

The Global Ageing Network – Aligned in Mission, We are Stronger Together

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The Global Ageing Network was founded as the IAHSA, 30 years ago. Back then, only four countries were involved: The UK, Australia, The Netherlands and the U.S. Now over 50 countries are part of the Network. We can be found on every continent except Antarctica.

Back then – and still today - the leaders who came together to create the Global Ageing Network we dedicated to learning, innovating and sharing – in the spirit of collaboration – to make the world a better place to grow old. Since its inception, our mission has become even more urgent. Our world is aging. We are approaching a time in which the number of older adults will have doubled by 2050 – a monumental achievement, opportunity and a challenge

In the early 2000's, the European leaders who were part of the Global Ageing Network had the wisdom and foresight. to create a parallel body in Europe which is now the European Ageing Network. We are partners and colleagues and it is great to be with you here in Vienna.

Wherever Global Ageing Network members are in the world, they are making absolutely incredible progress. There are hundred – if not thousands of people focused on doing the right thing and countless examples of successful initiatives. Let me share a few examples.

Japan has had to navigate an aging population faster than almost any other country. They have embraced technology while also recognizing the need to create intergenerational neighborhood infrastructures to support older and younger adults alike.

Our colleagues in Singapore have worked with the government to create an action plan to promote “confident aging” and active lives.

I applaud Ireland's commitment to an Age-Friendly Ireland and the steps individual villages and communities have taken to help older adults live their best lives.

Disadvantaged communities in Brazil are offering families support from paid trained caregivers.

I am excited about Almacasa's work in Switzerland focused on truly values- based, person-centered care in smaller settings. And, speaking of smaller settings, the work in the U.S. to create Green Houses is taking hold in Australia and Canada.... Doing away with long double wide corridors to create homes for people in need of long term care. Research has shown that these environments were able to address COVID far more successfully than many larger settings.

In Lebanon, we celebrate the first ecumenical assisted living community – with older adults of many faiths living side by side.

In 2015, Uruguay became the first Latin American country to establish a nationwide care policy to provide access to care for all, regardless of income. A similar system was created in Brazil and Costa Rica is following suit.

In African countries, we are seeing an erosion of family supports, which has been the primary way older adults receive services. I recently spoke to a colleague from Rwanda who is concerned about older adults in rural communities, whose children have lost their lives due to genocide and whose grandchildren have moved to the city to find jobs. His mission – to build adult day centers as a support system for older adults.

Chile has built over 100 day centers in communities throughout the country – with more to come.

We are fascinated by the idea of age-tech ecosystems being developed in Israel for replication across the globe. They show great promise to foster innovation.

And Vietnam has an army of volunteers that provide care and support to Vietnam's elders.

What can we learn from each of these examples – and there are so more. Are there ways to adapt or adopt them to other countries?

I believe the answer is yes. Ideas never come from nowhere. They are always extensions, inversions or a piece of something that already exists in the world. Which is why it is so important that we nourish our network.

The Chair of the Global Ageing Network is your own Jiri Horecky and we applaud his tremendous leadership. Our Board is comprised of leaders from 11 countries. In addition to the Czech Republic, the Board includes leaders from South Africa, Lebanon, Malawi, Canada, the US, Australia, Switzerland, England, Scotland, and the Dominican Republic, some of whom are with us today. Everyone brings expertise, perspective and most importantly a passion for our mission.

The Global Ageing Network and the European Ageing Network share members and ideas. We collaborate on events and research – and most importantly, we share a common purpose – a commitment to improving the systems and supports that will enable older adults to live their best lives – regardless of ability, disability, socio economic status or circumstances. It is a purpose that has taken on even greater urgency in recent years.

COVID is still a global crisis, a global tragedy and many would say, an unmitigated global disaster. We can't rewrite history. Nor can we ignore COVID's future for its variants and long-lasting effects will be with us for a while.

I believe we are in a stage of organizational long covid – placing strains on our organizations financially and facing the stresses of workforce challenges. The workforce challenges you are facing here in Europe are mirrored in every developed country. We are going after the same pool of potential workers, we are feeling intense wage pressures, we are looking everywhere for efficiencies.... And with no end in sight. While COVID did not create our workforce crisis, it has absolutely exacerbated it.

And clearly, there is not a lot to be gained by playing the blame game. Are there things we and our governments could have done, should have done or would have done differently?

Of course there were. But we were too busy treading water, saving lives, too busy trying to get vaccines and PPE, too busy trying to make the best of a broken supply system, too busy drying our tears to honor those we have lost.

Now, we have time to reflect, to analyze, to advocate and act in the best interest of older adults and those who serve them. Is this the moment we have been waiting for?

You and I know that most countries have imperfect systems of long term care. Some countries have no systems at all so we all have work to do to create the systems that will be fair, sustainable, accessible and person-centered.

We know we face a lack of resources and a lack of coordination. And we know the public and our government leaders lack an understanding of the unique role that we, as providers of long term care services, play in the lives of older adults, their families and of communities.

We all know WHY our systems lack so much. In most countries, years of underinvestment is the penultimate rationale for those failures. But, I would argue that the ultimate reason is that there is a denial that our societies are aging and, therefore, a lack of ideas and creative systemic solutions, I would also argue that ageism – a lack of appreciation for older adults that leads to discrimination and neglect plays a role which leads to a dearth of resources and solutions. The consequences of this has become even more pronounced over the last two years.

We have been working overtime – individually in our countries and collectively as a Network - to advocate, elevate and substantiate the needs of societies that are rapidly aging. During the past two years, the Global Ageing Network conducted research, supported by StandardsWise, interviewing providers in over 12 countries on their experiences with accessing vaccines, navigating guidance from health departments around isolation, PPE and other factors, managing workforce struggles, and so much more. We published the reports, held webinars for people around the globe.

For many, knowing they were not alone was reassuring. For others, getting ideas about solutions or strategies was beneficial. With all the research and reporting that was underway, there wasn't any that we were aware of that was looking at the COVID experience from a provider perspective across countries and continents. It was a gap we were eager to fill – and one that we believe continues to be essential.

Where do we go from here?

It has been suggested that the pandemic has been an exercise in empathy for all of us. We recognized care workers as human beings, with homelives, families, and their own struggles outside our workplaces.

We understand more than ever before, that our employees – or direct care workforce – is the main thing. Without an adequate, trained workforce, there is no care

We recognize that mental health is as important as physical health. We recognized that social isolation is a scourge leading to serious health issues. We understood disparities in access to care in a much more profound way.

We recognized how critical communication, coordination, team work and collaboration are – because in a crisis no one can be successful by going it alone.

We reinforced the fact that long term care providers are part of an ecosystem of services and supports in communities around the world. As leaders, we were resilient, persistent, compassionate and focused.... Skills that are more important than ever in a crisis.

On a more macro scale, we recognized as a global network, that we needed each other. .. for support, ideas, technical help, strategies, and understanding. As providers around the globe, we had a common experience and much to learn from one another.

Even as we each navigated the pandemic with the resources available to us individually, we actually multiplied the resources available to us by leaning on each other. Just as the pandemic was not confined by borders, neither were we – and neither are good ideas. They came from all points of the compass.

So this is now our moment.

The United Nations declared this the Decade of Healthy Ageing with 4 interconnected action areas: promoting age-friendly environments, combating ageism and age discrimination, delivering person-centered integrated care to older person and improving access to long term care. We have a stake in each of these – and most assuredly the latter.

There is not a system that can't be improved, a reality that can't be bettered and a hope that can't be realized. So as we did through the darkest months of the pandemic, lets work together to create a new narrative about aging and the role of mission-driven providers.

Let's think of COVID and its variants as an accelerator

An accelerator of delivering care through telemedicine, of addressing social isolation through technology, of creating new urgency about addressing our workforce crisis that has been plaguing us for years through higher wages, better training, career paths and most importantly, recognizing our workforce for the professionals that they are.

Let's take advantage of the United Nations' declaration and make it an accelerator for needed change in the systems that support our social and care sectors. Let's ensure that long term care is recognized – not as a step child to a health system dominated by hospitals, but for what we uniquely have to offer in service to a population with distinct and ever changing needs.

Let's make it an accelerator to chip away at ageism – the often unstated but ubiquitous bias against older adults. It exists. And, it gets in the way of all that we are trying to do – in influencing public policy change, in influencing public opinion, in tapping the tremendous talents of older adults in the workplace and on advisory bodies, and in creating age friendly environments.

Let's make it an accelerator to recognize and respect the rights of older persons. The Global Ageing Network is active in the United Nations. Using our position as an NGO with Non-consultative status, we have joined others in advocating for a Convention on the Rights of Older Persons. Human Rights violations against older adults are numerous and well documented around the world. While there are existing treaties and conventions addressing human rights, none mention older persons or

discrimination on the basis of age. With increased longevity coupled with the sheer growth in the number of older people., it is time for action. We need a comprehensive and coherent framework for human rights in older age. We will continue to press for its enactment.

The point is – we are a dynamic group of advocates, experts and practitioners. We know instinctively what needs to change and where we can make the biggest difference. We live it everyday in our work. I urge you to join us in a movement for change.

The older adults of today – and those who will grow old in years to come, along with their families, deserve nothing less than the opportunity to live longer and healthier lives. As the Director General of the WHO said, “improving the health and well being of aging populations is not only a moral responsibility, it is a social and economic imperative, Our older generations have given us all so much. We now have the opportunity to give something back. Working together we can build a healthier, more equitable and more dignified future,

I couldn't agree more.

Thank you for the opportunity to join you in Vienna and I look forward to seeing you next year in Glasgow.