Meeting handbook

Global consultation on integrated care for older people (ICOPE)– the path to universal health coverage

23–25 October 2017
GIZ, Reichpietschufer 20, 10785 Berlin, Germany
Global consultation meeting

Integrated care for older people – the path to universal health coverage

This meeting brings together global experts and key stakeholders to discuss an optimal approach to healthy ageing for older people. We will focus on conceptualizing universal health coverage and integrated health and social care for older people. Service-level and system-level strategies to implement an approach for integrated care for older people (ICOPE) in Member States will be debated through interactive working groups. The foci of the meeting have been informed by a prior evidence review and an e-Delphi exercise.

For more information and supporting materials, please visit: http://www.who.int/ageing
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About this meeting

Background

Populations around the world are rapidly ageing and this demographic transition will impact on almost all aspects of society. At the same time, the world has united around the United Nations (UN) 2030 agenda for sustainable development, pledging that no one will be left behind and that every human being will have the opportunity to fulfil their potential in dignity and equality. The UN’s sustainable development goals (SDGs) renew a global commitment to reinvigorate health systems, underpinned by target 3.8 for universal health coverage (UHC), whereby all people and communities have access to the quality health services they need without the risk of financial hardship. Many of the ambitions outlined in the SDGs cannot be achieved, however, without structural and social adaptions.

The WHO Global Strategy and Action Plan on Ageing and Health provides a policy framework to ensure that societal responses to population ageing are aligned with this ambitious development agenda. It calls for action on aligning health systems to the needs of older populations, and articulates that a transformation is needed in the way health systems are designed, to ensure affordable access to integrated services that are centred on the needs and rights of older people. Health and social care systems must respond to the diverse needs of older people, including those with high and stable levels of intrinsic capacity, those in whom capacity is declining, and those whose capacity has fallen to the point where they need the care and support of others.

WHO has responded by proposing the approach of integrated care for older people (ICOPE). To better address the needs of older people, ICOPE means taking a long-term care approach in which health care and social care are integrated.

Development of ICOPE

ICOPE is a community-based approach that will help to reorientate health systems towards a more person-centred and coordinated model of care for older people. It requires a service-delivery model that integrates health and social care and ensures:

- comprehensive assessments and care plans
- shared decision-making and goal-setting
- support for self-management
- multidisciplinary care teams
- unified information or data-sharing systems
- community linkages or integration
- supportive leadership, governance and financing mechanisms.

The ICOPE approach has been informed by a series of systematic reviews, which have been used to create the WHO Guidelines on community-level interventions to manage declines in intrinsic capacity. The guidelines and a summary brochure are available at: http://www.who.int/ageing/publications/guidelines-icope.
About this meeting

Moving from evidence to practice: implementation of ICOPE

In order to enable the realignment of health systems towards the needs of older people, WHO needs to reach a global consensus on the key concepts of an integrated care approach for older people and needs to create tools to support such care delivery at the country level. Concurrent work will include developing tools to support implementation, specifically:

- a service-level guide for health care workers in community settings to implement the ICOPE guidelines in practice; and
- a system-level toolkit and a capacity-assessment guide to assist countries to implement ICOPE into their health and social care systems.

To inform the implementation strategies, WHO commissioned an evidence review to identify the key components of ICOPE models reported in the literature. WHO also launched a Delphi study to canvass expert opinion on the most important components of an ICOPE approach. The results of this preliminary work will be presented at this meeting and delegates will be invited to participate in further refinement of the concepts.

Meeting objectives

1. Review the concepts of the ICOPE approach and its relationship to Healthy Ageing.
2. Review the outcomes of the Delphi process and discuss and confirm the most important care and service components of the ICOPE approach.
3. Identify actions to assist countries to implement the ICOPE approach into health systems.

Meeting format

- The meeting will be conducted in English only.
- The programme includes plenary fora to disseminate information, and panel and fishbowl discussions to enable discussion between presenters and meeting participants.
- Parallel working group sessions will enable more in-depth discussion about the Delphi findings and will identify actions for implementation of the ICOPE approach in health systems.
- Generous break sessions and inspirational tours are also included to facilitate networking and information sharing.

Detailed information about the components of the meeting is given in subsequent sections of this handbook.
## Agenda

### Monday, 23 October 2017

**Day one: Setting the stage**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Person/party responsible</th>
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<tbody>
<tr>
<td>14:00–14:30</td>
<td>Arrival and registration</td>
<td>GIZ</td>
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</table>
| **14:30–15:40** | **Introduction: universal health coverage (UHC) and integrated health and social care for older people** | **Chairs:**  
Federal Ministry of Health, Federal Republic of Germany  
Anung Sugihantono, Director-General of Community Health, Ministry of Health, Republic of Indonesia  
John Beard, Director, Ageing and Life-Course, WHO  
Toru Kajiwara, Director, Ministry of Health, Labour and Welfare, Japan  
Islene Araujo de Carvalho, Senior Policy and Strategy Adviser, Ageing and Life-Course, WHO |
| 14:30–14:45  | Welcome                                                                  | John Beard, Director, Ageing and Life-Course, WHO  
Toru Kajiwara, Director, Ministry of Health, Labour and Welfare, Japan  
Islene Araujo de Carvalho, Senior Policy and Strategy Adviser, Ageing and Life-Course, WHO |
| 14:45–15:00  | Objectives of the meeting and participant introductions                  | Islene Araujo de Carvalho, Senior Policy and Strategy Adviser, Ageing and Life-Course, WHO  
John Beard, Director, Ageing and Life-Course, WHO |
| 15:00–15:25  | UHC and long-term care in Japan                                           | Toru Kajiwara, Director, Ministry of Health, Labour and Welfare, Japan  
John Beard, Director, Ageing and Life-Course, WHO |
| 15:25–15:40  | WHO framework on integrated people-centred health services               | Nuria Toro, Technical Officer, Services Organization and Clinical Interventions, WHO  
John Beard, Director, Ageing and Life-Course, WHO |
| 15:40–16:00  | Coffee break                                                             |                                                                                                                                                    |
| **16:00–17:30** | **Panel: Integrated health and social care for older people**              | **Chairs:**  
Sofi Bergkvist, Executive Director, ACCESS Health, United States of America  
Xu Chong, Principal Staff Member, Department of Family Development, China National Health and Family Planning Commission, People’s Republic of China  
Anne-Margriet Pot, Technical Officer, Ageing and Life-Course, WHO |
| 16:00–16:15  | Key elements of care integration and coordination at clinical level       | Islene Araujo de Carvalho, Senior Policy and Strategy Adviser, Ageing and Life-Course, WHO  
John Beard, Director, Ageing and Life-Course, WHO |
| 16:15–16:30  | Five decades of community and residential services in Singapore          | Loong-Mun Wong, Principal Consultant, Agency of Integrated Care, Singapore  
John Beard, Director, Ageing and Life-Course, WHO |
| 16:30–16:45  | Healthy Ageing and the need for long term care systems                   | Anne-Margriet Pot, Technical Officer, Ageing and Life-Course, WHO  
John Beard, Director, Ageing and Life-Course, WHO |
| 16:45–17:00  | Questions and answers                                                    |                                                                                                                                                    |
| 17:00–17:30  | Ten-minute critical reflections on patient-orientated outcomes and key elements for integrating care for older people | Elina Suzuki, Health Policy Analyst, OECD  
Yohei Takahashi, Ministry of Health, Labour and Social Welfare, Japan  
Ekachai Piensriwatchara, Ministry of Public Health, Thailand |
| 17:30        | Closure of the day                                                       |                                                                                                                                                    |
### Day two: Working groups

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<tr>
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<th>Activity</th>
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<tr>
<td>09:00–10:00</td>
<td>Panel: Delphi study findings</td>
<td>Chairs: Karsten Dreinhöfer, President, GMUSC, Manfred Huber, Coordinator, Healthy Ageing, Disability and Long-term Care, WHO</td>
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<td>09:00–09:40</td>
<td>Delphi findings: key elements at service organization and system level (two presentations followed by questions and answers)</td>
<td>Jotheeswaran Amuthavallithiyagarajan, WHO, Andrew Briggs, WHO</td>
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<td>09:40–10:00</td>
<td>Five-minute critical reflections from Member States</td>
<td>Nabil Kronfol, Lebanon, Anne Priscilla Muhoni Gichu, Kenya, TB Jayalal, Sri Lanka, Mohammad Eslami, Iran, Mouanga Alain, Congo</td>
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<td>10:00–10:30</td>
<td>Coffee break</td>
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<td>Split into Working Groups, 10 minutes at each station rotating</td>
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<td>Station 1: Integrating care in the home with the primary health care and community links</td>
<td>Lisa Dolovich, McMaster University, Canada</td>
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<td>Station 2: Working with the local needs in China</td>
<td>Erzhi Hu, Pinetree Care Group, People’s Republic of China</td>
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<td>Station 3: Personalized integrated care in the UK</td>
<td>Jo-Anna Holmes, Age UK, United Kingdom</td>
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<td>Station 4: Community engagement: A case study from Uganda</td>
<td>Arthur Araali Namara, Health Nest, Uganda</td>
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<td>Station 5: Integral health care for older people in the Brazilian health system</td>
<td>Eduardo Augusto Duque Bezerra, Independent consultant, Brazil</td>
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<td>Station 6: Designing sustainable care for older people in Sweden</td>
<td>Hans Winberg, Leading Health Care Foundation, Sweden</td>
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<td>12:00–12:30</td>
<td>Feedback from the tours</td>
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<td>12:30–14:00</td>
<td>Lunch Break</td>
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Day two: Working groups (continued)

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<tr>
<th>Time</th>
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<tr>
<td>14:00–17:00</td>
<td>Working groups (parallel sessions)</td>
<td>Chairs:&lt;br&gt; Anthony Woolf, Representative, Fragility Fracture Network&lt;br&gt; Shintaro Nakamura, Senior Policy Advisor, JICA</td>
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<tr>
<td>14:00–14:15</td>
<td>Introduction to the working groups</td>
<td>Andrew Briggs, WHO</td>
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<tr>
<td>14:15–15:00</td>
<td>Working groups Task 1</td>
<td>Facilitators</td>
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<tr>
<td>15:00–15:15</td>
<td>Coffee break</td>
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<tr>
<td>15:15–15:45</td>
<td>Questions and answers from Working Groups</td>
<td>Islene Araujo de Carvalho, WHO</td>
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<tr>
<td>15:45–16:45</td>
<td>Working groups Task 2</td>
<td>Facilitators</td>
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<tr>
<td>16:45–17:00</td>
<td>Working group planning for presentations on Day 3</td>
<td>Facilitators</td>
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*Working groups*

**Group 1:** Integrated health services delivery  
Andrew Briggs, WHO  
Islene Araujo de Carvalho, WHO

**Group 2:** Community-based social care  
Anne Margriet Pot, WHO  
Jotheeswaran Amuthavalli, WHO

**Group 3:** Social and health care workforce  
Manfred Huber, WHO  
Katherine Silburn, WHO

**Group 4:** Innovation, technical products and technologies  
John Beard, WHO  
Shelly Chadha, WHO

**Group 5:** UHC, accountability and information  
Nuria Toro, WHO  
Paul Ong, WHO

**Group 6:** Leadership and policies  
Enrique Vega Garcia, WHO  
Taiwo Adedamola Oyelade, WHO

17:00  
Closure of the day
**Wednesday, 25 October 2017**

**Day three: Moving to implementation**

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<th>Time</th>
<th>Activity</th>
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| 09:00–10:00| Panel: Working group presentations and feedback                           | Chairs: Jane Barratt, Secretary-General, IFA  
John Beard, Director, Ageing and Life-Course, WHO                                        |
| 10:00–11:00| **Inspirational tours**                                                   |                                                                                          |
|            | **Split into Working Groups, 10 minutes at each station rotating**       |                                                                                          |
|            | **Station 1:** Community level health and social care for older people in Ethiopia | Azmeraw Abate, Tesfa Social and Development Association, Ethiopia                         |
|            | **Station 2:** Person-centred assessment to integrate care for older people in the UK | Lee Hampston, EasyCare Academy, United Kingdom                                           |
|            | **Station 3:** Inter-sectoral collaboration to meet peoples’ needs post hospital discharge | Michelle Nelson, University of Toronto, Canada                                           |
|            | **Station 4:** Experiences of long-term care services in Thailand          | Shintaro Nakamura, Japan International Cooperation Agency, Japan                         |
| 11:00–11:15| **Coffee break**                                                         |                                                                                          |
| 11:15–12:30| Panel (continued): Working group presentations and feedback               | Chairs: Jane Barratt, Secretary-General, IFA  
John Beard, Director, Ageing and Life-Course, WHO                                        |
| 12:30–13:30| **Lunch break**                                                          |                                                                                          |
| 13:30–15:00| Face-to-face consensus on the critical elements (voting if needed)        | Islene Araujo de Carvalho, WHO                                                           |
| 15:00–15:30| The way forward and closure of the meeting                               | Chairs: John Beard, Director, Ageing and Life-Course, WHO  
Federal Ministry of Health of Germany                                                   |
| 15:30      | Close                                                                    |                                                                                          |
Participants

Invited experts

Azmeraw Abate
Tesfa Social and Development Association
Ethiopia

Rachel Albone
Global Adviser, Help Age International
United Kingdom

Jane Barratt
Secretary General, International Federation on Ageing (IFA)
Canada

Sofi Bergkvist
Executive Director, ACCESS Health
United States of America

Gro Berntsen
Professor, Norwegian Center for eHealth Research
Norway

Eduardo Bezerra
Biomédico Sanitarista, Especialista e Mestre em Saúde Coletiva (CPqAM/Fiocruz)
Brazil

Andrew Briggs
NHMRC Research and GMUSC Fellow, Faculty of Health Sciences, Curtin University, Australia; Department of Ageing and Life Course, World Health Organization
Switzerland

Aine Carroll
National Director for Clinical Strategy and Programmes Division, HSE
Ireland

Howard Catton
Director, International Council of Nurses (ICN)
Switzerland

Lisa Dolovich
Professor, Department of Family Medicine, McMaster University
Canada

Karsten Dreinhöfer
President, Global Alliance for Musculoskeletal Health (G-MUSC) and past president of the Fragility Fracture Network (FFN)
Germany

Lee Hampston
Chief Technology Officer, EasyCare Academy
United Kingdom

Jo-Anna Holmes
Head of Integrated Care, Age UK
United Kingdom

Fumie Griego
Assistant Director General, International Federation of Pharmaceutical Manufacturers & Associations
Italy

Leo (Erzhi) Hu
Project Manager, Pinetree Care Group
China

Maggie Keeble
General Practitioner, South Worcestershire Clinical Commissioning Group, Worcestershire Health and Care Trust
United Kingdom

Michael Kidd
Professor and Chair, Department of Family & Community Medicine, University of Toronto
Canada

Deborah Kopansky-Giles
Global Alliance for Musculoskeletal Health; Clinician Scientist, Department of Family and Community Medicine, St. Michael’s Hospital, Toronto
Canada
Participants

**Alfonso Lara Montero**  
Policy Director, European Social Network  
United Kingdom

**Grace (Xuezheng) Li**  
Training Associate, Pinetree Care Group  
China

**Finbarr Martin**  
Emeritus Consultant Geriatrician and Professor of Medical Gerontology, King’s Health Partners  
United Kingdom

**David Matchar**  
Director, Program in Health Services and Systems Research, Duke-NUS Medical School  
Singapore

**Catherine McMahon**  
Director, Macquarie University Centre for the Implementation of Hearing Research, Macquarie University  
Australia

**Shintaro Nakamura**  
Senior Advisor, Japan International Cooperation Agency  
Japan

**Arthur Araali Namara**  
Director/Community Liaison Officer, Health Nest  
Uganda

**Michelle Nelson**  
Collaboratory for Research and Innovation, Lunenfeld-Tanenbaum Research Institute, Sinai Health System, Toronto; Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto  
Canada

**David Price**  
Professor and Chair, Department of Family Medicine, McMaster University  
Canada

**Dimity Pond**  
World Organization of Family Doctors (WONCA)  
Australia

**Ornella Punzo**  
Segreteria Scientifica di Presidenza - Istituto Superiore di Sanità  
Italy

**Leocadio Rodriguez Manas**  
Jefe de Servicio de Geriatría, Hospital Universitario de Getafe  
Spain

**Kabir Sheikh**  
Joint Director, Public Health Foundation of India; Principal Fellow, University of Melbourne  
India

**Elina Suzuki**  
Health Policy Analyst, The Organisation for Economic Co-operation and Development (OECD)  
France

**Ksenia Tugay**  
Professional Development Lead, EasyCare Academy  
Switzerland

**Pim Valentijn**  
Senior Researcher, Maastricht University Medical Centre, The Netherlands

**Hans Winberg**  
Secretary General, Leading Health Care Foundation  
Sweden

**Anthony Woolf**  
Global Alliance for Musculoskeletal Health; Bone and Joint Research Group, Royal Cornwall Hospital  
United Kingdom
### Representatives from Member States

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliation</th>
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<tr>
<td>Loong-Mun Wong</td>
<td>Principal Consultant and Chief Care Transition Officer, Agency for Integrated Care</td>
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<td>Singapore</td>
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<td><strong>Yaa Dorothy Bonsu Osei Asante</strong></td>
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<td></td>
<td>Medical Doctor and Public Health Specialist, Family Health Division, Ghana Health Service</td>
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<td>Ghana</td>
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<td></td>
<td><strong>Stanley Bubikire</strong></td>
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<td></td>
<td>Principal Medical Officer, Disability and Rehabilitation Section, Ministry of Health</td>
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<td>Uganda</td>
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<td><strong>Xu Chong</strong></td>
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<td>Principal Staff Member, Department of Family Development, National Health and Family</td>
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<td>Planning Commission</td>
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<td>China</td>
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<td></td>
<td><strong>Luong Quang Dang</strong></td>
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<td></td>
<td>Deputy Director of Personnel Department, General Office for Population and Family Planning, Vietnam Ministry of Health</td>
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<td>Vietnam</td>
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<td></td>
<td><strong>Rizki Ekananda</strong></td>
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<td></td>
<td>Secretary to Director General of Community Health, Ministry of Health</td>
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<td>Republic of Indonesia</td>
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<td><strong>Melody Ennis</strong></td>
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<td>Acting Director of Family Health, Family Health Unit, Ministry of Health</td>
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<td>Jamaica</td>
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<td><strong>Mohammad Eslami</strong></td>
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<td></td>
<td>Technical Deputy, Population and Family Health Department, Ministry of Health and Education</td>
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<td>Iran</td>
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<td></td>
<td><strong>Carmen García-Peña</strong></td>
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<td></td>
<td>Directora de Investigación del Instituto Nacional de Geriatría</td>
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<td>Mexico</td>
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<td></td>
<td><strong>Muthoni Gichu</strong></td>
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<td>Head, Health and Ageing Unit, Ministry of Health</td>
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<td><strong>T. B. Ananda Jayalai</strong></td>
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<td>Director, Youth, Elderly, Disabled and Displaced Unit, Ministry of Health Nutrition and</td>
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<td>Indigenous Medicine</td>
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<td><strong>Ousseynou Kâ</strong></td>
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<td>Médecin Spécialisé en Gérontologie/gériatrie et Santé Publique, Bureau de la Santé des</td>
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<td>Personnes Agées, Ministère de la Santé et de l’Action Sociale</td>
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<td><strong>Toru Kajiwara</strong></td>
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<td>Director, Office of Global Health Cooperation, Ministry of Health, Labour and Welfare</td>
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<td><strong>Nabil Kronfol</strong></td>
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<td></td>
<td>Co-founder, Center for Studies on Ageing</td>
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<td>Lebanon</td>
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<td><strong>Alain Mouanga</strong></td>
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<td>University Marien NGOUABI of Brazzaville</td>
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<td>Republic of Congo</td>
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<td><strong>Emmanuel Ntawuyirusha</strong></td>
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<td>Ministry of Health</td>
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<td><strong>Pannet Pangputhipong</strong></td>
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<td>Deputy Director General, Ministry of Public Health</td>
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<td><strong>Ekachai Piensriwatchara</strong></td>
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<td>Director, Bureau of Health Promotion, Department of Health, Ministry of Public Health</td>
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<td>Thailand</td>
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<td></td>
<td><strong>Gloria Ramirez Donoso</strong></td>
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<td>Diprece Medical Advisor, Disease Prevention &amp; Control Division (DIPRECE), Ministry of</td>
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<td>Anung Sugihantono</td>
<td>Director-General of Community Health, Ministry of Health, Republic of Indonesia</td>
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<td>Yohei Takahashi</td>
<td>Deputy Director, General Affairs Division &amp; Office for Dementia Policy, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare, Japan</td>
</tr>
<tr>
<td>Hilda Zeiner</td>
<td>Senior Adviser, Department of Municipal Health and Care Services, Norwegian Ministry of Health and Care Services, Norway</td>
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<tr>
<td><strong>Other invitees</strong></td>
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<tr>
<td>Ada Jusic</td>
<td>Artist, Meeting Magic, United Kingdom</td>
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<tr>
<td>Markus MacGill</td>
<td>Science Writer and Editor, Green Ink, United Kingdom</td>
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<tr>
<td><strong>World Health Organization (WHO) staff</strong></td>
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<tr>
<td>Jotheeswaran Amuthavalli Thiyagarajan</td>
<td>Technical Officer (Epidemiologist), Department of Ageing and Life Course, WHO, Switzerland</td>
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<td>Islene Araujo de Carvalho</td>
<td>Senior Policy and Strategy Adviser, Department of Ageing and Life Course, WHO, Switzerland</td>
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<td>John Beard</td>
<td>Director, Department of Ageing and Life Course, WHO, Switzerland</td>
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<tr>
<td>Shelly Chadha</td>
<td>Technical Officer, Blindness and Deafness Prevention, Disability and Rehabilitation, WHO, Switzerland</td>
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<tr>
<td>Enrique Vega García</td>
<td>Unit Chief, Healthy Life Course, Pan American Health Organization/WHO (PAHO/WHO), United States of America</td>
</tr>
<tr>
<td>Manfred Huber</td>
<td>Coordinator, Healthy Ageing, Disability and Long-term Care, WHO, Denmark</td>
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<tr>
<td>Dena Javadi</td>
<td>Technical Officer, Alliance for Health Policy and Systems, WHO, Switzerland</td>
</tr>
<tr>
<td>Paul Ong</td>
<td>Technical Officer, WHO Centre for Health Development, WHO, Japan</td>
</tr>
<tr>
<td>Taiwo Adedamola Oyelade</td>
<td>Medical Officer, Family and Reproductive Health Unit, WHO, Brazzaville</td>
</tr>
<tr>
<td>Anne Margriet Pot</td>
<td>Technical Officer, Evidence, Research, Action on Mental &amp; Brain Disorders and Department of Ageing and Life Course, WHO, Switzerland</td>
</tr>
<tr>
<td>Katherine Silburn</td>
<td>Coordinator, Equity and Social Determinants, WHO, The Philippines</td>
</tr>
<tr>
<td>Yuka Sumi</td>
<td>Medical Officer, Department of Ageing and Life Course, WHO, Switzerland</td>
</tr>
<tr>
<td>Nuria Toro</td>
<td>Technical Officer, Services Organization and Clinical Interventions, WHO, Switzerland</td>
</tr>
<tr>
<td>Susanna Volk</td>
<td>Administrative Assistant, Department of Ageing and Life Course, WHO, Switzerland</td>
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Working groups

Focused working groups will convene on day two. The purpose of these sessions is to provide a forum for delegates to:

- discuss the outcomes of the Delphi exercise undertaken prior to the meeting
- identify actions for the implementation of the ICOPE approach into health systems.

Working group sessions will be facilitated and semi-structured to ensure ample opportunity for discussion and to reach the outcomes required.

Each participant has been allocated to one of six pre-selected groups as follows. Participant group lists are provided in Annex 1.

- **Working group 1**: Integrated health services delivery.
- **Working group 2**: Community-based social care.
- **Working group 3**: Social and health care workforce.
- **Working group 4**: Innovation, technical products and technologies.
- **Working group 5**: UHC, accountability and information.
- **Working group 6**: Leadership and policies.

**Working group task one (45 minutes)**

Participants in each working group will be asked to consider a list of care/service components of ICOPE, ranked on relative importance through the pre-meeting Delphi exercise. The purpose of this exercise will be to discuss and reach a shared understanding of the components of ICOPE and interpret and discuss the Delphi results. Participants will be asked to consider:

- Do the ICOPE components make sense?
- Are the descriptions of the components clear?
- Are any components missing?
- What might be the reasons(s) for lack of consensus on some of the elements?
- Are there any “must have” components when considering implementing the ICOPE approach in health systems?

**Working group task two (60 minutes)**

Participants in each working group will be asked to consider a subset of ICOPE components. Using a nominal group technique, participants will be asked to identify and discuss specific actions required within health systems to implement the ICOPE approach.

Prior to the workshop, participants were asked to consider the following question:

“What are the discrete implementation actions required within countries to implement ICOPE components in health systems?”
Inspirational tours

The motive behind the inspirational tour sessions is to encourage activity and provide delegates with a flavour of how different approaches or aspects of integrated care have been employed in diverse health care settings.

The objective of the sessions is to learn:

- different approaches to organize integrated health and social care
- what works and what does not work across different health care settings
- important lessons from implementation research.

Tours take place on Tuesday and Wednesday (see Agenda). Tours will run as a series of stations and delegates are required to move between stations every 10 minutes in a clockwise direction within their pre-assigned working groups (Annex 1). Working group facilitators will join their respective group and guide delegates through each destination. Working group members will spend 10 minutes at each station (five-minute presentation followed by Q&A) before moving to the next station (see illustration). Working group 1 will commence at station 1, working group 2 at station 2, and so on.

While you are at each station, you are encouraged to ask the presenters questions, such as:

- What is the uniqueness of the approach? What are the essential components in the model?
- What are the top lessons you can learn from the work?
- What are the strengths and weaknesses of the approach?
- How generalizable is the integrated care model to other settings? Consider asking a few questions on feasibility and acceptability.
- Is there a cost–benefit analysis for the approach? What outcomes were improved? Consider outcomes for service providers, service users and caregivers.
Background papers and case studies

Background materials to support the meeting have been prepared and will be made available to delegates to download.

Background papers include:


- Pot AM, Briggs AM, Beard JR. Healthy ageing and the need for a long-term care system.


Case studies to be presented during the inspirational tours include:

1. Integrating home visiting volunteers, novel technology, the primary health care team and community links: The Health TAPESTRY approach. Lisa Dolovich, McMaster University, Canada.

2. Working with the local needs: An EasyCare case study from China. Erzhi Hu, Xue Zheng, Pinetree, China.

3. Age UK – Personalised Integrated Care – UK model of (medical and non-medical) care for older people living with multiple long term conditions. Jo-Anna Holmes, Age UK, United Kingdom.


8. Person-centered assessment to integrate care for older people in the UK. Lee Hampston, EasyCare Academy, United Kingdom.

9. Inter-sectoral collaboration to meet peoples’ needs post hospital discharge. Michelle Nelson, University of Toronto, Canada.

Logistics

Venue
The Global Consultation on Integrated Care for Older People – the Path to Universal Health Coverage will take place at the GIZ Representation (Deutsche Gesellschaft für Internationale Zusammenarbeit) in Berlin, Germany from 23 to 25 October 2017.

GIZ is represented in the German capital by its Berlin Representation. It is based in the GIZ-Haus, a building which dates back to 1913 and is located at Reichpietschufer in the heart of Berlin. The role of the Berlin Representation is to brief policy-makers and our partners and visitors on GIZ, its role and how it works.

Address
Reichpietschufer 20, 10785 Berlin, Germany

Information
https://www.giz.de/en/worldwide/2119.html

Public Transportation
With a valid ticket, ticket holders have access to all public transport in Berlin: S-Bahn, U-Bahn, buses, trams and ferries. The fare depends on the tariff zone and the ticket’s period of validity.

Buying and validating tickets
Tickets can be purchased at multilingual ticket machines on the platforms of S- and U-Bahn stations. For buses, fares are paid direct to the bus driver, while for trams; ticket machines are located inside the trams. In larger stations the S-Bahn and BVG provide ticket counters. Before the journey starts tickets must be validated by stamping them at the yellow or red boxes on the platforms, in buses or trams. In case of inspection, a ticket that is not stamped is invalid.

Fare Evasion in Berlin
Anyone caught on public transportation without a valid ticket must pay a higher fare of 60 Euros. Even people who forgot to stamp their ticket must pay the fine. Note: Ticket inspectors are dressed in plain clothes and will not make any exceptions for tourists. Those who get caught have to show an ID, otherwise the police will be called.

Trains
The Berlin S-Bahn is a rapid transit railway system in and around Berlin.

Taxis
You can flag taxis on most streets or your hotel can call one for you.

Buses
Transport service in Berlin’s urban area is provided by several public bus lines of the BVG. They cover routes which are not covered by other public transport.

A special feature of Berlin is the double-decker buses whose upper decks offer a great view.

Annex 1: Working groups

Working group 1: Integrated health services delivery

International experts
Azmeraw Abate
Aine Carroll
Jo-Anna Holmes
David Matchar
Leocadio Rodriguez Manas
Pim Valentijn

Member States’ representatives
Yaa Dorothy Bonsu Osei Asante
Carmen Garcia-Peña
Alain Mouanga
Hilda Zeiner

Working group 2: Community-based social care

International experts
Rachel Albone
Karsten Dreinhöfer
Grace (Xuezheng) Li
Arthur Araali Namara
Michelle Nelson
Kabir Sheikh

Member States’ representatives
Stanley Bubikire
Muthoni Gichu
Emmanuel Ntawuyirusha

Working group 3: Social and health care workforce

International experts
Jane Barratt
Howard Catton
Fumie Griego
Leo (Erzhil) Hu
Deborah Kopansky-Giles
Ksenia Tugay

Member States’ representatives
Xu Chong
T.B. Ananda Jayalal
Pannet Pangputhipong
Ekachai Piensriwatchara

Working group 4: Innovation, technical products and technologies

International experts
Sofi Bergkvist
Lisa Dolovich
Lee Hampston
Catherine McMahon
David Price
Loong-Mun Wong

Member States’ representatives
Luong Quang Dang
Ousseynou Kâ
Gloria Ramirez Donoso
Working group 5:
Universal health coverage, accountability and information

International experts
Gro Berntsen
Maggie Keeble
Alfonso Lara Montero
Dimity Pond
Hans Winberg

Member States’ representatives
Rizki Ekananda
Melody Ennis
Toru Kajiyama
Anung Sugihantono

Working group 6:
Leadership and policies

International experts
Eduardo Bezerra
Finbarr Martin
Michael Kidd
Shintaro Nakamura
Ornella Punzo
Elina Suzuki
Anthony Woolf

Member States’ representatives
Mohammad Eslami
Nabil Kronfol
Yohei Takahashi
Annex 2: WHO framework for person-centred and integrated care

Acknowledgements

WHO gratefully acknowledges the financial support and support in kind of the German Federal Ministry of Health and the Japanese Ministry of Health, Labour and Welfare in hosting this global consultation meeting. Financial support from the Japan International Cooperation Agency (JICA) is also gratefully acknowledged.
Credits

Cover: The painting is “Wet in Wet” by Gusta van der Meer. At 75 years of age, Gusta has an artistic style that is fresh, distinctive and vibrant. A long-time lover of art, she finds that dementia is no barrier to her artistic expression. Appreciated not just for her art but also for the support and encouragement she gives to other artists with dementia, Gusta participates in a weekly art class. Copyright by Gusta van der Meer. All rights reserved.

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Editing, design and layout: Green Ink (www.greenink.co.uk)