excerpts of policy contents

The Health and Social Care Act of 2012 was created in order to establish and make provisions about a National Health Service Commissioning Board and clinical commissioning groups and the National Health Service in England, to make provision about public health in the United Kingdom; to make provision about regulating health and adult social care services; to make provision about public involvement in health and social care matters, scrutiny of health matters by local authorities and co-operation between local authorities and commissioners of health care services; to make provision about regulating health and social care workers; to establish and make provision about a National Institute for Health and Care Excellence; to establish and make provision about a Health and Social Care Information Centre and to make other provision about information relating to health or social care matters; to abolish certain public bodies involved in health or social care; to make other provision about health care; and for connected purposes.

Country/Organization:
United Kingdom

Publishing unit:
UK Parliament

Year:
2014

Title:
Care Act

Excerpts of policy contents

The Care Act 2014 is an act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.

Country/Organization:
United Kingdom

Publishing unit:
UK Parliament

Year:
2014

Title:
The Pensions Act

Excerpts of policy contents

The Pensions Act of 2014 was created to make provision about pensions and benefits payable to people in connection with bereavement; and for connected purposes.

Country/Organization: United Kingdom	Publishing unit: UK Parliament	Year: 2016
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Title:
Welfare Reform and Work Act 2016
Excerpts of policy contents

The Welfare Reform and Work Act of 2016 was created to make provision about reports on progress towards full employment and the apprenticeships target; to make provision about reports on the effect of certain support for troubled families; to make provision about life chances; to make provision about the benefit cap; to make provision about social security and tax credits; to make provision for loans for mortgage interest and other liabilities; and to make provision about social housing rents.

Country/Organization: United Kingdom	Publishing unit: UK Parliament	Year: 2016
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Title:
Strategic plan for the next four years: Better outcomes by 2020
Excerpts of policy contents

Good health and well-being are about more than healthcare. A good start in life, education, decent work and housing and strong, supportive relationships all play their part.

Public Health England:

- protects the country from threats to health, including outbreaks of infectious diseases and environmental hazards, in the UK and abroad
- improves the public's health and wellbeing
- improves population health through sustainable health and care services
- builds capacity and capability of the public health system

Through:

- application of evidence into practice, and influencing public health policy
- a place-based approach that engages local communities, building on their assets
- a life course approach, promoting a holistic view of an individual's total health and wellbeing needs at every stage of life, seeing public health as one system for improving health and wellbeing

PHE will promote public mental wellbeing across the life-course, the prevention of mental health problems (including dementia risk reduction and the prevention of suicide) and improving the wellbeing of those affected by mental illness.

Economic prosperity is integral to closing the health gap. It can create jobs for local people, bring benefits to their children, help their family to stay well and as people get older, help them to live at home for longer. Good health is also a product of the decisions we make about what we consume and the way we live our lives.

New opportunities in the health and care system

While longer term, societal drivers of change represent the principal challenge facing the public's health, there are opportunities which have arisen that are already beginning to have an impact:

- Place-based planning: Local authorities lead on place-based planning, bring together all of the local partners, work to a joint strategic needs assessment and through statutory health and wellbeing boards. The NHS Five Year Forward View recognises and supports this approach. PHE will provide the expertise and evidence to help understand the needs of the local population and will publish data against the Public Health Outcomes Framework to promote transparency and improvement
- Place-based funding: The NHS Five Year Forward View sets out the need to get serious about prevention. Combining NHS and local authorities resources, wherever appropriate, will help close the health, quality and financial gaps. The proposed move to funding local authorities from retained business rates signals the end of the public health ring-fenced grant.

- Devolution: The potential of devolution needs to be maximised to integrate services, improve health outcomes and reduce health inequalities. PHE will promote and support local government and local partners in the delivery of their vision
- Economic prosperity: Economic prosperity is at the heart of closing the health gap. Having a good job is good for your health and radiates wider benefits for children and families. PHE will support local authorities in their endeavours to create jobs for local people
- Public expectations, technology and scientific advances: Public expectations are changing dramatically due to developments in digital and data technologies and rapid changes in the way that people access information. There is enthusiasm for health-related apps, such as our own Sugar Smart app, across all ages. There is also the potential to analyse digital data flows to better understand the health, health needs and behaviours of populations and individuals, and the ultra rapid, accurate detection of micro-organisms is transforming infectious disease management.

Country/Organization:
United Kingdom

Publishing unit:
**Healthier Scotland / Scottish Government /
Convention of Scottish Local Authorities (COSLA)**

Year:
2010

Title:

Caring together: The Carers Strategy for Scotland 2010-2015

Excerpts of policy contents

The strategy sits within a wider context and reform agenda, with carers at the heart of this agenda. In order to achieve lasting change both for carers and the people they care for, we need to drive forward a range of policy developments, such as action to tackle health inequalities and household income. We need to do more to shift resources from institutional care to care at home, including support for carers. The Reshaping Care for Older People Strategic Delivery Plan, which is in preparation, will articulate the extent of the shift in resources within the system.

Vision

- carers are recognised and valued as equal partners in care;
- carers are supported and empowered to manage their caring responsibilities with confidence and in good health and to have a life of their own outside of caring;
- carers are fully engaged as participants in the planning and development of their own personalised, high-quality, flexible support and are not shoe-horned into unsuitable support. The same principle applies to carers' involvement in the services provided to the people they care for; and
- carers are not disadvantaged, or discriminated against, by virtue of being a carer.

Outcomes

Carers will:

- have improved emotional and physical wellbeing;
- have increased confidence in managing the caring role;
- have the ability to combine caring responsibilities with work, social, leisure and learning opportunities and retain a life outside of caring;
- not experience disadvantage or discrimination, including financial hardship, as a result of caring; and
- be involved in planning and shaping the services required for the service user and the support for themselves.

Country/Organization:
United Kingdom

Publishing unit:
**The Scottish Government / Convention of Scottish
Local Authorities (COSLA)**

Year:
2011

Title:

Age, Home and Community: A Strategy for Housing for Scotland's Older People: 2012-2021

Excerpts of policy contents

Vision and commitments

Older people in Scotland are valued as an asset, their voices are heard, and older people are supported to enjoy full and positive lives in their own home or in a homely setting. The Wider Planning for an Ageing Population working group identified five key outcomes for housing and related support for older people, covering:

1. clear strategic leadership:

The strategy sets out a clear vision for housing for older people. Decisions on local policy and service delivery, however, are best taken by local authorities. Many different types of organisation are involved in the delivery of housing and support services to older people. It is important that these organisations work in partnership, so that older people have choice in the services that can support them to maintain independent living.

We will therefore:

- Promote consultation with older people and take account of their views;
- Support service innovation and alignment across housing, health and social care, through the Change Fund for Older People's Services; and
- Help demonstrate the benefits of investment in housing and related services for 'shifting the balance of care'.

2. information and advice:

We need to ensure that older people know about the housing options and support services that are available to them, and how to get them. High quality information and advice services will be vital to ensuring older people have access to the right housing and support.

We will therefore:

- Review information and advice services and publicise information sources;
- Work with local authorities to pilot housing options approach for older people; and
- Encourage accreditation under the Scottish National Standards for Information and Advice Providers.

3. better use of existing housing:

- The strategy recognises the importance of existing housing for older people, and ensuring we make best use of that housing. The great majority of the population will live their lives in homes which are already built. As the population ages, more people will need housing adaptations, but there are issues about the time taken to get them and questions about the equity of current funding arrangements.
- Older people can find it more difficult to maintain their homes in a good state of repair. Helping them to do this can improve health and reduce hospital admissions. Keeping the home sufficiently warm is also a major challenge for many older people, particularly in rural areas.
- Moving home can be particularly stressful for older people, as it can mean leaving a long time family home. There may be a need for practical support, including the provision of information and advice about alternative options.

4. preventative support:

Supportive local community and strong social networks are recognised as important in supporting older people, particularly single older people, to reduce loneliness and live independently at home. Many older people receive telecare services, most frequently in sheltered housing. Telecare can provide significant benefits for older people and carers, as part of a package of support to maintain independence and wellbeing.

5. new housing provision:

It is important that new housing makes the maximum impact, meeting the needs of an ageing population. Homes must be easily accessible and adaptable.

These five outcomes form the framework for this strategy. Underlying the outcomes are four key principles: older people as an asset; choice; planning ahead; and preventative support. The strategy presents a ten year vision and programme of action.

This strategy recognises the vital contribution made by our older people, not least in caring for others in society. We are going through difficult times, with an ageing population and major financial challenges. These challenges can only be tackled in partnership with others, by listening more to older people, and recognising their right to choose what suits them. Solutions will not be the same everywhere or for everyone, but an increased focus on prevention should be evident everywhere. The launch of this strategy marks a shared commitment to give greater priority, collectively, to these issues in future to help our older people live independently at home in their communities.

Country/Organization: United Kingdom	Publishing unit: The Scottish Government	Year: 2012
<p>Title: A National Telehealth and Telecare Delivery Plan for Scotland to 2015 Driving Improvement, Integration and Innovation Excerpts of policy contents</p>		
<p>Telecare and telehealth have already made an effective contribution to the early redesign of our health, social care, housing, third and independent sector services in Scotland – our challenge now is to continue to innovate and expand 'technology-enabled' service redesign at scale. This national delivery plan outlines Scotland's ongoing commitment and investment in this area.</p> <p>New Opportunities:</p> <ul style="list-style-type: none"> - Investing in our Digital Infrastructure - Reshaping Care and Integration - Self Directed Support (SDS) and Self Management - Co-Production - Innovation <p>This Delivery Plan sets out six workstreams</p> <ol style="list-style-type: none"> 1. Improve and integrate health and social care 2. Enhance wellbeing 3. Empower people 4. Improve sustainability and value 5. Support economic growth 6. Exchange learning, develop and embed good practice <p>"Telehealth" is the provision of health services at a distance using a range of digital and mobile technologies. This includes the capture and relay of physiological measurements from the home/community for clinical review and early intervention, often in support of self-management; and "teleconsultations" where technology such as email, telephone, telemetry, video conferencing, digital imaging, web and digital television are used to support consultations between professional to professional, clinicians and patients, or between groups of clinicians.</p> <p>"Telecare" is the provision of care services at a distance using a range of analogue, digital and mobile technologies. These range from simple personal alarms, devices and sensors in the home, through to more complex technologies such as those which monitor daily activity patterns, home care activity, enable 'safer walking' in the community for people with cognitive impairments/physical frailties, detect falls and epilepsy seizures, facilitate medication prompting, and provide enhanced environmental safety.</p> <p>"Telehealthcare" is used as an overarching term to describe both telehealth and telecare together.</p>		
Country/Organization: United Kingdom	Publishing unit: The Scottish Government	Year: 2019
<p>Title: A Fairer Scotland for Older People A Framework for Action Excerpts of policy contents</p>		
<p>This framework is the result of an engagement process with older people (which we define as being over 50 for the purposes of this framework) across Scotland through the involvement of many of the organisations that support them. They identified the issues that are key to ensuring people are healthy, happy and secure in older age.</p> <p>The framework provides a platform from which we can reframe our thinking about older people, to move from what can be a negative, problem-focused perspective to a positive and cohesive recognition of older people as a vital part of Scotland's potential for success and improvement in the 21st century.</p>		

Communities

Older people have told us they want action to ensure they have access to:

- opportunities to remain actively engaged with, and involved in, their communities
- measures to improve community safety and reduce their vulnerability to scam callers and other kinds of elder abuse
- concessionary travel and transport
- activity that brings different generations together
- adequate housing that continues to meet their needs as they age.

what government and stakeholders are doing, and will do:

- Promoting LGBT equality: Continue to support the LGBT Age project, which provides LGBT people over 50 (including those 'coming out' later in life) with support, social groups and activities, raising awareness of the needs of older LGBT people and promoting greater inclusion both within the LGBT community and more widely.
- Tackling social isolation and loneliness
- Supporting volunteering
- Supporting the veterans community
- Tackling and preventing malnutrition
- Keeping physically fit and active
- Avoiding falls
- Transforming local democracy
- Ensuring housing for all
- Protecting from scamming and other forms of abuse
- Promoting intergenerational activity
- Engaging with culture and supporting creativity
- Hearing the rural voice and promoting inclusive growth

Accessing Services

Older people want action to ensure they have access to:

- the public services they need
- adequate numbers of care sector workers in the wake of Brexit
- the health and social care services they require, including mental health
- opportunities to influence how health and social care integration is organised and delivered.

what government and stakeholders are doing, and will do:

- Supporting community facilities
- Promoting transport links
- Promoting self-directed support
- Integrating health and social care
- Developing a national programme to support local reform of adult social care
- Addressing mental health issues in older age / Supporting people with dementia and their carers
- Planning the delivery of integrated services
- Supporting people with sensory impairment
- Introducing technology-enabled care / Promoting digital participation
- Providing health and social care for older prisoners

Financial Security

Older people want action to ensure they have access to:

- flexible employment opportunities
- measures and initiatives that promote their financial security (including pensions, benefits, meeting funeral costs and avoiding fuel poverty)
- support for planning for life changes
- measures to address the issues raised by the rising retirement age and the implications it has for older people's caring responsibilities and volunteering opportunities.

What government and stakeholders are doing, and will do:

- Promoting ongoing employment for older people
- Making training and education accessible to all in older age

- Ensuring financial security in older age
- Protecting the State Pension
- Tackling fuel poverty and promoting energy efficiency
- Supporting unpaid carers
- Tackling funeral poverty

Country/Organization:
United States

Publishing unit:
American Academy of Nursing

Year:
2019

Title:

American Academy of Nursing on Policy position statement: Disaster preparedness for older adults

Excerpts of policy contents

1. Assisted living facilities should have uniform emergency disaster preparedness requirements amending the 2016 U.S. Department of Health and Human Services final rule (Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers) to require that all licensed care facilities, subject to any applicable state size requirements, submit practical emergency plans for approval to their state governments, and local emergency management services.
2. Nursing homes and assisted living facilities, as providers of health care services, should be classified within each state's emergency response system for Public Health and Medical Services, thereby making these facilities eligible for federal evacuation resources under the federal National Disaster Medical System.
3. Nursing homes and assisted living facilities should be assigned a high priority for power restoration by their local utility companies, similar to the level that hospitals would receive. Furthermore, the prioritization of power restoration to these facilities should be incorporated into the framework of local, state, and national emergency preparedness planning and response efforts.
4. Nursing homes and assisted living facilities should be required to have their own back-up generators that support heating, ventilation and air conditioning (HVAC) systems, especially in light of the recent tragic examples and consequences of power failures that have occurred in conjunction with weather related disaster events. Although the CMS final rule has requirements for "alternate sources of energy to maintain temperatures to protect resident health and safety" it does not specifically require the presence of back-up generators for HVAC systems. To enable this proposed requirement, some level of state and or federal funding should be made available to provide nursing homes and assisted living facilities with the necessary finances to achieve compliance. Additionally, uniform guidelines and protocols related to temperature control following power outages should be required, including protocols and mechanisms that provide for accurate temperature monitoring and readings at all times.
5. Due to the frailty, limitations in ADLs, and level of cognitive impairment in many nursing home and assisted living facility residents, targeted funding of disaster research to inform evidence-based actions and decisions regarding safe evacuation and sheltering in place for these populations is warranted.

Country/Organization:
United States

Publishing unit:
N/A

Year:
2008

Title:

Medicare Improvements for Patients and Providers Act of 2008

Excerpts of policy contents

To amend titles XVIII and XIX of the Social Security Act to extend expiring provisions under the Medicare Program, to improve beneficiary access to preventive and mental health services, to enhance low-income benefit programs, and to maintain access to care in rural areas, including pharmacy access, and for other purposes.

Coordination of efforts to inform older Americans about benefits available under federal and state programs

- (A) maintain and update web-based decision support tools, and integrated, person-centered systems, designed to inform older individuals (as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)) about the full range of benefits for which the individuals may be eligible under Federal and State programs;

- (B) utilize cost-effective strategies to find older individuals with the greatest economic need (as defined in such section 102) and inform the individuals of the programs;
- (C) develop and maintain an information clearinghouse on best practices and the most cost-effective methods for finding older individuals with greatest economic need and informing the individuals of the programs; and
- (D) provide, in collaboration with related Federal agency partners administering the Federal programs, training and technical assistance on the most effective outreach, screening, and follow-up strategies for the Federal and State programs.

Country/Organization:
United States

Publishing unit:
N/A

Year:
2010

Title:
Health Care and Education Reconciliation Act of 2010
Excerpts of policy contents

To provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010

Country/Organization:
United States

Publishing unit:
N/A

Year:
2010

Title:
Patient Protection and Affordable Care Act
Excerpts of policy contents

Immediate Improvements in Health Care Coverage for All Americans

Country/Organization:
United States

Publishing unit:
N/A

Year:
2010

Title:
Workforce Innovation and Opportunity Act
Excerpts of policy contents

To amend the Workforce Investment Act of 1998 to strengthen the United States workforce development system through innovation in, and alignment and improvement of, employment, training, and education programs in the United States, and to promote individual and national economic growth, and for other purposes

Country/Organization:
United States

Publishing unit:
N/A

Year:
2010

Title:
Older Americans Act Reauthorization Act of 2016
Excerpts of policy contents

To reauthorize the Older Americans Act of 1965.

Administration on Aging

- collect and analyze best practices related to responding to elder abuse, neglect, and exploitation in long-term care facilities, and publish a report of such best practices
- provide information and technical assistance to States, area agencies on aging, and service providers, in collaboration with relevant Federal agencies, on providing efficient, person-centered transportation services, including across geographic boundaries
- identify model programs and provide information and technical assistance to States, area agencies on aging, and service providers (including providers operating multi-purpose senior centers), to support the modernization of multipurpose senior centers

- provide technical assistance to and share best practices with States, area agencies on aging, and Aging and Disability Resource Centers, on how to collaborate and coordinate services with health care entities, such as Federally-qualified health centers in order to improve care coordination for individuals with multiple chronic illnesses

State and community programs on aging

- area plans (establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multi-generational and older individual to older individual work; increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate)
- state plans
- nutrition services incentive program
- supportive services
- home delivered nutrition services program
- nutrition services
- evidence-based disease prevention and health promotion services program
- older relative caregivers
- national family caregiver support program

Country/Organization:
United States

Publishing unit:
N/A

Year:
2017

Title:

Elder Abuse Prevention and Prosecution Act

Excerpts of policy contents

To prevent elder abuse and exploitation and improve the justice system's response to victims in elder abuse and exploitation cases

- Supporting federal cases involving elder justice
- Improved data collection and federal coordination
- Enhanced victim assistance to elder abuse survivors
- Robert Matava Elder Abuse Prosecution Act of 2017 (enhanced penalty for telemarketing and email marketing fraud directed at elders)

Country/Organization:
United States

Publishing unit:
N/A

Year:
2018

Title:

Bipartisan Budget Act of 2018

Excerpts of policy contents

To amend title 4, United States Code, to provide for the flying of the flag at half-staff in the event of the death of a first responder in the line of duty; Supplemental appropriations, tax relief, and Medicaid changes relating to certain disasters and further extension of continuing appropriations

Country/Organization:
United States

Publishing unit:
N/A

Year:
2017

Title:

Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017 (RAISE Family Caregivers Act)

Excerpts of policy contents

1. The Act defines 'Family Caregiver' as an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation.

2. The Act outlines the Family Caregiving Strategy comprising family caregivers program, content of the program, and responsibilities of different stakeholders.
3. The Act makes provisions for setting up of Family Caregiving Advisory Council as well as its membership, procedures for its meeting and reporting etc.

Country/Organization:
United States

Publishing unit:
N/A

Year:
2018

Title:
Supporting Grandparents Raising Grandchildren Act

Excerpts of policy contents

1. The main purpose of this Act is to establish a Federal Advisory Council to Support Grandparents Raising Grandchildren.
2. The Act outlines the rules and procedures for forming the Council, its membership, and Council's roles and responsibilities, as well as reporting mechanism.
3. The main roles and responsibilities of the Council are to identify, promote, coordinate, and disseminate to the public information, resources, and the best practices available to help grandparents and other older relatives

Country/Organization:
United States

Publishing unit:
N/A

Year:
2019

Title:
Arizona State Plan on Aging 2019-2022

Excerpts of policy contents

- Goal One: Access and Promotion of Statewide Aging Services
 Goal Two: Awareness and Understanding of Aging Issues
 Goal Three: Remain Active, Healthy and Living Independently
 Goal Four: An Integrated and Well-trained Workforce
 Goal Five: Enhancement and Maintenance of All State Aging Services

Country/Organization:
United States

Publishing unit:
N/A

Year:
2014

Title:
2014-2018 Arizona Healthy Aging Plan

Excerpts of policy contents

1. The Healthy Aging Plan represents a commitment by the Arizona Department of Health Services to work with other stakeholders to create a healthier future for older adults in Arizona.
2. Three major goals identified as priority areas in helping Arizonans live both longer and better identified in the Plan are:
 - Increase awareness of the impact of Alzheimer's Disease;
 - Reduce the impact of falls-related injuries; and
 - Increase the capacity of older adults to manage their chronic disease conditions.
3. Under each goal, strategies have been identified to achieve that goal.

Country/Organization:
United States

Publishing unit:
N/A

Year:
2017

Title:
California State Plan on Aging 2017-2021

Excerpts of policy contents

Implementing federal plan in the state; Key socio-demographic factors that will shape funding needs and priorities; Priorities, unmet needs, and promising practices identified by CDA with input from the AAAs, other program providers, and key stakeholders; DA's objectives focused on working with the AAAs to provide cost-effective, high quality services to older adults, persons with disabilities, and their informal caregivers; and Additional target populations that CDA, in collaboration with the AAAs, and other program providers, seeks to better serve through more culturally competent

outreach and services to these often underserved groups, including, but are not limited to: individuals who are Holocaust survivors; Native Americans; recent refugees; Lesbian, Gay, Bisexual, Transsexual, Queer, Questioning or Intersex (LGBTQI) older adults; adults with disabilities; and family caregivers.

Country/Organization:
United States

Publishing unit:
N/A

Year:
2016

Title:

Delaware State Plan on Aging October 1, 2016 to September 30, 2020

Excerpts of policy contents

The 2016 - 2020 State Plan on Aging focuses on four important areas:

- a. Older Americans Act core programs,
- b. Administration for Community Living discretionary grants,
- c. Participant-directed/person-centered planning, and
- d. Elder justice

The plan includes seven goals:

1. Promote excellence in the delivery of core Older Americans Act Programs
2. Carry out advocacy efforts to develop service structures that improve the lives of older persons, adults with disabilities, and their caregivers
3. Increase the business acumen of aging network partners
4. Develop strategies to fully integrate discretionary grant programs with Older Americans Act core programs
5. Support participant-directed/person-centered planning related to long-term care options
6. Support the expansion of home and community based services which enable participants to direct their own care
7. Support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation

Country/Organization:
United States

Publishing unit:
N/A

Year:
2017

Title:

Florida State Plan on Aging 2017-2020

Excerpts of policy contents

- Goal 1: Information and Access - Enable older Floridians, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, as well as long-term and end-of-life care
- Goal 2: Provide medical and home and community-based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers
- Goal 3: Health and Wellness - Empower older Floridians and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status
- Goal 4: Ensure that the legal rights of older Floridians are protected and prevent their abuse, neglect, and exploitation
- Goal 5: Promote planning and collaboration at the community level that recognize the benefit and needs of its aging population
- Goal 6: Maintain effective and responsive management

Country/Organization:
United States

Publishing unit:
N/A

Year:
2017

Title:

2017 - 2019 Hawaii State Plan on Aging

Excerpts of policy contents

Goals of the Plan:

1. Maximize opportunities for older adults to age well, remain active, and enjoy quality lives while engaging in their communities;
2. Forging partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges for the aging population;

3. Developing a statewide Aging and Disability Resource Center (ADRC) system for older adults and their families to access and receive long-term services and supports (LTSS) within their respective counties;
4. Enabling people with disabilities and older adults to live in the community through the availability of and access to high-quality LTSS, including supports for families and caregivers; and
5. Optimizing the health, safety, and independence of Hawaii's older adults.

The Plan also identifies barriers and obstacles in achieving the targets. These include lack of funding, breakdown in communication between partners etc.

Country/Organization:
United States

Publishing unit:
N/A

Year:
2017

Title:
Illinois State Plan on Aging for FY2017-FY2019g

Excerpts of policy contents

Rebalance Illinois' Long-Term Care System to Enhance Home and Community-Based Services; implementing Adult protective services program; Sustain and expand the community-based Aging Network in anticipation of future growth.

Country/Organization:
United States

Publishing unit:
N/A

Year:
2019

Title:
Indiana State Plan on Aging Federal Fiscal Years 2019-2022

Excerpts of policy contents

In an effort to create a more person-centered system that meets the needs and expectations of older adults and their families, the 2019-2022 State Plan on Aging outlines a vision for a future that provides efficient and effective access to services and supports when individuals need them, provided in homes or in community-based settings, prevents or delays nursing facility placement, and maximizes an individual's ability to remain as independent as possible within their community.

Goals under the Plan are:

- Goal 1: Improve the performance of Indiana's aging network to efficiently and effectively meet the needs of its growing senior population.
- Goal 2: Support caregivers' ability to provide ongoing informal supports.
- Goal 3: Enhance the current dementia care or specialty care competencies.
- Goal 4: Strengthen statewide systems for advocacy and protection of older adults.
- Goal 5: Institute policies and evidence-based programs to positively impact social determinants of health.

Country/Organization:
United States

Publishing unit:
N/A

Year:
2018

Title:
Iowa State Plan on Aging (Federal Fiscal Years 2018-2021)

Excerpts of policy contents

Iowa Aging Network will support older Iowans, Iowans with disabilities, and caregivers as they make informed decisions and exercise self-determination and control about their independence, wellbeing, and health; Iowa Aging Network will enable older Iowans to remain in their own residence and community of choice through the availability of and access to high-quality home and community services and supports, including supports for families and caregivers; Iowa Aging Network will protect and enhance the rights and prevent the abuse, neglect, and exploitation of older Iowans and Iowans with disabilities.

Country/Organization: United States	Publishing unit: N/A	Year: 2018
Title: Kansas State Plan on Aging Federal Fiscal Years 2018-2021 Excerpts of policy contents		
Promote the right care at the right time in the right place through person-centered care; work to increase awareness and prevention of elder abuse, neglect and exploitation; engage with the local aging network and strive to develop new community partnerships.		
Country/Organization: United States	Publishing unit: N/A	Year: 2012
Title: Maine State Plan on Aging October 1, 2012 - September 30, 2016 Excerpts of policy contents		
<ol style="list-style-type: none"> 1. The plan includes goals, objectives, strategies and performance measures to be conducted by the Office of Aging and Disability Services (OADS), Maine's State Unit on Aging 2. The federal Older Americans Act of 1965 requires all states to prepare a periodic State Plan on Aging in order to receive federal funds under the Act. 3. The Plan reflects the collaborative efforts of the OADS, public and private statewide organizations, service providers, employers, advocacy groups, volunteers, and the public 4. The Goals of the Plan are: <ul style="list-style-type: none"> Goal 1: Protect the rights of aging adults, and enhance the response to elder abuse, neglect, and exploitation. Goal 2: Assist aging people and their families to make informed decisions about, and be able to easily access, existing health, and long-term care options. Goal 3: Enable older adults to remain safely in their community ensuring a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers. Goal 4: Encourage aging people to stay active, healthy and connected to their communities through employment, civic engagement, and evidence-based disease prevention programs. Goal 5: Increase programmatic consistency and the appropriate transfer of information between OADS, Maine's Area Agencies on Aging (AAAs) and Aging & Disability Resource Centers (ADRCs), and Aging Network partners, to ensure data integrity, quality, and access to services for aging adults. Goal 6: Continue to educate policy makers and state leaders about the aging demographic and encourage policy initiatives that address resource allocation related to this demographic shift." 		
Country/Organization: United States	Publishing unit: N/A	Year: 2017
Title: Maryland State Plan on Aging 2017-2020 Excerpts of policy contents		
Advocate to ensure the rights of older adults and their families and prevent their abuse, neglect, and exploitation; Support and encourage older adults, individuals with disabilities, and their loved ones to easily access and make informed choices about services that support them in their home or community; Create opportunities for older adults and their families to lead active and healthy lives; Finance and coordinate high quality services that support individuals with long term needs in a home or community setting; Lead efforts to strengthen service delivery and capacity by engaging community partners to increase and leverage resources.ities.		

Country/Organization: United States	Publishing unit: N/A	Year: 2018
Title: Massachusetts State Plan on Aging To the Administration for Community Living 2018-2021 Excerpts of policy contents		
Goal 1: support aging in community Goal 2: in response to evolving demographic changes, support caregivers and make Massachusetts dementia capable Goal 3: empower healthy aging Goal 4: prevent injury, violence and exploitation of older adults Goal 5: strengthen “no wrong door” access to aging and disability services Goal 6: ensure quality, value, and person-centered community based care through data-driven evidence-informed methods		
Country/Organization: United States	Publishing unit: N/A	Year: 2015
Title: Minnesota Board on Aging State Plan FFY 2015-2017 Excerpts of policy contents		
Four Goals are identified under the Plan: Goal 1: Educate and empower older adults and their families to make informed decisions about, and be able to easily access, home and community-based services. Goal 2: Enable older adults and family caregivers to live well at home by accessing proven interventions and home and community-based services. Goal 3: Ensure the rights of older adults and prevent their abuse, neglect and exploitation. Goal 4: Assist communities to support and engage their older population		
Country/Organization: United States	Publishing unit: N/A	Year: 2015
Title: New Hampshire State Plan on Aging October 1, 2015 through September 30, 2019 Excerpts of policy contents		
Ensuring that NH infrastructure meets the growing needs of the elderly and caregivers; increase community awareness about healthcare frauds and abuse; promote person centric service delivery; strengthen adult protection efforts.		
Country/Organization: United States	Publishing unit: N/A	Year: 2013
Title: New Jersey State Strategic Plan on Aging October 1, 2013 – September 30, 2017 Excerpts of policy contents		
Empower older adults to be active, healthy and engaged in their communities; ADRC Partnership serves as the no wrong door/single entry point to home and community-based and long term services and supports for older adults, persons with disabilities and their caregivers, regardless of their income; Older adults and their caregivers have access to the full array of public and private home and community-based services (HCBS), regardless of income; Ensure the rights of older people and prevent their abuse, neglect and exploitation; Ensure older adults and the network that serves them are better ready for the next emergency.		

Country/Organization: United States	Publishing unit: N/A	Year: 2015
Title: 2015-2019 New York State Plan on Aging Excerpts of policy contents		
<p>Strengthening core OAA and state funded services to meet existing and future needs among older adults and their families; Expanding and strengthening the state's No Wrong Door to serve all populations, regardless of age and payer source; Increasing the business acumen of the network to strengthen partnerships with health care providers and developing models that reach new populations;</p> <ul style="list-style-type: none"> - Working with other state agencies and local partners to prevent readmission to hospitals; - Teaching older adults how to manage complex chronic conditions and working to expand to other populations; - Providing one-on-one assistance to understand the complexities of and navigating Medicare and other health insurance; - Assisting individuals in understanding, applying for and receiving benefits they may be eligible for; - Supporting caregivers of all ages to continue to serve their loved ones; Marketing the value of network services in health care and LTSS reorganization; and - Instituting measurements and metrics to determine the efficacy of programs and for program/service improvements. 		
Country/Organization: United States	Publishing unit: N/A	Year: 2019
Title: Oklahoma State Plan on Aging Federal Fiscal Year 2019-2022 Excerpts of policy contents		
<p>The State Plan emphasizes independence, choice, service delivery and efficiency, as well as promoting community-based systems for older Oklahomans.</p> <p>Aging Services has implemented standardized monitoring tools for area agencies across Older Americans Act core programs. Aging Services will be looking to implement the National Core Indicators (NCI) to assess the quality of services and to have true comparable data between our state and other states nationwide.</p> <p>Aging Services will focus on the following four key goals:</p> <p>Goal 1: Support availability, flexibility and sustainability of Older Americans programs. At the same time, Aging Services will continue to provide technical support, conduct research on national best practices and assist the Area Agencies on Aging to implement quality programs.</p> <p>Goal2: To expand, enhance, and ensure the sustainability of gap-filling respite services to Oklahoma family caregivers across the lifespan and disability spectrum.</p> <p>Goal3: Aging services will support a person-centered approach to outreach services to meet individual and diverse needs.</p> <p>Goal4: Ensure the rights of older Oklahomans and prevent their abuse, neglect and exploitation.</p>		
Country/Organization: United States	Publishing unit: N/A	Year: 2017
Title: Oregon State Plan on Aging October 1, 2017 – September 30, 2021 Excerpts of policy contents		
<p>Aging and Disability Resource Connection/No Wrong Door; Person-directed services and supports; Nutrition services; Disease prevention/Health promotion; Family caregiver supports; Legal assistance and Elder Rights Protection; American Indian Programs.</p>		

Country/Organization: United States	Publishing unit: N/A	Year: 2016
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Title:
Pennsylvania 2016-20 State Plan on Aging

Excerpts of policy contents

Pennsylvania Department of Aging (PDA) facilitates the provision of important aging services, including caregiver support, employment, health and wellness, help at home, housing, insurance, legal assistance, meals, ombudsman, prescriptions, protective services, and transportation.

There are four state plan goals – promote existing services, improve access to services, enhance quality of services, and empower the workforce.

Country/Organization: United States	Publishing unit: N/A	Year: 2015
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Title:
Rhode Island State Plan on Aging October 1, 2015 to September 30, 2019

Excerpts of policy contents

To enable elders to remain in their own homes with high quality of life for as long as possible through the provision of home and community based services, including support for family caregivers; empower older people to stay healthy; protect rights of older people and prevent abuse and neglect; empower older people and their family to make informed decisions about their healthcare.

Country/Organization: United States	Publishing unit: N/A	Year: 2017
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Title:
South Carolina State Plan on Aging 2017-2021

Excerpts of policy contents

The Plan provides an outline for how the Lieutenant Governor’s Office on Aging (LGOA) coordinates ageing programs and services, and details how the LGOA will carry out its mission of enhancing the quality of life of South Carolina’s older citizens, regardless of whether they participate in OAA programs. The Plan incorporates major goals, strategies, and objectives

developed by the LGOA, as well as input from various needs evaluations conducted throughout the state and from aging network partners. The Plan gives strategic direction to the state’s aging network, including the 10 regional Area Agencies on Aging (AAA’s) and their contracted service providers.

The Plan also ‘lays out a long-term strategic blueprint that focuses on how the state will modernize its service delivery system, while expanding the service options available for older South Carolinians, adults with disabilities, and their families. It also sets goals for consumer choice, and person centered and self-directed services. It addresses marketing, outreach, and advocacy issues, as well as the development of initiatives geared toward promoting evidence-based, consumer-directed, and community-based long-term services and supports.’

- Goal 1: Empower older adults and persons with disabilities, their families, caregivers, and other consumers by providing information, education, and counselling on their options to live as independently as possible in the community.
- Goal 2: Enable older South Carolinians and people with disabilities to live in the community and access high quality long-term services and supports through the provision of home and community-based services, including support for families and caregivers.
- Goal 3: Empower older adults to stay active and healthy through Older Americans Act services and other non-OAA services provided through the LGOA and South Carolina Aging Network.
- Goal 4: Ensure the rights of older adults and persons with disabilities and prevent their abuse, neglect, and exploitation.
- Goal 5: Maintain effective and responsible management of OAA services offered through the LGOA and within the 10 service regions in South Carolina.

Country/Organization: United States	Publishing unit: N/A	Year: 2017
Title: South Dakota State Plan on Aging October 1, 2017 - September 30, 2021 Excerpts of policy contents		
Increase education and awareness of long-term services and supports available to older adults and adults with physical disabilities; Promote the ADRC Call Centers as the single point of entry for all aging and disability services at the state and local level; expand and improve services, collaborate with partners, provide training, define key measures, and utilize data to become more efficient and consistent. Only through continuous improvement can we meet the needs of the future; ensure quality aging.		
Country/Organization: United States	Publishing unit: N/A	Year: 2017
Title: Tennessee State Plan on Aging October 1, 2017 - September 30, 2021 Excerpts of policy contents		
Programmes are cost effective and meet best practices; developing partnership with aging network, community based groups and local governments; ensure Tennesseans have access to information and can make informed decisions about living healthy.		
Country/Organization: United States	Publishing unit: N/A	Year: 2017
Title: Vermont State Plan on Aging FFY 2019-2022 Excerpts of policy contents		
<p>The State is required by federal regulation to:</p> <ol style="list-style-type: none"> Develop a State Plan for submission to the Assistant Secretary on Aging; Administer the State Plan in accordance with Title III of the OAA, as amended; Be responsible for planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the objectives of the OAA; Serve as an effective and visible advocate for older individuals by reviewing, commenting on and recommending appropriate action for all State plans, budgets and policies which may impact older Vermonters; and, Provide technical assistance and training to any agency, organization, association or individual representing the needs and interests of older individuals. <p>Goal 1: Support Healthy Aging for All</p> <p>Objective 1.1: Increase older Vermonter participation in evidence-based falls prevention interventions and programs.</p> <p>Objective 1.2: Increase behavioral health prevention, treatment and recovery for older Vermonters.</p> <p>Objective 1.3: Increase engagement to reduce impacts of isolation and loneliness on health and wellbeing of older Vermonters.</p> <p>Objective 1.4: Increase meaningful employment opportunities for older Vermonters to support health and financial security of individuals and a prosperous economy.</p> <p>Goal 2: Strengthen Core Older Americans Act Services That Support Older Vermonters in Greatest Economic and Social Need</p> <p>Objective 2.1: Information and Referral/Assistance (I&R/A): Improve I&R/A statewide so that all older Vermonters and people with disabilities who seek I&R/A through the Senior Helpline will have a consistent and high-quality experience.</p> <p>Objective 2.2: Nutrition: Increase food security of older Vermonters through the Home Delivered Meal program.</p> <p>Objective 2.3: Case Management: Support older Vermonters to live in settings they prefer through high-quality case management (both OAA and Choices for Care), including person-centered planning.</p> <p>Objective 2.4: Family Caregiver Support: Ensure family caregivers of older adults are well supported through access to assessment, education, training and respite.</p>		

Goal 3: Bolster The System of Protection And Justice for Older Vermonters

Objective 3.1: Improve prevention efforts to protect vulnerable older adults against abuse, neglect and exploitation while maximizing their autonomy, with a focus on financial exploitation.

Objective 3.2: Increase awareness of Vermont's programs that protect vulnerable older adults, including Adult Protective Services, Office of Public Guardian, the Long-Term Care Ombudsman Program, and Legal Services.

Country/Organization:
United States

Publishing unit:
N/A

Year:
2019

Title:

Virginia State Plan for Aging Services (October 1, 2019 to September 30, 2023)

Excerpts of policy contents

The Plan provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

The Plan goals are as below:

1. Health Promotion and Engagement
2. Information, Access and Coordination Services
3. Elder Justice
4. Caregiving

Country/Organization:
United States

Publishing unit:
N/A

Year:
2018

Title:

Washington State Plan on Aging 2018-2022

Excerpts of policy contents

The goals are:

- Person-Centered Home and Community based Services
- Elder Rights and the protection of vulnerable adults
- Healthy Aging
- Expanding and strengthening services and supports that prevent or delay entry into Medicaid funded long term services and support (LTSS).
- Improve health status by empowering older people and people with disabilities to stay healthy and active through expansion of evidence based healthy aging programs and improve health outcomes through coordination of care through integrated health and long term supports and services.
- Promote Equity, Diversity, and Inclusion (EDI) practices

Country/Organization:
United States

Publishing unit:
N/A

Year:
2019

Title:

State of Wisconsin Aging Plan for Older People Federal Fiscal 2019-2021

Excerpts of policy contents

The goals for this State Aging Plan are grouped into the following areas:

Goals for Older Americans Act Core Programs

- Supportive Services Legal Assistance and Elder Benefits Program
- Wisconsin Nutrition Program for Older Adults
- Evidenced Based Health Promotion
- National Family Caregiver Support Program
- Services for People with Dementia
- Coordination

Goals for Participant-Directed/Person-Centered Activities

Goals for Elder Justice

- Elder Abuse and Neglect Programming
- Long Term Care Ombudsmen

Goals for Quality Management

- Goals to Improve Quality of Programs

Country/Organization:

United States

Publishing unit:

Ministry of Gender, Labour and Social Development

Year:

2009

Title:

National Policy for Older Persons

Excerpts of policy contents

Perspectives: "Ageing with security and dignity"

Rationale is to provide a framework for:

- i. Enhancing the recognition of the roles, contributions and potentials of older persons in the development process;
- ii. Strengthening the informal and formal community based support systems and actions for older persons dignity;
- iii. Promoting actions that encourage older persons to pass knowledge to the younger generation;
- iv. Guiding, coordinating and harmonizing interventions for older persons by stakeholders; and
- v. Promoting research on issues of older persons.

Objectives:

1. Provide a framework for legislation, coordination and programming for older persons.
2. Create a conducive environment for strengthening family and community based support systems for older persons;
3. Provide opportunities for strengthening the capacities of older persons to harness their potentials
4. Promote the mainstreaming of older persons issues in the monitoring and evaluation systems of stakeholders.

Strategies:

1. Lobbying and advocacy
2. Capacity building (knowledge, skills, logistics of stakeholders)
3. Continuous participatory action research for evidence based programming
4. Collaboration and networking
5. Institutionalising mechanisms for coordination, monitoring and evaluation of programmes
6. Participation
7. Mainstreaming
8. Family and community based care
9. Decentralised service delivery

Priorities:

1. Economic Empowerment (income generation, savings, micro-credit, markets, entrepreneurship, labour force participation)
2. Social security (grants schemes, informal social security systems, pre-retirement survival training, community participation)
3. Food security and nutrition
4. Health
5. HIV and AIDS
6. Training and lifelong learning
7. Water and sanitation
8. Shelter
9. Addressing gender inequalities
10. Psycho-social support and care of older persons
11. Conflicts and emergencies
12. Psycho-social support and care of older persons
13. Research and Documentation

Country/Organization: Viet Nam	Publishing unit: Ministry of Labor, Invalids and Social Affairs	Year: 2012
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Title:
National Strategy on Gender Equality for the 2011-2020 period
Excerpts of policy contents

Perspectives:

- Gender equality as a foundation for human resource development
- Gender equality as one of the basic elements to improve the quality of life of every person, every family and the whole society

Objectives:

1. To intensify women's participation in managerial and leading positions in order to gradually narrow gender gap in the political field
2. To narrow the gender gap in the economic, labor and employment domains; to increase access of rural poor women and ethnic minority women to economic resources and the labor market
3. To raise the quality of female human resources, gradually ensure equal participation in the education and training between men and women.
4. To ensure gender equality in access to and benefit from healthcare services
5. To ensure gender equality in the cultural and information domain
6. To ensure gender equality in family life, gradually eliminating gender-based violence
7. To enhance capacity of gender equality state management

Strategies (Solutions)

1. Enhance the leadership, direction and inspection of gender equality work
2. Strongly accelerate information, popularization and education in order to raise the awareness of cadres, civil servants, public employees, laborers and people about gender equality
3. Develop systems of quality services in order to advocate women-men equality in opportunity, participation and benefits in various aspects of the social life
4. Mobilize and efficiently use financial resources for gender equality work; to spend State budget for gender equality work according to current State budget decentralization
5. Promote research into gender equality in various aspects - to build a database of gender equality to serve gender equality research and policymaking
6. Boost multilateral and bilateral international cooperation on gender equality.

Country/Organization: Viet Nam	Publishing unit: National Council for Competitiveness Improvement and Sustainable Development	Year: 2012
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Title:
Viet Nam Sustainable Development Strategy for 2011-2020
Excerpts of policy contents

Perspectives:

Human beings are the center of sustainable development
To create favorable conditions for every individual and community to have equal opportunity to develop talents, access to joint resources, and participate in building of, contribute to and benefit from knowledge, material and cultural backgrounds for the next generations.

Objectives:

1. To ensure macroeconomic stability, especially macro indexes; to firmly maintain food security, energy security and financial security
2. To develop a democratic, disciplined, harmonious, equal and civilized society; a progressive culture deeply imbued with national identity; prosperous, progressive and happy families

3. To mitigate negative impacts of economic activities on the environment; Reasonably exploit and effectively use natural resources, especially non-renewable ones. Prevent, control and repair environmental pollution and degradation, improve the quality of the environment, protect and develop forests and conserve biodiversity; To reduce harmful effects of natural disasters, actively and effectively respond to climate change, especially sea level rise.

Economic priorities:

1. To maintain sustainable economic growth, gradually carry out green growth, develop clean and renewable energies
2. To carry out sustainable production and consumption
3. To ensure food security, develop agriculture and rural areas in a sustainable manner
4. Sustainable development for economic zones and localities

Social priorities (selected):

1. To accelerate poverty reduction toward sustainability; create sustainable employment; implement social progress and equality; fruitfully realize social security policies
2. To stabilize population size, improve the quality of population (proactively adjust population growth rate, maintain reasonably low fertility rate, effectively settle structure-related issues of the population; improve reproductive health,
3. health of women and children; gradually improve the quality of the race, longevity and health of Vietnamese people.
4. To develop culture in harmony with the development of the economy and Vietnamese families.
5. To sustainably develop urban areas, build new rural areas and properly allocate population and labor in each region.
6. To advance the quality of education and training in order to improve intellectual standard of people and professional skills in favor of the requirements for national, regional and local development.

Country/Organization:
Viet Nam

Publishing unit:
**Executive Board of the National Program for
Prevention and Control of Tobacco Harms**

Year:
2013

Title:
National Strategy for prevention and control of tobacco's harmful effects through 2020

Excerpts of policy contents

Perspectives:

To lower and control tobacco demand to gradually [limit?] tobacco supplies in the Vietnamese market so as to reduce disease and death risks caused by tobacco use

Objectives:

1. To reduce the rate of smoking among youth, females and males
2. To enhance people's awareness of law compliance on the formulation of a smoke free environment.

Strategies ("Solutions"):

1. To improve policies and legal regulations on the prevention and control of tobacco's harmful effects
2. Information, education and communication solution to prevention and control of tobacco harms
3. Financial: To diversify funding for tobacco harm prevention and control from different sources

Country/Organization:
Zambia

Publishing unit:
**Ministry of Community Development, Mother and
Child Health**

Year:
2014

Title:
National Social Protection Policy

Excerpts of policy contents

Perspectives: "Reducing poverty, inequality and vulnerability"

Vision: "A middle income nation free from constant or periodic critical levels of poverty, deprivation and extreme vulnerability by 2030."

Objectives

1. Social assistance: reduce extreme poverty and destitution; enhance food and nutrition security; build human capital of poor householders to curb inter-generational transfer of poverty
2. Social security and Social Health Insurance: All inclusive and comprehensive social security system; Universal health coverage through social health insurance for all
3. Livelihood Empowerment: Enhance access to productive resources and skills; Promote employment opportunities and income generating activities; Increase livelihood potential to meet food and nutrition security needs
4. Protection: Protect vulnerable populations from all forms of abuse, violence, discrimination, denial and neglect; enhance the social status and progressive realization of the socio-economic and cultural rights of the excluded and marginalized.
5. Disability: Right to an adequate standard of living for people living with disabilities; equitable access to opportunities by persons living with disabilities

Country/Organization:
Zambia

Publishing unit:
Ministry of Health

Year:
2012

Title:

National Health Policy

Excerpts of policy contents

Perspectives: A Nation of Healthy and Productive People

Objectives:

1. Awareness creation through family health promotion that the responsibility for one's health rests in the individuals as an integral part of the family, community and nation.
2. Awareness among Government employees and the community at large that, health problems can only be adequately solved through multi-sectoral collaboration involving such sectors as Education, Agriculture, Water, Private Sector, including not for profit and faith based organisations
3. Ensure that the health services are equitably available and accessible to all the people in the country
4. Train and make available competent and adequate number of human resources to manage health services.
5. Ensure the availability of drugs, reagents and medical supplies and infrastructures.
6. Promote and sustain public-private partnership in the delivery of health services and regulate practice.
7. Promote traditional medicine and alternative healing system and regulate the practice.
8. Ensure that the health sector is financed through diverse, sustainable equitable and cost effective financing mechanisms.

Country/Organization:
Zimbabwe

Publishing unit:
Ministry of Health and Child Care

Year:
2016

Title:

National Health Strategy For Zimbabwe 2016-2020

Excerpts of policy contents

Vision:

To have the highest possible level of health and quality of life for all Zimbabweans.

Goals or Key Result Areas (KRAs):

- Strengthening priority health programmes
- Improving service delivery platforms or entities, and
- Improving the enabling environment for service delivery

The ultimate goal is to have a healthy population with equitable access to quality services through a strengthened health system.

Mission:

To provide, administer, coordinate, promote and advocate for the provision of equitable, appropriate, accessible, affordable and acceptable quality health services and care to all Zimbabweans while maximizing the use of available resources, in line with the Primary Health Care Approach.

Principles and values

- Underpinning the Ministry of Health and Child Care's vision and mission are the following values:
- Equity in health status and health care
- Gender equality
- Essential quality services
- Cost effectiveness
- Efficiency
- Appropriateness
- Social solidarity
- Affordability
- Client and provider satisfaction
- Transparency and accountability
- Ownership and partnership in health
- Continuous Monitoring and evaluation

Goal 1: To strengthen priority health programmes

Priority 1: Communicable diseases

Priority 2: Non-communicable Diseases (To improve the quality of life of elderly persons and improve life expectancy from 61.5 to 65 years by 2020)

Priority 3: Reproductive, Maternal, Newborn, Child and Adolescents

Priority 4: Public Health surveillance and disaster preparedness and response

Objectives:

1. Commitment to action on healthy ageing: Develop a multi-sectoral policy document that guides the provision of social services to older persons in Zimbabwe; Increase older persons' access to evidence based health interventions for promoting health: medicines and commodities, skilled health care workers, research and development; Review legislation for older persons to develop a law on universal pensions for all older persons; Review and amend the Constitution to adopt 65 years as the definition of older persons in Zimbabwe. Align the Older Persons Act of 2012 to the Constitution to include the rights of older persons.
2. Align health systems to the needs of older persons: Intergrated services that meet the needs of older persons (health workers with appropriate skills; affordable services and financial protection; access to health technologies of assured quality)
3. Develop age-friendly environments: Advocacy on family support systems; engaging key sectors to develop policies that address needs of older persons (education, transport, industry, health, ICT); promote health behaviours; strengthen self-care; facilitate psychological support for older persons caring for orphans
4. Strengthen long-term care: Scale up and formalise community initiatives that include older persons community structures and groups that act as a resource for caregiving and other community development activities
5. Improve measurement, monitoring and research: Use the available mechanisms to collect gender and age differentiated health data on older persons; develop a research agenda to provide evidence on gender sensitive healthy ageing and effectiveness policy and programmatic interventions; Use evidence from research to review and formulate policies and programmes for healthy ageing.

Country/Organization:

Zimbabwe

Publishing unit:

Ministry of Health and Child Care

Year:

2017

Title:

Zimbabwe National Healthy Ageing Strategic Plan (2017-2020)

Excerpts of policy contents

Perspective: Older persons' population was increasing against a background of minimal overall population growth; a quarter of the disabled people in Zimbabwe were older people, and the majority of older persons (82%) lived in rural areas.

Vision: An environment where healthy ageing is guaranteed to achieve functional ability of older persons.

APPENDIX 5: SUMMARIES OF INCLUDED POLICY ANALYSES/ EVALUATIONS

Country assessed: China	Author(s) and year: Yang W, et al (2016)
Title: Financing institutional long-term care for the elderly in China: A policy evaluation of new models	
Aims of study	Methods
To focus on the financing of institutional long-term care (LTC) by examining new models that have emerged from local policy experiments against two policy goals: equity and efficiency.	<p>“A focused systematic narrative review of academic and grey literature is conducted to identify and assess these models, supplemented with qualitative interviews with government officials from relevant departments, care home staff and service users.</p> <p>English and Chinese academic search engines were used, i.e., Web of Knowledge, EBSCO, ScienceDirect and Chinese National Knowledge Infrastructure (CNKI) ... published from 2000 to 2015 ... The key words used in each of the search engines were: ‘China & LTC & financing’, ‘China & LTC & funding’, ‘China & elderly* care & financing’ (or equivalent in Chinese).</p>
Main findings	
<p>Model 1: Social health insurance (the case of Shanghai)</p> <p>Shanghai started to reimburse LTC costs incurred at specialized nursing homes from its social health insurance (SHI) scheme from the mid-2000s. Three SHI schemes coexist in China: the Urban Employee Basic Medical Insurance (UEI) covers urban residents with formal employment before retirement; the Urban Resident Basic Medical Insurance (URI) covers uninsured urban residents, including the disabled and university students; and for the rural elderly, care is reimbursed through the New Cooperative Medical Scheme (NCMS) – a county-level voluntary risk-pooling scheme subsidized by the government.</p> <p>Depending on the type of services, the elderly in Shanghai are eligible for reimbursed LTC costs through SHI. The reimbursement is, however, limited to costs incurred at government-run nursing care facilities.</p> <p>Model 2: Social LTC nursing insurance model (the case of Qingdao)</p> <p>Officially launched in 2012, LTC nursing insurance (LTCNI) is separate from SHI and is dedicated to covering only LTC services at designated care providers. Distinct from most LTC insurance programmes in other societies, the LTCNI scheme in Qingdao is subsidized by the municipal government and draws funds from SHI. It requires no individual or employer contributions (or premiums).</p> <p>... must satisfy a number of criteria. First, only elderly people who were previously enrolled in UEI or URI are eligible to participate. Second, this insurance is only available for those who have critical LTC needs (usually bedridden) and are in need of either long-term professional institutional care or home care. A needs assessment, which includes a number of questions on Activities of Daily Living (ADL), is performed to determine eligibility.</p> <p>... four types of care are available for them to choose from: (1) home-based nursing care, (2) community-based care, which involves regular home visits, (3) residential or nursing care offered at designated facilities and (4) acute hospital care provided at a tertiary hospital.</p>	

... four types of care are available for them to choose from: (1) home-based nursing care, (2) community-based care, which involves regular home visits, (3) residential or nursing care offered at designated facilities and (4) acute hospital care provided at a tertiary hospital.

Model 3: Means-testing (the case of Nanjing)

In 2014, the Nanjing Government issued a number of policy directives on improving equitable access to LTC. The government provides monthly subsidies in the form of vouchers to those who fall into the following categories: 'Three Nos', 'Five guarantees', those falling below the poverty line or with substantial/critical care needs, those aged 70 and above without children etc.

Country assessed:
England

Author(s) and year:
Drennan V, et al (2018)

Title:
Moving upstream in health promoting policies for older people with early frailty in England? A policy analysis

Aims of study

To investigate how health promotion for older people with early frailty has been constructed within English health and social care policy documents, which policies have been developed, and how they have been implemented at different levels of the legal and administrative system.

Methods

A narrative review was conducted of 157 health and social care policy documents current in 2014–2017 at three levels ((i) state laws, (ii) strategies and plans of government-mandated national bodies for health and social care and (iii) government-mandated bodies at local administrative levels for health and social care) of the health and social care system in England.

Internet searches of government websites periodically between 2014 and 2017 and of a representative sample (covering all regions and a range of socio-demographic features) of 10 local government websites and those of the corresponding local National Health Service (NHS) health services commissioning organizations (Clinical Commissioning Group, responsible for the planning and purchasing of most health care services for their local patient population) in 2015 and updated in 2017.

... key words, such as 'older people', 'elderly', 'frail', 'frailty', 'health promotion', 'ageing well'.

Main findings

79 national level and 78 local level documents for analysis. All policy documents re-stated, at the beginning, the policy problem analysis of the ageing population with a changing epidemiological profile and the consequences for society (national and local).

Policy implementation and delivery mechanisms

Policy implementation has been directed from the national level with specified health improvement outcome measures for public health, the NHS and adult social care that include older adults. These include the public health objectives across the population for increasing physical activity, decreasing obesity and decreasing smoking. Primary prevention objectives of cancer screening and vaccination coverage targets are age specific, for example, increasing influenza vaccination coverage in the over 65s.

- Improved older people's perception of community safety
- Prevention of social isolation, e.g. percentage of adult social care users who have as much social contact as they would like
- Prevention of falls injuries in those aged 65 years and over, e.g. number of emergency admissions due to falls in people aged 65 years and over
- Reduced number of hip fractures in those aged 65 years and over
- Reduced number of excess winter deaths, with particular attention to those aged over 85
- Increased proportion of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- Improved health related quality of life for people with multiple long-term conditions and carers

Local Authorities

- Directions for inclusion of preventative actions for older people across all responsibilities and activities, for example for safe neighbourhoods, leisure and housing,
- The provision of the NHS Health Check programme (through their public health function from 2013) aimed to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia both across the population aged 40–74 years and within high risk and vulnerable groups. This has mostly been commissioned through general practice but in some areas through local pharmacies and community leisure/sports facilities.
- The creation of community agent roles (volunteer support in rural areas) and community groups by the voluntary sector to support adults over the age of 60 at risk of becoming socially excluded.
- The duty on the local authority to provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support, or the needs for support of carers.

National Health Service (NHS)

- The provision of primary prevention activities such as discussing and recording of smoking status and offering smoking cessation support within the Quality and Outcomes Framework (a pay-for-performance scheme in primary care) in general practice.
- The provision of a named and accountable general practitioner (GP) for all those patients aged over 75, with a responsibility to provide a health check on request if there has not been a medical examination in the previous year.
- The option for general practices to provide the proactive care programme within the general practice contract 2014–2015. This programme aimed at preventing unplanned hospital admissions and support living at home for the most frail and other vulnerable groups.

Country assessed:
European Union member states

Author(s) and year:
Courtin E, et al (2014)

Title:
Mapping support policies for informal carers across the European Union

Aims of study

To provide a comprehensive picture of the support available directly or indirectly for informal carers across member states.

Methods

Primary data collection (questionnaires) in all EU member states was supplemented with an extensive review of the available literature (tightly-focussed scoping of the available literature by searching SCOPUS, CINAHL, Francis, Google Scholar, OpenGrey and SSRN. The search was limited to papers published after 2010 which either compared informal care provision and support across European countries, or which mapped out different forms of support available to carers in European countries.

Main findings

National Health Service (NHS)

A first group comprises countries (England, the Netherlands and Sweden) where a national policy targeted at informal carers is in place. In England, for instance, the first national strategy for carers was launched in 1999. It was enhanced in 2008 by the national plan "Carers at the heart of 21st century families and communities" and then replaced in 2010 by a new carers' strategy titled "Recognised, Valued and Supported: Next Steps for the Carers Strategy", which aims to raise the profile of carers and improve their support services.

The remaining countries do not have a national policy in place specifically targeting informal carers.

Legal recognition of carers - the example of England

England has developed specific informal care legislation, which recognises the contribution of informal carers to the LTC system. "Recognised, Valued and Supported: Next Steps for the Carers Strategy" was published in 2010 and outlines the following priorities:

- Early identification of informal carers and promotion of their involvement in designing local care provision and in planning individual care packages
- Enabling informal carers to keep working while caring
- Development of personalised support both for informal carers and the cared-for person
- Enabling informal carers to maintain their family and community life
- Protecting informal carers' physical and mental health

APPENDIX 6: REFERENCES FOR INCLUDED REPORTS/STUDIES

Country/ Organization	Year	Title	Reference
Anguilla	2009	National Policy For Older Persons	http://www.gov.ai/documents/NationalPolicyForOlderPersons.pdf
Australia	2006	Aged Care (Accommodation Payment Security) Act 2006	https://www.legislation.gov.au/Details/C2017C00058
Australia	2018	Aged Care Quality and Safety Commission Act 2018	https://www.legislation.gov.au/Details/C2018A00149
Australia	2004	Age Discrimination Act 2004	https://www.legislation.gov.au/Details/C2017C00341
Australia	2019	National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023	https://www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians/Documents/National-plan-to-respond-to-the-abuse-of-older-australians-elder.pdf
Australia	2012	Living Longer. Living Better	https://flexiliving.org.au/wp-content/uploads/2012/07/D0769-Living-Longer-Living-Better-SCREEN-070512.pdf
Australia	2011	National Disability Strategy 2010-2020	https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020
Australia	2017	National Strategic Framework for Chronic Conditions	https://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc
Australia	2013	Aged Care (Living Longer Living Better) Act 2013	https://www.legislation.gov.au/Details/C2016C00170
Australia	2009	Health Service Framework for Older People 2009-2016	https://www.sahealth.sa.gov.au/wps/wcm/connect/cd478e804278955d8b07ab182b8de443/hsframeworkolderpeople09-16-clinicalnetworks-sahealth-0905.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-cd478e804278955d8b07ab182b8de443-mHW3s-B
Australia	2013	Prosperity through longevity: South Australia's ageing plan 2014-2019	https://sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/publications+and+resources/plans/prosperity+through+longevity+south+australias+ageing+plan
Australia	2015	LGA Ageing Strategy 2016-2021	https://www.lga.sa.gov.au/webdata/resources/files/LGA%20Ageing%20Strategy%202016-2021-1.pdf
Australia	2003	Improving care for older people: a policy for Health Services	https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Improving-care-for-older-people-a-policy-for-Health-Services
Bangladesh	2012	Bangladesh Population Policy	https://bangladesh.gov.bd/sites/default/files/files/bangladesh.gov.bd/policy/98896a22_df81_4a82_b70c_24125dec56d7/Bangladesh-Population-Policy-2012.pdf

Country/ Organization	Year	Title	Reference
Bangladesh	2012	Perspective Plan of Bangladesh (2010-2021): Making Vision 2021 a Reality	https://bangladesh.gov.bd/sites/default/files/files/bangladesh.gov.bd/page/6dca6a2a_9857_4656_bce6_139584b7f160/Perspective-Plan-of-Bangladesh.pdf
Bangladesh	2015	7th Five Year Plan FY2016 - FY2020	http://www.lged.gov.bd/UploadedDocument/UnitPublication/1/361/7th_FYP_18_02_2016.pdf
Bangladesh	2015	National Social Security Strategy (NSSS) of Bangladesh	http://www.lged.gov.bd/UploadedDocument/UnitPublication/1/323/20.%20National%20Social%20Security%20Strategy%20(NSSS).pdf
Bangladesh	2009	National Education Policy 2010	https://reliefweb.int/sites/reliefweb.int/files/resources/02.National-Education-Policy-2010-English.pdf
Bangladesh	2011	Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016	https://extranet.who.int/nutrition/gina/sites/default/files/BGD%202011%20Strategic%20Plan%20for%20HPNSDP%202011%20-%202016_0.pdf
Bangladesh	2016	Health, Nutrition and Population Strategic Investment Plan (HNPSIP) 2016-2021	https://www.globalfinancingfacility.org/sites/gff_new/files/documents/Bangladesh-Investment-Case.pdf
Bangladesh	2011	National Women Development Policy 2011	http://mowca.portal.gov.bd/sites/default/files/files/mowca.portal.gov.bd/policies/64238d39_0ecd_4a56_b00c_b834cc54f88d/National-Women-Policy-2011English.pdf
Canada	2013	Health and Health Care for an Aging Population	https://www.cma.ca/sites/default/files/2018-11/CMA_Policy_Health_and_Health_Care_for_an_Aging-Population_PD14-03-e_0.pdf
Canada	2016	National Follow-up to the United Nations Economic Commission for Europe Regional Implementation Strategy for the Madrid International Plan of Action on Ageing	https://www.canada.ca/en/employment-social-development/corporate/reports/seniors-aging/madrid.html
Canada	2005	The Integrated Pan-Canadian Healthy Living Strategy	https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/2005-integrated-canadian-healthy-living-strategy.html
Canada	2010	Curbing Childhood Obesity	https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/curbing-childhood-obesity-federal-provincial-territorial-framework.html
Canada	2010	Creating a Healthier Canada: Making Prevention a Priority	https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/creating-a-healthier-canada-making-prevention-a-priority.html
Canada	2007	Provincial Healthy Aging Policy Framework	https://www.cssd.gov.nl.ca/seniors/phapf/
Canada	2006	Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador (Phase 1: 2006 - 2008)	https://www.cssd.gov.nl.ca/publications/pdf/provincial_strategies/nlprovincialwellnessplan.pdf
Canada	2006	Reducing Poverty: An Action Plan for Newfoundland and Labrador (Poverty Reduction Strategy)	https://www.crwdp.ca/en/newfoundland-and-labrador-poverty-reduction-strategy

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Canada	2005	Strategy for Positive Aging in Nova Scotia	https://novascotia.ca/seniors/strategy_for_positive_aging.asp
Canada	2012	Canada's Aging Population and Public Policy: 5. The Effects on Employers and Employees	http://publications.gc.ca/collections/collection_2012/bdp-lop/bp/2012-07-eng.pdf
Canada	2012	Canada's Aging Population and Public Policy: 6. The Effects on Home Care	http://publications.gc.ca/collections/collection_2012/bdp-lop/eb/2012-03-eng.pdf
Canada	2012	Canada's Aging Population and Public Policy: 7. The Effects on Community Planning	http://publications.gc.ca/collections/collection_2012/bdp-lop/eb/2012-02-eng.pdf
Cook Islands	2012	Cook Islands Policy on Ageing 2012-2017	https://www.intaff.gov.ck/wp-content/uploads/2014/04/RAU-TI-PARA-POLICY.docx
Cook Islands	2018	Gender Policy	http://www.mfem.gov.ck/development/mfem-gender-policy
Cook Islands	2011	Cook Islands National Policy on Gender Equality and Women's Empowerment & Strategic Plan of Action, 2011-2016	https://www.pacificclimatechange.net/document/cook-islands-national-policy-gender-equality-and-womens-empowerment-strategic-plan-action
Cook Islands	2017	Cook Islands National Health Strategic Plan 2017-2021	http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/cook_islands/final_-_cook_islands_nhsp_2017-2021.pdf
Cook Islands	2015	Cook Islands National Strategy and Action Plan for Non-Communicable Diseases 2015-2019	https://www.health.gov.ck/wp-content/uploads/2017/03/Cook-Islands-National-Strategy-and-Action-Plan-for-Non-Communicable-Diseases-Ngakianga-document.pdf
Cook Islands	2015	Mental Health and Wellbeing Policy	https://www.health.gov.ck/wp-content/uploads/2017/03/Cook-Islands-Mental-Health-and-Wellbeing-policy-final-2015.pdf
Cook Islands	2014	The Cook Islands National Oral Health Strategy 2014-2018	https://www.health.gov.ck/wp-content/uploads/2017/03/Cook-Islands-National-Oral-Health-Strategy-2014-2018.pdf
Cook Islands	2016	National Sustainable Development Plan 2016-2020	http://www.mfem.gov.ck/images/documents/CEO_docs/Other%20Documents/National-Sustainable-Development-Plan_2016-2020.pdf
Cook Islands	2012	Cook Islands Tobacco Control Action Plan 2012-2016	https://www.health.gov.ck/wp-content/uploads/2017/03/Cook-Islands-Tobacco-Action-Plan-2012-2016.pdf
European Union	2010	Europe 2020 – A strategy for smart, sustainable and inclusive growth	http://ec.europa.eu/eu2020/pdf/COMPLET%20EN%20BARROSO%20%20%20007%20-%20Europe%202020%20-%20EN%20version.pdf
European Union	2011	Strategic Implementation Plan for the European Innovation Partnership on Active and Healthy Ageing	https://ec.europa.eu/eip/ageing/library/strategic-implementation-plan-sip-european-innovation-partnership-active-and-healthy-ageing_en
European Union	2017	European Pillar of Social Rights	https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights_en

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European Union	2012	An Agenda for Adequate, Safe and Sustainable Pensions	https://publications.europa.eu/en/publication-detail/-/publication/32eda60f-d102-4292-bd01-ea7ac726b731/language-en
European Union	2013	Investing in children: breaking the cycle of disadvantage	https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32013H0112
European Union	2016	The European Social Fund - Investing in people	http://ec.europa.eu/esf/BlobServlet?docId=16259&langId=en
European Union	2012	Council Declaration on the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward	https://ec.europa.eu/eip/ageing/library/council-declaration-european-year-active-ageing-and-solidarity-between-generations-2012-way_en
European Union	2018	Prevention and management of frailty in the EU: A health policy priority	http://advantageja.eu/images/Policy_brief.pdf
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Fiji	2011	Fiji National Policy for Ageing 2011-2015	https://www.health.gov.fj/wp-content/uploads/2014/09/8_Fiji-Ageing-Policy.pdf
Finland	2011	Socially sustainable Finland 2020 - Strategy for social and health policy	http://julkaisut.valtioneuvosto.fi/handle/10024/74057
Ghana	2010	National ageing policy 'ageing with security and dignity'	http://mogcsp.gov.gh/index.php/mdocs-posts/national-ageing-policy-ageing-with-security-and-dignity/
India	2007	Maintenance and Welfare of Parents and Senior Citizens Act, 2007	http://socialjustice.nic.in/writereaddata/UploadFile/Annexure-X635996104030434742.pdf
India	2011	National Policy for Senior Citizens 2011	http://socialjustice.nic.in/writereaddata/UploadFile/dnpsc.pdf
International Planned Parenthood Federation (IPPF)	2018	International Medical Advisory Panel (IMAP) Statement on sexual and reproductive health and rights of the ageing population	https://www.ippf.org/resource/imap-statement-sexual-and-reproductive-health-and-rights-ageing-population
Ireland	2018	Action Plan for Jobs 2018	https://dbej.gov.ie/en/Publications/Publication-files/Action-Plan-for-Jobs-2018.pdf
Ireland	2014	Better Outcomes, Brighter Futures. The national policy framework for children & young people 2014-2020	https://www.dcy.gov.ie/documents/cypp_framework/BetterOutcomesBetterFutureReport.pdf
Ireland	2015	National Youth Strategy 2015-2020	https://www.dcy.gov.ie/documents/publications/20151008NatYouthStrat2015to2020.pdf
Ireland	2016	National Skills Strategy 2025 - Ireland's Future	https://www.education.ie/en/Schools-Colleges/Services/National-Skills-Strategy/
Ireland	2012	Future Health - A Strategic Framework for Reform of the Health Service 2012-2015	https://health.gov.ie/blog/publications/future-health-a-strategic-framework-for-reform-of-the-health-service-2012-2015/

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Ireland	2012	The National Carers' Strategy – Recognised, Supported, Empowered	http://familycarers.ie/wp-content/uploads/2017/10/DoH-Annual-Progress-Report-1.pdf
Ireland	2013	The National Positive Ageing Strategy	https://health.gov.ie/healthy-ireland/national-positive-ageing-strategy/
Ireland	2014	The Irish National Dementia Strategy	https://health.gov.ie/healthy-ireland/national-positive-ageing-strategy/the-irish-national-dementia-strategy/
Ireland	2014	The Path to Universal Healthcare: White Paper on Universal Health Insurance	https://health.gov.ie/blog/publications/the-path-to-universal-healthcare/
Ireland	2008	Tackling Chronic Disease – A Policy Framework for the Management of Chronic Diseases	https://health.gov.ie/blog/publications/tackling-chronic-disease-a-policy-framework-for-the-management-of-chronic-diseases/
Ireland	2009	Palliative care for children with life-limiting conditions in Ireland – A National Policy	https://health.gov.ie/blog/publications/palliative-care-for-children-with-life-limiting-conditions-in-ireland-a-national-policy/
Ireland	2017	National Disability Inclusion Strategy 2017-2021	http://www.justice.ie/en/JELR/Pages/WP17000244
Ireland	2007	National Action Plan for Social Inclusion 2007-2016	https://www.welfare.ie/en/Pages/National-Action-Plan-for-Social-Inclusion-2007-2016.aspx
Ireland	2012	National Housing Strategy for People with a Disability 2011-2016	https://www.housing.gov.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload%2C30737%2Cen.pdf
Ireland	2004	Equality Act 2004	http://www.irishstatutebook.ie/eli/2004/act/24/enacted/en/html
Ireland	2005	Disability Act 2005	http://www.irishstatutebook.ie/eli/2005/act/14/enacted/en/html
Ireland	2007	Health Act 2007	http://www.irishstatutebook.ie/eli/2007/act/23/enacted/en/print.html
Ireland	2015	Assisted Decision Making (Capacity) Act 2015	http://www.irishstatutebook.ie/eli/2015/act/64/enacted/en/html
Ireland	2017	Palliative Care Services Three Year Development Framework (2017-2019)	https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/palliative-care-services-development-framework.pdf
Jamaica	2018	National Policy for Senior Citizens, 2018	http://www.mof.gov.jm/downloads/associatedentities/goj-policies/green-paper-national-policy-senior-citizens-2018.pdf
Kenya	2011	Kenya National Social Protection Policy	https://www.socialprotection.or.ke/about-sps/kenya-national-social-protection-policy
Kenya	2014	National Policy on Older Persons and Ageing	http://www.dagomo.com/wp-content/uploads/2018/07/National_Policy_on_Older_Persons_and_Ageing_Kenya_2014.pdf
Lao PDR	2004	The National Policy Towards the Elderly in the Lao PDR	https://drive.google.com/file/d/1Dwre8AmQml1TGIVi1ROhAQerFPdOy7d0/view
Malaysia	2015	Eleventh Malaysia Plan, 2016-2020	https://www.pmo.gov.my/dokumenattached/speech/files/RMK11_Speech.pdf
Malta	2013	National Strategic Policy for Active Ageing: Malta 2014-2020	https://www.um.edu.mt/library/oar/handle/123456789/1433

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Myanmar	2018	Myanmar Sustainable Development Plan (2018-2030)	http://themimu.info/sites/themimu.info/files/documents/Core_Doc_Myanmar_Sustainable_Development_Plan_2018_-_2030_Aug2018.pdf
Myanmar	2014	Myanmar National Social Protection Strategic Plan	https://www.social-protection.org/gimi/gess/RessourcePDF.action?ressource.ressourceId=50377
Nepal	2006	Senior Citizens Act, 2063 (2006)	http://www.lawcommission.gov.np/en/archives/19011
Nepal	2015	Nepal Health Sector Strategy 2015-2020	http://nhsp.org.np/nepal-health-sector-strategy-2015-2020/
Nepal	2014	National Health Policy 2014	http://nhsp.org.np/national-health-policy-2014-3/
Nepal	2015	Youth Vision – 2025 And Ten-Year Strategic Plan	http://moys.gov.np/sites/default/files/nitiheru/Youth%20Vision-2025.pdf
New Zealand	2012	Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017	https://www.health.govt.nz/publication/rising-challenge-mental-health-and-addiction-service-development-plan-2012-2017
New Zealand	2013	New Zealand Framework for Dementia Care	https://www.health.govt.nz/publication/new-zealand-framework-dementia-care
New Zealand	2014	'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018	https://www.health.govt.nz/publication/ala-moui-pathways-pacific-health-and-wellbeing-2014-2018
New Zealand	2014	Improving the Lives of People with Dementia	https://www.health.govt.nz/publication/improving-lives-people-dementia
New Zealand	2015	Living Well with Diabetes: A plan for people at high risk of or living with diabetes 2015-2020	https://www.health.govt.nz/publication/living-well-diabetes
New Zealand	2016	Healthy Ageing Strategy	https://www.health.govt.nz/publication/healthy-ageing-strategy
New Zealand	2016	New Zealand Health Strategy: Roadmap of actions 2016	https://www.health.govt.nz/new-zealand-health-system/new-zealand-health-strategy-roadmap-actions-2016
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New Zealand	2017	Review of Adult Palliative Care Services in New Zealand	https://www.health.govt.nz/publication/review-adult-palliative-care-services-new-zealand
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New Zealand	2016	New Zealand Disability Strategy 2016-2026	https://www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/
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New Zealand	2018	Social Security Act 2018	http://www.legislation.govt.nz/act/public/2018/0032/latest/whole.html

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New Zealand	2011	Wellington Towards 2040: Smart Capital	https://wellington.govt.nz/your-council/structure-and-vision/vision-2040/towards-2040-smart-capital
Philippines	2010	Expanded Senior Citizens Act of 2010 (Republic Act No. 9994)	https://www.officialgazette.gov.ph/2010/02/15/republic-act-no-9994/
Philippines	2016	Philippine Health Agenda 2016-2022	https://www.doh.gov.ph/philippine_health_agenda
Philippines	2017	Philippine Plan of Action for Nutrition 2017-2022	http://www.nnc.gov.ph/downloads/technical-papers?download=870;philippine-plan
Philippines	2006	Philippine Plan of Action for Senior Citizens (PPASC 2006-2010)	http://unpan1.un.org/intradoc/groups/public/documents/apcity/unpan041705.pdf
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Philippines	2005	Republic Act No. 9336	https://www.officialgazette.gov.ph/2005/03/15/republic-act-no-9336/
Philippines	2012	Republic Act 10354 (The Responsible Parenthood and Reproductive Health Act of 2012)	http://hrlibrary.umn.edu/research/Philippines/Republic%20Act%2010354.pdf
Philippines	2014	Republic Act 10645	https://www.doh.gov.ph/node/4115
Philippines	2018	Republic Act 11310 [Pantawid Pamilyang Pilipino Program (4Ps) Act]	https://www.officialgazette.gov.ph/2019/04/17/republic-act-no-11310/
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Singapore	2016	Action Plan for Successful Ageing	https://www.moh.gov.sg/ifeelyoungsg/about/what-is-the-action-plan-about
Singapore	2016	3rd Enabling Masterplan (2017-2021)	http://eresources.nlb.gov.sg/printheritage/detail/dda160d8-1259-4a94-8923-80d35244041b.aspx
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South Africa	2005	South African Policy for Older Persons	https://www.tafta.org.za/images/SAPlanofActiononAgeing.pdf
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United Kingdom	2011	No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages	https://www.gov.uk/government/publications/no-health-without-mental-health-a-cross-government-outcomes-strategy
United Kingdom	2018	National Planning Policy Framework	https://www.gov.uk/government/publications/national-planning-policy-framework--2
United Kingdom	2019	The NHS Long Term Plan	https://www.longtermplan.nhs.uk/
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United Kingdom	2015	Older people with social care needs and multiple long-term conditions	https://www.nice.org.uk/guidance/ng22
United Kingdom	2018	Care and support of people growing older with learning disabilities	https://www.nice.org.uk/guidance/ng96
United Kingdom	2006	National Health Service Act	https://www.legislation.gov.uk/ukpga/2006/41/contents
United Kingdom	2006	The Employment Equality (Age) Regulations	http://www.legislation.gov.uk/ukxi/2006/1031/contents/made
United Kingdom	2010	Equality Act	https://www.legislation.gov.uk/ukpga/2010/15/contents
United Kingdom	2012	Health and Social Care Act	http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
United Kingdom	2014	Care Act	http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
United Kingdom	2014	The Pensions Act	https://www.legislation.gov.uk/ukpga/2014/19/contents
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United Kingdom	2012	A National Telehealth and Telecare Delivery Plan for Scotland to 2015 Driving Improvement, Integration and Innovation	http://www.gov.scot/Publications/2012/12/7791

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United Kingdom	2019	A Fairer Scotland for Older People A Framework for Action	https://www.gov.scot/publications/fairer-scotland-older-people-framework-action/
United States	2019	American Academy of Nursing on Policy position statement: Disaster preparedness for older adults	Nurs Outlook. 2019;67(1):118-121. doi: 10.1016/j.outlook.2018.12.002.
United States	2008	Medicare Improvements for Patients and Providers Act of 2008	https://www.congress.gov/bill/110th-congress/house-bill/6331
United States	2008	Health Care and Education Reconciliation Act of 2010	https://www.congress.gov/bill/111th-congress/house-bill/4872
United States	2010	Patient Protection and Affordable Care Act	https://www.congress.gov/bill/111th-congress/house-bill/3590
United States	2014	Workforce Innovation and Opportunity Act	https://www.congress.gov/bill/113th-congress/house-bill/803
United States	2016	Older Americans Act Reauthorization Act of 2016	https://www.congress.gov/bill/114th-congress/senate-bill/192
United States	2017	Elder Abuse Prevention and Prosecution Act	https://www.congress.gov/bill/115th-congress/senate-bill/178/text
United States	2018	Bipartisan Budget Act of 2018	https://www.congress.gov/bill/115th-congress/house-bill/1892/text
United States	2017	Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017 (RAISE Family Caregivers Act)	https://www.congress.gov/bill/115th-congress/house-bill/3759/text
United States	2018	Supporting Grandparents Raising Grandchildren Act	https://www.congress.gov/bill/115th-congress/senate-bill/1091/text
United States	2019	Arizona State Plan on Aging 2019-2022	https://des.az.gov/sites/default/files/dl/Arizona_State_Plan_on_Aging_2019-2022.pdf
United States	2014	2014-2018 Arizona Healthy Aging Plan	https://www.azdhs.gov/documents/prevention/tobacco-chronic-disease/healthy-aging/reports-statistics/az-healthy-aging-plan-2014-2018.pdf
United States	2017	California State Plan on Aging 2017-2021	https://www.aging.ca.gov/docs/About_Us/California_State_Plan_on_Aging_2017.pdf
United States	2016	Delaware State Plan on Aging October 1, 2016 to September 30, 2020	https://www.dhss.delaware.gov/dhss/dsaapd/stateplan_approval_2016.html
United States	2017	Florida State Plan on Aging 2017-2020	http://elderaffairs.state.fl.us/doea/StatePlan/2017-2020_State_Plan_on_Aging.pdf
United States	2017	2017-2019 Hawaii State Plan on Aging	https://www.hawaiiadrc.org/Portals/_AgencySite/StatePlan_Apr26.pdf
United States	2017	Illinois State Plan on Aging for FY2017-FY2019	https://www2.illinois.gov/aging/Resources/Documents/StatePlanOnAging.pdf
United States	2019	Indiana State Plan on Aging Federal Fiscal Years 2019-2022	https://www.in.gov/fssa/files/2019-2022%20Indiana%20State%20Plan%20with%20Attachments%20A-D.pdf
United States	2018	Iowa State Plan on Aging Federal Fiscal Years 2018-2021	https://www.iowaaging.gov/sites/default/files/field-page-docs/iowa%20Department%20on%20Aging_State%20Plan%20on%20Aging%202018-2021.pdf
United States	2018	Kansas State Plan on Aging Federal Fiscal Years 2018-2021	https://www.kdads.ks.gov/docs/default-source/commissions/publications-and-reports/aging/kansas-state-plan-on-aging-fy-2018-2021.pdf?sfvrsn=11c839ee_2

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United States	2012	Maine State Plan on Aging October 1, 2012 - September 30, 2016	https://www.maine.gov/dhhs/oads/docs/Aging-State-Plan.pdf
United States	2017	Maryland State Plan on Aging 2017-2020	https://aging.maryland.gov/Pages/StatePlanonAging.aspx
United States	2018	Massachusetts State Plan on Aging 2018-2021	https://www.mass.gov/files/documents/2018/06/14/MA%20State%20Plan%20on%20Aging%202018-2021%20Approved.pdf
United States	2015	Minnesota Board on Aging State Plan FFY 2015 - 2017	http://www.mnaging.net/en/Advocate/StrategicPlan.aspx
United States	2015	New Hampshire State Plan on Aging October 1, 2015 through September 30, 2019	https://www.dhhs.nh.gov/dcbcs/beas/documents/stateplan.pdf
United States	2013	New Jersey State Strategic Plan on Aging October 1, 2013 - September 30, 2017	https://www.nj.gov/humanservices/news/reports/2013%20State%20Plan%20Final%20for%20Web%20Posting%2012.4.13.pdf
United States	2015	2015-2019 New York State Plan on Aging	https://aging.ny.gov/PlanonAging/achrived-index.cfm
United States	2019	Oklahoma State Plan on Aging Federal Fiscal Year 2019-2022	http://www.ascog.org/wp-content/uploads/2018/09/2019-2022-Oklahoma-State-Plan-on-Aging-Approved.pdf
United States	2017	Oregon State Plan on Aging October 1, 2017 - September 30, 2021	https://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/AAABusinessTraining/Oregon%20State%20Plan%20on%20Aging%202017-2021%20Final.pdf
United States	2016	Pennsylvania 2016-20 State Plan on Aging	https://www.aging.pa.gov/publications/state-plan-on-aging/Pages/default.aspx
United States	2015	Rhode Island State Plan on Aging October 1, 2015 to September 30, 2019	http://www.dea.ri.gov/documents/RIDEA%20State%20Plan%20on%20Aging%20October%201%202015%20to%20September%2030%202019.pdf
United States	2017	South Carolina State Plan on Aging 2017-2021	https://dc.statelibrary.sc.gov/handle/10827/21638
United States	2015	Rhode Island State Plan on Aging October 1, 2015 to September 30, 2019	http://www.dea.ri.gov/documents/RIDEA%20State%20Plan%20on%20Aging%20October%201%202015%20to%20September%2030%202019.pdf
United States	2017	South Carolina State Plan on Aging 2017-2021	https://dc.statelibrary.sc.gov/handle/10827/21638
United States	2017	South Dakota State Plan on Aging October 1, 2017 - September 30, 2021	https://dhs.sd.gov/LTSS/docs/1%20South%20Dakota%202017-2021%20State%20Plan%20on%20Aging3.pdf
United States	2017	Tennessee State Plan on Aging October 1, 2017 - September 30, 2021	https://www.tn.gov/aging/administration/state-plan-on-aging.html
United States	2019	Vermont State Plan on Aging FFY 2019-2022	https://asd.vermont.gov/content/vermont-state-plan-aging-2019-2022
United States	2019	Virginia State Plan for Aging Services (October 1, 2019 to September 30, 2023)	https://www.vda.virginia.gov/stateplans.htm
United States	2018	Washington State Plan on Aging 2018-2022	https://www.dshs.wa.gov/altsa/state-plan-aging

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United States	2019	State of Wisconsin Aging Plan for Older People Federal Fiscal 2019-2021	https://www.dhs.wisconsin.gov/aging/index.htm
Uganda	2009	National Policy for Older Persons	http://www.mglsd.go.ug/policies/National%20Policy%20for%20Older%20Persons.pdf
Viet Nam	2012	National Strategy on Gender Equality for the 2011-2020 period	http://www.chinhphu.vn/portal/page/portal/English/strategies/strategiesdetails?categoryId=30&articleId=10050825
Viet Nam	2012	Viet Nam Sustainable Development Strategy for 2011-2020	http://www.chinhphu.vn/portal/page/portal/English/strategies/strategiesdetails?categoryId=30&articleId=10050825
Viet Nam	2013	National Strategy for prevention and control of tobacco's harmful effects through 2020	http://www.chinhphu.vn/portal/page/portal/English/strategies/strategiesdetails?categoryId=30&articleId=10055285
Zambia	2014	National Social Protection Policy	http://socialprotection.org/discover/publications/national-social-protection-policy-reducing-poverty-inequality-and
Zambia	2012	National Health Policy	http://dspace.unza.zm:8080/xmlui/handle/123456789/5113
Zimbabwe	2016	National Health Strategy For Zimbabwe 2016-2020	http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&download=48:national-health-strategy-or-zimbabwe-2016-2020&id=6:actspolicies&Itemid=722
Zimbabwe	2017	Zimbabwe National Healthy Ageing Strategic Plan (2017-2020)	http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/zimbabwe/zimbabwe_national_healthy_ageing_strategic_plan_2017-2020.pdf



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