There is no determination on debilitated elderly for the social and health services; No department is doing on that; it was advised to have such leveling to differentiate elderly by this category for proper distribution of either health or social services.

1. New trend of public health and health care services should confine to clinical hospitals as well as the private hospitals and extended to community health facilities which can provide oral care, eye care due to higher visual and dental problems.
2. Social problems of elderly need to get explored more
3. Need to develop a package of services and benefits that would address the health needs of infirm, sick or disabled elderly
4. The elderly require the demonstrator, volunteers for physical exercise that could mobilize all elderly and community
5. The event of physical exercise as formal event of gathering routinely which can be participated by either elderly or not
6. It would be good if Township health department should assign the BHS (one or 2) to check up physical fitness as routine screening;
7. The elderly wants such services (massage, physical exercises) to disabled elderly who are totally or partially bed ridden as regular, scheduled, and formal visit.

Ministry of Health and Sports (MoHS) needs coordination and collaboration mechanism intra-ministry as well as inter-ministry since the social and health care services can be separated and as well as with the private sectors.

Elderly health care should be integrated to other primary health care services.

As disability and People with Disability (PWD) are one of the areas of SDG, Department of Rehabilitation will work with all relevant government departments and other organizations to plan for more disabled inclusion in their development

E.g. the health infrastructures are built with the sloping platform, rail guard, other functional disability services; the pattern patch for disability walking path in the areas particularly in public places where the disabled need to have routine lives; even to join the political and social sectors; full access to education and social benefits, non-discrimination against PWDs and setting up polices and pre-planning for the rights of PWDs.

2017 International Day of Persons with Disabilities theme was "Transformation towards sustainable and resilient societies for all". Dept. of Rehabilitation coordination with other department of intra- and inter-ministries needs to plan for the action that PWDs could utilize the skills they acquired from various campaigns/programs to aid in their daily well-being and rural development that would encourage more practical health and social services for frail elderly.

Rehabilitation and Social welfare departments, under the guidance of Minister of SWRRL are working to develop National Action Plan for Elderly that would be agreed by the cabinet and Parliament of Myanmar. The departments also follow the overarching principles; the

committees are formed for ensuring success of operations for the rights of PWDs, planning laws, bylaws and strategic plans concerning PWDs.

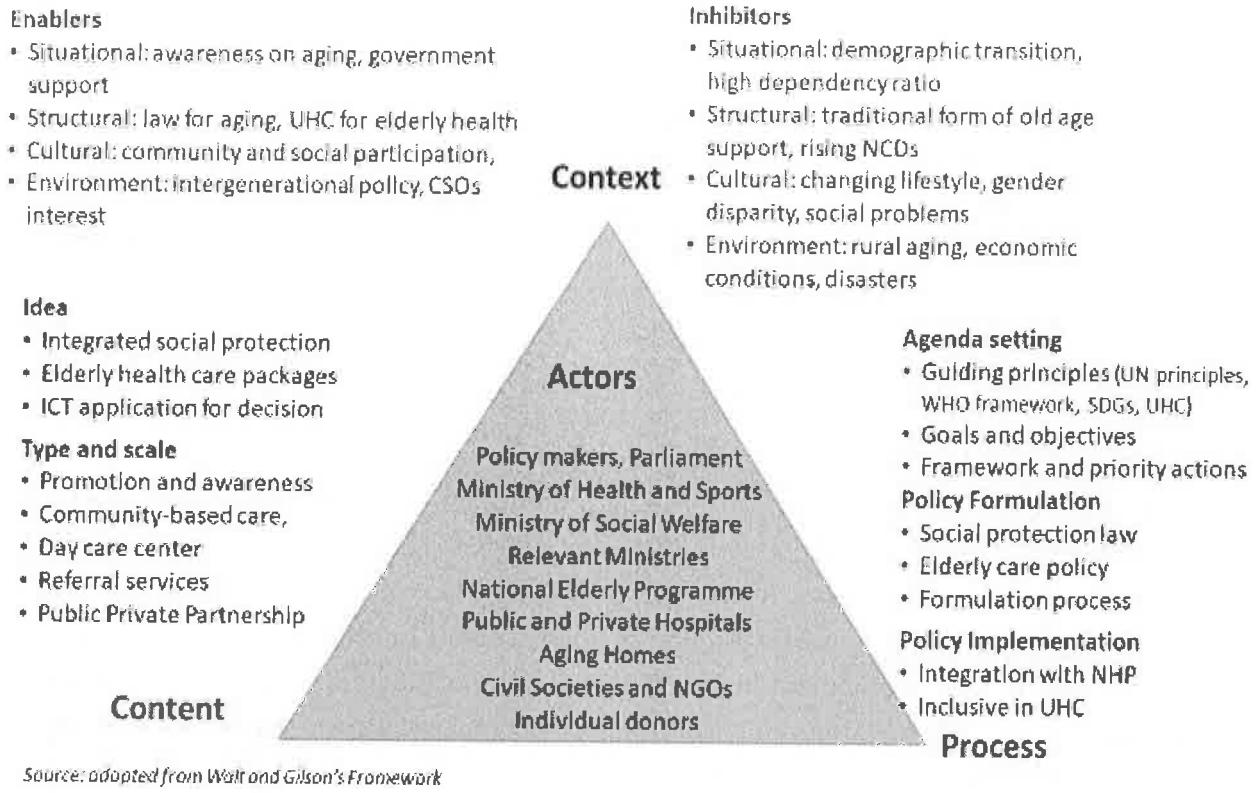
CHAPTER 7

7.1 Recommended Policy Framework for Elderly Care inclusive in moving toward UHC 2030

Health policy analysis is a multi-disciplinary approach to public policy that aims to explain the interaction between institutions, interests and ideas in the policy process (Walt et al., 2008). To advance health policy analysis, existing frameworks and theories should be extensively reviewed, methodology of policy research and analysis should be carefully addressed and position of policy research team, their power roles and longer term approaches should be considered. It is useful both retrospectively and prospectively, to understand past policy failures and successes and to plan for future policy implementation.

The proposed elderly care policy framework is developed based on Walt and Gilson 1994 policy triangle model, which described policy context, content, process and key policy actors. The context of elderly care in Myanmar can be differentiated into inhibitors and enablers according to the country situation. The content of elderly care policy includes ideas, types and scale of interventions, which can be summarized as the policy agenda. The policy process for aging can be generally described into agenda setting, policy formulation and policy implementation. The policy triangle is center be various policy actors either institution, groups or individuals because they involved in various level of policy formulation process.

Figure 5. Policy Framework for Elderly Care



Source: adopted from Walt and Gilson's Framework

7.1.1 Policy context of aging and elderly care

According to 2014 census in Myanmar, 8.9% of population were aged 60 and older, the aging index was 20.1 and the old age dependency ratio was 8.8%. The absolute number of oldest old was projected to be triple within next 3.5 decades, reaching over 1.3 million by 2050 (Department of Population, 2015). However, such a rapid transition of aging population has not been aware and fully prepared by Myanmar society.

Inhibitors:

Myanmar confronts important challenges including demographic shifts and economic transition. Majority of elderly care in Myanmar society is family-based care traditionally. This model has been changed by shrinking average family size in Myanmar due to urbanization, migration and changing country economic situations, leading to decreasing availability of traditional family support for elderly (Knodel and Teerawichitchainan, 2017). Furthermore, rising trends of Non Communicable Diseases (NCDs) increase burden for chronic diseases in older people (Ministry of Health and Sports, 2017). Consequently, aging population faces potential adverse impacts on health care and quality of life.

Evidence further indicates that culture and religion closely linked to elderly care in Myanmar and gender and economic disparities exist in health among older persons. Older women are more likely than their male counterparts to report various aspect of social and health problems. Only a third of older persons in the MAS reported that their health was good or very good (MAS 2012). Furthermore, social problems were observed in nearly 35% of the

study population in one local study (Han, 2012), which highlighted the need to address more social insure in detail for appropriate policy and intervention measures.

Majority of elderly population reside in poor rural areas in Myanmar, where one third of older people live in home without electricity and 58% lack running water. On average, the home of older people has little possession (HelpAge 2015). Furthermore, Myanmar is a disaster prone country vulnerable to flood, cyclone and earth quake. Older people are the most vulnerable people during emergency and disaster and there is no specific disaster care programme for elderly.

Enablers:

Despite many challenges for aging context, Myanmar has significant enabling factors to promote elderly care. Health care for elderly programme was integrated in the National Health Plan since 1996 and the elderly project covered over 50% accessibility to geriatric clinical services through primary health care approach (Han, 2012). Since after democratic transition, government pay more attention to social sectors and the Law for Senior Citizen has been approved by parliament in 2016. This law support increasing government budget allocation to social protection and health sectors compared to the budget allocation of previous military government.

The law for Universal Health Care has been drafted and submitted to Parliament, which inclusive of elderly care to expend access for quality care and financial protection from catastrophic expenditures. MOHS provided awareness raising on aging, training for community health workers and volunteers and encourage greater participation of older people in social care. Moreover, the MOHS engaged civil societies to promote awareness on UHC and elderly care in the community.

7.1.2 Policy content of the elderly care

Policy content is the backbone on architecture of a decent policy agenda. Integrated sectoral approach, innovative ideas and comprehensive health care packages are essential to develop the effective policy content for aging care. In addition, various types of services package are required to be considered according to the needs. Elderly care services are usually identified in three-tiered services, such as primary care or home based care, community based secondary care and institutionalized care (tertiary care) through public-private-partnership.

(a) Integration with public sector programme and policies:

Health services for older persons is a multidisciplinary approaches and concomitant with other public sectors services such as, housing, public health, education, manufacturing, urban/rural design and transportation (National Research Council, 2001). Appropriate housing assistance for elderly care is uncommon in Myanmar. Provision of suitable housing in community and within institutions is required to improve the elderly health care system, including reconstruction of housing for disable older people. Similarly, location of housing

for elderly is essential to optimize access to health, nutritional and social services. Provision of public transportation is required to enhance mobility of elderly, as well as emergency referral. Furthermore, specific training programme for geriatric care skills is required for health professional and social workers to deliver elderly care services. For disable elderly people, provision of mechanical assistance and electronic devices for treatment and rehabilitation is mandatory.

(b) Comprehensive elderly health care packages:

In order to streamline elderly care in UHC pathway, comprehensive elderly care package is the essential in Myanmar National Health Plan. This package will ensure quality health services, efficient allocation of resource and leaving no older people left behind in national health insurance system. To provide effective elderly care under UHC, thorough assessment for defining goal of care, existing physical and capacity, available environment and care plan is required. The integrated way of delivering ICOPE can assess requirement for elderly and implement the care plan by using the principles of self-management support, monitoring the care plan, engage communities and support care givers and strong referral pathway at right time and conditions. According to the WHO-ICOPE guidelines for elderly care, national elderly care service should screen (a) declining physical capacities including, mobility loss, malnutrition, visual impairment, hearing loss, dementia, cognitive impairment and depression syndrome (b) geriatric syndromes associated with care-dependency, such as urinary incontinence and risk of fall (c) caregiver supports, such as, psychological support, training and capacity building initiatives.

(c) ICT application for decision of care

Innovative public health intervention is essential to promote awareness, to improve early detection aging related diseases and to prevent injuries and elderly related diseases. Internet coverage is significantly improved in Myanmar with a decade in both rural and urban areas. The MHOS is encouraging ICT application in provision of health services by distribution of mobile tablets to basic health staffs in the community throughout the country. This is an opportunity to apply internet and ICT on health literacy for elderly care and decision tools for appropriate choice of care for elderly care, which has been successfully operationalized in Japan, Korea and China.

(d) Types and scales of elderly care

The ambiguities about expansion of elderly care are underpinned by the current "niche" position of emerging service models and their limited connections to broader public or private services, insurance, training or regulatory systems. In order to implement successful elderly care, the following key elements should be considered in elderly care policy

- Family involvement in development and implementation of care plan.
- Person-centered care where older people involved in development of their care plan

- Caregiver training and skills development opportunities
- Integration with health care services either in-house or external medical care for elderly
- Equity in access for accepting older people with dementia or cognitive impairments
- Favorable workforce condition and recognition for care givers of elderly
- Sustainability of care by all means through donors, out-of-pocket or public insurance.

(e) Health promotion and rising awareness

80% of older people have at least once chronic health problem in Myanmar. The more health conditions people have, the more they need to navigate the health care system and interpret complex health information. These tasks are challenging for people with low health literacy. Particular challenges for some older adults are accessing health information on the Internet and using basic math. Health promotion tools for elderly should be sensitive for visual and hearing impairment, such as using audio visual aids. Furthermore, it has to overcome the cognitive challenges and focus on essential information and consider effect of stress and fatigue. The health literacy should encourage activity and facilitate strong social network and acknowledge older adult's strengths and encourage older adult to ask questions.

(f) Home based elderly care (Tier-1)

Various models of community based care for elderly people are available based on cultural and socioeconomic context of the countries. Red Cross and Red Crescent defines community-based home care as help and support for older people who are in need of care and who are living at home by providing home nursing, home help and visiting services through volunteers. The minimum standard for volunteer for elder care includes understanding of aging process, health aging, ageism and discrimination, role in home-based visiting of older people, communication skills, handling conflict, violence and abuse, compassion and fatigue (International Federation of Red Cross and Red Crescent Societies, 2011). In Canada, Informal care giver (family-focused care) and professional team-based care delivery shown to be successful collaborative practice for community based elderly care (Lafortune et al., 2015).

(g) Community based day-care center (Tier-2)

Review on 7 studies indicated that elderly care at primary health care level by nurses was effective in terms of reducing inequity and providing socio-culturally appropriate care to improve health and well-being of the elderly(Nagaya and Dawson, 2014). Day-care centers are commonly used to provide a wide range of social and support services in a group setting

for elderly people who need supervision and help with activity of daily living. The goal of day care centers is to keep participant in the community for as long as it is medically, socially and financially feasible. Program of All-inclusive Care for the Elderly (PACE) include a team of healthcare providers who know the patient and caregivers well, and who can provide complete care for the patient in a variety services, ranging from simple non-skilled custodial care to more advanced skilled services, such as, on-site health services, clinical assessment and monitoring, and to help with medication management and rehabilitation, hearing aids, eyeglasses and a variety of other benefits.

(h) Institutionalize care (Tier-3)

The institutionalize cares have still remained many challenge in developing countries in terms of geographical spread, population served, quality of services offered and cost of operation for elderly services. Two major institutionalized service models appear to dominate in Myanmar are charity institutions operated by faith-based or civil society organization and public welfare institutions operated by Ministry of Social Welfare. Although institutional long-term care remained largely undocumented, it is highly likely that only small fraction of aging population who need any form of organized care and support. Institutionalized care or organized long-term care for elderly should be available from simple to complex level of social and health care. Myanmar also should consider standard institutional care model which can be generally classified into 4 categories as follow;

- ***Independent Living facilities*** offer elderly with daily things, like cleaning and meals, but generally require that seniors be self-sufficient. Generally, independent living involves apartment in a building designed to provide seniors with help and support.
- ***Assisted Living facilities*** offer housing integrated support services and health care services. Such facilities offer more attention than independent living facilities by monitoring elderly every day to make sure that they are doing well.
- ***Nursing Homes*** offer full-time, around-the-clock medical care for elderly who are unable to live on their own without medical care, like people with serious illness or dementia.
- ***Continuing Care Community*** offer various levels of care, where elderly can move from independent to nursing home according to the services need while they are staying in the same community.

(i) Public Private Partnership in elderly care

Private sectors play significant roles in transition of elder care and the sectors expending rapidly among the elderly. In the UK, over 90 percent of care homes are run by private operators. In Quebec, almost 70 percent of seniors live in privately managed residences. Sweden's 2,710 nursing homes used to be run by the public health services, have being

changed to a mix of private and public. In the American system, over 70% of nursing homes have long been privatized. Private sectors are able to better control cost by paying less for staffing, separating capital and operation costs and accepting cases with less complex medical needs.

Since the strong regulation has not been put into place for many of private sectors, there are scandals on quality of elderly care in UK, Norway and Sweden (Harrington et al., 2017). In contrast, federal regulations on private sectors and incentives system to ensure quality on elderly care minuscule differences between private and public nursing home in the United States. The money for care arrives with the patient, not from the government, so nursing homes have an interest in maintaining high standards(Apolitical, 2019).

In Yichang, China, the Asian Development Bank provides a public-private partnership model to strengthen the provision of elderly service by enhancing private sectors involvement (Wang et al., 2017). The project designed a comprehensive approach to develop a three-tiered elderly care system by strengthening home-based, community-based elderly care centers and community based care services, by improving capacity on dementia care, ICT, training institution and by upgrading facilities for geriatric care and geriatric hospitals and elderly care nursing home to support the continuity of care for elderly.

(j) Civil Based Organizations (CBOs) in elderly care

CBOs offer many advantages in elderly care. Their programs are often conveniently located in the community and are tailored to the special needs of the older population. CBO staffs and volunteers are typically members of the same local community and accustomed to cultural needs and preferences. Furthermore, CBOs developed long-term relationship with their clients, even staff and volunteer have insight into social support networks. In Myanmar, there are many CBOs and FBOs linked to Buddhist religions and monasteries, those institutions can enable peer support and moral support for elderly community through meditation and other ritual supports.

Furthermore, CBO's staff can help elderly achieving their health goals by providing on-going support and positive reinforcement with may change the behaviour of elderly to assume a greater role in disease self-management. In contrast to profit business, CBOs can legitimately capture some of the cost through compensation of some services under insurance or other trust funds.

7.1.3 Policy process: Agenda setting for the elderly care

The policy circle includes identification of problems, policy analysis, development of proposals, consultation and coordination, legitimization and decision, implementing policy and evaluating public policy(Jann and Wegrich, 2007, Bridgman and Davis, 2004). According to the policy cycle, it is difficulty to clearly differentiate policy agenda setting and policy formulation process in practice. According to the policy review described in the previous session, elderly care policy agendas were complex and both developing and effluent

countries applied integrated social protection and health policy agenda setting approaches. The comprehensive policy agenda should include key components, such as, guiding principles, policy goals and objectives, priority contents and action framework and actors required to implement the policy (Strehlenert et al., 2015).

(a) Guiding principles:

For Myanmar, previous improvement initiatives had been difficult to evaluate, and there were large local variations in the quality and coordination of care for older people. Therefore, it is very important to set elderly policy by using globally available guiding principles and the evidence sources in alignment with the existing country context and service availability. The integrated elderly care policy for Myanmar should be guided by United Nations Principles for elderly persons, WHO strategy and action plan for elderly care, Sustainable Development Goals and Universal Health Coverage principles.

In preparing policy agenda for elderly care, many countries adopted the United Nations Principles for older persons, which focused on five major domains: Independence, Participation, Care, Self-fulfilment and Dignity(Chang, 2009). In addition, the WHO global strategy and action plan for elderly care was developed in 2016 and the Member States adopted the strategies which addressed five key objectives (a) commitment to action on health gaining, (b) developing age-friendly environments (c) aligning health system to the needs of elderly (d) developing sustainable and equitable system for long-term care (e) improvement monitoring and research on health aging(World Health Organization, 2016b).

While transition of elderly population during the few decades, the Millennium Development Goals (MDG) failed to address elderly care in developing countries including Myanmar. Based on the previous lesson learned from MDG, the Sustainable Development Goals (SDGs) addressed many aspects on social and health needs for aging population. According to SDGs targets, elderly care is links to the following goals related to social protection:

- *Ending poverty and poor health*: by formulating flexible retirement policy, tax supported pension, social assistance and changing attitude of employers for elderly workforce.
- *Provision of quality education:* by providing basic health literacy, extending learning opportunities and reducing material and structural barriers for elderly participation.
- *Promoting gender equity and empowerment*: by creating robust system for workforce participation and social pensions for older women within household.
- *Sustainable cities and communities:* by recognizing capacities of elderly, anticipating aging needs, respecting older people's decision and protecting vulnerable elderly in the community.

Furthermore, the accessibility, affordability and quality of elderly care is addressed in the Universal Health Care pathway to achieve the SDGs. The appropriate actions required for UHC in healthy aging and SDGs related to health care for elderly are as follow:

- *Ensuring good health and well-being:* by improving equitable access to primary health care, establishing integrated system for long-term care and making available medicine and technology to support functional ability of elderly people.
- *Improving nutrition:* by promoting vitamins and minerals intakes, maintaining energy and protein intakes and supporting poor elderly people to access healthy meals.
- *Promoting innovation and infrastructure:* by upgrading eHealth technologies, developing health monitoring tools and promoting researches for elderly care.
- *Reducing inequities:* by prioritizing people with greatest health needs and breaking barriers limiting social participation and contribution of older people.
- *Justice and strong institution:* by ensuring equitable access and utilization long-term care services and providing assistance to families that care of older family members.

(b) Policy Goals:

Myanmar needs policy goal to provide an environment that recognizes, empowers, and facilitates older Persons to participate in the society and enjoy their rights on freedom, social needs, health care, and live in dignity.

(c) Policy Objectives:

- To raise the awareness of healthy aging in family, community and national institutions
- To create a favourable environment that enable elderly people to live healthy and dignity
- To enhance provision of reasonable and quality care on health and social protection to aging population by family, community and national institutions.
- To promote and facilitate elderly person to pursue their freedom and personal development
- To promote collaboration and partnerships among key stakeholders for the effective implementation of elderly care policy.

(d) Proposed Policy Action Framework for Elderly Care in Myanmar:

Based on global experiences on policy contents, Myanmar political context, the following policy agenda and framework for priority actions should be consider to improve elderly care in Myanmar;

Priority areas	Actions Items	Actors
Empowering political commitment on healthy aging	• Encourage enforcement of Myanmar elderly law by public advocacy, awareness rising and necessary legal measures. • Establish the national action frameworks to link with the working committees for elderly care • Combat ageism, discrimination and transform understanding of aging and health. • Strengthen national institutional capacity to formulate evidence based policy on healthy aging.	MPs MOHS MOSWRR MOHA Academia CSOs DPs
Promoting social needs, human rights and dignity among elderly people	• Promote access to basic needs, opportunity to work, access to income generation and able to reside at safe and appropriate environment. • Encourage autonomy and elderly participation in community services, social activities, policy formulation and decision making. • Able to pursue opportunities for full development, right to access educational, cultural, spiritual and recreational resources. • Treat fairly regardless of age, gender, disability, racial or ethnic background and able to live in dignity and freedom from abuse and enjoy human rights.	MPs MOSWRR MOHS MOE MOLIP MOPF MOCRA Activists Ethnic Org: DPs
Aligning health care systems to the needs of elderly populations	• Review the existing health sector laws and national health plan to ensure that they respond to the needs of elderly people. • Decentralize and strengthen health care services to ensure easy access by elderly persons within their local environment. • Develop and ensure affordable accessible,	MOHS Social Ministers S/R Health Dept. TMOs Community leaders

	quality integrated clinical care for elderly through integration in the UHC pathways • Screen for dementia, NCD and other common elderly diseases in the community • Expand and strengthen community and family based elderly health care support systems • Establish a sustainable, equitable and quality long-term care system including institutionalize care for elderly and private health sectors • Application of ICT and web-based decision tools for appropriate choice of care and rising awareness	Physicians BHS, CHW, Volunteers Family members Care givers GPs Private hospitals
Improving the capacity of various workforces for elderly care	• Build workforce capacity to ensure sustainable workforce appropriately trained for elderly care. • Incorporate geriatrics care in the education and training curricula for various medical and social curriculums. • Orient health systems intrinsic capacity and functional ability to support informal caregivers (family members, self-help groups and community volunteers) • Mobilize communities to ensure meaningful involvement and participation in management of their life-long health care needs • Strengthening capacity of CBOs for elderly care	MOHS MOSWRR MOE Medical universities CBOs Private sectors
Promoting monitoring evaluation and researches on elderly care system	• Establish and operationalize a HMIS inclusive of information related to elderly care. • Identify and agree on ways to measure, analyze, describe elderly care indicators in the NHP • Strengthen research capacities, institutions and provide incentives for innovation on elderly	MOHS HMIS DMR Medical schools NIMU NGOs

	care. • Conduct research, analyze data and disseminate results to inform improvement of elderly care policy implementation.	CSOs EHOs DPs

7.1.4 Policy Process: formulation process for the elderly care

Policy formulation process is a combination of the processes by which government translate their political vision into programmes and actions frameworks to deliver effective outcomes. Effective policy formulation means that policy proposed is regarded as valid, efficient, feasible and implementable solution to the issues addressed. While policy agenda setting emphasize on the policy content, such as problem identification, analysis, development proposal and policy actions for solution, policy formulation process more focus on legitimization and decision process.

Myanmar has to pass the several steps in policy formulation process according to the previous experiences on formulation of Senior Citizen law 2016, NHP 2017-22 and UHC law. The following steps and procedures will be required to undergo by the concern agencies for formulating national elderly care policy

Process	**Actions required**
Identification of problem and policy analysis on elderly care	Responsible ministries organize technical core group to review the existing policies related to elderly care, identify gaps, challenges and requirement for policy action according to changing elderly context
Issuing request to government:	Responsible ministries for elderly care (either MOHS or MOSWRR) have to prepared the issue paper to request Cabinet Memo for requesting policy formulation on elderly care.
Concurrence or approval by Cabinet	Cabinet approval to revise existing elderly care policy/law or develop the new policy/law according to the need of country.
Lobbying amongst various actors on policy content	Technical working group identify policy content, identify actors, explain the purpose and define roles and section/ areas for involvement of policy actors
Consultation for policy agenda setting: policy goals, objectives and	This process was done by series of review on previous policies for elderly care and several consultation meetings between multi-stakeholders and technical core group from the concern ministries, CBOs, NGOs, EHOs, WHO, UN agencies, DPs, Aging societies and

action framework	academic institutions.
Drafting of agenda and policy segment	Policy agenda is drafted by gathering relevant data, recommendation and feedback from various actors for proposed policy change on elderly care
Finalize and editing policy with feedbacks from relevant institutions	The draft policy is reviewed by various concern government institution to align with existing policies, rules and regulation from other government sectors: Attorney General Office, Ministry of Planning and Finance, etc. The feedbacks are consolidated and edited to finalize the policy
Presentation and submission to the Cabinet	The final policy document is submitted to cabinet for approval and cabinet member endorse the policy.
Tabling at Parliament	For the elderly law, the cabinet again submit to parliament for discussion. After policy debate and defence by concern ministry Parliament approve the law.
Endorsement of the law, policy by President Office	At final stage, approved by the parliament and then the president office will formalize and legalize the law.
Advocacy, publicity and civic education	The concern agencies will require to educate the policy to community, civil societies and relevant stakeholders.

7.1.5 Policy Process: Policy Implementation for the elderly care

Policy will be on the shelf if there is no proper implementation mechanism. Implementation of elderly care policy is the most challenging for Myanmar because ownership of elderly law is beyond the health sector. Furthermore, elderly care is cross-cutting between health promotion, public health, NCDs, life cycle programme and medical services and there is no specific programme implementation unit for elderly care within the health sectors. In order to implement the policy successfully, the steering committee and working groups will be required to enforce the law, legalize actions and coordinate with relevant stakeholders and agencies. Furthermore, there is no monitoring and evaluation framework for elderly care in Myanmar and the M&E framework and monitoring implementing unit is required to assess the achievement of policy implementation.

Elderly care is inclusive as one of the projects in the National Health Plan (NHP) for implementation of UHC service delivery. The NHP monitoring and implementation unit (NIMU) was established by the MOHS and identified the targets indicators for essential package of health services. However, the NHP targets and M&E framework does not cover the specific indicators of elderly care services to directly measure the achievement of elderly care policy implementation. Consequently, implementation progress for elderly care will be difficult to measure by NHP monitoring and evaluation indicators. Therefore, the following additional actions will be required for successful implementation of elderly care policy in Myanmar.

- Developed national action plan for comprehensive health care services for elderly and decentralize the programme activities to township and communities
- Establish monitoring and evaluation framework for elderly health care and assign specific unit to monitor and assess the achievement of policy implementation.
- Harmonize health systems and service delivery in between medical services, public health, health promotion and prevention of NCDs for elderly care in the health system building blocks to provide comprehensive elderly care services under UHC pathways.
- Refine priority elderly care activities and key indicators to expend affordable access and quality care through EPHS under UHC pathways
- Enhance skill and capacity for elderly care and ensure sustainable workforce in both public and private care givers to implement elderly health services.
- Engage the development partners and private sectors to fill the gaps in resources for elderly care both technically and financially to sustain the long-term care and to expand the community based elderly care.

7.1.6 Policy Actors for the elderly care

As the elderly care requires multi-dimensional approaches, actors relevant to the public policy of aging include diverse groups. The visible actors participate to develop legislations for aging in the United States are senators, advocacy groups, lobbyists, geriatrics society, medical associations, national association of social workers, profit-business, university-based policy institutes, National Council on Aging, National Committee to Preserve Social Security. Furthermore, there are several hidden participants, such as academic researchers, consultants, gerontologists, bureaucrats and congressional staffers are instrumental in crafting the policy solution designed to solve the problems (Hinrichsen et al., 2010).

In Myanmar context, geriatric society and council on aging were not exists. Advocacy group and lobbyists were not strong enough to improve awareness on aging care. Gerontologists and academic researchers should be further engaged to strengthen elderly care policy. Furthermore, policy support is required to strengthen CBOs and institutions working for

elderly people. The key roles required to consider for policy actors on elderly care are as follow;

- Bring aging friendly legislators and politician out of the shadows and engage them in elderly care policy reform and elderly care policy implementation.
- Pay attention and listen more on the voices of elderly in policy formulation and decision making process for development of elderly people.
- Emphasize local issues and access local avenues for policy and community advocacy and ensure to promote care and support at the local level.
- Build relationships with government officials to influence public policy formulation and monitor the progress on policy implementation
- Follow up with national elderly programme staffs for policy agenda and policy action plan for priority activities.
- Find various channels for policy advocacy including social media, news and other information source available
- Set importance of timing in policy making and policy advocacy
- Work with local groups for finding facts and consulting for ideas and opinion
- Expand the policy review and research of national organizing representing aging researcher and aging specialists.
- Use existing and past policy fellow and policy makers as a resource for policy formulation

7.2 Policy Recommendations for Elderly Care in Myanmar

(a) Policy context

- There are very few researches and nationwide survey for elderly care in Myanmar, including policy analysis on elderly care. Investment on evidence based policy researches and data management system is required to generate information on aging and integrated research for social and health care for elderly in Myanmar.
- Aging population and problem related to aging is increasing in elderly society in Myanmar within a few decades. Therefore, public awareness on aging and its problem is required to be promoted at the community level. Furthermore, health literacy on elderly health for care givers is required to improve the elderly care and support.

(b) Policy content

- As elderly care is multi-sectorial concern in Myanmar, integration with health care and other public services sectors is required for elderly care in identifying policy ideas

- Similar to other countries, Myanmar elderly care system should be designed in three tier models: home based, community based and institution based according to appropriate needs by prioritizing comprehensive care services, strengthening elderly friendly infrastructure and providing realistic and feasible care and services.
- Provision of elderly care in primary health care facilities and day care centers in the community is less common in Myanmar and those services has to be improved through UHC pathways as essential elderly care packages. NGOs and community caregiver roles should be enhanced to promote the day care centers.
- In Myanmar, elderly care centers, aging home and hospital for elderly are insufficient. Therefore, cost-effective institutional care is required by provision of appropriate and quality service. This can be achievable by giving autonomy in resource mobilization at elderly care centers, aging home and hospitals.
- Private elderly care system is uncommon in Myanmar and the elderly care policy should encourage innovative ideas on public, private partnership care models for elderly care interventions and elderly care services.
- As Myanmar as improve internet coverage, ICT application for elderly health care in decision making, consultation and raising awareness should be address in Myanmar also.

(c) Policy agenda and standards

- As Myanmar has no standard and norms for elderly care, various standard, principles and norms for setting policy agenda for elderly care is required. The elderly care policy should address the proper guiding principles such as, UN standards for older people, WHO strategic guidelines.
- According to the Sustainable Development Goals for human development and Universal Health Care, elderly care policy should consider human rights, gender equity, complexity of care, social participation and intergenerational responsibility for elderly care.
- Policy goal, specific objectives, priority themes and actions plan relevant to Myanmar context should be identified in elderly policy as mentioned in the previous session.
- Comprehensive and long term health care policy is required for elderly care focusing on access, quality and affordability. Universal health care approach for elderly the best approach because majority of elderly population reside in the rural area.

(d) Policy formulation

- Policy formulation is time consuming and complicated process in many countries including Myanmar and multi-stakeholders engagement is critical for identification of problems.
- Advocacy and series of consultation is required for various actors to formulate comprehensive policy agenda setting process.
- Formalization and legalization of policy and law require several approval procedures in Myanmar. Therefore, sufficient time and intensive follow up with government official is required to approve the elderly care policy.

(e) Policy implementation

- Multi-sectorial coordination and engagement is required for elderly care policy implementation. Steering committee and working group for policy implementation should defined clear action plan and target setting for elderly care.
- Allocation of sufficient budget for elderly care is essential to implement the elderly care policy successfully and sustainably.
- Myanmar is moving towards the implementation of UHC through essential basic health care packages at township levels. Therefore, it is a right timing for integration elderly care policy with National Health Plan.
- Currently elderly care is in project approach supported by very few development partners. It should be strengthened as a cross cutting programme approach to merge the elderly services package in the essential package for health services through UHC pathways.
- The current NHP target indicators will not be able to measure the elderly related services. Indicators, which can be directly measure the elderly services should be integrated in NHP for UHC as well as SDGs. Furthermore, specific unit within the health sector is required to monitor the progress of elderly care policy implementation.

(f) Policy Actors

- Various policy actors and members of parliaments should be involved in all policy agenda setting, policy formulation and policy implementation process for elderly care.
- Role of academic and researcher should be promoted and their participation as policy actors is the urgent need for Myanmar to improved evidence, information and data related to elderly care.
- There are very few activists and champions for elderly care exist in Myanmar. Champions are key to promote public awareness and behaviour change to implement elderly care policy.

- Policy actors should respect and dignity of elderly empower self-reliance of elderly people and promote elderly in community participation.
- Last but not the least is think-tank technical support is required for policy actors to make timely and appropriate decision for elderly care.

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Annex: Questionnaires used in Consultation at multi-level stakeholders and elderly persons

Organization Mission/ Service Providers/ Other Stakeholders

1. What are your organization main activities? What do you do? How do you do as caregiver to Ageing Population? What kind of services do you provide to older persons in your facilities?

2. Based on your experience, what are the major social and health challenges of older people in general and that with disabilities/frail elderly in Myanmar?

3. How does your organization response/support/facilitate those social and health challenges in community? Do you have connection/working with aging-focused organizations or older persons led group in Myanmar?

4. In your location, do you have any data on ordinary and frail older people (with disabilities)? If not, why don't you have these data? Who is reaching out to them?

5. Do you focus specifically about the issue of frail older persons? If not, why don't you focus on frail older people (with disabilities) in your activities?

6. If yes, how do you specifically provide intervention program to frail older persons? Any significant changes, you have achieved in frail elderly due to these activities?

7. In your opinion, what kind of technical support will be needed for your organization to take action on ordinary or frail older people (with disabilities)?

8. In next five year, what will be the role of your organization's position to support older persons? How does your organization aim to set intervention program for frail/older People in community?

Community Situation of aging (questions to community stakeholders, caregiver and family members)

1. Where do frail/older people live in (e.g. at their homes or home for the aged or any community based institution, monastery), and who take responsibility to care them in Community?

2. What are major challenges of family member of older persons in community?

3. How do older persons participate in social activities? If not, why don't they participate?

4. How do older persons access to health facilities and what are the challenges for them to access there?

5. If there is no family member of older person in community, how do the older persons survive, and who is taking care of them in community?

6. Do frail older people (with disabilities) have additional needs and challenges accessing in family life? What are they?

To senior Policy makers and Stakeholders at Central/ State/Regional Level

1. Do you see how elderly law, disability rights law and elderly and disability bylaw fully cover aging population and how they will be benefitted?

2. How do you let the 1) older persons, 2) community stakeholders; 3) operational implementers, and 4) other sector ministries know about the elderly law, bylaw and other required information?

3. In your opinion, how should we response for ageing population in Myanmar?

4. What is your recommendation for older persons in Myanmar?

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