



APRU GLOBAL HEALTH PROGRAM

2020 CASE COMPETITION CHALLENGE

“Improving Elderly Care in the Asia-Pacific”

Introduction

Thank you for participating in the fourth annual APRU Global Health Case Competition. We hope that you will have a challenging and rewarding educational experience. Please remember that this case represents a complex scenario and that there is no single “right” approach. Your challenge is to develop and justify an approach. We encourage teams to consider a balance of innovative yet realistic, evidence-based solutions. Note that this challenge is hypothetical but many communities are currently considering how to address this problem.

This case was created exclusively for use in the 2020 APRU Global Health Case Competition. Any reuse, reproduction, or distribution of this case material must be approved by APRU. For questions, please contact Mellissa Withers at mwithers@usc.edu



Overview of the Challenge

For the first time in history, most people can expect to live into their 60s and beyond¹. A longer life brings benefits to both individuals and societies. But countries are experiencing challenges in responding to the new demographic reality. Population aging has profound implications for the burden of disease and social and health-care systems. Health systems have not traditionally been oriented toward the health problems and long-term care needs of older people. Current elderly care systems worldwide are ill-prepared to deal with the fast-growing numbers of older people, even in high-income countries². Health systems need to be transformed so that they can ensure affordable access to evidence-based medical interventions and care that responds to older people's needs. This challenge requires teams to propose a program that will respond to this need in one Asia-Pacific economy.

Background

Population aging is a global phenomenon and it is happening at an unprecedented rate. In 2020, for the first time in history, the number of people aged 60 years and older outnumbers the number of children younger than 5 years². Between 2015 and 2030, the global population aged 60 years or over is expected to grow by 56%, from just over 900 million to nearly 1.5 billion.³ By 2050, it will reach two billion, with about 80% of people above 60 years of age living in low- and middle-income countries.⁴ The pace of population ageing around the world is also increasing dramatically. While this demographic shift started in high-income countries (for example, in Japan 30% of the population is already over 60 years old), it is now low- and middle-income countries that are experiencing the greatest change. By the middle of this century, many countries, including Chile, China, and the Russian Federation, will have a similar proportion of older people to Japan.⁴

Older people generally have greater health and long-term care needs than younger people, leading to increased expenditures by economies. As people age, their health needs tend to become more complex with a general trend towards declining capacity and the



increased likelihood of having one or more chronic conditions and diseases, including cancer, fractures, cardiovascular diseases, depression, and dementia, among others. These chronic illnesses place an increased burden on health systems⁴.

All countries face major challenges to ensure that their health and social systems are ready to respond to this demographic shift. Elder and long term care is rapidly becoming one of the most daunting healthcare challenges of our day. Neither low-, middle-, nor high income countries are immune to the implications. Governments must recognize the effects of this demographic change, in terms of public services but also individuals and households. Countries will have to reconsider all aspects of their communities, from healthcare systems and methods of delivering care to how whole cities are structured.⁵

The WHO Global Strategy and Action Plan on Ageing and Health highlights key areas for action which will require a fundamental change in the way society thinks about aging and older people.⁶ Realigning health systems to the needs of older people will require a shift from systems that are designed around acute disease to systems that can provide ongoing care for the conditions that are more prevalent among older people. Governments will need to develop long-term care systems that can reduce inappropriate use of acute health services and ensure that people can live their last years with a high quality of life. To meet this goal, more investments in terms of financial and human resources are urgently required. Additionally, better coordination is needed between health care, long-term care, and social services to enhance capacities and ensure sustainable services⁷. Many economies are focusing reducing institutional care while supporting self-care and other services that allow older people to remain in their own homes or in home-like environments. The importance of informal care and programs to support for informal caregivers, who remain the main source of care for older people worldwide, are also increasingly recognized.⁷

The Proposal

For this challenge, your team has been approached by the Ministry of Health to help deal with the health systems challenges of elderly care. You have been asked to develop and test a new intervention that could be implemented in one economy in the Asia-Pacific (teams can choose which economy). The main objective of the intervention should be to improve elderly care. Obviously, it is impossible to solve all of the challenges that population aging has on health systems so teams should hone in on one key concern or issue. The total budget for the five-year program is US\$2,000,000. The intervention plan should incorporate cost-effective and culturally-appropriate strategies that are evidence-based. Teams should consider real-world opportunities and challenges and outline a comprehensive plan that is creative but also realistic.

The plan should include:

- an analysis of the problem
- a detailed description of the main program objectives, activities and expected results
- An analysis of expected challenges to the program
- a justification for this intervention approach including theoretical model, if appropriate
- timeline of activities with short- and long-term objectives
- a plan on how to measure impact
- a budget outline on how the funds would be used

Instructions

Teams should be comprised of 4-6 members. This should be a student-driven activity with minimal input from faculty mentors, but teams can turn to faculty members for basic guidance. Teams will present their plan in a video lasting *no more than* 10 minutes. Teams are encouraged to develop engaging and creative visual materials (i.e. powerpoint slides) for the presentation. The challenge rules require all team members to be physically shown in the videos at least once. However, just as in a live presentation, you can include video clips, slides, and other media/props. Teams should begin with an introduction as in any presentation to an audience. Following the introduction, the format is open. The team can choose to 'zoom in',



showing videos, photos, maps, graphs, diagrams, and interviews, for example. Outside video clips (developed by other people or agencies) are allowed but they should not last for more than 60 seconds. Previous year's videos can be seen on the APRU Global Health Program website at www.apruglobalhealth.org

Provide a link to the video on youtube, vimeo or any similar website to Mellissa Withers via email to mwithers@usc.edu by 11:59pm Pacific Time on **MAY 28, 2020**. At the beginning of the video, please provide a slide with full name, discipline of study, affiliated department and institution, and academic status as of May 2020 (e.g. undergraduate, graduate, etc.) for each team member. If you have made changes to your team members since registration, please let us know. Also, make sure that all of the judges that will be assigned to review the videos can access them (i.e.- no password). Note that all teams that submit videos give consent to allow APRU to screen their videos at the conference and to post them on our website for future viewing and analysis. So please do not remove them from the platform after the competition.

Please review our website for more details on eligibility criteria and judging-

<http://apruglobalhealth.org/education-opportunities/casecompetition/>

GOOD LUCK TO ALL TEAMS!

REFERENCES:

1. World Health Organization. (2015). World Report on Ageing and Health. Accessed on 24 March 2020 at https://apps.who.int/iris/bitstream/handle/10665/186468/WHO_FWC_ALC_15.01_eng.pdf?sequence=1
2. The Lancet. (2014). Editorial: Global Elderly Care in Crisis. *The Lancet*, 383: 927.
3. United Nations, Department of Economic and Social Affairs, Population Division. (2015). World Population Ageing. Accessed on 25 March 2020 at https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf
4. World Health Organization. (2018). Factsheet: Ageing and Health. Accessed on 26 March 2020 at <https://www.who.int/en/news-room/fact-sheets/detail/ageing-and-health>
5. Haseltine, WA. (2018). Aging populations will challenge healthcare systems all over the world. Accessed on 24 March 2020 at <https://www.forbes.com/sites/williamhaseltine/2018/04/02/aging-populations-will-challenge-healthcare-systems-all-over-the-world/#485029102cc3>
6. World Health Organization. (2016). Global Strategy and Action Plan on Ageing and Health. Accessed on 26 March 2020 at <https://www.who.int/ageing/global-strategy/en/>
7. Bloom, DE, Chatterji, S, Kowal, P, Lloyd-Sherlock, P, McKee, M, Rechel, B, Rosenberg, L, and Smith, JP. (2015). Macroeconomic implications of population ageing and selected policy responses. *The Lancet*, 385(9968): 649–657.

