National Healthy Ageing Strategy and Action Plan for Bangladesh (2024-2030)

A framework to reduce the ageing burden in Bangladesh

Directorate General of Health Services (DGHS)
Ministry of Health and Family Welfare

With technical assistance from
World Health Organization (WHO), Bangladesh

SUPPORTED BY

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Acknowledgements

Abbreviations

DGHS	Directorate General of Health Services
LMICs	Low- and Middle-Income Countries
MoHFW	Ministry of Health and Family Welfare
NCDC	Non-Communicable Disease Control
NGO	Non-Governmental Organization
SOP	Standard Operating Procedure
TOR	Term of Reference
UNICEF	United Nation's Children Fund
WHO	World Health Organisation

Executive Summary

Ageing is a global phenomenon affecting people worldwide, with the global population aged 60 and over expected to reach 2.1 billion by 2050. This demographic shift has significant implications for healthcare systems, social welfare policies, and the labor market. Older people are at a higher risk of developing chronic diseases and disabilities and may face discrimination and social isolation. Active ageing is a growing movement, emphasizing the importance of staying physically, socially, and mentally active in later life. Global ageing policies aim to address challenges and opportunities presented by ageing populations, such as healthcare, retirement and income security, social participation, age-friendly environments, research, and intergenerational solidarity. In Bangladesh, the government has implemented policies and programs to address the needs of the elderly population, but challenges remain, such as inadequate funding, lack of awareness, and limited resources. Older age holds value as individuals and as contributors to society through roles like guardians, mentors, caregivers, and workforce members.

Bangladesh has 7 million elderly people, and which is predicted to be 65 million by 2100, about 26% of the total population. This demographic transition require special efforts to prepare health system to cater to special needs of this ageing population. Government of Bangladesh through Ministry of Social Welfare has developed National Policy for Elderly People to address the social need of the population. However, there is a need for developing a comprehensive policy for addressing health system challenges and system readiness for catering to health-related challenges of ageing population. Countries like New Zealand, Japan, Finland etc. has detailed strategy on healthy ageing. United Nations decade of healthy ageing (2021-2030) has outlined a framework for improving lives of older people, their families, and communities in which they live. This is aligned with the global agenda of Sustainable Development Goals (SDGs). The policies and strategies for healthy ageing are developed suited to the socio-economic conditions of the country.

With changing family structure and rising cost of living elderly people are considered as burden on family rather than assets. Poor and vulnerable families are more susceptible to elder abuse and mistreatment due to financial hardship. There is a need for comprehensive national strategy to address health needs of the elderly population

particularly the poor and vulnerable groups. The document is prepared using global guiding principles developed by World Health Organization and referring to various strategic documents from countries where aging related issues are addressed systematically.

Vision

"To make the people of Bangladesh capacitated to enjoy the highest level of functional ability through the provision of health care, a support system, and a conducive environment throughout the life course."

Goal

"To ensure adequate health services available & accessible for ageing population through effective implementation of identified strategic objectives."

The strategy document is prepared to attain following four strategic objectives:

1. **Change the way we think, feel and act towards age and ageing**
2. **Strengthen health system for ageing population**
3. **Ensure quality health services for long-term care of ageing population**
4. **Ensure conducive environment for healthy ageing**

The document is annexed with detailed methodology, literature review and other supporting documents used in development of this strategy document. The strategy document is also followed by detailed action plan for successful implementation of this important document and translate the throughs into action.

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National Healthy Ageing Strategy and Action Plan for Bangladesh (2024-2030)

1 Background

1.1 Definition of healthy ageing

Ageing is a biological event, results from the effect of the accumulation of different molecular and cellular change and damage throughout the life. This process leads to a gradual reduction in physical and mental capability, reduction in immunity, increase risk of disease and eventually death. Other than biological changes, ageing also depends on other components such as nutrition, employment, environment, facilities, and the health condition (WHO 2020). [1]

According to WHO, "*Healthy Ageing is the process of developing and maintaining the functional ability that enables wellbeing in older age.*" [2]

According to PAHO/WHO, "*Healthy ageing is a continuous process of optimizing opportunities to maintain and improve physical and mental health, independence, and quality of life throughout the life course.*" [3]

1.2 Leave No-One Behind: Ageing, and the SDGs

Ageing, affecting 12.2% of the global population, is a significant development concern, particularly in low and middle-income countries. Raising awareness of the challenges and opportunities associated with ageing and proposes initial recommendations for addressing them in the 2030 Agenda for Sustainable Development.

The 2030 Agenda adopted in 2015 by all UN Member States sets the principles of equality and non-discrimination with an obligation to "leave no one behind" and "reach those furthest behind first", providing special attention to the marginalized groups. This commitment is an unprecedented chance to include ageing as a core theme, which is unsupported by international development initiatives, policy, and discussion. The

[1] *World Health Organization, 2020. Decade of healthy ageing: baseline report*
[2] *World Health Organization, 2022. Ageing and health; Factsheet*
[3] *The Decade of Healthy Aging in the Americas (2021-2030)*

Sustainable Development Goals (SDGs) precisely address the concerns of elderly population through calling for an end to poverty for all (SDG 1); including targets that lift historic age-caps on data collection for gender-based violence (SDG 5); specifying the right to health "for all at all ages" (SDG3); promoting "lifelong" learning (SDG 6); encouraging the development of sustainable, inclusive, and accessible urban environments, including for older persons (SDG 11); and reducing all forms of violence, including physical, psychological, or sexual violence, among all persons, regardless of age (SDG 16). The WHO global strategy and action plan on ageing and health, 2016, has also recognized the SDGs and supports how these goals can be accomplished by focusing on the functional ability of elderly people. [4][5]

1.3 Why healthy ageing strategy?

Older age holds value as individuals and as contributors to society through roles like guardians, mentors, caregivers, and workforce members. Health was earlier thought of as the absence of disease. Finally in 1947. The WHO declared that health is "the state of complete physical, mental, and social well-being, and not merely the absence of disease." WHO considered the elderly people as active citizens of society, not as a burden.

Today people worldwide have a longer lifespan living up to sixty and beyond. All countries experiencing the same phenomena indicate improvements in social environments and health policies. By 2030, 1 in 6 of the total population of world will be aged 60 years or over. While this should be seen as a success, it possesses challenges. They are often treated to be burden to society for diminished physical and mental capacities. Especially in low- and middle-income countries (LMICs), the older people lack education, food, financial support, and health care services. However, this adverse condition can be prevented or delayed through healthy behaviours and providing a supportive environment. The Sustainable Development Agenda 2030 emphasizes that a

[4] *Fukuda-Parr S, Smaavik Hegstad T. "Leaving no one behind" as a site of contestation and reinterpretation. Journal of Globalization and Development. 2019 Sep 12;9(2):20180037.*
[5] *Buvinic M, Carey E. Leaving no one behind: CRVS, gender and the SDGs.*

healthy life and the right to health are valid for all ages, promoting better health, security, and dignity in old age, and participation in the community with full privileges and rights.[6]

Bangladesh is also having this demographic transition. Presently the country has 7 million elderly people, and which is predicted to be 65 million by 2100, about 26% of the total population. The life expectancy has increased from 57.3 years for males and 59.5 years for females in 1990 to 71.8 years for males and 74.6 years for females in 2017. Soon the number of older people will surpass the number of young people. This situation will require special needs and care-giving services. Following the Vienna International Plan of Action on Ageing endorsed by the United Nations General Assembly in 1982 and the Madrid International Plan on Action on Ageing 2002 (MIPAA), various initiatives and activities have been undertaken for older people of Bangladesh. However, evidence indicates that these initiatives are limited, health needs for elderly remain overlooked. Therefore, to ensure adequate healthcare of the elderly a clear approach and strategy is needed.[7][8][9]

[6] HelpAge International, Healthy ageing; 2023. https://www.helpage.org/what-we-do/healthy-ageing/
[7] Khan M. Reflection on the MIPAA, and its Adaptation to the Emerging Ageing Context in Bangladesh: A 'Medium Human Development'Country's Initiatives. International Journal on Ageing in Developing Countries. 2018;3(1):27-46.
[8] World Health Organization (WHO). Global strategy and action plan on ageing and health. 2017.
[9] World Health Organization. World report on ageing and health. World Health Organization; 2015 Oct 22

2 Methodology:

A comprehensive approach through evidence-based policy making is adopted for developing National Healthy Ageing Strategy by engaging different ministries and stakeholders including representatives from civil society and elderly people. A Technical Advisory Committee (TAC) involving subject experts and eminent personalities was formed to oversee the process and assure quality of the document. TAC members details are in the Annex: 3: Technical Advisory Committee (TAC) for development of the National Healthy Ageing Strategy of Bangladesh

Technical Advisory Committee comprises of various technical experts on the subject matter, policy makers, development partner, civil society, and academicians. The process was led by Additional Director General (Planning and Development), DGHS and supported by technical experts from World Health Organization, Bangladesh. (Please see Annex: 3: Technical Advisory Committee (TAC) for development of the National Healthy Ageing Strategy of Bangladesh

The information gathered for the proposed national strategy took qualitative approach to set the situation analysis, vision, key guiding principles, strategy, and action plans. The process started with desk review followed by stakeholder mapping exercise. A visit to two division was made by team represented by WHO & DGHS to have hands on experience on best practices in this area at ground level. Qualitative interviews with elderly people as well as key informant was conducted using semi-structured questionnaire to identify key challenges and they are adequately addressed in this policy document.

The final document was peer-reviewed by subject expert and commented upon by various stakeholders in a consultative meeting. The final document is approved by Technical Advisory Committee for submission to Ministry of Health and Family Welfare.

3 The global context of healthy ageing

Healthy ageing encompasses the various factors promoting health and well-being among older people globally, including social, economic, environmental, and cultural determinants that shape their experiences.

The ageing population is a significant global health and social issue, with the oldest people currently found in Japan, Finland, and Italy. The Organization for Economic Co-operation and Development (OECD); Greece, Korea, Poland, Portugal, Slovenia, and Spain are among the nations that are the fastest-ageing, while Brazil, China, and Saudi Arabia are the fastest-growing non-OECD countries. By 2050, one in six people will be beyond 65 (16%), up from 9% in 2019 (Rudnicka E, et. Al, 2020). In Europe and North America, one in four people could be 65 or older by 2050. International programs and regulations have been implemented to support healthy ageing, including initiatives to increase healthcare access, encourage healthy habits, and address social and economic factors affecting health. A coordinated and multi-sectoral approach is needed to ensure older people live healthy, whole lives.

3.1 Healthy ageing in high-income countries

Healthy ageing is a critical issue in high-income nations, where the percentage of older individuals is increasing. These countries offer advanced medical care and social support networks, which promote good ageing. Economic stability, employment, and income also influence healthy physical and cognitive ageing. High GDP countries benefit from better access to health facilities and technology, ensuring better preventative treatment. Social factors impacting population health at high GDP levels are less burdensome. High-income countries generally have a higher average life expectancy rate due to higher living standards, effective health systems, and more resources invested in medical science, hygiene, sanitation, accommodation, education, and nutrition. Public health research shows that disease morbidity and social determinants significantly impact population quality and longevity. Few examples of high-income countries that are making strides

towards healthy ageing are given in the Annex: 4: Healthy ageing in high-income countries.

3.2 Healthy ageing in low and middle-income countries

Between 1970 and 2015, wealthier nations had a higher proportion of their population's age. However, due to declining birth rates, low-income countries (LMICs) are more likely to reach old age before reaching prosperity, with two-thirds of the population 60 years and older by 2050. LMICs face limited resource shortages, weak welfare systems, diverse cultural customs, and political circumstances. As a result, the global context of healthy ageing in LMICs is essential. Population ageing is expected to boom in large LMICs like India and China, while slowing in already-aged Western Europe. India's population is rapidly ageing, with 340 million older people expected by 2050. Chronic diseases, limited access to healthcare, and a shortage of healthcare workers in rural areas are affecting support systems. The Indian government has implemented programs to assist in healthy ageing, such as the "National Program for Health Care of the Aged" and the "National Social Assistance Program."

Academia and policymakers are concerned that LMICs may become old before rich due to rapid population ageing, as they still need national institutions and resources to meet the financial demands of large populations of older individuals who have left the workforce. A comprehensive approach is needed to address the health, social, and economic challenges older adults face.

3.3 Healthy Ageing in Asia Pacific Region

The Asia-Pacific region is home to a large and diverse population, including many countries experiencing significant demographic changes due to ageing. According to the United Nations, the number of older persons (aged 60 and above) in the Asia-Pacific region is expected to more than double from 547 million in 2019 to 1.3 billion in 2050. Many countries in the region are still developing their healthcare systems, and the increasing demand for elderly care will put additional pressure on resources. Overall, the ageing population in the Asia-Pacific region is a complex issue that requires a multifaceted approach from governments and societies. The percentage of this region's

population 65 and older will climb nearly 2.5 times between 2020 and 2050, surpassing 14% for women and reaching 11% for males. The successful growth of Asia and the Pacific is characterized by rising longevity and falling fertility. Numerous nations in Asia and the Pacific have acknowledged the growing demand for long-term care (LTC) policies, services, and manpower.

Population ageing in Asia and the Pacific is happening much more quickly than in other parts due to sharp drops in fertility and mortality and increasing life expectancy. One in every seven people, or 670 million people, will be 60 years of age or older throughout Asia and the Pacific by 2022. By 2050, the number is predicted to have risen to 1.3 billion, or one in four individuals. With their longer life expectancies, older women make up 54% of the region's older population, and their percentage rises with age.

According to the UN, the Asia-Pacific area has roughly 617 million residents 60 and older, the world's most significant population of older adults. Governments and healthcare organizations are also implementing a range of strategies to promote healthy ageing in the Asia Pacific region. These include promoting healthy lifestyles, improving healthcare access, enhancing social support, fostering intergenerational connections, and investing in research.

3.4 Healthy ageing at south-east Asian region (SEARO)

According to the United Nations, the number of individuals aged 65 and older in Southeast Asia will be three times higher, from 5% to 15% by 2050. The World Health Organization's Southeast Asia Regional Office also reported an increase in the number of elderly people. By 2030, 289 million people in the region will be 60 or older, compared to an expected 1402 million worldwide. India, Indonesia, Bangladesh, and Thailand have the largest proportions of elderly people. The SEA Area Member States will have an estimated 480 million elderly people by 2050.

India would have 316 million elderly people, followed by Indonesia (61 million), Bangladesh (44 million), Thailand (23 million), and Burma (35 million) (12 million). Southeast Asia's sustainable development and the welfare of its ageing population depend on encouraging healthy ageing.

Some country-specific examples of healthy ageing initiatives in the SEARO region are given in the Annex: 5: Healthy ageing at south-east Asian region (SEARO).

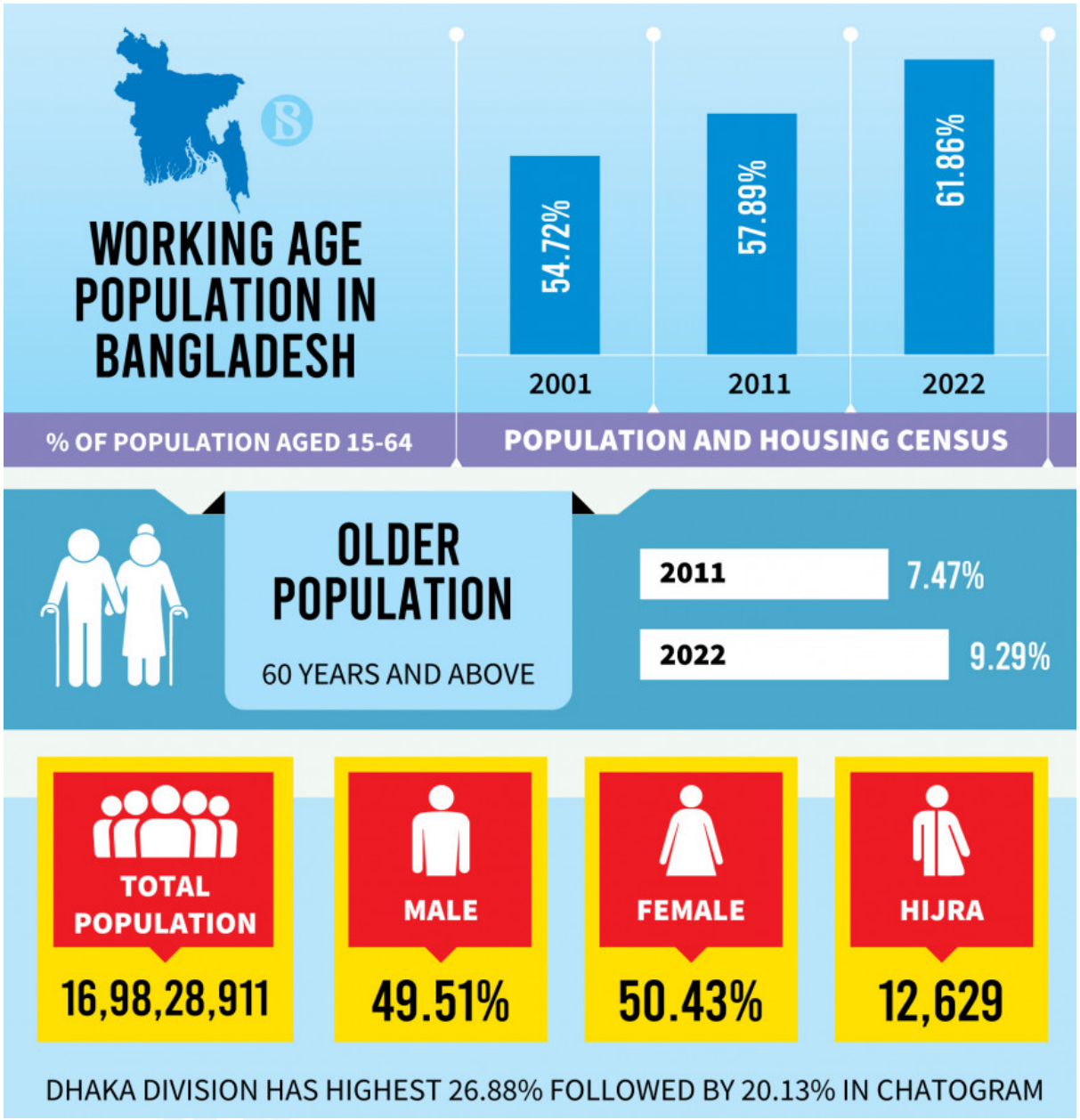
3.5 Global policy frameworks on Ageing

Population ageing raises important policy questions about how to support older individuals' independence, improve health policies, enhance quality of life, and strengthen healthcare facilities. Policymakers have developed various policies in coordination with WHA Member States and stakeholders, including UN resolutions, international human rights law, MIPAA, active ageing, WHO global strategy, and the Healthy Ageing 2020-2030 decade. These policies aim to improve the quality of life and strengthen healthcare facilities for older individuals. They are further discussed in the Annex: 6: Global policy frameworks on Ageing.

4 Bangladesh context of healthy ageing

Bangladesh is experiencing a significant increase in the elderly population, with 7.7% of the total population being elderly. The UN Population Division reported a 1.37% increase in the population aged 65 years or older from 4 million in 1990 to 8 million in 2010, with a projected 20% increase by 2050. This increase is attributed to improved socioeconomic conditions and public health programs, which have led to a demographic transition from high fertility and mortality to low fertility and moderate mortality, resulting in a larger elderly population with longer life expectancy. The percentage of the population aged 65 years or older is projected to reach about 20% by 2050. [10]

[10] Madrid International Plan of Action on Ageing (MIPAA)



4.1 Challenges to Healthy Ageing in Bangladesh

4.1.1 The social context of elderlies in Bangladesh

In Bangladesh, traditionally, a son is usually responsible for taking care of his family's older adults and bearing their expenses. Due to poverty, they are often looked as a financial burden, hence elder abuse and mistreatment is on the rise. With changing family structure in Bangladesh, there is rise of nuclear families has increased social isolation putting their mental and physical health at risk. Also, there are fewer people to care for

the elderly in the future as, compared to 2001 when there were nine people available per elderly, there will be only three people per elderly in 2050(Hafiz et al., 2013; M. N. Islam & Nath, 2012).

The vulnerability shows up in a lack of access to healthy food, housing, medical treatment, social support networks, and a positive attitude in the community. Most of the older adults live in rural areas where healthcare facilities are limited. Older women, especially widowed and without sons owning no land, face financial issues which results in poor health. Women are more likely to be widowed at older age as they usually marry men several years older than them that result in miserable.

4.1.2 Ageism

The elderly in Bangladesh face discrimination through both prejudiced attitudes and exploitation. Society often perceives older individuals as they contribute little, incapable of fulfilling their duties, sometimes forcing them to retire from their positions at the age of fifty-seven, even though they are still capable of serving. This perception of the elderly as aged and unproductive is a result of societal age biases. However, in Bangladeshi family life, elderly individuals contribute significantly through their active participation in childcare and domestic work.

4.1.3 Malnutrition

In Bangladesh, the physical and psychological health of the elderly has significantly declined, which is a striking indicator of the social impact of malnutrition. The comorbidities and the poor nutritional status of older individuals makes them more susceptible to chronic illnesses. According to the national food security and nutrition surveillance round 2018–2019, 89% of elderly population were undernourished (20%) or at risk of malnutrition (69%). [11] Insufficient knowledge and education, unhealthy eating patterns, mental health issues such as depression, inadequate oral and dental

[11] Mridha MK, Hossain MM, Khan MS, Hanif AA, Hasan M, Hossaine M, Shamim AA, Ullah MA, Rahman SM, Sarker SK, Bulbul MM. Nutrition and health status of elderly people in Bangladesh: evidence from a nationwide survey. Current Developments in Nutrition. 2021 Jun;5(Supplement_2):39

hygiene, disabilities, and illnesses are identified factors contributing to malnutrition in these individuals.

4.1.4 Health seeking behaviour

Affordability is a major obstacle for obtaining healthcare services for older adults. Study revealed most older people carry their own expenses for healthcare selling off assets or take loans. Often older adults cannot carry on with long term treatment. As of 2017, health financing in Bangladesh is one of the lowest with 18.15% making the situation worse (Matthews et al., 2023). Except for Dhaka Medical College there is no special unit focusing on geriatric health. Most older adults in Bangladesh preferred to go to village doctors instead of formal healthcare facilities, a some of them go for district public hospitals. Only a small fraction can afford private hospitals with specialized doctors and improved care. However, many are hesitant to visit sub-district level public hospitals because of insufficient medical personnel and medical technologist. The growing elderly population, coupled with lack of trained medical caregivers, and healthcare facility accessibility, presents major challenge for Bangladesh.

4.1.5 Multi-morbidity

Prevalence of chronic disease was highest among older adults from. The most prevalent conditions in Bangladesh are chronic diseases like chronic hypertension, diabetes, ischemic heart disease, and chronic obstructive pulmonary disease (Sara et al., 2018).

4.1.6 Geriatric Mental Health

The elderly population experiences loneliness and depression in old age, either because of living alone or due to a lack of close family ties and diminished connections with their culture of origin, which results in an inability to actively participate in the community activities (Rahman, 2017). Rural and marginalized populations bear the higher burden of these problems. In Bangladesh, mental health receives less attention from policy makers causing shortage of qualified human resources, mental health service delivery system, and a lack of research into an integrated health system (Depeursinge et al., 2010).

4.1.7 Physical activity among the elderlies

Inadequate physical activity is responsible for chronic diseases. In Bangladesh, a huge number of elderly people are not physically active. In one of the studies, Elderlies living in non-slum urban settlements or having higher education had higher prevalence of Insufficient physical activities (IPA) (Hanif et al., 2021). Homemakers and unemployed elderly were also reported to have higher prevalence of IPA.

4.1.8 Ageing in Place

Ageing in place is "the capacity to remain in one's own home and neighbourhood safely, independently, and comfortably, regardless of age, poverty, or ability level," according to the U.S. Centre for Disease Control and Prevention. Senior-specific housing has long been seen as the ideal answer. According to a study, 86% of older adults do not prefer institutional care despite having all the facilities. Having a son and wanting to live in institutional care are strongly inversely correlated. A male child is valued by the older adults in our society as an asset. Older adults without a son and financial insecurity are more at risk of displacement (Farzana & Tanmoy, 2019).

4.1.9 Gender disparity

According to 2020 statistics, Bangladeshi women's life expectancy at birth was about 74.89 years, while it was 71.13 years for men. Yet, Women specifically widows are more susceptible to multi-morbidity and have distinct health problems compared to men. In Bangladesh, due to cultural barriers older women are restrained from daily acts and equal access to healthcare, which make them more vulnerable than men and ultimately, they depend on their partners or siblings. But policies of Bangladesh show more concern on the reproductive age to maintain the country's growth and economy leaving older women ignored. [12]

[12] Bangladesh: Life expectancy at birth from 2010 to 2020, by gender; Statistica, 2022; https://www.statista.com/statistics/970415/life-expectancy-at-birth-in-bangladesh-by-gender/

4.1.10 Disability

Older people experience age-related functional impairment, leading to disability and health deterioration. In Bangladesh, despite increased life expectancy, disability rates are high, especially among elderly females. Middle and high-income households have lower functional disability, but higher self-care disability compared to low-income households. Rural areas in Bangladesh have higher rates of functional, self-care, and general disability compared to urban areas. Determinants of disability include health history, physical labor, socioeconomic status, healthcare access, and living conditions. [13]

4.1.11 Environment and Disaster

Coastal areas have a scarcity of safe drinking water as salinity causes prehypertension and hypertension and kidney diseases. Furthermore, due to the geographical location of Bangladesh, we are adversely affected by climate change. Older adults are more vulnerable to climate change disasters compared to younger adults. During cyclones, the elderly people become more vulnerable than the other age groups (M. S. Alam et al., 2022).

4.1.12 Situation of elderly during COVID-19 (Long COVID-19)

Many families went through financial difficulty during the pandemic, and this affected older people as well. Elderlies have comorbidities which puts them more at risk for complications, and eventual death from COVID-19. The fear of infection and losing loved ones also took a toll on their mental health which further worsens the prominent situation of geriatric depression in Bangladesh (M. M. Islam et al., 2021).

4.2 Bangladesh Policies on ageing people:

The People's Republic of Bangladesh's government is committed to upholding the rights of its citizens of all ages from a constitutional and legal standpoint. In 1982, the Vienna International Plan of Action on Ageing was observed, and in 1998, the Madrid

[13] Tareque MI, Tiedt AD, Islam TM, Begum S, Saito Y. Gender differences in functional disability and self-care among seniors in Bangladesh. BMC geriatrics. 2017 Dec;17:1-2.

International Plan of Action on Aging (MIPAA) was implemented. However, MIPAA has significantly impacted the government, non-government organizations, and other concerned bodies, leading to the formulation of the "National Policy on Aging" in 2007. This policy would be the foundation for all future activities for older adults that government, non-government, and other civil society organizations would conduct. [14]

4.2.1 Constitution of the People's Republic of Bangladesh:

The People's Republic of Bangladesh's Constitution includes a section that addresses the rights of the elderly. Section 15(d), "Provision of Basic Necessities," of Part II of the constitution mentions the rights to social security through public assistance in cases of unserved need arising from "old age". All citizens' fundamental needs, including housing, food, clothing, education, and medical care, the option to work at a reasonable compensation, and the right to sensible rest, diversion, and relaxation are referenced in the 15(a), 15(b) 15(c) condition separately in Area 15. [15]

4.2.2 Five-Year Plans (1985 to 1990):

The elderly welfare plan was first implemented in Bangladesh during the Third Five Year Plan (1985-1990). A "National Committee on Aging" was established in the nation following the Vienna International Plan. The Bangladesh Association for the Aging and Institute for Geriatric Medicine (BAAIGM) partially received some funding for the committee's contribution. Institutions for the elderly that provide essential services were included in the Fifth Five-Year Plan (1997-2002).

4.2.3 National Social Welfare Policy 2005

Ministry of Social Welfare implements the "National Social Welfare Policy 2005." Their mission is "Creating a better life by providing social protection, empowerment and development for the poor, vulnerable groups of people, and persons with disabilities". As

[14] Policy Responses to the Emerging Population Ageing in Bangladesh: A Developing Country's Experience Mehedi Hasan Khan

[15] Ferdousi, N. (2019). Protecting Elderly People in Bangladesh: An Overview. Jurnal Undang-Undang Dan Masyarakat, 24. https://doi.org/10.17576/juum-2019-24-08

part of this department's Social Security principal strategy, older people, widows, and financially burdened women who have lost their husbands are among those who receive financial, medical, shelter, training, and rehabilitation.

4.2.4 The National Population Policy 2011:

Two of the sixteen goals of the Bangladesh Population Policy's primary goal are related to the elderly: providing food, social security, and shelter to the poor, elderly and disabled, and reducing poverty and creating a conducive environment for improved quality of life. GOB (2004) proposed strategies to address ageing issues, including universal education, social security, health care, and family planning services for the poor. Strengthen the family support system, increase the old age allowance, and ensure free medical care for elderly couples without children. These strategies are part of the Population and Development Strategies.

4.2.5 National Health Policy 2011:

MoHFW endorses this policy, which stipulates that seniors can access local hospitals and services from all national healthcare facilities. Rule 12 of the policy addressed nutrition and health care for the elderly, and the health ministry is attempting to establish a department of geriatric medicine at various public medical schools. The policy's community-based healthcare strategies have been successful since its launch in 2011, but budgetary and human resource constraints, as well as significant disparities based on socioeconomic status, pose obstacles to its implementation.

4.2.6 National Policy on Older Persons 2013:

The 2013 National Policy on Older Persons in Bangladesh was endorsed by the Ministry of Social Welfare (MoSW). The Madrid International Plan of Action on Aging (MIPAA) was the foundation for the policy, which aims to ensure an active, healthy, and secured social life for older people in Bangladesh. The primary goals of the policy are to maintain the dignity of the elderly in society, identify their issues, alter the general public's attitude toward the elderly, and implement new programs to meet the requirements of the elderly. The policy aims for five main things: participation, dignity, independence, self-

achievement, and services. Additionally, the operational plan for safeguarding older rights was provided in the policy. In accordance with the policy's rule 8(1), Bangladeshis over the age of 60 are considered senior citizens.

4.2.7 The Maintenance of Parents Act, 2013:

The Ministry of Law, Justice and Parliamentary Affairs endorses a policy that requires younger generations to support their older parents' financial and physical needs to address shifting social norms. This includes providing financial and physical assistance and, if necessary, facilitating healthcare access. However, the policy has yet to be implemented due to legal issues.

4.2.8 The National Social Security Strategy (NSSS) of Bangladesh 2015:

The long-term goal of the NSSS 2015 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. This strategy includes a three-tiered "Comprehensive Pension System for the Elderly": a benefit funded by public expenditures that guarantees a minimum income to seniors who need it; a pension plan with contributions for workers in the formal sector; and people can choose to participate in private-sector voluntary pension plans if they want to increase their retirement income.

4.3 Other Initiatives for ageing People from Government:

4.3.1 Social Safety Net Programs of the Government:

The Government of Bangladesh has several Social Safety Net Programs that include- Old Age Allowance, Allowances for the Widow, Deserted and Destitute Women, Allowances Programme of Insolvent Persons with Disabilities, The Distressed Freedom Fighters' Allowance, Old Age Homes, Vulnerable Group Development (VGD) Programme etc.

4.3.2 Pension and other Financial Policies for Retired Government Employees:

Since 1924, the government has offered pensions to its retired employees. In government services, the retirement age is now 57 years old. Compensation Pensions, Invalid Pension, Superannuation Pensions, Retiring Pension, Optional Pension, and Family Pension are among the various types of pensions. In addition to pensions, government, and some other organizations offer plans, such as the Provident Fund, the Gratuity Scheme, the Benevolent Fund, and group or life insurance.

4.3.3 Old Age Allowance Programme:

The "Old Age Allowance" program, a non-contributory government pension for poor older people of both sexes. Among other socioeconomic criteria, the most senior citizens, males over 65 and females over 62, are eligible and given priority. Ensuring older people's social security and socioeconomic development; restoring older people's dignity in the family and community; improving older people's mental health with grants; making room for Medicare, and expanding nutritional assistance are the four primary goals of this program.

4.3.4 Allowance Scheme for Widows and (Husband Deserted) Distressed Women:

Elderly widows, husbands, deserted women, and distressed older women are among the financial beneficiaries of this program. The 'National Women Development Policy 2011' proposes safety net programs for widows, older women, and women abandoned by their spouses, endorsed by the Ministry of Women and Children Affairs (MoWCA) in 2011.

4.3.5 Old Age Homes:

Bangladesh has limited number of old age houses for the elderly. People who cannot pay minimum fees are also unable to access existing old homes due to resource limitations as well as social stigma. The government established six "Happy Homes" (Shanti Nibas) in six divisions in 1999. The government intends to build seven elderly homes in seven divisions of the country for elderly members of vulnerable families as part of the Annual Development Programmes (ADP). The primary objective of this program is to provide elderly people with facilities for lifelong care, protection, and everyday living.

4.3.6 Allowances Programme of Insolvent Persons with Disabilities:

In 2005, the Ministry of Social Welfare's Department of Social Services launched the "Allowances Programme of Insolvent Persons with Disabilities." Priority for this allowance is given to disabled women and elderly individuals.

According to the Ministry of Law, Justice, and Parliamentary Affairs (MoLJPA), this act guarantees disabled citizens' constitutional rights and equality. Due to an increase in elderly people suffering from arthritis or cataracts, the five-year plan 2016–20 observed an increase in disabled citizens. According to GED (2015), this plan aims to guarantee disabled citizens equal access to healthcare facilities.

4.3.7 The Distressed Freedom Fighters' Allowance:

In 2002, the Department of Social Services launched this program. This program was later transferred to the Ministry of Liberation War Affairs' purview. Through this program, the government provides a variety of facilities to old freedom fighters.

4.3.8 Rural Infrastructure Development Programme (RIDP)/ Food for Work (FFW)/ Rural Maintenance Programme (RMP)/ Vulnerable Group Feeding (VGF) Programme/ Vulnerable Group Development (VGD) Programme:

These projects give interval help to upgrade the limit of the recipients through the arrangement of most little utilization needs, advancement of abilities and access to credit. These programs also help the elderly from low-income families in the countryside. These Social Safety Net Programs are implemented by the Ministry of Relief and Rehabilitation and the Ministry of Local Government.

In addition to these various policies, the government is putting these principles into action to help the country's elderly:

- To raise awareness of and mobilize support for elderly issues, the government celebrates "International Day of Older Persons" and "International Family Day".
- Courses in social gerontology, population ageing, and age-related research are being taught at various public universities and other educational establishments.

- During the process of registering non-governmental organizations with the Ministry of Social Welfare, elderly-focused NGOs receive priority registration.

4.4 Activities from Non-government Levels

Several activities are undertaken by the NGOs including Bangladesh Association for the Aged and Institute of Geriatric Medicine, Old and Child Rehabilitation Center, Resource Integration Center, Service Centre for Elderly People, Elderly Initiatives for Development and Bangladesh Retired Government Employees Welfare Association, they are discussed in the annex: 7.

Healthy Ageing Strategy: Bangladesh (2024-2030)

5. The National Healthy Ageing Strategy (2024 – 2030)

The correlation between the vision of this document and the Madrid International Plan of Action (MIPAA) on Ageing's three focal points is apparent, as is its alignment with the Sustainable Development Goals' aim of not excluding anyone.

This strategy recognizes ageing as a critical matter that directly relates to 11 out of the 17 Sustainable Development Goals, making it an integrated and indivisible part of the overall sustainable development agenda.

Vision

"To make the people of Bangladesh capacitated to enjoy the highest level of functional ability through the provision of health care, a support system, and a conducive environment throughout the life course."

Goal

"To ensure adequate health services available & accessible for ageing population through effective implementation of identified strategic objectives."

Framework and Strategic objectives:

The National Healthy Ageing Strategy (NHAS) focuses on promoting healthy ageing and care of the ageing population of Bangladesh aligning with SDGs through the life-course approach and create collaboration between governmental and non-governmental actors, including service providers, scientists, and designers to ensure the existence of political and operational platforms for successful multi-sectoral collaboration World Health Organization's framework for healthy ageing is used for developing this strategy document contextualizing it to local situation. (Figure 1 Trajectories of Healthy Ageing - WHO Framework)

The strategy document aims to fill the gap between functional ability and inartistic capacity over the life course so that people of Bangladesh live healthy life without financial hardship.

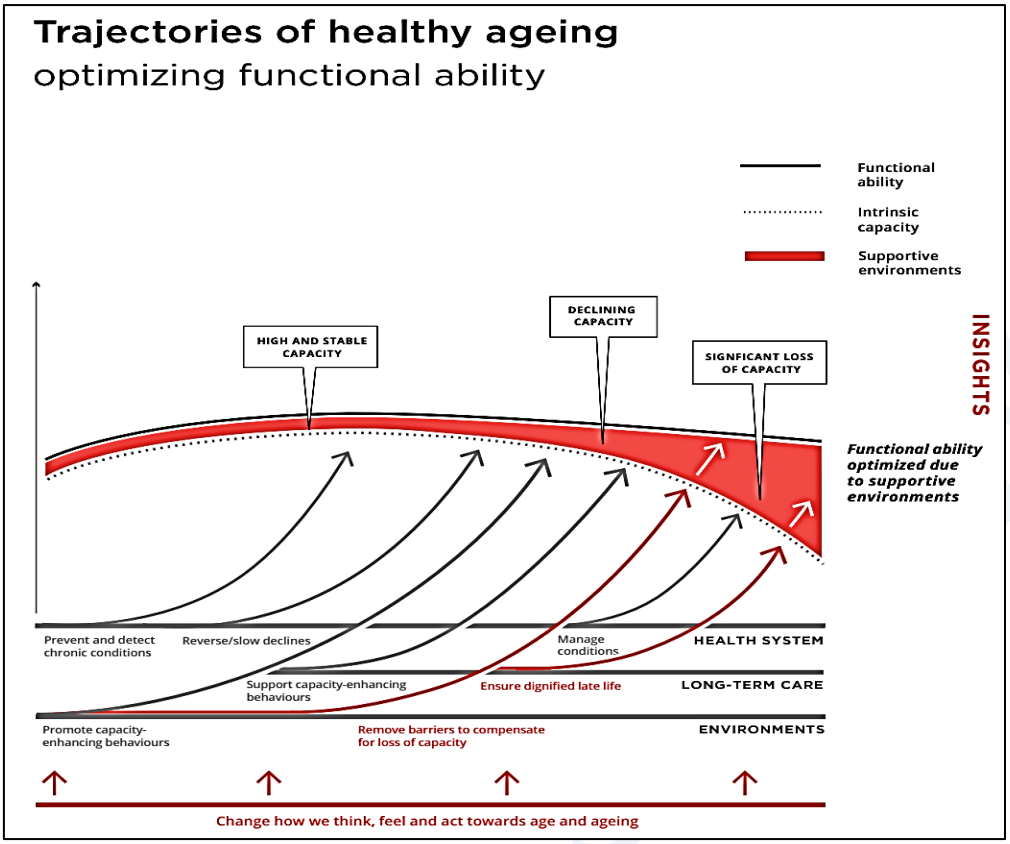


Figure 1 Trajectories of Healthy Ageing - WHO Framework

Guiding Principles

The strategy is based on a set of guiding principles outlined in global and regional WHO policies. The guiding principles of National Healthy Ageing Strategy in Bangladesh builds on and responds to the following documents:

- The Madrid International Plan of Action on Ageing,
- The WHO Global strategy and action plan on ageing and health (2016–2030), and
- The Decade of Healthy Ageing (2021-2030) by UN.

Figure 2 Guiding Principles for National Healthy Ageing Strategy (2024 - 2030)

The Figure 2 Guiding Principles for National Healthy Ageing Strategy (2024 - 2030) above describes principles used while formulating this strategy document. The principles are derived from WHO regional framework on healthy ageing. All identified strategic objectives in this document are meticulously crafted addressing one or more of the above-mentioned principles.

The strategy document is prepared to attain four major strategic objectives using seven guiding principles as above.

Major Strategic Objectives

1. **Change the way we think, feel and act towards age and ageing**
2. **Strengthen health system for ageing population**
3. **Ensure quality health services for long-term care of ageing population**
4. **Ensure conducive environment for healthy ageing**

Strategic Objective 1: Change the way we think, feel and act towards age and ageing (Ageism)

Ageism impacts individuals of all ages, yet it is especially harmful to the health and well-being of elderly individuals, as noted by UN organizations during their observations of the Decade of Healthy Ageing. Despite elderly people's significant contributions to the society and their vast diversity, negative perceptions about them prevails across cultures and are rarely challenged. Ageism, which consists of stereotyping (our thoughts), prejudice (our emotions), and discrimination (our actions) based on a person's age, is particularly detrimental to the health and well-being of older individuals. [16] As World Health Organization was tasked by its 194 member states to collaborate with various sectors and stakeholders to create and lead the Global Campaign to Combat Ageism, one of the major objectives of this strategy is to change behaviour of individuals towards elderly population.

Bangladesh's elderly population may have unique needs in this area of ageism. Elderly people may experience prejudice at work, at home, in medical settings, and in other spheres of society.

- The strategic objective tries to address psychosocial need of elderly people through multi-dimensional interventions and create a more positive, realistic understanding about age and ageing in communities that are more age friendly. We need to ensure dignity, gender equality, autonomy, independence, social security and strengthen capabilities of elderly people within communities through adoption of an individualized, person-centered approach to healthcare that avoids ageist attitudes and practices with sensitized health workforce.

SMART Goal:

- Legislation, policies, or initiatives that prohibit discrimination based on age in areas like health, employment, and lifelong learning is developed and/or strengthened.
- Laws, policies, and programs aimed at addressing ageism implemented.

[16] *World Health Organization, 2021. Ageing: Ageism; Factsheet*

(legislation/lwas/policy formulation/revision better to come together
Program that supports positive attitude towards aging can be focused

Strategic Objective 2: Strengthen health system for ageing population

The country aims to achieve Universal Health Coverage by 2030, requiring a stronger, age-sensitive health system. Addressing chronic diseases and complicated health conditions requires a supportive, integrated approach. Shifting the design of health systems, including government, information, financing, service delivery, human resources, and medicine, is necessary.

The strategic objective aims to reduce the gap between ageing population's intrinsic capacity and functional ability in Bangladesh's health system, focusing on long-term care and implementing interventions across multiple areas of the system.

2.A Strengthen governance through legislative framework and policies related to healthy ageing

The People's Republic of Bangladesh has implemented policies promoting healthy aging to reduce the effects of aging on elderly people, starting with the "National Policy on Aging - 2007" and "National Policy on elderly person - 2013". The policies largely addressed social dimension of the elderly population. But there is a need to have strong legislative framework and policies around the health need of elderly population.

Healthy ageing is a multi-dimensional approach involving collaboration between different ministries and departments to maximize health system effectiveness and respond to elderly population needs. To ensure successful implementation, an inter-ministerial committee, a health and aging center, and a strong national multi-stakeholder forum are needed. Sustainable policies like progressive pensions and benefit programs should be implemented to support the aging population.

SMART Goal

- Coordination and collaboration Strengthen Governance Structure including setting-up National inter-ministerial committee to oversee the progress on implementation of National Healthy Ageing Strategy.
- Framework for monitoring and reporting on key indicators of measurement.
- National multi-stakeholder forum to discuss issues related to healthy ageing.

2.B Strengthen the capacity of human resources for health to better manage need of elderly people

Healthcare services for elderly require a diverse workforce, focusing on healthy ageing. Strengthening this workforce requires revising health education curriculums to adequately train the health workforce on ageing-related issues. Human resources engaged in provisioning of healthcare services to elderly people are critical for ensuring effective healthcare service delivery. Strengthening the capacity of a diverse workforce, mainly working with elderly people, is a must to sustain healthy ageing. There is an immense need to build and sustain an appropriately skilled workforce. This process will require revision of health education curriculums to adequately train health workforce on ageing-related issues.

Caregivers:

Caregivers play a crucial role in the final phase of elderly life, providing continuous attention and health monitoring, encompassing both informal and formal caregivers. Caregivers are critical for elderly people during last phase of their life. Elderly people living alone without family support need continuous attention and regular monitoring about their health. Creating a pool of caregivers containing both informal (family members) and formal (institutional professionals, volunteer service, paid service, etc.) caregivers will help providing healthy living to elderly people.

Capacity building of the different cadre, including private sectors:

Teaching institutions should **revise their curriculum** to add topics like healthy ageing and how to provide services to elderly people. **Develop guideline and training programs** on those guidelines to enhance health professionals' knowledge and abilities to cater to ageing population. Ensure competencies in the ageing of existing health professionals through **pre-and in-service training**. Strengthen the capacity of training institutions to establish geriatric care department and expand the scope of geriatric education. (Health Education system; Health-care service strengthening)

Ensure availability & equitable distribution of trained HR:

To address this critical issue of health workforce shortage; offer existing employees to take on additional responsibilities or practice task shifting. This will help increase access to health services in rural and hard to reach area.

'It may be challenging for older people to access financial resources and earn a living. But they contributed all their life for society, so why don't we care for them. This is high time to think about their rehabilitation and easier to get the services in their most convenient way'

(Key Informant -_Implementor)

SMART Goal:

- Identify and engage with caregivers and human resources engaged in provisioning of health care services to elderly population. (Stakeholders mapping and ensure engagement)
- Build capacity of existing health workforce in geriatric care and long-term care for elderly population including palliative care.
- Ensure adequate human resources are available in public and private sector in rural as well as urban area for catering to need of elderly people.

2.C Ensure Financial risk protection against health expenditure

Bangladesh is grappling with significant out-of-pocket expenditure on healthcare, with a doubled increase between 2005 and 2016. This has led to rising chronic illness (CHE) and impoverishment. Poor households are more affected, while non-poor households are at risk. The poorest households are financially vulnerable, and the disparity in CHE is significant. Ensuring quality essential health services for elderly without financial hardship is a key strategy objective.

Include geriatric care in National Health Service Standards:

National Health Service Standards should be adaptable to older persons' need, including person-centered services and collaboration with public and private providers. These should include essential medicines, emergency services, basic assistive devices, and palliative care services required by elderly people. Primary health care should be strengthened for elderly people by including palliative care in standards for community health workers.

Comprehensive social benefit package including healthcare

The Ministry of Health and Family Welfare and Ministry of Social Welfare should collaborate to create a social safety net for elderly people, ensuring they are protected from financial risks from health expenditure. This includes strengthening public financing for healthcare services, ensuring essential medicines for chronic conditions, and implementing a Universal Health Coverage strategy to ensure no one is left behind due to financial hardship. Increasing public financing for healthcare is also important to reduce raising OOP. A commitment from government in increasing allocation to health sector can have significant impact on OOP.

SMART Goals:

- Accelerate progress to Universal Health Coverage to ensure access to quality health services for elderly people without financial hardship.
- Increase public spending on healthcare to improve access to essential health services to elderly people.
- Ensure free medicine, diagnostics, and assistive devices to poor and vulnerable population.

- Develop a mechanism to financially support poor and vulnerable elderly people for meeting their healthcare needs.

2.D Research and evidence generation

Generating age-specific information is crucial for quality research and evidence generation in policy making. However, many government departments generate large amounts of data, often not categorized by age group or gender. Policymakers need access to research findings to formulate evidence-informed policies. Factors like institutional function, political will, ideas, and interests should be considered to create relevant and timely evidence and knowledge on aging and health, including cost-effective local health system interventions.

> *The politicians of our country are all older and they understand it is in their own way. The need to make understand the need for all groups, classes and root levels older population need is much crucial. Political willpower and a proper understanding of the importance of older people's need address is the demand of time now.*
>
> *(KII_3_Policy level)*

2.D.1 Information generation by Age and Gender

Include older people in various demographic surveys and clinical trials for treatments as primary recipients, such as NCDs, Pain management, dementia, vital statistics and general population surveys etc. Management Information System (MIS) department of DGHS should generate data segregated by age and make it available for policy makers. Identifying gaps in definition, measurement, metrics, and fundamental concepts of analytical approaches to healthy ageing. Disseminate information acquired from associations and organizations addressing risk factors, disease, or condition-specific issues affecting elderly people.

2.D.2 Promote operational and policy research on healthy ageing

The text suggests developing a mechanism to support research in healthy aging, providing adequate financial support, identifying technical experts for policy dialogues, and encouraging multidisciplinary research to investigate factors influencing healthy aging and the unique surroundings of diverse older people.

2.D.3 Innovations in assistive devices

Promoting innovation in assistive technology and older person support is crucial. Supporting researchers with training and capacity-building programs through academic, researcher, and trainer networks can make newer technologies more accessible and affordable in the country.

SMART Goals

- Generate quality health information and robust evidence for effective policy making for ageing population.
- Provide conducive environment for research and evidence generation.
- Promote innovations and research to develop new technologically advanced assistive devices.

Strategic Objective 3: Ensure quality health services for long-term care of ageing population

Long-term care is a comprehensive approach to assist individuals with cognitive or functional limitations in self-care and other tasks to ensure functional abilities. Services include traditional health care, rehabilitation, palliative care, and assistive care, all offered on a continuum, based on person-cantered care principles. [17]

SMART Goal:

- Initiatives to ensure equal access to long-term care services for elderly individuals regardless of age, gender, or income.

3.A Community-based elderly care provision

Traditionally, Bangladesh cares for its ageing population through family and community support systems. However, traditional family support for the elderly is diminishing due to the increasing number of nuclear families and young people leaving their homes & towns in pursuit of better employment opportunities. Despite challenges the elderly still desire to spend their lives with their loved ones.

[17] *Stallard E. Long term care for aging populations.*

Therefore, a comprehensive approach of community engagement should be developed to create a system of care for elderly population close to their home. Volunteers to be recruited through various digital platforms to provide basic services to elderly people in the community.

SMART Goals:

- Cultivating self-awareness and a positive outlook on ageing in place through effective advocacy, as the benefits seem to outweigh the challenges.
- Maintaining social connections to ensure a support network for elderly people during difficult times (Friends, family, and neighbours can offer assistance, short-term caregiving, or help with errands during health-related challenges).
- Empowering communities to create environments that support healthy ageing in place

"To help older persons in Bangladesh learn new skills or get involved in activities that enhance their general well-being, educational and training programs may be beneficial. This can include courses in a foreign language, instruction in computer skills, or health and wellness initiatives, library facilities, outings etc."

One of the key informants illustrated

To help older persons in Bangladesh, we need to educate and train community people to take care of our senior citizens to enhance their general well-being.

3.B Nutrition and healthy diet

Nutrition and a healthy diet are crucial for the elderly's health and ageing process. Older individuals often experience reduced appetite, energy expenditure, and physiological changes, leading to gastric problem and reduced senses. Age-related pathological changes, chronic illnesses, and psychological conditions also contribute to malnutrition in elderly people.

SMART Goals:

- Improved access to healthy food and adequate nutrition for older persons; undernutrition, and obesity should be addressed

- Promoting community-based nutrition services, including nutritional assessment, nutrition advice for a well-balanced diet, and diets for people with chronic diseases
- Using mass media to promote the importance and strategy of a healthy diet and nutrition
- Elderly people with difficulty chewing should receive dental and oral care.

3.C Adequate health facilities with geriatric care

Since elderly individuals are more prone to health issues, their utilization of healthcare facilities is elevated. Health facilities needs upgradation to cater to growing need and for ease of access of ageing population. Behaviour of doctors, nurses and support staff towards elderly people need to improve through continuous training.

SMART Goals:

- Ensuring adequate elderly friendly health facilities for the elderly with acute or emergency health needs.
- Primary health care (PHC), including Information, education, and Communication (IEC), should be available and approachable for the elderly and incorporate services such as promotion, prevention, treatment, and rehabilitation.
- Providing information and literacy through health centres and staff related to specific conditions, symptoms, medication, and management for long-term conditions and enabling elderly individuals to detect and seek help
- Enhancing the age-friendly attitude, education, and training of healthcare providers
- Ensure adequate palliative care services particularly for poor and vulnerable population.
- Ensure services related to biological changes in female population during ageing

3.D Access to Assistive care services

To assess the required health and social systems cater of older adults, we should consider co-morbidities and their impact on the elderly's abilities and functionality. As we progress towards a Decade of Healthy Ageing, these conditions can be addressed by services ranging from rehabilitation and palliative care to more extensive social systems. Access

to assistive devices and care services with advance technology is utmost important while talking about respectful life for elderly population.

SMART Goals:

- Introduction of screening for functional impairment and disability at healthcare facilities.
- Referral pathway to physical therapy (PT) or occupational therapy (OT) should be done reviewed and revised for elderly population.
- Comprehensive rehabilitation and palliative care centres should be developed in hospitals and communities, along with capacity building for nurses and therapists.
- Ensuring access to appropriate and culturally sensitive rehabilitation and palliative care and educating the community and family members about rehabilitation strategies.
- Home-based telerehabilitation (HBT) interventions for people living at home.

3.E Access to medicine

Biggest challenge with ageing population is to ensure uninterrupted supply of medicines for chronic ailment. Geriatric healthcare is also associated with medication error or non-adherence, inappropriate prescription practices, drug interactions, side effects, consumption of medications with potential risks related issues. There is a need to ensure appropriate, safe, and affordable medication to elderly population.

SMART Goals:

- Access to necessary medicine and supplements free of charge and ensuring home delivery in the case of terminally ill patients.
- Raising awareness and education on medication usage in hospitals and community settings
- Increasing pharmacists' awareness, collaborating with health professionals, and providing education for better utilisation of their expertise

3.F Mental health awareness and support

The significance of mental health and well-being remains constant throughout life. Associated stigma can deter people from seeking help. When left untreated, depression can adversely affect the progression of heart disease, capacity to perform essential daily tasks and deteriorate overall quality of life. Therefore, it is crucial to establish a comprehensive, integrated, and responsive system to ensure support for elderly mental health.

'Government law, parents' protection act, or law needs to be in action, for funding, budget, and distribution to be implemented. promoting mental health well-being incorporated within the mental health existing facilities. Distribution of assigning work is important. Who will do what, it has to be specific. Everybody's business is nobody's business so assigning the right department and ministry is much required.'

- ***A key informant (implementor) respondent stated***

SMART Goals:

- Create awareness about mental health related challenges faced by elderly population.
- Provide support to ageing population in accessing mental health related services.
- Introduce community-based mental health promotion initiatives targeting the elderly people to combat social isolation

Strategic Objective 4: Ensure conducive environment for healthy ageing

Age-friendly environments promote healthy ageing by preserving innate abilities and enhancing functional capacity, allowing individuals with different abilities to engage in meaningful activities. There are factors beyond health sector which needs to change in order to achieve goal of healthy ageing. Multisectoral approach is needed for creating conducive environment for ageing population. Some of the diseases appear in older age is due to lifelong exposure to health hazards such as smoking, air-pollution, occupation related risks etc. There is a need to change cities and towns including working and living conditions to avoid risk of few NCDs at older age. There is also a need to provide adequate infrastructural support to address need of older people.

SMART Goal:

To create a supporting environment that addresses the requirements and preferences of elderly people in a comprehensive mode.

4.A Establishing the basic needs and rights of older people:

Basic rights are the safeguard individuals of all ages. We must advocate for the civil, political, social, economic, and cultural rights of senior citizens for encouraging healthy ageing.

SMART Goals:

- Emphasize on the importance of a healthy mindset of individuals from earlier life
- Introduce and implement the law of "Maintenance and Welfare of Parents and Senior Citizens" to safeguard the rights of older individuals and eliminate all types of discrimination.
- Ensure financial security by strategies like old age allowance, health insurance.
- Increase awareness about the rights of older adults and establish systems to address violations of their rights.
- Improve the training of professionals engaged in senior citizens' matters, such as healthcare providers and the judiciary.

- Involving skilled retired individuals for further services, either voluntary or paid.
- Engage seniors and utilizing their skills in various activities by promoting as a method for improving health and well-being.
- Encourage psychological wellness along social and recreational activities.
- Engage seniors in policy design and decision-making in areas that affect them.

4.B Infrastructure support for elderly people

Ageing services require a robust foundation to accommodate the growing older population, but the current infrastructure is inadequate and lacks sufficient social support systems to meet the demands of the ageing population.

SMART Goals:

- Build age friendly cities and town.
- Ensure development funds and proper policies and planning to provide food supply, travel facilities, and more.
- Building geriatric and rehabilitation centres or separate wards in hospitals.
- Building more senior housing, and efficient day-care centres,
- Implement age-friendly modifications to existing housing and health care facilities for easy accessibility and
- Ensure internet access which is crucial for delivering telehealth services and combating social isolation among seniors.

"Making sure people have access to cheap, high-quality healthcare is crucial. Regular check-ups and screenings can also aid in the detection and management of health issues. Both physical and mental well-being is important. For older mental health has been a crucial issue due to be neglected and dependent and isolated lifestyle in the context of Bangladesh due to rapid urbanization. Dementia is also a great area to work on. The tertiary level hospital or healthcare does not exist at the union or upazila level, it is important to create a referral chain system for mental health for older and all ages people. A long-term and integrated care system is highly required."

Said by one of the KII respondents

- Modernizing congregate living and nursing homes with private rooms and person-cantered care.
- Improve access to the assistive devices (such as walking stick, wheelchair, or scooter) in public places including public transport.
- Focus on age-friendly environment

4.C Healthy lifestyle:

Many of the NCDs are attributed to unhealthy lifestyle. Recent increase in diseases like diabetes and hypertension are results of unhealthy diet and unhealthy lifestyle. There is a need to bring social change and create awareness around healthy living. Also need to make healthy living affordable and accessible to entire population. Building parks and garden with open gym, places for recreational activities and health friendly workplaces will improve health of people at all age.

SMART Goals:

- Improve healthy lifestyle throughout life course to ensure better health after 60 years.
- Promote organic farming to ensure healthy diet.

4.D Improve air quality:

Air pollution can exacerbate conditions like heart disease, stroke, lung diseases (e.g., chronic obstructive pulmonary disease and asthma), and diabetes, which increase healthcare visits in older age. Measures need to be taken to reduce air pollution to reduce disease burden attributed to air pollution. A multi-sectoral approach can help addressing this complex issue. There is a need for coherence among various department and ministries to effectively reduce air-pollution and improve quality of life for people of Bangladesh.

SMART Goals:

- Promote renewable energy and reduce consumption of fossil fuel.
- Develop more parks for nature walks and recreation activities.
- Increase the importance of air quality awareness through public campaigns.

- Promote smoke-free policies in public places and reduce tobacco smoking through anti-tobacco campaigns.
- Avoid smoke from wood-burning stoves.

4.E Occupational safety

Ageing influences the probability of workplace injuries. When accidents involving older employees happen, these workers often need longer recovery times. It is increasingly evident that suitable programs and support in the workplace, community, or at home can assist older employees in leading longer, more fruitful lives. The main objective under this strategy is to make workplace safer and put in place safety measures for ageing population. Also need regulations to be strengthened to protect health of people working in hazardous industry.

SMART Goals:

- Make workplaces safe and promote healthy living (Stress-free) at workplaces.
- Ensure industrial safety for workers in hazardous industries to prevent long-term disabilities and injuries.

4.F Family caregiving for older people

Family caregivers are crucial in providing care to elderly individuals with chronic illnesses. Most of the physical, emotional, social, and financial support comes from family members. By assisting with everyday needs, family caregivers can frequently postpone or even avert the necessity for care in residential care establishments. The following supports should be provided to families:

- Increase awareness about seniors and their needs in families.
- Providing care for elderly family members to continue their livelihood, including daily tasks, nutrition, and overall well-being.
- Recognition and appreciation of elderly members within family.
- Providing supportive services, such as technical assistance in learning new skills, and technology.
- Supporting the older person in terms of health and treatment information.

- Ensuring financial support for the older people from the family.

SMART Goals:

- Create awareness in families and capacitate them to take care of elderly in their families.

4.G Fostering community support for older people for livelihood

As the population grows older; community involvement becomes crucial. Supports and services rooted in the community aim to enable older adults living independently to stay in their homes longer, while avoiding or delaying the need for facility-based health care. There is a need to sensitize communities for creating conducive social and cultural environment around villages, towns and cities. There need to be a sense of supporting

each other in community particularly elderly people as they need the social connect the most.

Key informants mentioned about the housing facilities for the elders

'A lot of senior citizens have certain housing requirements, such as affordability and accessibility. Older people may not have access to acceptable housing options since current policies may not meet their needs.'

Additionally, there are several requirements for enrolling older people in old homes or safe home facilities, including physical and mental fitness. If they don't meet these requirements, where do they go? They are the individual that lacks the most. They are numerous and alone, they have nowhere to live. Because there are numerous protocols, such as the requirement for blood-related individuals to provide their NID, address, etc., but since these individuals are already abandoned, how can they manage them? This is an absurd problem area that must be considered seriously.'

SMART Goals:

- Develop and promote community support system for elderly people living in rural as well as urban area.

4.H Gender equity

To achieve a fair and human-rights-focused approach to aging population, it is essential to be aware and responsive to gender dynamics. Need of ageing woman is different from ageing male. The services required by female population through ageing process will be much more than male due to biological changes the females go through during ageing process. Gender disparities impact the lives of older women and men, frequently stem from the accumulated disadvantages throughout one's lifetime. Thus, it is necessary to employ a life course perspective to tackle these gender issues related to elderly.

SMART Goals:

- Ensure equity in provisioning of healthcare services for elderly population by gender.

- Ensure special need of female population attributed to hormonal changes.

4.I Supporting older people during pandemics and disasters

Humanitarian efforts frequently overlook the unique needs of older people, sometimes employing systems that discriminate against them and inadvertently weaken their ability to be self-sufficient. Older age group has been most compromised during recent COVID-19 pandemic. They are at the highest risk during any pandemic or natural disaster due to their lack of ability to move fast and poor sensory response. The protocols for disaster management including epidemic and pandemic management need special attention to this group of people. They are least mobile and slow movers and require personal attention during emergencies.

SMART Goals:

- Funding of development and humanitarian strategies for elderly individuals.
- Access to the information, care, and medical services for elderly.
- Ensure access to essential supplies for older individuals during disasters.
- Preparedness and planning must consider the increased risks faced by seniors.
- Consistent communication with the public and vulnerable populations.
- Access to information in diverse formats and languages to overcome barriers.
- Organize medical camps to facilitate interaction between older adults and medical professionals.
- Maintaining close social connections can alleviate the mental and emotional strains of disasters.
- Governments and humanitarian organizations should prioritize healthcare access for older refugees and displaced individuals, regardless of legal status, in contingency plans.

4.J Monitoring on healthy ageing

Government should invest in ageing-related research to identify problems, monitor trends, and enable evidence-based policymaking.

SMART Goals:

- Establishing a monitoring cell in the ministry of health and family welfare to continuously monitor the progress of the implementation of different policies, plans, strategies, and programs for elderly.
- Develop a monitoring mechanism to effectively monitor progress on healthy ageing strategy.

National Healthy Ageing Strategy and Action Plan for Bangladesh (2024-2030)

6. Action Plan for Healthy Ageing

Action plan Development

In pursuit of healthy aging goals among the elderly, a comprehensive action plan has been developed. This plan is based on consultations with policy makers, and stakeholders, such as healthcare providers at local hospitals as well as evidence from literature on effective approaches for enhancing and promoting health and well-being throughout life and as individuals age. The plan also aligns with policy frameworks supporting the healthy aging agenda.

The action plan underscores the importance of multi-sector and inter-agency collaboration. Many of the initiatives in the plan necessitate collective effort and, as such, key players and appropriate lead and support agencies for specific actions. The actions outlined in the plan are expected to be developed and executed over the next five years, with some long-term strategies extending beyond that timeframe.

The strategy will be assessed annually to guide yearly planning and updated to accommodate changes in needs, priorities, and opportunities.

Action plan Implementation

The implementation of the action plan will be carried out in multiple stages over a decade. It must be noted that some of the actions may require more time to be fully executed. The Ministry will collaborate with other key government departments, development partners, non-governmental organizations, and other relevant stakeholders to implement the plan, including determining the appropriate mechanism, timeline, order of implementation, responsibilities, and resources required for each action. The successful implementation of these actions will depend on strong leadership, robust partnerships, and involvement from across the health and social sectors. This strategy must be seen as a collective vision for the future and requires joint effort to achieve our goals.

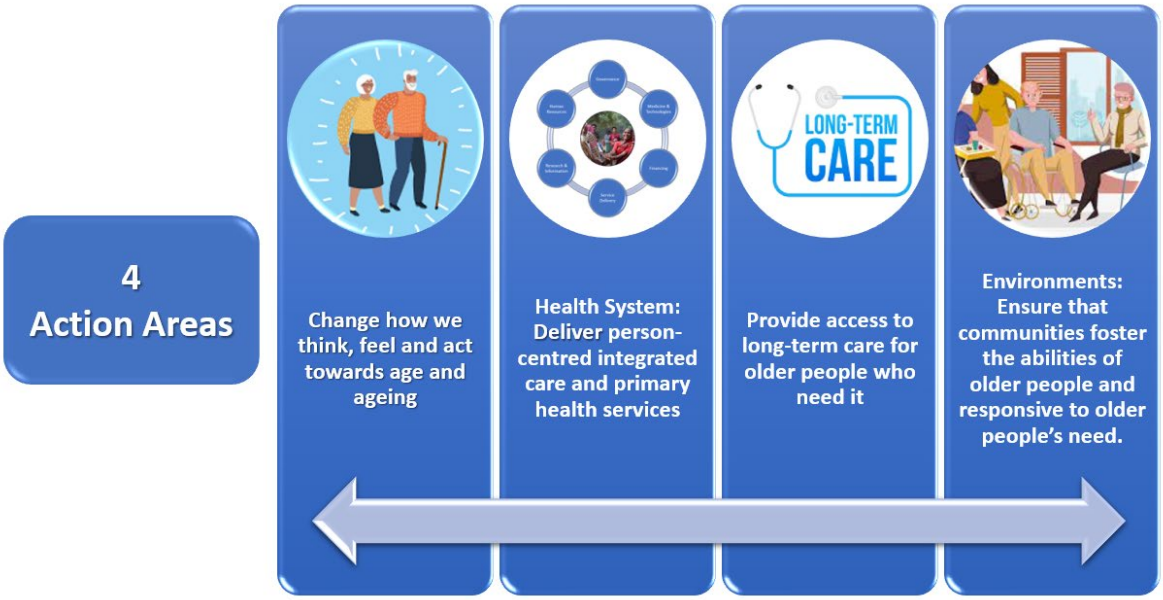
The timing of actions has been identified based on existing situation, ability, and readiness.

7. Strategic priority actions

This action plan is grounded in four strategic priority action areas, inspired by "The Decade of Healthy Ageing". This initiative, spearheaded by the WHO, aims to enhance the lives of elderly, their families, and the communities they reside in through global collaboration.

The action areas are:

I. Change how we think, feel and act towards age and ageing.
II. Health System: Deliver person-centred integrated care and primary health services.
III. Provide access to long-term care for older people who need it.
IV. Environments: Ensure that communities foster the abilities of older people and responsive to older people's need.



Strategic Priority 1: Change the way we think, feel and act towards age and ageing				
No	**Strategic Area**	**Actions**	**Key players Lead/Co-lead**	**Priority**

1	**Ageism**	• Develop and implement policy and legislation against ageism
		• Develop coordinated and strategic approach to address elder abuse.
		• Create awareness about ageism in community:
		  ○ Increase self-awareness regarding autonomy and rights of the elderly people through education and social messages from government and NGOs.
		  ○ Increase family member and public awareness and understanding of healthy aging and ageism promoting positive attitude towards old people. Family learning can be introduced at early age.
		  ○ Encourage active and healthy ageing through social engagement and social mobilization: Whole of the societal/community approach by promoting good health and wellbeing, practising healthy habits including lifestyle modification, physical activities and exercise through peer education etc.
		  ○ Recognize and appreciate elderly members for their contribution to the family and society.
		• Provision of job opportunities to make them financially strong and independent.
		• Creating opportunities to engage skilled and experienced elderly people to build the young generations of the society
		• Embrace a home-based individualized, person-cantered method to healthcare that avoids ageist attitudes and practices and ensure informed consent for their health-related decisions.
		• Enforcing rigorous national policies on the aging population and exacting penalties for infringement of laws against age-based discrimination.
			Lead:
			• MoHFW,
			Co-lead
			  ○ MoSW
			  ○ NGO
			• Other partners
			  ○ Community
			  ○ Neighbour
			  ○ Family
				Long and mid term

Strategic Priority 2: Strengthen health system for ageing population				
No	**Strategic Area**	**Actions**	**Key players**	**Priority**
2.A Strengthen governance and legislative framework				
1	**Governance**	• Develop national level inter-ministerial committee to monitor progress on implementation of National Healthy Ageing Strategy. • Map all the stakeholders with their roles and responsibilities and ensure their engagement • Establish strong coordination and collaboration mechanism among the stakeholders • Coordinate efforts, discuss lessons learned, and exchange information to help in the creation of policies and programs to promote healthy aging. • Create national and divisional framework of accountability and systems for coordination, monitoring, and reporting across all sectors and partners.	• MoHFW, • MoSW, • NGO • Community • Family • Civil society organization • Human rights organization	Long, and mid term
2	**Monitoring & Reporting**	• Develop national and divisional level framework for monitoring and reporting. • Build capacity of health managers in monitoring and reporting on elderly population's situation. • Mid-term evaluation of National Healthy Ageing Strategy. • End-term impact evaluation of this strategy for future plan of action. • Connect the evaluation of national sectoral, inter-sectoral, and multi-sectoral policies and programs to the monitoring of healthy aging indicators, as well as	• MoHFW • MoSW • DGHS • DGFP	Short Term

		to other international initiatives (such the Sustainable Development Goals, the Healthy Aging Decade)		
3	**Healthy Ageing Discussion Forum**	• Patients/survivors Forum • Care companion forum • Create institutional structures and opportunities, capacity and activities for translating research and evidence, and cultivate a decision-making culture that values evidence and its uptake in order to guide policy-making for healthy aging. • Foster connections between researchers, knowledge consumers, funders, older people, families and carers, and professional bodies to aid in the development of Healthy Ageing policie • Encourage older people and their representative groups to participate in the revision and development of laws, policies, and programs that affect healthy aging.	• Hospital/Institution authority • Civil Society Organization • Private Sector • Communities	Short to Medium term
		• Aged friendly Health Service Delivery system at all the facilities at all tiers	•	
2.B Strengthen the capacity of Human Resources for the elderly population				
1	**Identify & engage with Caregivers & other HR for Elderly Population**	• Estimate availability of a diverse range of workforces with complementary capabilities to support the health and wellness of elderly people. • Offer flexible work schedules or leave of absences to volunteers who provide unpaid care. • as well as training and assistance to other staff members so they may perform to the best of their abilities.	• MoHFW • NGO • Community • Family • Hospital • Teaching institutes	Long, mid and short term

		• Ensure availability of allied health professionals and logistics with the necessary scopes and environments for rehabilitation, recovery, and restoration (Examples include occupational and speech language therapists, dieticians, and physiotherapists.)		
2	**Capacity Building**	• Encourage that current health professionals have the competences necessary for thorough Healthy Ageing evaluations and integrated management of complicated healthcare requirements through pre- and in-service training • Creation of a trained generalist and specialized workforce that offers clinical services to individuals. • Capacitate health workforce about age-related illnesses including frailty, disorientation, falls, as well as risk factors like incontinence, pressure sores, and polypharmacy. • Capacitate the workforce to guarantee culturally suitable, gender sensitive and ethnically approved health care services. • Confirm that training facilities have the necessary resources to develop, grow, and update geriatric education. • Ensure that all health professionals' courses incorporate competences on ageing and health.	DGME DGNM DGHS MoSW NGOs DPs	
3	**Equitable distribution of health workforce**	• Ensure an equitable workforce distribution to meet demand of elderly people. • Improve working conditions, remuneration, benefit packages and career opportunities in order to retain existing paid workforce and attract new workforce.		

		• Create a diversified workforce through task-shifting and training (to include males, younger individuals, and others who aren't family, including elder volunteers and peers).		
2.C Ensure financial risk protection against health expenditure				
1	**Universal Health Coverage for ageing population.**	• Accelerate progress towards UHC through appropriate health financing strategy addressing need of elderly people. • Advocate for increased public spending on healthcare to ensure raising need of ageing population. • Ensure inclusion of geriatric care services in the private as well as community-based health insurance (CBHI). • Integration with national social and economic support programs guarantees that financial benefits and subsidies provided to older people take into account increasing healthcare costs, developing technology, rising demand, and the need to uphold everyone's right to health regardless of their social or economic status.	• MoF • MoHFW • MoSW • HEU • DGHS • NGO • Insurance Regulatory Agency	Long and mid term
2	**Access to medicine, diagnostics, assistive devices and other health services**	• Ensure availability and affordability of essential medicines and diagnostic services for chronic conditions and acute event of elderly people free of cost. • Make essential assistive device as per list accessible to poor and vulnerable population free of cost. • Establish a framework for cooperation with a range of public and commercial service providers to ensure that elderly people have access to and can afford a variety of essential health services, such as preventive, promotional, curative, rehabilitative, and palliative care.	• HEU • DGDA • DGHS • Pharmaceutical Industry • Medical /Assistive Devices Manufacturers, Distributors and Suppliers.	

3	**Social security pool for poor and vulnerable**	• Establish a pool of resources to support financial need of elderly people while accessing healthcare services. • Establish governance and monitoring framework for maintaining such pool.	• HEU • DGHS	
2.D Research and evidence generation				
1	**Generate quality health information (Age specific)**	• Conduct regular longitudinal surveys of the population to assess the health need of older people and the extent to which those needs are met without financial hardship. • Create forums where people may share their experiences, best practices, and lessons learned. • Identify gaps in analytical methods, healthy aging's definition, assessment, metrics, and core ideas. • Ensure that older people are included in vital statistics, general population surveys, clinical trials for treatments that would primarily benefit them, such as those for dementia, NCDs, pain management, and coordinated care, as well as analyses of these information resources that are disaggregated age, gender, and other important socioeconomic characteristics. • Increase national research synthesis capability as a resource for knowledge translation and evidence-based policy for healthy aging	• Gov • BBS • NGO • Academic and research Institutes • Community • Hospitals	Long and mid term
2	**Provide conducive environment for research and evidence generation**	• Encourage and support research that examines the factors that influence healthy aging and therapies that can improve functional capacity. • Shape, fund, and execute national research and innovation goals on healthy aging by taking older people's needs and aspirations into consideration.		

		• Coordinate key multicounty research and evaluation initiatives, such as expanding current initiatives or building on the WHO study on global aging and adult health. • Synthesize research and disseminate evidence on healthy aging that considers major policy issues and the aspirations of older people • Ensure that the primary research programs, centres, and Bangladesh Health Research Strategy are in line with the recognized requirements of the aging population and that the research influences workforce, service, and policy development. • Promote and support research to expand interventions and enhance national health systems, including healthcare professionals, unpaid carers, and long-term care (based in homes, communities, and institutions) to meet the requirements of older people.		
3	**Promote innovations and research for new technology**	• Training and capacity-building in research for academics, researchers, and trainers. • Promote innovations that contribute to age- friendly environments, including at the workplace facilities. • Support technological innovations to improve intrinsic capability of elderly people buy creating a funding pool for technological research on assistive devices.	• Assistive devices industry • MoHFW • DGDA • Academia	Long Term

Strategic Priority 3: Ensure quality health services for long-term care of ageing population				
	Strategic Area	**Actions**	**Key players**	**Priority**
3A. Community-based elderly care provision				
1	Advocacy for promoting community-based healthcare services for elderly population	• Developing positive attitude towards ageing through campaigns and social messages and its importance from Government and NGOs. • Routine advocacy meetings by CHCP in promoting behavioural change in community towards respecting and providing basic services to elderly people.	• Government agencies lead by Health Ministry • NGOs • Community volunteers	Long and mid term
2	Create a pool of community volunteer	• Establish community-based programs for the elderly and rural communities • Engaging family members, neighbours, and community volunteers to assist in household chores and daily activities. • Use digital platform to maintain database of community based volunteers and mobilize the volunteers as and when needed.	• DGHS • MIS • Community Clinics • NGOs	
3	Capacity building of the community volunteers	• Improve partnership with institutions to provide local initiatives for community growth and development. • Empower individuals to envision their future and address ageing and elder care needs	DGME NGOs	
3B. Nutrition and healthy diet				
	Action areas	**Actions**	**Key players**	**Priority**

1	Improved access to healthy food	• Ensure adequate nutrition for elderly people to improve immunity.	Families Communities Government NGOs	
2	Promote community-based nutrition services	• Regularly conduct nutritional assessment and nutrition advise for balanced diet based on health profile. • Educate elderly people about a balanced, healthy diet, its importance, and provision of access to healthy food.		
3	Mass media communication on nutrition	• Regular media campaigns to create awareness on healthy diet for elderly people.		
4	Nutritional supplement for people in need	• Ensure nutritional supplements for people in need. • Provision of dentures and oral care services for better digestion of food.		
3C. Adequate health facilities with geriatric care				
	Action areas	**Actions**	**Key players**	**Priority**
1	Adequate elderly friendly health facilities	• Ensure adequate health facilities for elderly population close to community. • Equip health facilities with support system to cater to elderly patients (i.e. wheel chairs, stretchers, ramp, guiding signboards etc.) • Make physical access easier for older people, especially with disabilities, providing special facilities like different queues for waiting, lifts, wheelchairs, ramps, adequate toilets, and development of assistive features.	DGHS Urban Local Bodies Public Works Department CMS	

		• Develop empathetic doctors and other health care providers skilled at geriatric health. • Priority for elderly in health facilities like admissions to health facilities, access to diagnostic facility, ambulance services, medication, emergency clinical/care needs medical products, and vaccines.		
2	Primary Health Care Facilities for Ageing Population	• Development of age-adaptive community based primary healthcare. • Provision of Information, Education and Communication about health through comprehensive primary health care. • Provision of screening services including screening of NCDs (BP, Diabetes, cholesterol, breast and cervical cancer for women, prostate cancer) screening for communicable diseases (Hepatitis, HIV). • Arrangement of house to house visit by the field health care worker for the old people, with limited mobility. • Daily home visits by trained health-care workers for elderly people with chronic disease. •		
3	Guidelines and protocol development	• Develop proper guidelines, protocols, and standards for geriatric care at different level of care. • Dissemination and training of human resources on developed protocols. • Strengthen referral pathway for elderly population.		

4	Long-term or Palliative Care	• Ensure dignified end of life care for every individual. • Create facility for palliative care at district level to cater to poor and vulnerable population. • Establishment of home, community, and hospital-based rehabilitation service.		
5	Women's health services	• Ensure availability of services related to biological changes during life cycle of female population. • Provided psychological support during menopausal period.		
3D. Access to Assistive care services				
	Action areas	**Actions**	**Key players**	**Priority**
1	Assistive Care	• Introduce screening facility for functional impairment and disability. • Provision of occupational therapy, physiotherapy, rehabilitation depending on disability. • Develop access to culturally sensitive rehabilitation and palliative care. • Provision of home-based tele rehabilitation with the use of smartphones, videophones, and the internet by health professionals to provide evaluation and rehabilitation interventions for people living at home.	DGHS Professional Association Private Sector	
2	Access to assistive devices (Glasses, Crutch, Wheelchair,	• Develop essential list of assistive devices based on WHO recommended minimum standards.	MoHFW Manufacturers' Association	

	Denture, Hearing aid, Walkers etc.)	• Ensure availability and affordability of assistive devices for all. • Ensure free assistive devices for poor and vulnerable population. • Promote innovations in improving capabilities of assistive devices. • Implementation of assistive technology like walkers, grabbing handles in toilets to support and wheelchairs in market and hospitals. •	NGOs	
3E. Access to medicine				
	Action areas	**Actions**	**Key players**	**Priority**
	Access to medication	• Provision of free access to essential medicine and supplements for chronic health conditions • Develop policy and guideline for elderly medication, antibiotics, and its usage. • Raise awareness regarding safety of medication. • Develop collaborations between academia, pharmacists, industry, and health professionals for effective medication. • Provide adequate support at community level to ensure adherence to prescribed medication.	• DGHS • DGDA • Private Sector • Pharmaceuticals • NGO • Community Clinic	Long

3F. Mental health awareness and support				
	Action areas	**Actions**	**Key players**	**Priority**
1	Mental health awareness	• Reduce stigma regarding the meaning of mental illness to increase the accessibility to mental health care. • Recognition of the importance and contribution of older persons in the family and society. • Search and map opportunities to meet gaps in mental health service provision across levels of prevention for older people. • Arrange massive promotion against existing stigmas regarding the meaning of mental illness. • Improve social participation through promoting clubs, hobbies, games, physical activities. • Investigate ways to implement more widespread, low-impact mental health promotion programs for the elderly population, aimed at reducing social isolation and other mental health hazards.	• Government • NGO • Community • Family	Long and mid
2	Mental Health Support	• Develop policy against family violence and elder abuse. • Develop clinical protocols and guidelines for the protection and promotion of mental health of older people.		

		• Provision of supportive training for caregivers and develop skilled manpower. • Providing access and medication for elderly people suffering from different mental disorders. • Increase provision of home, community, and health centre based psychosocial support. • Early detection of dementia, mental health and associated risk factors and support use and uptake of screening tools, including cognitive screening tools and subjective assessments		

Developing age-friendly environment:

Age-friendly environments promote healthy ageing by preserving innate abilities and enhancing functional capacity, allowing individuals with different abilities to engage in meaningful activities. The following themes are essential for creating an age-friendly environment: development, preservation, and meaningful activities.

Strategic Priority 4: Ensure conducive environment for healthy ageing			
Strategic Area	**Actions**	**Key players**	**Priority**
4A. Establishing the basic needs and rights of older people			
Establishing the basic needs and rights of older people	• Emphasizing the importance of a healthy mindset	• Government • NGO • Community • Neighbour • Family	Long and mid term

	• Enact laws for the care and support of elderly parents and seniors. Establish worldwide rules to protect the rights of elder Establishing a "successful ageing" concept • Ensure financial security • Increase public awareness • Allocate government resources for the elderly. Train professionals working with senior citizens Engage retirees with skills. Establishment of a senior care centre Promote mental well-being alongside physical health. Involve seniors in policy design and decision-making		
4B. Infrastructure support for elderly people			
Infrastructure support for elderly people	• Develop elder-friendly communities • Secure funds and plan effectively for policy implementation • Upgrade communal living facilities and nursing homes • Engage diverse stakeholders to address the elderly population's needs • Adapt the living environment and interactions for older individuals • Create age-friendly spaces with accessible amenities, encouraging interaction between generations.	Local government Municipal Corporation All Ministries Infrastructure development authority	Long

4C. Healthy lifestyle			
Healthy/organic farming	• Encourage organic farming for affordable, healthy food. Involve seniors in gardening and pet care at retirement homes. Do daily chores and exercises Adopt "Ageing in Place" model with gardening facilities. Adopting Mediterranean diet in midlife Implement the "Ageing in Place" model	• Government • NGO • Community • Neighbour • Family	Long, mid, and short term
4D. Improve air quality			
Improve air quality	• Improve environment, air, and space. Encourage renewable energy, reduce fossil fuel use for cleaner air Develop more parks and garden • Support smoke-free policies with anti-tobacco campaigns. Enhance indoor air quality in aging care facilities and homes. Encourage mask usage when appropriate.	• Government • NGO • Community • Family	Long and mid term
4 E. Occupational safety			
Action areas	**Actions**	**Key players**	**Priority**
Occupational safety	• Establish stress-free workplaces with rules and campaigns. Supervise workplace hazard management and risk assessment. Deliver health and safety training via participatory methods. . • Develop psychological work environment.	• Government • NGO • Community	Long and mid term

	• Create manual labour tasks with reduced risks. Reduce physical exposure. Cut exposure risks (heat, cold, noise) for older workers' well-being.		
4F. Family caregiving for older people			
Action areas	**Actions**	**Key players**	**Priority**
Family caregiving for older people	• Taking care for elderly family members • Value and appreciate the elderly. Offer tech support and skill training to the elderly. Support seniors' basic needs financially.	• Community / Family	Short term
4G. Fostering community support for older people for livelihood			
Action areas	**Actions**	**Key players**	**Priority**
Foster community support for older people for livelihood	• Allocate funds for social service initiatives • Encourage community behaviour (exchange Create and execute community programs) • Promote community mental health programs Support and train community caregivers	• Government • NGO • Community	Long term
4H. Gender equity			
Action areas	**Actions**	**Key players**	**Priority**
Gender equity	• Ensure healthcare access for elderly women	• Government • NGO	Mid and short term

	• Encourage disabled seniors' participation, regardless of gender • Increase older women in the workforce for financial stability • Offer menopausal psychosocial support to elderly women • Improve healthcare access for older women's preventive care • Support older women's mental health and well-being • Create gender-sensitive interventions for older women's needs	• Community • Family	
4.I Supporting older people during pandemics and disasters			
Action areas	**Actions**	**Key players**	**Priority**
Supporting older people during pandemics and natural calamities	• Equitable access to information and care during emergencies • Provide essential support to older individuals during disasters • Revise disaster management protocol to prioritize the elderly. • Plan to protect the elderly against heightened risks • Keep vulnerable elderly informed in their local language about risks and precautions • Make information accessible in different formats and local languages for older individual • Foster strong social connections for effective elderly emergency response	• National Disaster Management • MoHFW • NGO • Community	Long term
4.J Monitoring on healthy ageing			
Action areas	**Actions**	**Key players**	**Priority**

Monitoring on Healthy Ageing Strategy	• Set up a Health Ministry unit to monitor the healthy ageing strategy's progress • Establish continuous monitoring for the ageing strategy • Review ageing strategy midway • Evaluate the ageing strategy's impact in Bangladesh	• DGHS	Long term

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Annexure

Annex: 1: Methodology:

The process initiated with scoping exercise and desk review of existing literature on ageing and healthy ageing at global as well as local level. A review of published documents was done as part of this process to document global best practices and existing policies and strategies around elderly population in Bangladesh.

A team of technical advisory committee members including Director, planning & research, DGHS and WHO technical experts visited Jessore and Cox's Bazar districts to understand existing health infrastructure and initiatives by public private partnership (PPP) based model around elderly population. "Amader bari" initiative by ministry of social welfare in partnership with GMSS foundation was chosen at Jessore and preliminary activities that YPSA and HelpAge International have done for the older people in the camp was chose at Cox's Bazar to understand health care need of elderly population and how to address the issue around ageism, mental health and other social determinants of health. Focused group discussion with elderly population was conducted to understand their health needs and challenges faced by them around social issue. Public health facilities were also visited for understanding health facilities readiness in providing elderly friendly healthcare services.

A series of key informant interviews conducted to understand their level of understanding around healthy ageing and their opinion and suggestions to improve health of elderly population through life course approach. The semi structured questionnaire (Annex: 2 & 3) was designed to keep the discussion focused but at the same time extract a wide variety of innovative suggestions from key informants.

A stakeholder consultation was also conducted to invite suggestions on things to be included in strategy document. The consultation involved subject experts and eminent personalities and development partners who guided the process and shared experiences in global context. This enriched the quality of this document by including global best practices and contextualizing the same to local situation.

We conducted a desk review to conduct a situation analysis on healthy ageing strategies and action plans on ageing and health of the global, South-East Asia countries and Bangladesh. A systematic approach was applied by a group of four reviewers to identify, screen, and analyze the related articles. We used search engines (PubMed, and Google Scholar) to identify peer-reviewed journal articles on healthy ageing of South-East Asia countries and Bangladesh as well as select institutional websites for grey literature publications including reports, standard operating procedures (SOPs), strategy documents, presentations, policies, and other documentation for global, South-East Asia countries and Bangladesh. A total of 34 peer reviewed articles and 79 grey articles were included after full text review by the team. Data was extracted from the identifies literatures following a predefined matrix, analyzed deductively based on pre-decided themes and subthemes related with the topic, and presented in a narrative synthesis.

Inclusion Criteria:

1. Peer reviewed articles on healthy ageing of South-East Asia countries and Bangladesh.
2. Grey articles of on healthy ageing global, South-East Asia countries and Bangladesh.
3. Literature in English and Bangla languages.

Exclusion Criteria:

1. For peer reviewed articles, no countries other than South-East Asia and Bangladesh.
2. Clinical papers.
3. Language other than English and Bangla.

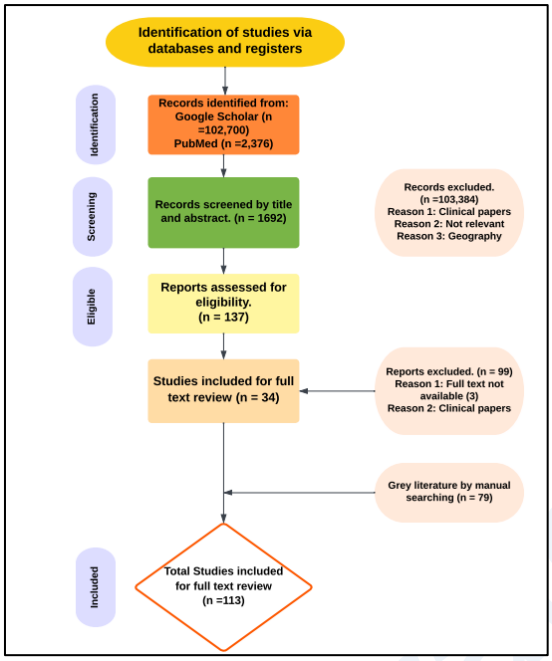

Figure: PRISMA diagram of the desk review on healthy ageing

Search strategy

Topic	Key aspects	Geographic locations
• Healthy ageing strategy/plan/policy • Well Aging strategy/plan/policy • Geriatric health strategy/plan/policy • Strategy/plan/policy on Older Persons • Strategy/plan/policy on elderly people/population	• Context/Existing status/Situation of elderly people regarding gender, health issue, social safety, financial security/issue, Government-NGO agency/organization • Strategic priority /potential areas for action • Action plan/operational plan • Health care facilities • Medical service opportunities • Priority interventions /Supportive interventions/Evidence-based strategic interventions/Healthy ageing initiatives/Community based intervention • Integrated Care for Older People (ICOPE) programme • Key policy directions Key gaps/ challenges/ opportunities/ scope in addressing health care need	• Region- South Asia • Bangladesh

1. **Desk review:**

A desk review including a systematic approach and a grey literature review were conducted to do a situation analysis on Healthy Ageing strategies and action plans on ageing and health of the South-East Asia countries and Bangladesh.

2. **Health facilities and old age home visit:**

The team including personnel from DGHS and WHO technical officer visited (informal observation) two health facilities including old age homes to understand ground reality around this important topic.

3. **Stakeholder consultation workshop:**

The findings from literature review and health facility visits were presented to them for their feedback, comments, and recommendations.

4. **Qualitative Interviews:**

Key Informant Interviews regarding healthy ageing concept, challenges in Bangladesh and recommendations were conducted using semi-structured guidelines (Annex: 2 & 3) among implementers selected through purposive and snowball sampling from policy and national level, who have substantial experience in the related field.

Annex: 2a: Key Informant Interview (KII) Guideline-Policymakers:

Respondent's Name:	
Designation:	Interviewer's Name:
Organization:	Name of the Note Taker:
Phone:	Interview Start Time:
Email:	Interview End Time:
Date:	Code:

SI	Questions	Probe
	Rapport building	
	How long have you been working in your current position in this organization?	• *Identify the area(s) of their work (geographical/ spectrum)* • *How have you started working on this issue(s)?* • *What are the specific roles you are playing?*
	Do you know about Healthy Ageing?	*(Better not to ask strategies) If yes,* • *Tell me your concept about Healthy Ageing* • *How did you know about it?* • *According to you, what are the current challenges of the elderly people of Bangladesh?* • *According to you, what are the future challenges of the elderly people of Bangladesh? (self-care, physical activity, nutrition, transport, money, assistance, gender, multi-morbidity)* • *Do you see any positive aspect of increased life expectancy?*
	What do you know about govt policy on healthy ageing?	• *Can you tell me about them?* • *Are you involved in making any of those?* • *Are they enough?* • *Are there any positive factors in those policies? / Which one is the best according to you?* • *What are government and non-government organization are closely involved with this?*

	Are those policies being implemented?	*If yes, how?* *If not, why not?*
	Are there any gaps or challenges in terms of implementing those policies?	*If yes, what are those? Explain with example*
	What additional/ what important things are required to improvise the whole healthy ageing process?	*Explain with example*
	Do you think that Bangladesh needs healthy ageing strategy	
	Do you have any suggestions to make a healthy ageing strategy for Bangladesh	• *What do you expect to be included in the national* healthy ageing *strategy for Bangladesh? (community support, telemedicine, mental health, Adolescent and/ or college/ university students, education, capacity building, Job, age friendly health care, pension and scheme, palliative care* • *Is there anything not to be included?*
	Would you like to suggest someone as an KII informant regarding this topic	• *Name, designation and organization, ph. No., email*

Annex:2b Key Informant Interview (KII) Guideline-Service Provider:

Name:	Interviewer's Name:
Designation:	Name of the Note Taker:
Organization:	Interview Start Time:
Phone:	Interview End Time:
Email:	Code:
Date:	

SI	Questions	Probe
1	Rapport building	
2	How long have you been working in your current position in this organization?	Probe: How long have you been working with the elderly population of Bangladesh?
		Identify the area(s) of their work (geographical/ spectrum)
		How have you started working on this issue(s)?
		What are the specific roles you are playing?
3	Do you know about Healthy Ageing?	*(better not to ask strategies) If yes,* ● *Tell me your concept* about Healthy Ageing ● *How did you know about it?* ● *Did you get any special training on it? By whom /frequency/content/ guideline?* ● *According to you, what are the overall challenges of the elderly people of Bangladesh? (self-care, physical activity, nutrition, transport, money, assistance, gender, multi-morbidity)* ● *Do you see any positive aspect of increased life expectancy?*
4.	Do you know about any govt policy on healthy ageing?	*If yes, can you tell me some of them? Are they enough?*
5.	Does your organization follow/implement the government policies on healthy ageing?	*If yes, how?* ● From where you are getting support? (Govt/Semi Govt/NGO/Community Organization) ● Do you get any funds? If yes, from whom? Is the funding enough to meet the demand? ● Are there any gaps or challenges in terms of implementing those policies?

		• *If not, why not?*
6	Does your organization separately have any policies on Healthy Ageing?	*If yes, what are those? (try to get a copy of available)* *If not, what do you think it's importance*
7	Are those policies being implemented?	*If yes, how?* *If not, why not?*
8	Are there any gaps or challenges in terms of implementing your/ organizational activities?	*If yes, explain.* *Try to get examples*
9	What additional/ what important things your organization required to improvise the whole Healthy Ageing process?	*Explain with example*
10	Do you have any suggestions/recommendations for the Healthy Ageing strategy of BD?	What do you expect to be included in the national Healthy Ageing strategy for BD? Give example
		Recreational activities (in case of old home)

Annex: 3: Technical Advisory Committee (TAC) for development of the National Healthy Ageing Strategy of Bangladesh

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য অধিদপ্তর
পরিচালক (পরিকল্পনা ও গবেষণা)-এর দপ্তর
মহাখালী, ঢাকা-১২১২

নম্বর ৪৫.০১.০০০০.০১৭.৫৫.০০১.২২.১০৮

তারিখ: ২২ ফাল্গুন ১৪২৯
০৯ মার্চ ২০২৩

সভার নোটিশ

বিষয়: **National Healthy Ageing Strategy প্রস্তুতের লক্ষ্যে Technical Advisory Committee-র ১ম সভা আয়োজন প্রসঙ্গে।**

উপর্যুক্ত বিষয়ে জানানো যাচ্ছে যে, National Healthy Ageing Strategy প্রস্তুতের লক্ষ্যে একটি Technical Advisory Committee নিম্নলিখিত সদস্যগণের সমন্বয়ে গঠন করা হয়েছে। উক্ত কমিটির ১ম সভা আগামী ১৪-০৩-২০২৩ ইং তারিখ রোজ মঙ্গলবার অতিরিক্ত মহাপরিচালক (পরিকল্পনা ও উন্নয়ন) মহোদয়ের সভাপতিত্বে মিনি কনফারেন্স রুম স্বাস্থ্য অধিদপ্তর এ অনুষ্ঠিত হবে।

স্থানঃ মিনি কনফারেন্স রুম, (৩য় তলা), স্বাস্থ্য অধিদপ্তর।
তারিখঃ ১৪-০৩-২০২৩ ইং রোজ মঙ্গলবার
সময়ঃ সকাল ১০ ঘটিকা।

Technical Advisory Committee এর সদস্য বৃন্দের তালিকা:

1.	Prof. Dr. Ahmedul Kabir, Addl. Director General (Planning and Development)	Chair
2.	Dr. Afreena Mahmood, Director (Planning & Research)	Co- Chair
3.	Prof. MA Faiz, Former Director General, DGHS	Member
4.	Prof. Dr. Mohammad. Robed Amin, Line Director, NCDC, DGHS	Member
5.	Prof. Dr. Syed Atiqul Haq, Prof. (Retd), Department of Medicine BSMMU	Member
6.	Prof. Dr. Md. Mazharul Hoque, Line Director, HSM, DGHS	Member
7.	Prof. Dr. Md. Shahadat Hossain, Director, MIS, DGHS	Member
8.	Prof. Dr. Sohel Reza Chowdhury, Head, Dept. of Epidemiology and Research, NHF	Member
9.	Prof. Dr. Md. Zakaria Sarker, NIENT, Dhaka.	Member
10.	Dr. Mir Mobarak Hossain, Deputy Director, Planning & Research, DGHS	Member
11.	Dr. Abu Sayed Chowdhury, Jr. Consultant Mugda Medical College	Member
12.	Dr. Jillur Rahman Ratan, Assoc. Prof. Suhrawardy Medical College	Member

13.	Dr. Shumon Shariar Mofshed, Consultant NIO	Member
14.	Prof. Dr. Sharder A. Nayeem, Chairman, Japan Bangladesh Friendship Retirement Homes	Member
15.	Md. Shaikhul Hasan, CRP-Chapain, CRP Road, Savar Union 1343, Bangladesh	Member
16.	Prof. Dr. Ferdousy Begum, President OGSB	Member
17.	Dr. Ahasun Ullah Sikder, Medical Officer, Planning & Research, DGHS	Member
18.	Dr. Iffat Rubaiya Nasir, Medical Officer, Planning & Research, DGHS	Member
19.	Representative, World Health Organization 02 (two) person	Member
20.	Dr. Abdul Alim, Assistant Director (Planning), P&R, DGHS	Member Secretary

05/03/2023

ডাঃ আবদুল আলীম
সহকারী পরিচালক (পরিকল্পনা), পরিকল্পনা ও গবেষণা,
স্বাস্থ্য অধিদপ্তর
ও
প্রোগ্রাম ম্যানেজার,
WHO Biennium Programme

সদয় অবগতি ও কার্যার্থে প্রেরণ করা হল (জ্যেষ্ঠতার ক্রমানুসারে নয়):

১) মহাপরিচালক, মহাপরিচালকের দপ্তর, স্বাস্থ্য অধিদপ্তর
২) অতিরিক্ত মহাপরিচালক (পরিকল্পনা ও উন্নয়ন), অতিরিক্ত মহাপরিচালক (পরিকল্পনা ও উন্নয়ন)-এর দপ্তর, স্বাস্থ্য অধিদপ্তর
৩) WHO Representative to Bangladesh (দুই জন প্রতিনিধি প্রেরণের অনুরোধ সহ)
৪) অফিস কপি

Annex 4: Healthy ageing in high-income countries

Healthy ageing is a crucial issue for high-income nations, where the percentage of older individuals in the population is rising. These nations typically offer access to cutting-edge medical care and social support networks, which can support the promotion of good ageing.

According to public health research, the quality and longevity of the population can be significantly influenced by disease morbidity and social determinants. Higher education has been demonstrated to contribute to a 30% difference in adult life expectancy in the United States (US). Healthy physical and cognitive ageing is influenced both directly and indirectly by economic stability, employment, and income. Once more, one of the crucial social determinants of health that affects life expectancy is access to health care.

The government and good health care Access to human resources, vaccinations, and health care have a long-term impact on population longevity. In high-income countries, all of these amenities and social variables are better. A nation with a higher per capita GDP may profit from better access to health facilities and technology, ensuring better preventative treatment than in settings with fewer resources. There will be less of a burden from social factors impacting population health at high GDP levels.

The pattern and speed of population ageing differ considerably in different settings. Generally, high income countries have a greater average life expectancy rate than the lower income countries. This may be because of the higher standards of living, effective health systems, and more resources invested in medical science, hygiene and sanitation, accommodation, education, nutrition which are the determinants of health. According to public health research, both disease morbidity and social determinants can play a substantial role for the quality and longevity of the population.

Here are a few examples of high-income countries that are making strides towards healthy ageing:

Japan: Japan is well-known for its ageing population, but it also has one of the healthiest elderly populations in the world. The country strongly emphasizes preventive healthcare

and healthy lifestyles, which have contributed to the longevity of its citizens. The government also provides support services for older adults, such as long-term care insurance and subsidies for home modifications.

Norway: Norway is consistently ranked as one of the happiest and healthiest countries in the world. Its universal healthcare system provides comprehensive care to all citizens, regardless of income or social status. The country also strongly focuses on social welfare, including pensions and other benefits for older adults.

Australia: Australia has a relatively high life expectancy and is well-regarded for its healthcare system. The country strongly focuses on preventive health, with initiatives to encourage healthy eating, physical activity, and regular health check-ups. The government also provides a range of support services for older adults, including home care packages and aged care facilities.

Canada: Canada has a publicly funded healthcare system that provides universal access to medical services. The country also has a range of social support programs for older adults, including Old Age Security and the Guaranteed Income Supplement. Additionally, many Canadian cities have initiatives to promote healthy ageing, such as age-friendly community planning.

United States: The Baby Boomer generation is now reaching retirement age, which is partly to blame for the United States' rapidly ageing population. According to predictions, one in five Americans will be 65 or older by 2030 due to this trend. This demographic change in healthcare, social security, and the economy brings challenges. For instance, there may be a rise in demand for social security benefits, long-term care facilities, and healthcare services. A strain on the labour force may also result from the retirement of older workers and the inability of younger workers to take their place. United State has federal health insurance program named “Medicare” to address healthcare need of elderly population above 65 years of age.

These are just a few examples of high-income countries prioritizing healthy ageing. While each country has its unique challenges, they all share a commitment to providing the necessary resources and support for their ageing populations.

Annex: 5: Healthy ageing at south-east Asian region (SEARO)

Some country-specific examples of healthy ageing initiatives in the SEARO region are:

India: The National Programme for Health Care of the Elderly (NPHCE) was launched in 2010 to provide comprehensive healthcare services to the elderly population. The program aims to establish geriatric clinics, provide home-based care, and promote preventive health care measures.

Indonesia: The "Active Aging" program was initiated by the government to promote healthy ageing among the elderly population. The program includes health education, physical activity programs, and social engagement activities to enhance older adults' well-being and quality of life.

Thailand: The "Elderly Health Promotion Program" was launched by the Ministry of Public Health to improve the health status of older adults. The program includes health assessments, education, and social support services to promote healthy behaviours and prevent chronic diseases.

Sri Lanka: The National Council for Elders was established to promote healthy ageing and ensure the participation and inclusion of older adults in society. The council aims to provide social protection, health care services, and active engagement and participation opportunities.

The percentage of the population that is 60 or older will continue to rise between 2017 and 2050. In contrast to the global average, which will increase by 12.7%, 16.5%, and 21.3% between 2017 and 2050, respectively, the SEA Area Member States' proportion will rise by 9.8%, 13.7%, and 20.3% during the same time. By 2050, nearly all SEA Area Member States will have 20% to 30% of their total populations that are 60 years of age or older, except Thailand, where 35% and 29% of their total people will be 60 or older, respectively. These programs emphasize the significance of encouraging healthy ageing and ensuring the welfare of senior citizens in the SEARO region.

Annex: 6: Global policy frameworks on Ageing

United Nations (UN) General Assembly Resolutions

In 1948, the UN General Assembly adopted and proclaimed the Universal Declaration of Human Rights. Article 25 of the Declaration highlights the right of individuals to a standard of living for health and wellbeing and, crucially, to their security during old age. That same year, Argentina submitted a draft declaration of Old Age Rights to the UN General Assembly. In 1969, Malta requested the Assembly to include the "Question of the elderly and the aged" on its agenda. In 1970, the UN Secretary-General issued a preliminary report (UN Doc. A/8364), which noted the paradoxical situation wherein society was increasing the number of elderly people while neglecting their potential and creating socio-economic conditions that hindered their physical and psychosocial adjustment. The UN General Assembly decided to convene a World Assembly on Ageing in 1982 through resolution 33/52. The World Assembly aimed to establish an international action program to guarantee economic and social security for older persons and provide opportunities for them to contribute to national development. The first Assembly on Ageing occurred in Vienna, Austria, in 1982. The International Plan of Action on Ageing, adopted by the Assembly, was the first international instrument on ageing and guided the development of policies and programs in this area. Sometimes referred to as the "Vienna Plan" or the "International Plan," it aimed to strengthen governments and civil society's ability to effectively manage ageing populations and address older persons' developmental potential and dependency needs. The UN endorsement was reaffirmed in 1987, and the General Assembly welcomed the establishment of the International Institute on Ageing in Malta. In 1990, the General Assembly designated October 1 as the International Day of Older Persons. In 1991, it adopted the United Nations Principles for Older Persons, which fall into five categories relating to the status of older persons: independence, participation, care, self-fulfilment, and dignity.

The decision to observe 1999 as the International Year of Older Persons and promote its theme, "a society for all ages," was adopted in 1992. This concept, rooted in the program of action from the World Summit for Social Development in Copenhagen in 1995, aimed to create a society where every individual, with rights and responsibilities, plays an active

role. The Conceptual Framework for the International Year of Older Persons, 1999, consisted of four issues: the situation of older persons, individual lifelong development, intergenerational relationships, and the interrelationship of population ageing and development. Several World Health Assembly resolutions have drawn attention to the public health importance of ageing and the need to establish mechanisms for addressing the needs of an ageing population. For instance, resolution WHA58.16 in 2005 requested WHO to initiate and support activities to strengthen active, healthy ageing work. In 2012, resolution WHA65.3 focused on strengthening non-communicable disease policies to promote active ageing, urging Member States to develop, implement, monitor, and evaluate policies, programs, and multi-sectoral actions to prevent non-communicable diseases and promote health.

The decade of Healthy Ageing 2020–2030

The World Health Organization outlined ten priorities offering specific actions to achieve the objectives of the Decade of Healthy Ageing (2020-2030). The Decade is founded on the Madrid International Plan of Action on Ageing (MIPAA) developed in 2002 by the United Nations and the WHO Global Strategy on Ageing and Health established in 2016. The draft proposal encompasses most of the 17 United Nations Sustainable Development Goals (SDGs), which all UN Member States have committed to pursuing by 2030. The primary aim of the agenda is a global promise that "no one will be left behind and that every human being will have the opportunity to realize their potential in dignity and equality." The United Nations Decade of Healthy Ageing unites governments, civil society, international organizations, academia, media, and the private sector in a joint effort to enhance the lives of older individuals, their families, and their communities. The ultimate goal is a world where everyone can enjoy a long and healthy life. The Decade offers opportunities for collaboration to improve functional ability by 2030, with significant involvement and empowerment of older people from the outset. It focuses on four action areas at various levels and across multiple sectors to promote health, prevent disease, maintain intrinsic capacity, and enable functional ability. These action areas include:

- Transforming our perceptions, emotions, and actions concerning age and ageing.
- Ensuring the fostering of the older people abilities by the communities.

- Providing person-centered integrated care and primary health services that cater to the needs of older people.
- Ensuring access to long-term care for older individuals who require it.

International human rights law

Human rights consist of universal liberties and rights granted to individuals and groups, safeguarded by law. These encompass civil and political rights, such as the right to life, and social, economic, and cultural rights, including access to healthcare, social security, and housing. All these rights are interconnected and interdependent and cannot be taken away. Human rights remain unaffected by an individual's age or health condition. Article 1 of the International Covenant on Economic, Social, and Cultural Rights prohibits discrimination based on a person's status, including age. By their very nature, human rights apply to everyone, including the elderly, regardless of whether the text specifically mentions older age groups or ageing.

Over the past two decades, significant progress has been made in promoting human rights, including the rights of older people. Various international human rights treaties and documents address ageing or elderly individuals, protecting older women, older migrants, and older persons with disabilities from discrimination; discussing health, social security, and an adequate standard of living; and defending the right to be free from exploitation, violence, and abuse.

The Madrid International Plan of Action on Ageing (MIPAA)

In 2002, the United Nations General Assembly endorsed the Political Declaration and the Madrid International Plan of Action on Ageing (13). Three priority actions were highlighted in their recommendations: "older persons and development; advancing health and well-being into old age; and ensuring that older people benefit from enabling and supportive environments."

Several crucial issues were identified in the plan, which remain relevant in 2015 and is emphasized in this report. They include: promoting health and well-being throughout life; ensuring universal and equal access to healthcare services; providing appropriate services for elderly individuals with HIV or AIDS; training care providers and health

professionals; addressing the mental health needs of older persons; giving suitable services for elderly individuals with disabilities (covered under the health priority); offering care and support for caregivers; and preventing neglect, abuse, and violence against older people (covered under the environments priority). The plan also stresses the significance of ageing in place.

Active Ageing

The concept of active ageing was introduced to integrate highly compartmentalized policy areas cohesively (16). In 2002, the World Health Organization (WHO) published Active Ageing: A Policy Framework (14). This framework defined active ageing as "the process of optimizing opportunities for health, participation, and security to enhance the quality of life as people age." It highlights the need for multi-sector action with the goal of ensuring that "older persons remain a resource to their families, communities, and economies."

The WHO policy framework identifies six crucial determinants of active ageing: financial, behavioural, personal, social, health and social services, and the physical environment. It proposes four components necessary for a health-policy response:

- Prevent and reduce the burden of excess disabilities, chronic disease, and premature mortality.
- Decrease risk factors associated with significant diseases and increase factors that protect health throughout the life course.
- Develop a continuum of affordable, accessible, high-quality, and age-friendly health and social services that address the needs and rights of people as they age.
- Offer training and education to caregivers.

WHO global strategy (2016–2020) and an action plan for ageing and health

In 2016, the World Health Organization, Member States, and Partners for Sustainable Development Goals developed a Global Strategy and Action Plan for Ageing and Health for 2016-2020. The vision encompassed five strategic objectives, aiming for a world where everyone has the opportunity to live a long and healthy life.

The first objective focused on fostering action on healthy ageing in every country, collaborating with governmental and non-governmental actors, service providers, scientists, and designers to establish political and operational platforms for successful multi-sectoral operations. Key activities included creating a national framework for healthy ageing and enhancing a country's capacity to develop evidence-based policies and actions targeting ageing.

The second objective sought to create and develop age-friendly environments through close coordination between multiple sectors and departments and cooperation with various environments, including older people. These age-friendly communities promote health, remove barriers, and support personal development and community involvement for older people.

The third objective aimed to align healthcare systems with the needs of older people, whose health needs become more complex and chronic with age. Changes and modifications in the healthcare system were required to ensure free access to primary and complex medical services for the elderly, focusing on their needs and rights.

The fourth objective of the Global Strategy was to develop reliable and appropriate long-term care systems (home, community, and institutional). Each country should have an integrated long-term care system that focuses on the elderly, providing the best and most efficient care and ensuring a dignified life for them.

The fifth element involved improving the monitoring, evaluation, and research of healthy ageing. Developing effective methods and indicators for understanding the health problems of older people and modern, practical measurements for assessing their health problems was essential. This also included developing opportunities for scientific research on healthy ageing and collecting and presenting evidence.

The Global Strategy underwent extensive regional and global consultations involving Member States, non-governmental organizations, representatives from United Nations agencies, technical and scientific experts, WHO departments, and the general public. It was adopted by WHO's 194 Member States at the World Health Assembly on May 26, 2016.

Annex: 7: Activities from Non-government Levels

1 Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM):

The well-known non-governmental organization for elderly health care and housing is the Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM). Since 1960 (Past Bangladesh), this nonprofit private organization has collaborated with the Social Welfare Ministry and the Social Service. For both the inside and outside elderly, this association with the government collaboration provides some services (such as recreational, socioeconomic, and health care). In addition, there are 50 geriatric beds available, as well as recreation and library facilities, pathological services, and outdoor facilities.

The country's five divisional headquarters—Khulna, Rajshahi, Sylhet, Barisal, and Chittagong—have seen the expansion of this association's medical centers.

This association welcomes members over the age of 55 to take advantage of its facilities. This leading organization now manages a 50-bed geriatric hospital with outside medical care and pathology services in Dhaka. Outdoor patients have access to specialists in psychiatry, ear, nose, throat, eye, skin, and teeth. This treatment is provided for free to thirty percent of poor patients.

It educates the disadvantaged elderly and manages activities that generate income. Cultural and religious events are planned for each year. According to BAAIGM (2005), there is an Old Home in Dhaka with full residential facilities for 15 males and ten female seniors with sociocultural and geriatric amenities. It has a library and a section for publications, including a bulletin about the elderly and a journal called "The Journal of Geriatrics." It holds workshops and meetings in its various branches across the nation. With the assistance of UNFPA, WHO, and other government agencies, BAAIGM annually organizes and celebrates the International Day of Older Persons. Since 1997, BAAIGM has been fervently advocating for the National Ageing Policy, which ministers finally approved in 2007.

2 Old and Child Rehabilitation Center:

In 1987, a wealthy Bangladeshi industrialist initiated the establishment of this center in Dhaka. In 1994, the center was relocated to the Gazipur District on the outskirts of Dhaka, where Nobel Laureate Mother Teresa laid the foundation stone for a planned rehabilitation center for 5,000 older people. It currently has two branches in two districts, housing 1500 elderly people in full-board accommodations with geriatric and sociocultural amenities. The elderly can participate in gardening, farming, pisciculture, and other related agricultural activities in this sizeable agrarian activity. It has representatives in the country's 460 sub-districts who spread information and gather helpless older adults for this center. It has different programs for older prostitutes and abandoned children.

In the future, the center intends to establish ten elderly homes in Dhaka City with facilities for rehabilitation, recreation, and legal services for the elderly. Currently, the foundation of an old home in Calcutta, India, is continuing, and it plans to lay out old homes in other SAARC (South Asian Relationship for Local Participation) nations of this area.

3 Resource Integration Center (RIC):

Since 1989, Resource Integration Center (RIC) has offered a community-level microcredit program to the elderly, particularly older women, who are poor and disabled. With the assistance of Help Age International (HAI), this organization also provides services to older adults in the areas of both treatment and prevention. In this program, we assigned physicians to go to the homes of elderly patients and educate the community about this issue.

The fundamental tenet of RIC's activities is "Social Rehabilitation for the Elderly." RIC's exercises included lodging and medical care, recreation, funeral support, pension service, and a micro-credit program. With the help of HelpAge International, BRAC, BAAIGM, and BWHC, a network known as the "Ageing Resource Centre-Bangladesh" (ARC-B) has been established, and various workshops on ageing-related topics have been held. The staff at the RIC participate in a variety of age-related national and international programs. Per the Madrid International Plan of Action, RIC is carrying out the Older Citizen Monitoring

Project (OCMP) of HelpAge International in Bangladesh to aid in developing a robust network involving the elderly, civil society, and the government.

4 Service Centre for Elderly People (SCEP):

In the Rajshahi district, the Service Centre for Elderly People (SCEP) is a nonprofit organization founded in 1994 to provide older people with health services, social activities, and recreational facilities. They only offer the registered elderly a once-weekly "health investigation program." In addition, registered seniors can participate in religious activities and indoor games designed to foster peace.

5 Elderly Initiatives for Development (EID):

EID was founded in 1995 as a community-based self-help organization in Manikganj, a neighboring district seat of Dhaka. The core principle of this organization is to include the elderly in the country's socioeconomic development efforts by incorporating them into their community. Health care, continuing education, financial help and services, psychological support, and community awareness development were among its efforts. This organization does not provide shelters but offers services like-

- Medical advice and medicine, pathological examination, and freehand exercise were all part of the health care program.
- A continuing education program is organized through primary adult education, income production, and senior care training.
- Financial support and services include providing some financial assistance as an elderly allowance to several extremely poor and vulnerable elderly and providing an opportunity for pre-elderly and early-elderly who are low-income earners to save a small portion of their income for their old age through a pension saving scheme.
- Psycho-social support is provided through a monthly socialization event for the elderly and periodic befriending visits by youths.

- The awareness-raising campaign is organized by publishing a quarterly newsletter, AGE LINK, research activities, and a year-end assembly.

6 Bangladesh Retired Government Employees Welfare Association:

This organization was founded in Dhaka in 1955 to provide benefits and services to government pensioners and their families, run vocational training facilities, organize recreational facilities for older members and their families, provide housing for pensioners who did not have such a provision, and arrange health care facilities for pensioners and their families. It currently has 62 district-level branches across the nation. It works with the government to improve retirement benefits like a pension and a festival bonus; award scholarships and stipends to retired people's children who have done well; provide monetary assistance to insolvent and childless members; give low-income pensioners interest-free loans for activities that generate income.

Other than these organizations, the Defense Personal Welfare Trust, Bangladesh Retired Police Officer's Welfare Association, Bangladesh Association of Gerontology, and Ragib-Rabeya Foundation also work for the elderly.

Annex: 8: Policy gaps:

The Draft National Social Security Strategy (NSSS) 2015 describes a vision of a rights-based strategy for creating a diverse society that will effectively combat poverty and inequality and work to end the situations of the world's poorest and most vulnerable citizens. According to the Plan, just 3.93% of those receiving social security benefits are older people after the budget is allocated to the major social security programs. In addition, although the old age allowance reaches 2.5 million individuals, just 5.97% of the city's elderly population are covered and nearly 33% of beneficiaries are under the age of 60. Even though old age allowance reaches 94.03% older adults in rural areas, few people are aware about this (Begum, 2018). Despite several efforts and initiatives made by the government of Bangladesh, only 20% of the elderly could be included in the old age pension program in 2011, and if the current trend continues, this number is only predicted to increase to 32.83% by 2025 (Bangladesh. Parisaṃkhyāna Byuro. Statistics and Informatics Division, n.d.). A universal social pension should be introduced instead of the Old Age Allowance system (Asia, 2020).

Social Security for Persons with Disabilities is covered in detail in the NSSS 2015. There is no provision for disabled elderly persons, just for the two groups targeted for "child disability benefit" (all children with disabilities, up to the age of 18), and "A Disability Benefit" (all adults with severe disabilities, aged 19–59). It stipulates that those with serious disabilities will switch to the Old Age Allowance at the age of 60 (Begum, 2018).

The NSSS need to focus on not terminating programs without external examination, monitoring, and supervision of the reasons behind their success or failure, improper targeting, and program leakage. It should create a more strict system for getting the most value out of the programs (Begum, 2018).

Annex: 9: Opportunities and Scopes:

1 Stakeholder collaboration

There are several not-for-profit NGOs working for the welfare of the elderly population, like Probin Hitoishi Kendra, Probin Hitoishi Sangha, Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM), Retired officers Welfare Association (Dhaka), Retired Police Officers Welfare Association (Dhaka), Service Center for Elderly People (Rajshahi), Elderly Development Initiative (Manikganj), Senakalyan Sangstha, etc (Barikdar et al., 2016). The William Beveridge Foundation provides care to vulnerable older adults (Matthews et al., 2023). Similarly, the BAAIGM is building a rehabilitation center in Gazipur, which can accommodate 500 older adults (Kabir et al., 2016). Collaboration with these organizations can be helpful to improve healthy ageing. Creating awareness, motivating the elderly people to involve with the elderly welfare organizations, and establishing recreation facilities can also help their quality of life (Barikdar et al., 2016). Social engagement should be made for the elderly people in accordance with their physical and mental fitness, educational qualification, needs and preferences (Taj Uddin et al., 2010).

2 Healthcare guideline

Health care policies or programs for senior citizens should emphasize disease prevention and health promotion in addition to curative care at primary health care centers. Initially, the government of Bangladesh needs to design a plan for comprehensive training for family doctors to provide care for elderly patients at Union or its higher tier Upazilla level. These family doctors can teach and supervise CHCPs at Union or Upazilla for a little fee in addition to their regular clinical responsibilities. Their understanding of senior health issues and care is probably limited. In order to raise demand for primary health care, older people's awareness of geriatric disorders and their primary care needs must be improved (S. J. Hossain et al., 2019).

A higher emphasis is required on the creation of contextualized treatment regimens for the management of co-morbid illnesses in order to overcome the challenges of multi-morbidity (Sara et al., 2018). Mental health also needs to be included in the primary healthcare centers, especially in the rural areas of Bangladesh. (Depeursinge et al., 2010).

The older population's lack of recreational physical activity (PA) is detrimental to their physical and mental health, but there are ways to offer chances for elderly population-specific recreational PA. The government should build more facilities for senior citizens, including parks, gyms, and PA clubs. Programs for national awareness can be carried out with the assistance of religious organizations including mosques, temples, and churches. Also, a national PA policy should be created while taking into account the socio-demographic and cultural makeup of the nation. At the main healthcare facility and community level, mass awareness, health education, and counseling can also be useful (Hanif et al., 2021).

For seniors who are financially dependent on their families or have no other source of support, a comprehensive health care program should be implemented. A specialized geriatrics unit in public and commercial hospitals at the national and local levels should be created to provide prompt medical assistance to elderly people in need. Media initiatives to promote awareness regarding geriatric healthcare can create knowledge. To assist prevent serious injuries, emotional stress, or sadness, homebound older folks can be offered care directly, over the phone, or through an online support system, free of charge. It is crucial to encourage preventative measures and enhance older individuals' access to health services, by offering online training to at least one member of each family with an older adult (M. S. Alam et al., 2022).

3 Geriatric focused COVID-19 guideline

Establish policies and procedures for caring for senior citizens during COVID-19 epidemics at medical facilities, clinics, nursing homes, and shelters. To lower older individuals' exposures throughout the viral outbreak, it is important to improve already-existing social care programs that assist seniors based on specific COVID-19 vulnerabilities and to implement these social security measures throughout the entire pandemic (M. S. Alam et al., 2022). Accessible COVID-19 testing facilities should be made available, along with special medical care packages for elderly people without insurance and medical services. Young students can be employed as volunteers to improve the cleanliness habits and understanding of senior citizens in relation to COVID-19. Furthermore, in flood and cyclone-prone locations, preparing a special isolation shelter

for senior citizens, and offering specialized ambulance and boat services to transport suspected or confirmed COVID-19 cases during a pandemic and disaster to the closest medical facilities can help older adult avail necessary medical attention (M. S. Alam et al., 2022).

4 Policy recommendations

A national preparedness program should be created by combining biological and natural elements with a focus on elderly people. Secondly, comprehensive legislation for the organizations' and institutions' older adult service monitoring system can be provided. Thirdly, older adults' psychosocial care should be part of institutional (like health care facilities) policy. Finally, post-pandemic instructions should be provided on how to adapt to a new normal for older people (M. S. Alam et al., 2022).

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তারিখ: ২৪ ফাল্গুন ১৪৩১ বঙ্গাব্দ / ০৯ মার্চ ২০২৫ খ্রিস্টাব্দ

বিষয়: "National Healthy Ageing Strategy for Bangladesh" এর পান্ডুলিপি অনুমোদন প্রসঙ্গে।

উপর্যুক্ত বিষয়ের আলোকে জানানো যাচ্ছে যে, বর্তমানে বাংলাদেশে ৬০ বছর বয়স বা তার বেশি বয়স্ক জনগণের সংখ্যা উল্লেখযোগ্যভাবে বাড়ছে। বাংলাদেশের বৃদ্ধ জনসংখ্যার দ্রুত বৃদ্ধির প্রেক্ষাপটে Healthy Ageing একটি গুরুত্বপূর্ণ বিষয়। বার্ধক্যে সামাজিক, শারীরিক এবং মানসিক স্বাস্থ্য সুরক্ষার জন্য প্রয়োজনীয় ব্যবস্থা গ্রহণ করা অত্যন্ত জরুরি। বার্ধক্যে স্বাস্থ্যসেবা সংকট, পুষ্টিজনিত সমস্যা, অধিকাংশ বৃদ্ধ মানুষের কাজের সুযোগের অভাব এবং সামাজিক নিরাপত্তার অপ্রতুল ব্যবস্থা, এসব বিষয় বিবেচনায় নিয়ে দেশের বৃদ্ধ জনগণের জন্য একটি স্বাস্থ্যকর এবং মর্যাদাপূর্ণ জীবনযাপন নিশ্চিত করার লক্ষ্যে সরকার ও সমাজকে একত্রিত হয়ে কাজ করা প্রয়োজন।

উপরোক্ত পরিস্থিতির আলোকে বাংলাদেশের দ্রুত বর্ধনশীল বৃদ্ধ জনসংখ্যার নিরাপদ ও সুস্থ বার্ধক্য (Healthy Ageing) নিশ্চিত করার লক্ষ্যে পরিকল্পনা ও গবেষনা, স্বাস্থ্য অধিদপ্তর কর্তৃক বিশ্বস্বাস্থ্য সংস্থা (WHO) এর কারিগরি সহযোগিতায় একটি পূর্ণাঙ্গ প্রস্তাবণা "National Healthy Ageing Strategy for Bangladesh" তৈরি করেছে। ইতঃমধ্যে তৈরিকৃত প্রস্তাবণাটি সংশ্লিষ্ঠ সর্বস্তরের অংশীজনের সাথে শেয়ার করা হয়েছে এবং অংশীজনদের বিজ্ঞ মতামতের ভিত্তিতে তৈরিকৃত প্রস্তাবণায় প্রয়োজনীয় পরিমার্জন করা হয়েছে।

এমতাবস্থায়, জাতীয় পর্যায়ে নিরাপদ ও সুস্থ বার্ধক্য (Healthy Ageing) নিশ্চিত করার লক্ষ্যে পরিকল্পনা ও গবেষনা, স্বাস্থ্য অধিদপ্তর কর্তৃক প্রস্তুতকৃত খসড়া "National Healthy Ageing Strategy for Bangladesh" এর পান্ডুলিপি মন্ত্রণালয়ের অনুমোদনের জন্য প্রেরণ করা হল।

সংযুক্তিঃ খসড়া "National Healthy Ageing Strategy for Bangladesh" এর পান্ডুলিপি।

সকল সংযুক্তিসমূহ:
(১) Health Ageing Strategy -Bangladesh-Final version-14012025.pdf

০৯-০৩-২০২৫
ডাঃ আফরিনা মাহমুদ
পরিচালক (পরিকল্পনা ও গবেষণা)

সচিব
সচিবের দপ্তর, স্বাস্থ্য সেবা বিভাগ।

দৃষ্টি আকর্ষণ (জ্যেষ্ঠতার ক্রমানুসারে নয়):
অতিরিক্ত সচিব, পরিকল্পনা অনুবিভাগ, স্বাস্থ্য সেবা বিভাগ।

স্মারক নম্বর: ৪৫.০১.০০০০.০০০.০০৬.৮৫.০০০১.২১.৪৩/১ (৯)

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অবগতি/অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য অনুলিপি প্রেরণ করা হলো(জ্যেষ্ঠতার ক্রমানুসারে নয়):

১। মহাপরিচালক, মহাপরিচালকের দপ্তর, স্বাস্থ্য অধিদপ্তর।

২। অতিরিক্ত মহাপরিচালক (প্রশাসন) (চলতি দায়িত্ব), অতিরিক্ত মহাপরিচালক (প্রশাসন)-এর দপ্তর, স্বাস্থ্য অধিদপ্তর।

৩। অতিরিক্ত মহাপরিচালক (পরিকল্পনা ও উন্নয়ন), অতিরিক্ত মহাপরিচালক (পরিকল্পনা ও উন্নয়ন)-এর দপ্তর, স্বাস্থ্য অধিদপ্তর।

৪। সহকারী পরিচালক, পরিচালক (পরিকল্পনা ও গবেষণা)-এর দপ্তর, স্বাস্থ্য অধিদপ্তর।

৫। উপ পরিচালক (চলতি দায়িত্ব), উপপরিচালক (পরিকল্পনা ও গবেষণা) এর দপ্তর, স্বাস্থ্য অধিদপ্তর।

৬। উপদেষ্টার একান্ত সচিব, উপদেষ্টার দপ্তর, স্বাস্থ্য সেবা বিভাগ।

৭। বিশেষ সহকারীর একান্ত সচিব, বিশেষ সহকারীর দপ্তর, স্বাস্থ্য সেবা বিভাগ।

৮। সচিবের একান্ত সচিব, সচিবের দপ্তর, স্বাস্থ্য সেবা বিভাগ।

৯। National Professional Officer (NPO), WHO।

০৯-০৩-২০২৫
ডা. এহেচান উল্লাহ সিকদার
গবেষণা কর্মকর্তা

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
স্বাস্থ্য সেবা বিভাগ
বিশ্বস্বাস্থ্য-২ শাখা
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স্মারক নম্বর: ৪৫.০০.০০০০.১৬৯.২২.০৪৫.২৫-৪৮০

তারিখ: ২৫ কার্তিক ১৪৩২ / ১০ নভেম্বর ২০২৫

বিষয়: "National Healthy Ageing Strategy for Bangladesh" এর প্রশাসনিক অনুমোদন

সূত্র: স্বাস্থ্য অধিদপ্তরের পরিচালক (পরিকল্পনা ও গবেষণা) এর ০৯ মার্চ ২০২৫ তারিখের ৪৫.০১.০০০০.০০০.০০৬.৮৫. ০০০১.২১.৪৩ সংখ্যক পত্র

উপর্যুক্ত বিষয় ও সূত্রোক্ত পত্রের প্রেক্ষিতে জাতীয় পর্যায়ে নিরাপদ ও সুস্থ্য বার্ধক্য (Healthy Ageing) নিশ্চিত করার লক্ষ্যে এ সংক্রান্তে অনুষ্ঠিত কর্মশালার সিদ্ধান্ত, পূর্বাপর সংশ্লিষ্ট অংশীজন এবং স্বাস্থ্য অধিদপ্তরের মতামতের আলোকে পরিকল্পনা ও গবেষণা শাখা, স্বাস্থ্য অধিদপ্তর কর্তৃক প্রস্তুতকৃত "National Healthy Ageing Strategy for Bangladesh" এর প্রশাসনিক অনুমোদন নির্দেশক্রমে প্রদান করা হলো। এতে স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের যথাযথ কর্তৃপক্ষের সম্মতি গ্রহণ করা হয়েছে।

সংযুক্তি: বর্ণনা মোতাবেক।

10.11.2025

(মো. মহিউদ্দিন আল হেলাল)
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অনুলিপি/কার্যার্থে (জ্যেষ্ঠতার ক্রমানুসারে নয়):

১. WHO Representative to Bangladesh, WHO Country Office,House: SW(I) 1/A, Road-08, Gulshan-1, Dhaka-1212, Bangladesh
২. উপদেষ্টার একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
৩. পরিচালক, পরিকল্পনা ও গবেষণা, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা (ওয়েবসাইটে প্রকাশ এবং সংশ্লিষ্টদের বই আকারে বিতরণের অনুরোধসহ)
৪. সচিবের একান্ত সচিব, স্বাস্থ্য সেবা বিভাগ