Perspectives on Population Ageing in the Asia-Pacific Region

Where Do Selected Countries Stand 15 Years After the Adoption of the Madrid International Plan of Action on Ageing?

Cover photo: Daw Mu Nge from Myanmar is a widow caring for four grandchildren. Her children are in Thailand and send money to help support her and the grandchildren.

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September 2017

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Korean older lady in traditional dress, at a traditional town remake outside of Seoul

1. Introduction

According to the latest data from the United Nations, in 2017, there are an estimated 962 million people aged 60 and over in the world, comprising 13 per cent of the global total. The growth rate of the elderly population is approximately 3 per cent annually, higher than any other age group. By 2050, the number of persons aged 60 and over is expected to more than double and more than triple by 2100, increasing to 2.1 billion in 2050 and to 3.1 billion in 2100. A total of 65 per cent of the global increase between 2017 and 2050 for this age group is expected to occur in Asia.[1] (Figure 1)

Countries across the Asia-Pacific Region,[2] as in other regions, are facing population ageing, an increasing proportion of older persons, those aged 60 years and over, in the population. There has been a marked increase in the pace of population ageing in most countries across the region since the turn of the century and projections show a continuing and accelerating upward trend to 2050 and beyond. The increasing proportion of the older population can be explained by substantial declines in fertility and significant improvements in life expectancy. Given the rapid growth in the older population, governments have been increasingly concerned with maintaining the quality of life in old age and have been giving more priority to ageing-related issues. They have also been concerned about the costs that an ageing population entails.

Governments typically fail to factor and acknowledge the many social, cultural and economic benefits that an ageing population brings. The challenge is to harness the potential and experience of the countless elderly who continue productive work, serve as caregivers and volunteer in their communities. The stereotype classifying the elderly as frail and dependent certainly does not portray all older persons and with each successive generation, the elderly are expected to be more educated, healthier and active.

Financial security in old age is a key issue as only a small segment of the older population has pension coverage. Employment prospects for older persons remain limited since many countries continue to face considerable youth unemployment. Providing access to affordable quality health care is another major issue governments need to resolve.

At the same time, with shrinking family size and growing trend toward the nuclear family, the extended joint family system – the traditional safety net for older persons – has been coming under increasing strain. There is growing concern to guarantee

1 United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision, Key Findings and Advance Tables*. Working Paper No. ESA/P/WP/248.

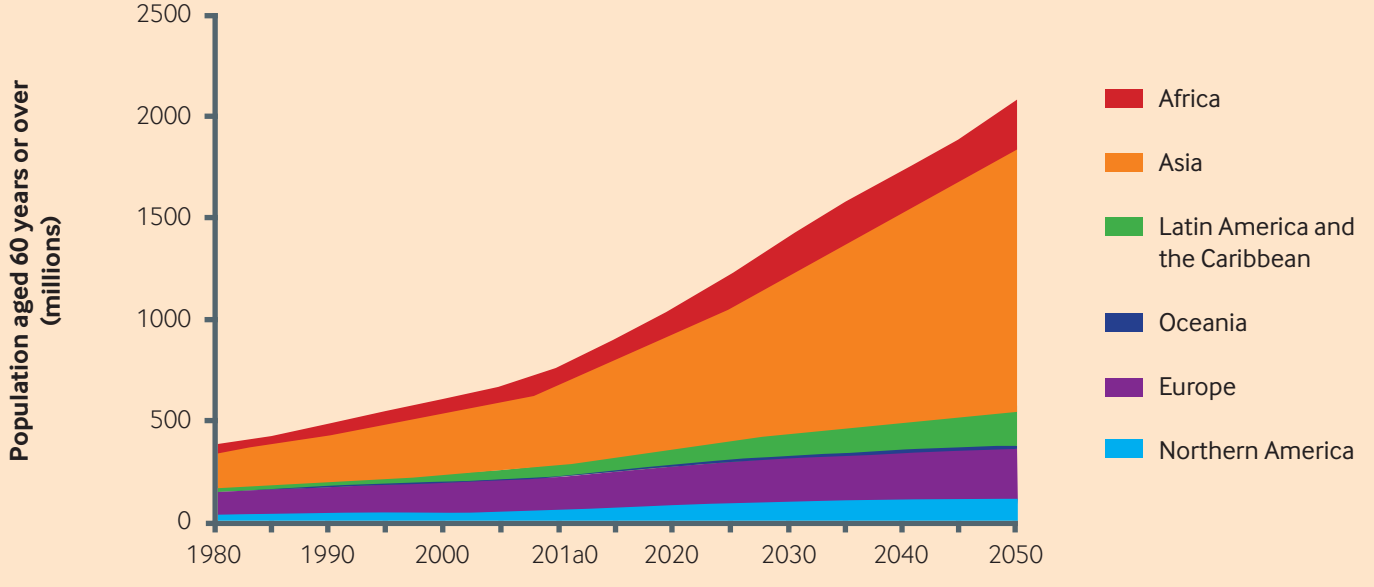
2 In this report, the Asia-Pacific Region includes Eastern Asia, Central Asia, Southern Asia, South-Eastern Asia, and Oceania as defined in the United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision.* The countries/territories in each sub-region include: Eastern Asia: China, China, Hong Kong SAR; China, Macao SAR; China, Taiwan Province of China; Democratic People's Republic of Korea, Japan, Mongolia, Republic of Korea; Central Asia: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan; South-Eastern Asia: Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam; Southern Asia: Afghanistan, Bangladesh, Bhutan, India, Islamic Republic of Iran, Maldives, Nepal, Pakistan, Sri Lanka; Oceania: American Samoa, Australia, Cook Islands, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Caledonia, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Wallis and Futuna Islands.

the security of older persons and to promote active and healthy ageing.

An increasing number of countries have taken steps to address ageing-related issues and framed policies and laws for maintaining the quality of life of older persons. In doing so, most countries have been guided by the Madrid International Plan of Action on Ageing (MIPAA)[3] which was adopted by the Second World Assembly on Ageing held in Madrid in April 2002. The United Nations has monitored progress that countries have made towards implementing MIPAA. Responsibility for coordinating the process has been entrusted to the United Nations Regional Commissions and the United Nations Population Fund (UNFPA) has been supporting the Regional Commissions.

The objective of this report is to briefly review progress in the Asia-Pacific Region in addressing ageing-related issues in the context of MIPAA. The paper is divided into eight sections. Following the Introduction, Section 2 provides a brief overview of the pace of population ageing and projections into the future. Section 3 describes policies and laws in various countries aimed at guaranteeing the well-being of the older population. The next three sections focus on how countries have moved in terms of the three dimensions identified in MIPAA.[4] Section 4 reviews the situation of older persons' participation in development focusing on their financial security. Section 5 deals with health in old age and describes older persons' access to quality health care. Section 6 addresses the aspect of enabling environments and examines how conducive the environment has been to enable older persons to lead an active and independent life with security and dignity guaranteed. Section 7 addresses the availability of data for evidence-based policy formulation. The final section summarizes key issues and provides recommendations for the way forward.

Figure 1. Population Aged 60 Years and Over, by Region, Estimated for 1980-2017 and Projected to 2050



Source: Graph taken from the United Nations Department of Economic and Social Affairs, Population Division, Population Facts, Population Ageing and Sustainable Development, June 2017, No. 2017/1. Data source: *World Population Prospects: The 2017 Revision.*

3 United Nations (2003). *Political Declaration and Madrid International Plan of Action on Ageing.*

4 The three priority directions of the Madrid International Plan of Action (MIPAA) are: I. Older Persons and Development; II. Advancing Health and Well-Being into Old Age; and III. Ensuring Enabling and Supportive Environments.

2. Demographic Profile of Population Ageing

Following significant declines in fertility levels and improvements in life expectancy, most countries across the Asia-Pacific Region have been faced with a rising proportion of older persons in the population. Fertility levels are projected to decline further and, in most countries, to stabilize at or below replacement level while further gains in life expectancy are projected as a result of advancements in medical science and continuing improvements in health care, nutrition and sanitation.

2.1 Population Ageing in the Asia-Pacific Region

In 2017, 12 per cent of the population in Asia and 17 per cent in Oceania is aged 60 or over. This is projected to increase to 24 per cent and 23 per cent, respectively, in 2050.[5]

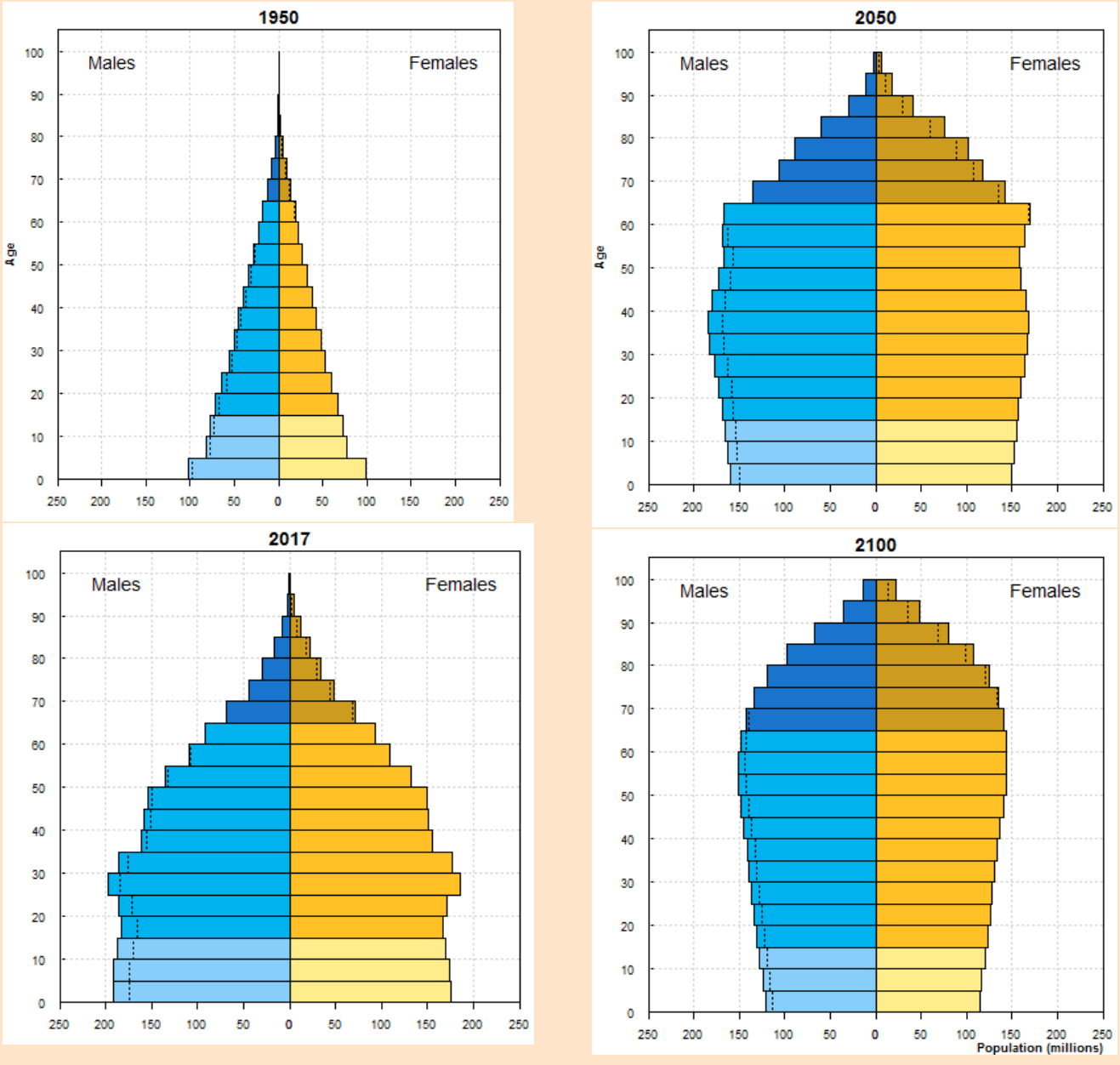
Current trends in ageing of the population are projected to continue and, in many countries, to accelerate. This can clearly be seen in the population pyramids in Figure 2 which show the population by age and sex in Asia from 1950 to 2100. The typical pyramid shape in 1950 with large numbers of children and very few older persons changes in 2017 to depict larger numbers of children, even larger young adult populations and increasing numbers of older persons aged 60 and over. By 2050, the shape of the pyramid is skewed to show smaller numbers of children, larger numbers of working age adults and much larger numbers of older persons over the age of 60, with noticeable increases in the very old population in their 80s and 90s and even a small number of centenarians, especially women. The 2100 pyramid becomes more rounded and inverted as the younger populations decrease reflecting a proportionate increase in the number of older persons.

Data summarized in Table 1 show that in all sub-regions, the percentage of older persons is projected to increase significantly into the next century. The increase in the older population is far greater than experienced during the last five decades of the 20th century.

With the exception of Central Asia, all sub-regions saw an increase in the percentage of older persons in their populations from 1950

5 United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision, Key Findings and Advance Tables.* Working Paper No. ESA/P/WP/248. Percentages for Asia include Western Asia to ensure consistency with the UN definition of Asia and its widely disseminated Asia figures for older persons.

Figure 2. Population by Age and Sex in Asia in 1950, 2017, 2050 and 2100



Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision.*
Note: These population pyramids include Western Asia. https://esa.un.org/unpd/wpp/Graphs/DemographicProfiles/

to 2000 and again in 2015. Projections for 2030 and 2050 and beyond call for even greater increases in the percentage of older persons. In 1950, Oceania had the largest percentage of the elderly, followed by Central Asia and Eastern Asia. Southern Asia had the lowest percentage of older persons in its population. By 2015, Eastern Asia slightly overtook Oceania in the percentage of older persons. Central Asia, at 7.8 per cent, had the lowest percentage of elderly. It is projected that by 2050, all sub-regions will have substantial increases in their elderly populations, with Eastern Asia leading the way at 35.7 per cent of its population aged 60 or over. Further increases are projected in 2100.

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With the exception of Central Asia, all sub-regions saw an increase in the percentage of older persons in their populations from 1950 to 2000 and again in 2015. Projections for 2030 and 2050 and beyond call for even greater increases in the percentage of older persons. In 1950, Oceania had the largest percentage of the elderly, followed by Central Asia and Eastern Asia. Southern Asia had the lowest percentage of older persons in its population. By 2015, Eastern Asia slightly overtook Oceania in the percentage of older persons. Central Asia, at 7.8 per cent, had the lowest percentage of elderly. It is projected that by 2050, all sub-regions will have substantial increases in their elderly populations, with Eastern Asia leading the way at 35.7 per cent of its population aged 60 or over. Further increases are projected in 2100.

The median age, or the age at which half the population is older and half is younger, is a good indicator of the age of the population. Table 2 shows that, with one exception,

Table 1. Percentage of the Population Aged 60 and Over in Asia and Oceania 1950-2100

Sub-Region	Percentage of the Population Aged 60 and Over					
	1950	2000	2015	2030	2050	2100
Eastern Asia	7.3	11.3	16.8	26.2	35.7	38.0
Central Asia	9.9	8.0	7.8	11.9	18.0	29.5
Southern Asia	5.8	6.7	8.4	12.0	18.9	32.0
South-Eastern Asia	6.0	7.4	9.3	14.6	21.0	30.9
Oceania	11.2	13.4	16.5	20.2	23.3	30.9

Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision,* custom data acquired via website.

Table 2. Median Age of the Total Population in Asia and Oceania. 1950-2100 (In years)

Sub-Region	1950	2000	2015	2030	2050	2100
Eastern Asia	23.4	30.8	37.9	43.5	48.5	49.8
Central Asia	23.6	22.6	26.4	30.3	34.7	43.9
Southern Asia	21.0	22.0	26.1	30.8	36.9	45.7
South-Eastern Asia	20.5	24.2	28.5	32.9	37.5	44.5
Oceania	27.9	30.9	32.8	35.1	37.4	43.8

Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision, custom data acquired via website.*

the median age has been increasing steadily in Asia and Oceania and will continue to do so in the foreseeable future. In 2015, Eastern Asia had the oldest population, followed by Oceania. Southern Asia, with a median age of 26.1, had the youngest population. By 2050, Eastern Asia will continue to be the oldest sub-region in Asia by far while Central Asia will have the lowest median age, at 34.7 years. It is projected that by 2100, all of Asia and Oceania will have median ages above 40 years, with Eastern Asia reaching almost 50 years.

Life expectancy for the elderly is increasing for both men and women in Asia and the Pacific. It is higher for women than men throughout the region. For the period 2015-2020, the highest life expectancy at age 60 is found in Oceania for both males and females, at 22.84 years and 25.68 years, respectively. The lowest life expectancy at age 60 is found in Central Asia for men at 15.75 years and Southern Asia for women, at 19.06 years. The largest gap in life expectancy at 60 is found in Central Asia with women expected to live on average 3.94 years longer than men. The smallest gap is found in Southern Asia where women have a life expectancy of 1.51 years more than men. At age 80, Oceania has the highest life expectancy for both males and females (Table 3).

2.2 Age Structure of the Older Population

In addition to the increasing numbers of older persons, the age structure of the ageing population is also relevant for assessing the needs of the expanding elderly population. The ageing of the older population, defined as an increasing proportion of the "oldest old" (i.e. those aged 80 years and over) in the older population, has been known to accompany population ageing. Since the incidence of frailty and disability

Table 3. Life Expectancy at Ages 60 and 80 in Asia and Oceania, by Sex (In Years)

Sub-Region	1950 - 1955				2015 - 2020				2050 - 2055			
	Male		Female		Male		Female		Male		Female	
	60	80	60	80	60	80	60	80	60	80	60	80
Eastern Asia	10.62	3.75	12.58	4.51	19.69	7.22	22.70	8.81	23.50	8.98	25.90	10.47
Central Asia	13.50	5.62	17.40	6.67	15.75	5.92	19.69	7.19	17.91	6.72	22.61	8.68
Southern Asia	11.97	4.48	12.69	5.18	17.55	6.97	19.06	7.42	19.59	7.75	22.01	8.73
South-Eastern Asia	13.21	4.67	14.79	5.21	17.18	6.67	20.47	7.87	19.63	7.91	23.37	9.40
Oceania	14.91	5.44	18.12	6.38	22.84	8.88	25.68	10.17	25.36	10.57	28.16	11.84

Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision, custom data acquired via website.*

increase with age, the capacity to continue in productive employment declines. Persons who have a regular pension upon reaching retirement age may find that the pension falls increasingly short of meeting needs as the years go by since pensions usually do not increase in line with inflation. Hence, even those who have a regular contributory pension may face increasing risks of falling into poverty as they advance further in age. The incidence of morbidity and disability also increases with age thus adding to the demand for health services and long-term care.

As expected, the percentages of the population aged 80 and over has increased steadily in all sub-regions from 1950 to 2015 (Table 4). In 2015, Oceania had the highest percentage of the oldest old, followed by Eastern Asia at 13.0 per cent. By 2050, all sub-regions will have increased percentages of those aged 80 and over, with Oceania and Eastern Asia once again leading the way.

2.3 Older Women

Women typically live longer than men and, as a result, there are more older women than men. This disparity increases with age. At age 60, the sex ratio, or the number of males per 100 females, was 91.6 in Asia and 89.5 in Oceania in 2015 and it decreased to 69.6 and 68.3, respectively, for the population aged 80 and

Table 4. Population Aged 80 and Over as a Percentage of the Total Elderly Population Aged 60 and Over in Asia and Oceania, 1950-2100

Sub-Region	1950	2000	2015	2030	2050	2100
Eastern Asia	4.0	11.0	13.0	14.0	24.7	38.3
Central Asia	7.2	9.3	12.0	7.5	13.5	27.6
Southern Asia	7.7	8.0	10.0	10.4	13.7	27.4
South-Eastern Asia	5.9	9.5	11.2	10.0	17.1	28.2
Oceania	9.3	16.3	18.0	20.7	26.6	34.4

Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision, custom data acquired via website.*

over and further decreased to 49.0 and 46.5, respectively, for the population aged 90 years and over.[6]

Even though they may live longer, older women tend to be more vulnerable than men since many of them suffer from a lifetime of inequalities and discrimination starting from birth and continuing throughout childhood, adolescence and into adulthood and old age. This is particularly evident in countries that have a strong preference for sons. In many societies, such inequalities mean that women have greater nutritional deficiencies, less access to health services, higher rates of illiteracy, lower educational levels, lack of employment opportunities, lower earning power, less financial security, lack of decision-making power, no access to credit, inheritance and property, and lower levels of participation in social and political activities. The results of such inequalities and discrimination throughout the life-course are compounded by the time women reach old age. In addition, many women in developing countries undergo multiple successive pregnancies starting at very young ages which further affect their health and ability to become financially independent. Many older women face a double jeopardy since being old and being female leaves the door wide open to age and gender discrimination.

There are observed differences in the way men and women experience old age. While men tend to be more financially secure, they typically have less social contacts whereas women may not have much in the way of savings and economic security, but have a wider social network that they can count on in older age. In addition, many older women are caregivers for their grandchildren or sick relatives, further strengthening their social contacts. Once men retire from their jobs, they may become more socially isolated both in the community and within their own households. Older

6 Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision* - Special Aggregates, DVD Edition. The sex ratios for Asia include Western Asia.

women are less likely to remarry when they become widowed and, as a result, they will most probably spend more years without their spouses. The last few years living alone will likely be spent in poorer health and possible frailty or disability. This makes widows particularly vulnerable to neglect, abuse and exploitation.

The different experiences of men and women in old age have important implications for policies and legislation relating to a wide spectrum of issues but especially as it affects pensions, health services, and access to credit and inheritance.[7]

Table 5 shows the percentage of females in the older population aged 60 years and over and in the "oldest old" population aged 80 years and over. Females comprise the majority of the older population and their percentages increase with age. This holds true for both Asia and Oceania, except in Southern Asia where in 1950 women comprised less than half of the population aged 60 and over. However, these percentages increased over the years and are expected to reach 52.6 per cent in 2050. By 2000, females in all sub-regions comprised more than 50 per cent of the older population and by 2015; Central Asia had the largest percentage of females at 58 per cent. Females comprised 69.1 per cent of the population aged 80 and over in Eastern Asia and 57.1 per cent in Oceania in 1950. An interesting observation is that while the numbers of older women, especially at ages 80 and over are increasing, the numbers of men in those ages are increasing even more which is why the percentage of females is decreasing. This is true for most, but not all, sub-regions in Asia and for most years in Oceania after 2000. It appears that men are catching up to women when it comes to living longer.

Table 5. Female Population Aged 60 and 80 and Over as a Percentage of the Total 60 and 80 and Over Population in Asia and Oceania, 1950-2100

Sub-Region	Years	1950		2000		2015		2030		2050		2100	
		60	80	60	80	60	80	60	80	60	80	60	80
Eastern Asia		55.4	69.1	52.2	62.3	52.0	60.0	52.1	58.9	52.0	57.4	49.0	51.0
Central Asia		50.9	57.1	59.0	73.8	58.0	66.1	58.4	69.0	57.9	70.0	54.2	61.1
Southern Asia		49.2	53.9	50.8	53.2	51.1	53.8	51.8	55.2	52.6	56.5	52.1	56.6
South-Eastern Asia		53.8	57.7	55.6	63.6	55.1	63.3	55.1	63.3	55.7	62.7	54.1	59.8
Oceania		52.2	57.1	54.3	65.8	52.8	59.4	52.9	56.1	53.1	56.6	52.7	55.7

Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision,* custom data acquired via website.

7 United Nations Population Fund and HelpAge International (2012). *Ageing in the Twenty-First Century: A Celebration and A Challenge.*

Older persons in Xi'an, China

3. Policies and Legislation Relating to Ageing

Several countries in the region have undertaken the formulation of policies and enactment of legislation to address ageing-related issues. While some countries, such as China and India, took such initiatives in the closing decades of the last century, most countries embarked on this course in response to the Madrid International Plan of Action on Ageing (MIPAA) in 2002. Though progress has been uneven across the region, the wide range of policies and laws framed by several countries as a follow-up on their commitment to MIPAA indicates the usefulness and relevance of MIPAA. The scope of this study is limited to taking a brief stock of such policies and legislation. Further research is necessary to analyze their implementation and impact.

Unlike in the case of the Vienna Plan of Action on Ageing of 1982, there was regular follow-up after MIPAA in 2002 that propelled governments to act and adopt policies. There were regional initiatives of agencies such as the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), the United Nations Population Fund (UNFPA), the World Health Organization (WHO) and HelpAge International. Interim steps included the Shanghai Implementation Strategy, regional MIPAA+5 and MIPAA+10 reviews, and national reviews that preceded the regional reviews. The bottom-up approach to MIPAA national appraisals allowed for engagement of civil society organizations (CSOs) and international non-governmental organizations (INGOs) and national campaigns.

In 2015, HelpAge International undertook a study funded by UNFPA on policies and laws on ageing for 26 countries in the region.[8] The study found that if mainstreaming ageing into the constitution or other legislation or national policies such as the National Development Plan or the National Population Policy is taken into account, all countries have at least one policy in which there is a reference to older persons and/or older persons are included among identified "vulnerable groups". Most, but not all, countries reviewed had national policies, legislation, and/or action plans that focused solely on ageing and older people.

Information on countries having policies, plans, programmes and legislation specifically targeting older persons is summarized in Table 6. Countries which do not have any such specific policies or legislation but reference population ageing or older persons are also included. The list is not meant to be exhaustive but only to serve as an indication of the increasing number of

8 Camilla Williamson (2015). *Policy Mapping on Ageing in Asia and the Pacific: Analytical Report.* HelpAge International, East Asia and Pacific Regional Office.

countries that have gradually introduced measures aimed at implementing MIPAA in addressing ageing-related issues.

Initiatives specifically targeting older persons are categorized as "focused". These include, for example, policies and plans of action on ageing and laws relating to the protection of the rights and benefits of older persons. The mainstream national policy documents which include a reference to, or mention, ageing or the elderly are categorized as "referenced". These include, for example, the constitution, national development plans, national population policies and action plans of health.

Table 6: Examples of Policies/Legislation Relating to Older Persons in Selected Countries

No.	Country	Ageing-related Policies and Legislation
	EASTERN ASIA	
01	People's Republic of China	**Focused:** National Law on Protecting the Rights of Older Persons (1996, revised in 2012); Plan for Development of Elderly Programmes in China during the Twelfth Five-Year Plan Period (2011-2015); Plan of Constructing Social Service System for the Elderly (2011-2015)
02	Democratic People's Republic of Korea	**Focused:** Law on the Care for the Elderly 2007; Five-year Strategic Plan of Korean Federation for Care of the Aged (2010-2014) **Referenced:** DPRK Family Rights Law, 1992; Law on the Care for the Disabled, 2003
03	Mongolia	**Focused:** National Strategy for Population Ageing 2009-2030 **Referenced:** National Health Sector Strategic Master Plan 2006-2015; Comprehensive National Development Strategy of Mongolia 2008
	SOUTH-EASTERN ASIA	
04	Cambodia	**Focused:** National Policy for the Elderly 2003 (under revision to cover 2017-2030); National Policy on the Health Care for Elderly and Disabled People (1999); National Health Care Policy and Strategy for Older People 2016 **Referenced:** National Strategic Development Plan (NSDP) 2014-18; National Poverty Reduction Strategy 2003-2005; National Social Protection Strategy for the Poor and Vulnerable; Cambodian Law on the Protection and the Promotion of the Rights of Persons with Disabilities 2008; National Population Policy 2014
05	Indonesia	**Focused:** National Plan of Action (NPA) for Older Persons Year 2009-2014; National Plan of Action for Older Person Welfare Guidelines in 2003; Law No. 13/1998 Ageing Welfare **Referenced:** Law No. 40/2004 on the National Social Security System (NSSS). Law No. 11/2009 on Social Welfare; Law No. 13/2011 on Poverty Eradication; Law No. 24/2011 on Health Social Security Providers
06	Lao PDR	**Focused:** National Policy for the Elderly 2004 (NPE) **Referenced:** Constitution of Laos

No.	Country	Ageing-related Policies and Legislation
07	Malaysia	**Focused:** (2nd) National Policy for Older Persons and Plan of Action for Older Persons (2010-2015); National Health Policy for Older Persons, 2008; The Health Care for the Elderly Plan (2001–2005) **Referenced:** National Plan of Action for Nutrition of Malaysians 2010-15; Malaysia National Housing Policy 2011; National Health Plan 2011-15
08	Myanmar	**Focused:** National Plan of Action on Ageing 2014; Law for Older Persons 2016 **Referenced:** Myanmar National Health Plan 2011-2016; Myanmar DRR Plan 2012; Social Protection Strategy 2014
09	Philippines	**Focused:** Senior Citizens Act 2003 (expanded in 2010); Philippine Plan of Action on Ageing 1999-2004; 2006-2010 National Action Plan on Senior Citizens (NAPSC); Anti-Age Discrimination in Employment Act (Republic Act 10911 of 2016) **Referenced:** Social Protection Operational Framework and Strategy 2012
10	Thailand	**Focused:** Second National Long-term Plan for Older Persons (2002-2021); Act on Older Persons (2003) (under revision); 2007 Development of Elderly Mental Health Care Systems Project; Strategy for Development of Long Term Care System for Dependent Older People (2014) **Referenced:** Constitution; The Eleventh National Economic and Social Development Plan (2012-2016); 10th National AIDS Plan (2007-2011)
11	Viet Nam	**Focused:** Viet Nam Law on the Elderly 2009/10; National Action Plan on Elderly People 2012-2020 **Referenced:** The Constitution; Law on Health Protection for Citizens; Law on Health Care for People for the Period 2011-2020; Vision 2030; Viet Nam Health Strategy 2010-15
SOUTHERN ASIA		
12	Afghanistan	**Referenced:** The Constitution
13	Bangladesh	**Focused:** National Policy for Older Persons 2014 **Referenced:** National Social Protection Strategy 2015; Vision 2021 Bangladesh Population Policy 2012; Sixth Five Year Plan 2011-15
14	Bhutan	**Referenced:** The National Health Policy 2011; Eleventh Five Year Plan; National Population Policy (awaiting approval)
15	India	**Focused:** National Policy for Older People 1999; The Maintenance and Welfare of Parents and Senior Citizens Act 2007; National Policy on Senior Citizens 2011 (yet to be approved or implemented); National Programme for Health Care of the Elderly (NPHCE) **Referenced:** Constitution of India; Twelfth Five Year Plan 2012-17

No.	Country	Ageing-related Policies and Legislation
16	Iran	**Focused:** National Strategic Plan of the Elderly (awaiting approval) **Referenced:** Fifth Development Plan
17	Maldives	**Referenced:** The National Development Plan 2006-2010
18	Nepal	**Focused:** The National Action Plan for Senior Citizens (2006); Senior Citizens Act (2006); The Senior Citizens Regulations 2008; National Policy for Senior Citizens, 2001; Senior Citizens Working Policies **Referenced:** Constitution of Nepal; National Development Plans since 2007; The National Women's Commission Act (2007); National Nutrition Policy and Strategy 2008; Thirteenth Plan 2013/14-2015/16
19	Pakistan	**Focused:** The Senior Citizens Act 2007; National Programme for the Health Care for the Elderly (NPHCE); Senior Citizens Act 2014 **Referenced:** National Policy Guidelines on Vulnerable Groups in Disasters 2014
20	Sri Lanka	**Focused:** National Policy for Senior Citizens 2006; Protection of the Rights of Elders Act, No 9 of 2000; Protection of the Rights of Elders (Amendment) Act, No. 5 of 2011; National Charter for Senior Citizens **Referenced:** Mahinda Chintana Vision 2010
PACIFIC ISLAND COUNTRIES AND TERRITORIES		
21	Cook Islands	**Focused:** Cook Islands Policy on Ageing 2012-17 **Referenced:** National Sustainable Development Plan 2011-2015; National Development Plan 2010-15; National Strategy and Action Plan to Prevent and Control NCDs
22	Fiji	**Focused:** National Policy on Ageing 2011-15 **Referenced:** The National Development Plan 2007-11
23	Palau	**Referenced:** National Medium Term Development Plan 2009-14
24	Solomon Islands	**Referenced:** National Development Plan 2011-15; National Strategic Plan for Health 2011-15
25	Tonga	**Referenced:** The National Strategic Planning Framework 2009; The National Retirement Benefits Scheme (NRBS) Act 2010; The National Development Framework 2011-14
26	Tuvalu	**Referenced:** The Strategy for Sustainable Development 2005-15; Disaster Relief Government Programme; The Strategic Health Plan 2009-18

Source: Camilla Williamson (2015). *Policy Mapping on Ageing in Asia and the Pacific: Analytical Report,* HelpAge International, East Asia and Pacific Regional Office.

MIPAA also encouraged countries to establish a national focal point or body on ageing. In the policy mapping report prepared for UNFPA, 23 of the 26 countries studied identified a specific focal point for ageing.[9] In all cases, this means that a government ministry or ministries were given responsibility for ageing issues and older people. In 19 of the countries, a national council, commission, committee or office for older people was also identified. Of these countries, some have corresponding regional or local bodies.

The level of detail on implementation arrangements for policy documents addressing ageing varies significantly, and there is relatively little cross-country assessment of the extent to which policies are actually implemented. Thailand's Second National Long-term Plan for Older Persons (2002–2021) includes a detailed framework for monitoring and evaluation, to be undertaken every five years. Thailand also includes discussion of the role of research in informing policies and services and the establishment of an elderly database in the 2003 Act on Older Persons. Few countries explicitly detailed the inclusion or representation of older people within bodies and institutions on ageing or their involvement in the design and/or monitoring of national policies. One of the key challenges impeding implementation of policies has been the lack of allocation of financial and human resources. The extent of political will also plays an important role in policy implementation.

It is evident from the list in the table above that in most countries the ageing-related policy initiatives and legislation have been a post-MIPAA phenomenon, suggesting that countries found MIPAA to be an effective guide in addressing population ageing. The next three sections present an overview of how these policies and legislation have addressed ageing-related issues within the context of each of the three priority directions of MIPAA:

Priority direction I: Older persons and development;
Priority direction II: Advancing health and well-being into old age; and
Priority direction III: Ensuring enabling and supportive environments.

9 Camilla Williamson (2015). *Policy Mapping on Ageing in Asia and the Pacific: Analytical Report.* HelpAge International, East Asia and Pacific Regional Office.

UNFPA Thailand, in its 9th Programme Cycle, was successful in high participation of the elderly in community-based health activities and services and in influencing decisions on policies relevant to the elderly.

4. Older Persons and Development

The first priority direction of MIPAA encompasses such important issues as active participation in society and development, recognition of the many contributions of older persons, employment opportunities, improvement of living conditions and alleviation of marginalization of older persons in rural areas, integration of older migrants within their new communities, access to knowledge, education and training, intergenerational solidarity, eradication of poverty including income security and social protection, and equal access to services in times of natural disasters and other humanitarian emergencies.[10]

MIPAA emphasizes that older persons must be enabled to fully participate in the development process and share in its benefits along with other age groups in society. This is also in keeping with the 2030 Agenda for Sustainable Development to leave no one behind. In view of the rapid pace of population ageing in the region, it is important that governments remain aware of the need to ensure the continuing integration and empowerment of older persons to keep them active and contributing members of society.

Priority needs to be given to ensuring financial security in old age. For this it is important to enable and encourage older persons to remain productively employed for as long as they are willing and able to. For those who are unable to earn their own living or fall short of making ends meet, it is essential to make adequate provisions for pension coverage to prevent impoverishment in old age.

It is equally important to include older persons in disaster preparedness, rescue efforts and recovery programmes during conflict and natural disasters which threaten to leave them isolated and destitute.

4.1 Financial Security in Old Age

The old-age dependency ratio, or the ratio of the "dependent" population aged 65 years and over per 100 of the "economically productive" working age population aged 15-64, is often used as an indicator of the economic burden the productive sector of the population must carry. This is not totally accurate since many of the "dependent" persons aged 65 and over are still economically active and many in the "productive" sector, especially youth who are still in school, housewives who do not work outside the home and the unemployed, are economically dependent. Table 7

10 United Nations (2003). *Political Declaration and Madrid International Plan of Action on Ageing.*

provides the old-age dependency ratios for Asia and Oceania for the years 1950 to 2015 and projections from 2030 to 2100. Dependency ratios have been increasing in all sub-regions except in Central Asia and they will continue to do so in all sub-regions from 2015 into the foreseeable future.

The risk of falling into poverty has been the greatest fear associated with old age. A recent survey conducted in selected countries in the Asia-Pacific Region showed that the overwhelming majority of respondents in each country, 95 per cent in Viet Nam, 90 per cent in the Philippines, 83 per cent in Indonesia, and 81 per cent in Thailand, expressed worry about being poor when retired.[11]

In most countries, older persons continue to rely on four main sources to meet their financial needs:

1. Work and income-generating activities;
2. Assets and savings;
3. Family support and private transfers; and
4. Social protection.

In many countries in the Asia-Pacific Region, older people rely mostly on their own earnings, largely from employment. Very few have incomes from savings or investments particularly in poorer countries. Family support from adult offspring and financial assistance from other relatives is a significant source for older persons. Private transfers

Table 7. Old-Age Dependency Ratios in Asia and Oceania, 1950-2100
Population Aged 65+ per 100 Population Aged 15-64

Sub-Region	1950	2000	2015	2030	2050	2100
Eastern Asia	7.2	11.4	15.5	27.4	46.3	59.3
Central Asia	10.2	8.6	7.2	12.3	18.4	38.7
Southern Asia	6.0	7.2	8.3	11.9	19.7	43.3
South-Eastern Asia	6.6	7.8	8.8	14.6	23.9	42.0
Oceania	11.7	15.4	18.5	24.7	29.4	43.7

Source: United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Prospects: The 2017 Revision,* custom data acquired via website.

11 R. Jackson and T. Peter (2015). *From Challenge to Opportunity: Wave 2 of the East Asia Retirement Survey.* The Global Ageing Institute. https://www.prudential-corporation-asia.com/eastasia-retirement-2015/asia/ infographics.pdf

have been found to be inversely related to the availability of contributory and social pensions. For example, private transfers play an important role in countries where pension and social assistance systems are relatively underdeveloped. In these countries, assistance from family members figures more prominently as a source of financial and non-financial support for older persons. In some countries, reverse intergenerational transfers are actually observed – the savings and assets of older people are used to support younger generations.

Labour income plays a critical role in old-age support in the region, with work income dominating other sources of support more so in rural areas than in urban areas in most countries. A World Bank study[12] reported that the earnings of older persons themselves accounted for 90 per cent of the total income of older persons in Cambodia. The corresponding figures were 60-70 per cent in Viet Nam and 60 per cent in Indonesia and in the Philippines. In all countries the percentage of older persons' total income coming from their own earnings was slightly higher in rural than in urban areas. The percentage of income of older persons coming from their own earnings in China was 35 per cent in urban areas and 55 per cent in rural areas. In Mongolia, the corresponding figures were 25 and 30 per cent.

In both China and Mongolia, public transfers accounted for the largest portion of total income of older persons. In China, public transfers accounted for 50 per cent in urban areas and 25 per cent in rural areas, while in Mongolia, they accounted for 65-70 per cent of the total income of older persons in both rural and urban areas. Where the coverage of social security remains limited, the percentage of older persons' income accounted for by family support exceeds the percentage accounted for by public transfers. This is the case in Cambodia, Indonesia, the Philippines and Viet Nam. The 2014 Survey of Older Persons in Thailand showed that, while almost 80 per cent of older persons reported receiving at least some financial assistance from offspring, the percentage of older persons citing children as their main source of income declined from 52 per cent in 2007 to 37 per cent in 2014 – a reflection of the government's vast expansion of the Old Age Allowance Scheme. At the same time, the percentage of older parents who received substantial amounts of money from children actually increased, suggesting that the allowance is not crowding out support from family.[13]

Evidence from some countries has shown that a large proportion of older persons expect the government to provide financial support in old age. Asked about their preferred source of financial support in old age, the largest proportion cited the government followed by their own resources, with the lowest proportion citing adult offspring or other family members. Almost 50 per cent of older persons in Indonesia, and 70 per cent in the Philippines, Thailand and Viet Nam cited greatest preference for the government as the source of financial assistance in old age. Less than 10 per cent in all four countries cited family support, with the rest showing preference for their own earnings.[14] All evidence indicated that older persons would prefer to have an independent source of income than be dependent on others. This shows that governments need to ensure not just financial security for older persons but financial security with dignity. This includes re-visiting retirement age and pension policies and providing training and retraining for older workers.

4.2 Older Persons in Humanitarian Situations

During emergency situations such as natural hazards like earthquakes and floods and man-made disasters like conflicts, older persons face an increased threat to both their security and dignity. If not given proper attention, older persons can lose their lives or can be left isolated and destitute. Their participation in development therefore also implies that older persons have adequate protection and assistance during emergency situations. At the same time, in emergencies as

12 World Bank (2016). *Live Long and Prosper: Aging in East Asia and Pacific.* A World Bank East Asia and Pacific Regional Report.

13 J. Knodel, et al. (2015). *The Situation of Thailand's Older Population: An Update Based on the 2014 Survey of Older Persons in Thailand,* Population Studies Center, Michigan, PSC Report 15-847, October.

14 R. Jackson and T. Peter (2015). *From Challenge to Opportunity: Wave 2 of the East Asia Retirement Survey.* The Global Ageing Institute. https://www.prudential-corporation-asia.com/eastasia-retirement-2015/asia/infographics.pdf

in other spheres of life, older people should not be seen as a burden but as a resource. Not all older persons are helpless and many can actually be very helpful in humanitarian situations. For example, during and after the 2007 Cyclone Sidr in Bangladesh, older persons' committees were active in disseminating early warning messages to vulnerable older persons and their families, identifying those who were worst hit, compiling beneficiary lists and notifying people when and where to receive relief goods.[15] During Typhoon Haiyan in the Philippines, active older people were also an important part of the emergency response.[16]

4.3 Policy Initiatives to Ensure Financial Security

Policies in all countries have recognized the importance of addressing poverty in old age. In almost all countries listed in Table 6, national development plans or poverty reduction strategies have addressed poverty and at least included older people within "vulnerable groups". In Nepal, older people have been included in national development plans since 2007. Where older persons have been overlooked, national plans on ageing have committed to having poverty of older persons incorporated specifically in national development plans. The National Policy for Older Persons 2014 of Bangladesh, for example, aims to have a focus on older people incorporated in social security, safety, poverty reduction strategies and the broader development agenda.

Most of the countries listed in Table 6 have policies explicitly addressing older people and employment. These have included age-specific employment programmes, training and skills development, credit access schemes, incentives for companies to employ older people, and anti-age discrimination policies. In India, policy has aimed at removing age-related discrimination in the matter of entitlement to credit, marketing and other facilities. The Philippines has a government-funded training programme for senior citizens to promote appropriate skills development, livelihood training, and welfare or livelihood support, as well as government subsidies for organizations employing older people. Myanmar's Action Plan on Ageing 2014 identifies incentives for employers to hire older people. Indonesia's Law No. 13 on Ageing Welfare includes the right of elderly to obtain employment, including training.

All countries have some social protection provisions specifically addressing older people in the form of social insurance or social assistance schemes or both. In many cases, income security in old age is being discussed as part of the initiative for Social Protection Floors.[17] However, there is wide variation in the extent of coverage of the older population. Some countries, such as Afghanistan and Bhutan, provide mandatory pension schemes for government and formal sector workers. A number of countries have social pension schemes varying in coverage and special provisions. In Nepal, a universal old-age pension is provided to all persons aged 70 years and over and to widows over the age of 60 years. In Indonesia, the Elderly Social Security Programme provides a means-tested allowance to those over age 70 years and to those over 60 years who are chronically ill. Viet Nam has a means-tested social assistance benefit for people over 60 years and a pensions-tested social assistance benefit allowance for those over the age of 80 years.

In general, pension coverage has expanded significantly since MIPAA was adopted. According to HelpAge International, the main driver of increased pension coverage has been the introduction or expansion of non-contributory pensions, or social pensions. Globally, since 1990, the number of countries providing social pensions has doubled from around 50 to more than 100. More than 30 of these have been introduced since 2000.[18] Many countries in Asia have introduced the schemes since 2002 including China, the Philippines, Timor-Leste and Viet Nam, and Myanmar initiated its first national social pension in 2017. Other countries have significantly expanded coverage,

15 Inter-Agency Standing Committee (IASC) (2008). *Humanitarian Action and Older Persons: An Essential Brief for Humanitarian Actors.*
16 HelpAge International and Coalition of Services of the Elderly (2014). *Typhoon Haiyan One Year On: Older People Key to Recovery.* HelpAge East Asia and Pacific Regional Office.
17 International Labor Organization (2014). *Social security for All: Building Social Protection Floors and Comprehensive Social Security Systems.*
18 HelpAge International (2014). *Global AgeWatch Index 2014, Insight Report,* pp. 11ff.

such as Thailand and Nepal. The variation among countries is conspicuous and can be largely attributed to political will, as even relatively poor countries have managed to expand social protection while more affluent ones have not. According to the International Labour Organization, there has also been significant progress in pension coverage ratios when formal contributory pensions are taken into account.[19]

4.4 Policy Initiatives to Include Older Persons in Humanitarian Response

While only a few countries have policies addressing the needs of older persons in all types of humanitarian situations, more and more countries have gradually been recognizing that older persons need special attention in such emergencies. In Bangladesh, the National Policy for Older Persons 2014 seeks to ensure priority for older persons in risk reduction plans including disaster alerts, rescues, shelter, and post-disaster rehabilitation initiatives. Myanmar's Action Plan on Ageing 2014 aims to ensure that older people are included in disaster contingency plans, evacuation centres have specific facilities catering to the needs of the elderly, and older persons are provided appropriate transport arrangements during evacuation and medical care and assistance during times of emergency. Viet Nam's Law on the Elderly 2009/10 gives older people priority in the receipt of relief in cash or in kind, health care and lodgings with a view to overcoming initial difficulties as a consequence of natural disasters or other emergencies. In the Cook Islands, the Policy on Ageing 2012-17 includes commitments to ensure that the needs of older persons are reflected in disaster preparedness plans for all agencies and that there are guidelines for the protection of older persons in emergencies and natural disasters.

19 International Labor Organization (2014). *World Social Protection Report 2014-15: Building Economic Recovery, Inclusive Development and Social Justice.*

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An older woman in the Thar Ga Ya camp for displaced people in Kachin, northern Myanmar, visits the doctor at the weekly UNFPA-supported mobile reproductive health clinic.

5. Advancing Health and Well-Being into Old Age

"Health" is defined as a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity.[20] It is the responsibility of individuals to maintain their health and of governments to provide a supportive environment that enables advancement of health and well-being into old age. For humanitarian as well as economic reasons, it is necessary to provide older persons with the same access to preventive and curative care and rehabilitation as other age groups. Policies that promote lifelong health, including health promotion and disease prevention, assistive technology, rehabilitative care, when indicated, mental health services, promotion of healthy lifestyles and supportive environments, can go a long way towards ensuring optimum participation of older persons in development and keeping budget allocations for health care more manageable.[21]

MIPAA's second priority direction[22] states that the full benefits of healthy longevity have yet to be shared by all as evidenced by the fact that entire countries, particularly developing countries, and certain population groups continue to have high morbidity and mortality rates. The epidemiological transition from the predominance of infectious and parasitic diseases to one of chronic and degenerative diseases has many developing countries confronting a double burden of fighting emerging and re-emerging communicable diseases such as HIV/AIDS, tuberculosis and malaria together with the increasing incidence of conditions such as hypertension, diabetes, heart disease and dementia.

MIPAA calls for a life-course perspective that focuses on health promotion and disease prevention to delay the onset of disability. MIPAA also calls for the development and strengthening of primary health-care services as well as the development of a continuum of health care to meet the needs of older persons. It stresses the necessity of involving older persons in the decision-making related to their own care. MIPAA points to the urgent need of expanding the fields of geriatrics and gerontology for all health professionals who work with older persons, expanding educational programmes on health and older persons for professionals in the social service sector and providing informal caregivers

20 World Health Organization (1946). Constitution: http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1.
21 The World Health Organization has laid out key steps to respond to health needs in ageing societies in its *World Report on Ageing and Health,* 2015.
22 United Nations (2003). *Political Declaration and Madrid International Plan of Action on Ageing.*

with access to information and basic training in the care of the elderly.

5.1 Health Profile of Older Persons

As the World Health Organization's World Report on Ageing and Health[23] notes, there is no such thing as a typical older person. The diversity in the experience of later life means that while there are older people who are frail and disabled, many elderly are not dependent. Yet older persons are faced with higher health risks and a widening range of medical requirements. With ageing, countries face an increase in the incidence in non-communicable diseases (NCDs) which occur with increasing age such as hypertension, coronary diseases and dementia. At the same time, older persons continue to remain at higher risk of communicable diseases such as the flu and the common cold. Issues relating to mental health and the incidence of disability are also prone to increase with age. In most countries of the Asia-Pacific Region, the health profile of older persons is typified by the following issues:

1. Non-communicable diseases (NCDs);
2. Communicable diseases;
3. Mental health issues;
4. Disability; and
5. Problems relating to nutrition.

The three major NCDs in the Asia-Pacific Region are cardiovascular diseases (CVDs), cancer and diabetes mellitus. It is estimated that between 1990 and 2010, the disability adjusted life years (DALYs) lost in the region due to CVDs, diabetes and cancer increased by 22.6%, 69.0% and 27.3%, respectively.[24] Death rates due to NCDs in the Asia-Pacific Region are among the highest in the world. The Maldives had the highest female age-standardized death rate for ischemic heart disease (218 per 100,000), while Fiji had the highest rate for males (304 out of 100,000). The highest rate for stroke was reported in the Asia-Pacific Region – Mongolia recorded the highest female age-standardized death rate for stroke (189 out of 100,000), while Sri Lanka had the highest rate for males (256 out of 100,000)[25]. The increase in the incidence of diabetes has been alarming. Between 2000 and 2010, the Asia-Pacific Region experienced a 57% increase in the absolute number of people with diabetes, from 84.5 to 132.3 million. While all these estimates are for the adult population, the prevalence of NCDs is relatively higher among the older population.

Because of their lower resistance thresholds, older persons, especially those who are frail, are at a higher risk of contracting communicable diseases such as tuberculosis, influenza, respiratory tract infections, malaria and diarrhoea. Many of the communicable diseases are associated with poverty – overcrowded living conditions, inadequate sanitation, insufficient and contaminated food, poor personal hygiene, lack of clean water and limited availability of, and access to, health services. The emergence of new diseases such as bird flu has added to the health risks in the Asia-Pacific Region. A number of countries faced outbreaks of bird flu: Bangladesh, Cambodia, China, India, Indonesia, Japan, the Republic of Korea, Laos, Malaysia, Mongolia, Myanmar, Thailand and Viet Nam. Older persons need access to both preventive and curative care to address the increasing prevalence of communicable diseases.

It is estimated that over 20 per cent of adults aged 60 and over worldwide suffer from a mental or neurological disorder excluding common headaches. The most common mental disorders in old age are dementia and depression. Many older adults are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement or a disability. All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people. Older adults are also

23 World Health Organization (2015). *World Report on Ageing and Health.*
24 Y-W Low, et al. (2015). "Non-communicable Diseases in the Asia-Pacific Region: Prevalence, Risk Factors and Community-based Prevention", *International Journal of Occupational Medicine and Environmental Health.* Vol. 28, No. 1.
25 World Health Organization (2008). *Health in Asia and the Pacific.*

vulnerable to elder abuse which at times results in long-lasting psychological consequences, including depression and anxiety. The problems tend to remain under-identified and under-reported by health-care professionals and older people themselves, as the stigma surrounding mental illness makes people reluctant to seek help. Both dementia and depression can cause financial hardship and great stress for families. Policies need to identify the extent of the prevalence of mental disorders in the older population and prepare health providers and societies to meet the specific needs of older persons affected.

The incidence of disability is known to increase with old age. The first most likely effect of disability is on mobility. Impaired mobility increases dependence on caregivers. In a number of cases, the disability may be permanent which makes the elderly person dependent for life. The intensity of care an older person requires increases with disability. Several studies have shown that with age, the chances of moving from active to disabled status increase, while the chances of recovery to active status decrease. Evidence available from surveys conducted in China, Cambodia and Thailand[26] indicates the progression of disability with age among the older population and its higher incidence among older women. In India, too, the incidence of disability has been found to increase with age and is higher among older women than older men.[27] Visual and hearing impairments also contribute to disability in older persons and increase their dependence.

Increasing provisions need to be made for long-term care for those suffering from a disability as their numbers are expected to increase dramatically with the ageing of the population. Integrated, person-centered, community-based care systems should be the pillar of long-term care. Such systems are not only more cost-effective, but more importantly, they respond to the desire of older persons to remain at home and to age in place. A community-based care approach is replicable in middle- and low-income countries provided there is political will, commitment, adequate training of caregivers, collaboration among all stakeholders and adaptation to local conditions. One example can be found in Singapore - the Tsao Foundation's Community for Successful Aging (ComSA) which is an experiment in a ground-up, community-wide, multi-component, multi-system approach to optimize the longevity dividend of added years. The ComSA project uses a bio-psycho-social risk screener to identify people at risk in the community and to better understand their profile and needs. The idea is that prevention results in less care needed in the future. The project focuses on the integration of the health and social aspects of care, as well as building up a network of care among all the service providers in the community. It also stresses the importance of self-care and the involvement of older persons themselves as well as the family.[28]

Assistive devices can help improve the quality of life of disabled older persons. Japan is leading the way in innovative products and services for the elderly. Among the latest and most useful innovations in elderly care-related products and services and the promotion of healthy ageing are a humanoid communications robot with advanced artificial intelligence, a bath system in which a patient can be wheeled in while sitting in a wheel chair, a walking assist robotic device for gait training, a weight-reducing lift with which a person can walk unassisted and a pedal-powered wheelchair. A virtual reality simulation of dementia symptoms was developed for training caregivers.[29]

Nutrition is an important element of health in the older population and affects the ageing process. The prevalence of malnutrition is increasing among older persons and is associated with a decline in functional status, impaired muscle function, delayed recovery from wounds, fractures

26 Ghazy Mujahid (2006). *Population Ageing in East and South-East Asia: Current Situation and Emerging Challenges*, Papers in Population Ageing. No.1, UNFPA Country Technical Services Team for East and South-East Asia, Bangkok, Thailand.

27 A. Agarwal (2016). "Disability Among the Elder Population of India: A Public Health Concern". *Web Journal of Medical Society*, Vol. 30, No. 1. http://www.jmedsoc.org/article.asp?issn=0972-4958;year=2016; volume=30; issue=1;spage=15;epage=19;aulast=Agrawal.

28 https://tsaofoundation.org/what-we-do/comsa/about-comsa

29 Japan Center for International Exchange (2017). Report of the Multistakeholder Forum on Investing in Healthy and Active Aging for Sustainable Growth: A Regional Approach to Promoting Innovative Long-Term Care. Ho Chi Minh City, Viet Nam, 15 August 2017. Forthcoming.

and surgery, and higher hospital readmission rates.[30] A "nutritional transition", that is, a shift in dietary patterns, has been underway. With globalization, industrialization and urbanization, diets are becoming higher in fats, animal products, and refined foods and lower in fibre, contributing to rapidly increasing prevalence of obesity and nutritional disorders which affect older persons more as they have been accustomed to more natural foods.[31] Nutritional standards are generally better in rural areas. Nutritional assessment is important to identify and treat patients at risk. Management of nutritional problems requires a holistic approach including treatment of underlying causes such as chronic illness, depression and social isolation which is higher among older persons. Proper nutrition is essential for healthy and active ageing. Health policies should include provisions for addressing nutrition-related issues and the promotion of healthy diets and physical activity throughout the life-course.

Bhutan is encouraging healthy lifestyles, including physical activity, to help stem the increase in diabetes which results from inappropriate diet and inadequate exercise, with increased incidence associated with the ageing process. In 2000, approximately 35,000 persons were diagnosed with diabetes. By 2030 that number is expected to increase more than threefold.[32]

Older persons in Xi'an, China

30 T. Ahmed and N. Haboubi (2010). "Assessment and Management of Nutrition in Older People and Its Importance to Health". *Clinical Interventions in Aging*. Vol. 5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2920201/

31 K. L. Tucker and S. Buranpin (2001). "Nutrition and Aging in Developing Countries", *The Journal of Nutrition*. Vol. 131, No. 9. http://jn.nutrition.org/content/131/9/2417S.full

32 World Health Organization, Regional Office for South-East Asia (2016). *Squaring Up to Diabetes: How Bhutan is Confronting an Emerging Epidemic*. Success Stories 2016. http://www.searo.who.int/making-a-difference/en/

5.2 Health Insurance Coverage

Health protection takes on greater significance in old age as medical expenses increase. A reduction in the burden of health expenditures can make a significant contribution towards alleviating poverty in old age. Almost all countries in the Asia-Pacific Region have sought to ensure provision of adequate health coverage for the entire population to varying degrees of success. To finance health care for all, governments have relied mostly on a combination of general revenue (taxation); social health insurance, private health insurance; and cost-sharing. In all countries there is a budgetary allocation for the health sector which finances public health services. These services are usually available free or on a cost-sharing basis depending on the patient's income. The adequacy and quality of services varies widely across countries.

Health insurance for older persons has generally been linked to the pension system. In addition, private health insurance schemes are being increasingly introduced for purchase by those who can afford the premiums. In most countries, government and formal sector employees are covered by contributory health insurance. In almost all countries, for example, India, Myanmar, Pakistan and Thailand, terms of service of public servants include health benefits which extend into old age following retirement. The coverage is usually financed partially by mandatory employee contributions. Most countries have mandatory social health insurance schemes for formal service employees which are based on employee-employer contributions. A percentage of the payroll is deducted from employees and an equal or higher contribution is made by employers. This has been the practice in, for example, Indonesia, the Philippines and Viet Nam.

Experience with health insurance coverage for the informal sector and the rest of the population has been problematic in most countries. The main hurdles have been difficulties in the collection of premiums on a regular basis. Attempts to cover certain groups, such as informal workers, have met with very limited success. In the Pacific Island countries, covering social health insurance by means of a pre-payment system has implementation problems because the formal workforce and the tax base are small in most countries and because difficulties in collecting health insurance fees are compounded by the fact that the population is widely spread over several small islands.

Overall, in the Asia-Pacific Region, social health insurance remains an exception. However, universal health coverage is guaranteed by all governments, though often not fully implemented. The quality of services provided also leaves much to be desired, particularly in lower-income countries. Most countries are unlikely to be able to finance universal quality health services from the budget. The growing proportion of older persons in the population can be expected to add to the costs of health care. However, it should be pointed out, that most expensive health expenditures usually occur towards the end of life and are not due simply to general ageing. The long-term objective should be to harmonize all prepayment measures, health insurance schemes and cost-sharing with universal and equal coverage. Special attention should be focused on financial risk protection for older persons through user fee exemptions and adequate levels of subsidy.

5.3 Training of Health-Care Workers

The rapid pace of population ageing in the region calls for a well-trained and qualified cadre of health-care workers to meet the growing demands for health-care services and long-term care. This includes not only training of geriatric specialists but also physicians, nurses and caregivers to recognize the diverse health issues of the elderly population and to competently address them in an age-friendly manner.

Countries in the Asia-Pacific Region have therefore aimed at ensuring an adequate supply of trained professionals. Many countries have included human resource training and development in their policies and plans. Such policies have included the establishment of geriatric institutes, research, strengthening decision-making concerning health care for the elderly, the introduction of standards and qualifications for professional nurses for the aged and the mainstreaming of geriatric care into the medical syllabus, and promotion of

information on care for older people. The Bangladesh National Policy on Older Persons 2014 and the Pakistan Senior Citizens Act 2014 both include measures to introduce geriatric care into the medical syllabus. In the Philippines, policy seeks to establish a geriatrics ward in every government and private hospital and expand coverage and improve accessibility and affordability of social and health care to the majority of indigent senior citizens.

A recent high-level meeting of the Asia-Pacific Economic Cooperation (APEC) recognized the need for a regional approach to capacity development of care workers noting the importance of standardization and harmonization of qualifications to facilitate cross-border movement and circulation of the care workforce within the Asia-Pacific Region, minimizing the effects of brain drain and capitalizing on brain gain. The meeting also called for promoting social recognition of care workers, ensuring opportunities for career development, and protecting the human and labour rights of migrant care workers. Indonesia, Japan, Sri Lanka, the Philippines and Viet Nam are working towards training of elderly care workers, including addressing language barriers and developing Information Technology (IT) knowledge.[33]

5.4 Policy Initiatives to Advance Health and Well-Being into Old Age

Most countries listed in Table 6 have policies addressing older people and health, mostly within the context of health for all. However, specific health-related issues of older persons are addressed in all national plans on ageing in the Asia-Pacific Region. Some countries, such as Cambodia, India, Malaysia, Nepal and Viet Nam, have exclusive policies and plans addressing health issues of the older population.

Non-communicable diseases (NCDs) are addressed within health policies in all countries. In some countries, policies relating to NCDs specifically target older persons while in others the older population is covered as part of the total population. Cambodia's National Policy on the Health Care for Elderly and Disabled People seeks to prevent and treat critical illnesses, such as high blood pressure, heart disease, diabetes and respiratory disease and has provisions for a regular 6-month check-up for the elderly to detect NCDs. In Fiji, the National Development Plan 2007-11 includes plans for a Public Health Division to strengthen implementation of health promotion activities and intervention strategies that specifically target at-risk populations, including older persons, for developing major NCDs. Myanmar's National Health Plan 2011-16 prioritises the prevention, control and care of non-communicable diseases and conditions among all population groups, of which older persons are expected to comprise a larger percentage given the higher incidence of NCDs in old age. It also aims to improve health for mothers, neonates, children, adolescents and the elderly as part of a life-cycle approach.

Almost all countries in the Asia-Pacific Region have some form of policy addressing older people and their access to health care specifically. Policies include provision of dedicated facilities for the elderly, special or preferential treatment, reduced or waived costs for health care, and special programmes providing medical care to all or certain groups of older people. In Viet Nam, the Law on the Elderly 2009/10 and the Law on Health Protection for Citizens include priority treatment for older people. In Nepal, the Senior Citizens Act 2006 states that organizations providing health services must give priority to seniors and concessions of at least 50 per cent on their treatment. In addressing the treatment of older people in health services, a number of countries have also considered access to mainstream facilities, emphasizing the necessity for the needs of older people to be integrated into all health sector planning and programming. Thailand aims to develop and promote quality and efficient health security for all elderly persons, while ensuring their access to health services. Thailand's complementary Strategy for Development of Long Term Care System for Dependent Older People

33 Japan Center for International Exchange (2017). Report of the Multistakeholder Forum on Investing in Healthy and Active Aging for Sustainable Growth: A Regional Approach to Promoting Innovative Long-Term Care. Ho Chi Minh City, Viet Nam, 15 August 2017. Forthcoming.

(2014) aims to support families and communities in providing proper care to frail and dependent older people. A number of countries are considering initiatives to provide physical access to health care, including home visits and mobile health units. Health care access in remote areas is given particular attention in, for example, Bangladesh, Cambodia, China, Mongolia and Nepal. In the very few countries which have no specific policy for addressing older persons' health needs, the elderly are covered under population-wide programmes. Countries have facilities for the prevention and treatment of communicable diseases, however, the quality of these services varies widely depending on the economic situation of the country.

Policy initiatives addressing the mental health of the older population are less common in the Asia-Pacific Region. Ten of the countries in the survey with national plans on ageing address the mental health needs of the elderly. Policy documents in only nine countries include references to dementia or Alzheimer's disease. Others focus on addressing the general mental health and well-being of older people. For example, Fiji's National Policy on Ageing 2011–15 aims to review training programmes for health professionals, including those working in psychiatric services.

All countries listed in Table 6 have some form of policy for people with disabilities. However, while some countries have established laws, policies and action plans for people with disabilities, others have only signed or ratified the United Nations Convention on the Rights of Persons with Disabilities or have a single piece of legislation on disability. For example, while Fiji has only signed the Convention, in Laos, the Decree on the Rights of Persons with Disabilities (2007) provides special benefits for the disabled. These include free implantation of prostheses, benefits towards construction of a house, an allocated piece of land for family economic development; some receive a salary and invalidity benefit including the provision of an income-producing job. In some countries, policies on disability have more often focused only on children or people of working age, failing to include older people specifically. In countries where national plans on ageing address disability, this is detailed according to thematic area, for example, in care and support or in housing and the living environment.

The treatment of nutrition has been incorporated in policy documents in only a few countries. Only 10 out of 18 countries with national plans on ageing address nutrition needs of the elderly and 15 of all countries listed in Table 6 have policies explicitly addressing older people's nutrition. References to the importance of nutrition for healthy ageing most often include the provision of education and information on nutrition for older people. The Cook Islands Policy on Ageing 2012-17 mentions the importance of nutrition in promoting healthy lifestyles. Nepal's National Nutrition Policy and Strategy 2008 includes older persons as a key vulnerable group.

Older women at the older people's club monthly meeting in Vietnam.

6. Ensuring Enabling and Supportive Environments

MIPAA's third priority direction stresses the importance of ensuring enabling and supportive environments for older persons to age with dignity, to feel wanted and to continue to be active members of society. An enabling environment includes all those conditions that are needed to facilitate active participation of older persons in family, community, social, economic and political activities with freedom and dignity. Even older persons who are financially secure and in good health could be inhibited from fully participating in development due to an inappropriate environment, such as age discrimination, elder abuse, unfriendly surroundings and/or adverse family, social or political attitudes. They may not have housing that allows them to move easily within their homes or in and out without risking injury from a fall. They may not be mobile because of a lack of transport or fear of walking outside due to unsafe roads or poor lighting conditions. It could also be that their caregivers do not allow them the freedom to make their own decisions. Moreover, they may fear being the target of negative stereotypes and myths. A supportive and enabling environment is essential for older persons to be able to participate in all activities they wish to pursue.

MIPAA promotes the idea of ageing in place in the community with due regard to individual preferences. Recognizing that good housing can promote good health and well-being of older persons, MIPAA urges the creation of an enabling environment with affordable housing options with age-friendly and accessible design and easy access to transportation and basic social services, including health care. Such an environment should also have easy and safe access to public buildings and spaces to encourage independence, active ageing and participation in the community. Since transport is often problematic in rural areas while in developed urban areas, it is often designed for young families who have their own means of travel, older persons should also have accessible and affordable means of transportation.[34]

Besides stressing the importance of addressing the housing and living environment needs of older persons, MIPAA also calls for the provision of a continuum of care and services for older persons and support for caregivers, including support for older caregivers, especially older women who often raise grandchildren or care for elderly spouses or relatives. It calls for the elimination of all forms of neglect, abuse and violence directed at older persons and the creation of support services to address elder abuse. Recognizing the importance of images of ageing, MIPAA encourages the promotion of positive

34 United Nations (2003). *Political Declaration and Madrid International Plan of Action on Ageing.*

images of ageing and recognition of the wisdom, experience, resourcefulness as well as the many contributions of older persons.[35]

6.1 Prerequisites of an Enabling Environment

The key elements of an environment which enables full participation of older persons in development can be grouped as:

1. Appropriate housing;
2. Ageing in place;
3. Adequate quality care;
4. Safeguards against age discrimination and abuse; and
5. Social networking.

Housing and the surrounding environment are particularly important for older persons, including factors such as comfort, accessibility, safety and the emotional and psychological security of a home. For some older persons, living with younger family members is ideal provided they receive adequate care and attention as well as respect. Within the home, they should also have privacy.

Ageing in place should be considered the most preferable. Ageing in place does not necessarily mean continuing to live in the same place during old age as in younger days. Nor does it mean living with family members or relatives. It is a situation in which persons are able to live where they choose safely and independently in old age. "Independently" does not mean "on their own" but being able to make their own decisions, particularly with respect to participating in activities outside the home. For "ageing in place" appropriate housing is a prerequisite. Equally important are transport facilities as well as safe infrastructure such as roads, walkways and communications systems. New technologies and innovations not only facilitate ageing in place but can make older persons more independent. Mobile phones can add to the confidence of older persons who know that they can call for help when in need.

Many older persons need more care and support as they advance in age or suffer from a disability or a debilitating illness. Care may be provided by family members or professional caregivers. It is essential that professional caregivers be properly trained in care services. Family members who have older relatives to care for should also be provided basic training in how to provide care to older persons and be sensitive to their needs and emotions. Informal caregivers also need other forms of assistance, including financial assistance, flexible working arrangements and day care centres to relieve the burden of caregiving.

Age discrimination is extremely demeaning for older persons. It is also a human rights issue. Discrimination against and marginalization because of age is quite common and may result in discouraging older persons from participating in activities and realizing their full potential. A number of countries have enacted laws against age discrimination, but latent discrimination which older persons may feel is difficult to detect and prove. An extreme manifestation of discriminatory treatment is elder abuse. This is defined as physical, verbal, emotional or financial abuse of older persons. Such abuse may be perpetrated by someone responsible for providing care and support. It may be a professional caregiver such as a nurse or a younger family member, even offspring. Elder abuse is on the increase as the average number of older persons to be cared for by younger persons increases. Unfortunately, elder abuse remains largely unreported due to family shame and also because older persons fear reprisals for reporting abuse to outsiders. Health professionals and social workers should be trained to detect and report elder abuse. Older persons themselves should be encouraged to speak out when abused. It is also important that caregivers be properly trained and provided relief from incurring stress which may be triggering abusive behaviour.

Social networking can contribute immensely to healthy and active ageing. It helps to remove the isolation and loneliness felt by many older persons. Although many care services must be delivered in person, the expansion of information technologies such as mobile phones and internet access has helped ease the isolation of many older people and allowed them to maintain more regular contact with family members who live far away.

35 United Nations (2003). *Political Declaration and Madrid International Plan of Action on Ageing.*

Older People's Associations (OPAs) are found in almost all countries in the Asia-Pacific Region. Though they have existed for quite some time, there has been a significant increase since the Madrid Second World Assembly on Ageing. These Associations provide older persons with an opportunity to interact with each other and participate in various social activities on a daily basis. The OPAs help older persons share experiences and assist each other in various ways. The OPAs also provide a channel for older persons to convey their concerns to government about the problems they face. In turn, the OPAs serve as a means whereby the government can convey to older persons details of plans and programmes that affect them. In Cambodia, OPAs promoted by the government with support from HelpAge Cambodia now exist in different forms across the country. China has a network of about 400,000 OPAs which could be increasingly used to support older people. In a number of other countries including Iran, Malaysia, Myanmar, Pakistan, the Philippines, Thailand and Viet Nam, there are OPAs spread out across the country. They are known by various names such as Older Persons Self-Help Groups (OPSHGs) in Myanmar, Senior Citizens Clubs in Thailand, and Intergenerational Self Help Clubs in Viet Nam, whose expansion was recently endorsed by the government as part of national policy. In Thailand, more than 25 per cent of older persons are members of a Senior Citizen Club.

One of the activities of the OPAs are older citizen monitoring of implementation of policies and services affecting their lives, and using evidence they gather to advocate for change at local, national and international levels. For example, in Bangladesh, older citizen monitoring groups in six districts across the country improved transparency in the allocation of social allowances at the community level, helped more women take on leadership positions in citizen monitoring groups, and contributed to an increase in the budget for the Old Age Allowance. In Pakistan, following outbreaks of violence in 2013 and 2014, monitoring, referral and advocacy groups of older persons and people with disabilities from both displaced populations and their host communities collected sex- and age-disaggregated data and used them for lobbying humanitarian organizations to include older people's needs in emergency response.[36]

The Age Demands Action (ADA) campaigns conducted by HelpAge International are another vehicle for giving voice to the elderly. Over the years, the campaigns have mobilized older persons to speak to government officials on their own behalf and to demand action to improve their quality of life. The campaigns have delivered tangible benefits to older people by producing policy change or starting the process of policy review in a number of countries, giving profile to older people's voices at the global level through video interviews and giving older people confidence to engage in policy dialogue with their governments. For example, in Fiji, Age Demands Action delegates were permitted to meet in person with a government minister for the first time. Following this meeting, the Fiji Cabinet approved the drafting of a national policy on ageing, and the HelpAge Global Network partner was invited to contribute to this drafting process. In Nepal, the President agreed to raise the issue of older people's rights in the drafting of the new constitution of the country. The Philippine parliament approved the introduction of a social pension in the country, the culmination of many years of ADA lobbying. Some countries conduct Age Demands Action on Health campaigns on 7 April (World Health Day) and Age Demands Action on Rights campaigns on June 15 (World Elder Abuse Day).[37]

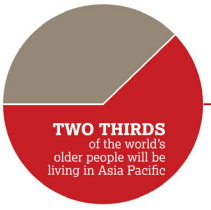
6.2 Policy Initiatives for the Provision of an Enabling Environment

All countries listed in Table 6, with the exception of the Solomon Islands, have policies addressing enabling and supportive environments. However, the extent to which policies have addressed the key elements of an enabling environment has varied widely. While some countries have only an outline providing some sort of care to vulnerable older people, or plans regarding accessibility to public transport, others have policies covering housing, support for caregivers, age discrimination and elder abuse.

36 Alice Livingstone et. al. (2016). *Older citizen monitoring: Achievements and Learning.* HelpAge International.
37 HelpAge International (2016). *Ageing in South Asia: Putting Older People First.*

Older people's associations
Improving the lives of older people in Asia

HelpAge International



By 2050

1.26 billion older people in Asia Pacific[1]

Around **53%** of older people in Asia Pacific do not receive any pension[2]

Source: 1. UN Economic and Social Commission for Asia and the Pacific (UNESCAP), 2. ILO, World Social Protection Report 2014/15

Older people's associations (OPAs) are **sustainable**, **self managed**, **multifunctional**, community-led organisations which aim to enhance **equitable** and **inclusive** local development.

over **1700** multifunctional OPAs by 2015

in **11** countries

with around **60000** members

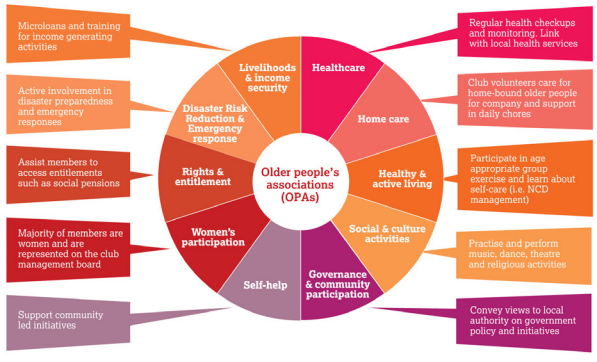
50-60 members per OPA

Club composition
- Older men and women
- Poor or disadvantaged
- "Near old"

Members provide on-going support to vulnerable persons in the community

Multifunctional Associations

OPAs address many interrelated topics, with activities adapted to the local context



● Create synergies between activities ● Meet the real needs of people ● Adapt to local context ● Inclusive ● OPAs become relevant actors in local development

Sustainable OPAs

How it works

INCOME

Membership fees + Interest from loans + Donations + Social enterprise

EXPENDITURE

Increased micro-credit loans | Activities for members | Fund raising | Running costs

Experience shows that after TWO YEARS OPAs become sustainable

Support a village to support themselves

$5,000 per year, for two years, allows the creation of a multifunctional OPA that can become self-sustainable and relevant in the development of its community.

What members say

"I feel lucky and happy to be a member of the OPA. The livelihood support has helped me regain my integrity as a person. I am active and have many things to do"
Gloria Bacani, Philippines

"The loan is the greatest benefit I get from the club, because it helps my family and home. I also get training and access to new techniques"
Sam Thi Long, Vietnam

"I received a loan to start a business selling Khmer noodles. Before I had difficulty buying food and medicine. Now I am less afraid of not having enough money in the future."
Sim Lon, Cambodia

HelpAge International, Asia Pacific Regional Office
6 soi 17, Nimmanhemin Road, Suthep, Muang, Chiang Mai 50200, Thailand
Tel: +66 53 225 440 Fax: +66 53 225 441 hai@helpageasia.org

HelpAgeAPRO @HelpAgeAPRO
www.helpage.org, www.AgeingAsia.org

Source: HelpAge International: http://www.helpage.org/resources/posters/

A number of countries have policies regarding housing. India's National Policy for Older People aims at increasing housing for certain income segments, with 10 per cent of this earmarked for older persons. In Sri Lanka, the Senior Citizens Charter and Policy 2006 commits to provide loans and incentives for home adaptations and to encourage construction of parental annexes. A number of other countries, for example, Cambodia, the Philippines and Thailand, also address housing and the living environment.

Many countries have policies addressing age-friendly environments to promote ageing in place. In China, policy includes design codes for roads, buildings, and other public places; criteria to expand accessible buildings and services and the promotion of barrier-free homes and communities. India and Thailand provide loan schemes and/or tax incentives to encourage the construction or modification of housing and public facilities accessible by the elderly. In Malaysia, the National Housing Policy 2011 and the National Policy for the Elderly aim to create age-friendly, barrier-free environments. In Bangladesh, the National Policy for Older Persons 2014 aims to increase existing facilities and system in public transport for older persons and make them age-friendly. Almost all countries have provisions for discounted fares and priority seating for older persons on public transportation systems.

Almost all countries in the Asia-Pacific Region have policies on care and support for caregivers. Some countries, such as China, India, Nepal, Sri Lanka and Viet Nam, have legislation mandating the care of older people by family members. In other countries, policies encourage the caregiving role of the family through various means, such as, tax incentives in India, Malaysia and the Philippines; counselling services in Iran, India and Sri Lanka and education and training for informal carers and care professionals as in Fiji, Democratic People's Republic of Korea, Myanmar, Viet Nam, China, India, Iran and Sri Lanka. Fiji explicitly addresses support for older women caregivers.

Most countries have policies addressing age discrimination and elder abuse. National constitutions of most countries provide protection against age discrimination not just for older persons, but for persons of all ages. However, age discrimination is seldom discussed explicitly within sectoral policies, such as health, social protection, work and labour or housing and the living environment. A number of countries have legal provisions to protect older persons against neglect, abuse and violence. The Philippines' National Action Plan for Senior Citizens 2006–2010 prioritises the protection and enhancement of the rights of senior citizens to human dignity, to the reduction of social, economic and political inequalities and to the removal of cultural inequities. In its National Policy on Older Persons 2014, Bangladesh aims for a life for older persons that is free of social discrimination and abuse, ensuring access to educational, cultural, religious, moral and entertaining social activities. Viet Nam's Elderly Law 2009 and Sri Lanka's National Senior Citizens Charter and Policy 2006 include provisions related to preventing discrimination, abuse, neglect and violence against older people.

Relatives at the airport in Western Province, Solomon Islands

7. Availability of Data[38]

Evidence-based policy formulation is crucial for addressing ageing-related issues. Data are essential to have insight into, inter alia, health status and health care, employment, financial resources, elder abuse, living arrangements and the role of family support for older persons. Without an adequate data infrastructure, it is difficult or impossible to monitor the quality of life, key changes in health and economic status and other important variables as people age. Such data are essential for policymakers to formulate evidence-based policies to address the situation of older persons as it changes over time. Time-series data are essential for monitoring the impact of policy implementation.

During the last ten to fifteen years, there have been increasing endeavours at international, national and local levels in the Asia-Pacific Region to collect information specifically related to older persons through reasonably representative surveys of the older-age population. Since the turn of the century, such surveys have been held in Bangladesh, Cambodia, China, India, Indonesia, the Maldives, Myanmar, the Philippines, Thailand and Viet Nam. Of these 10 countries, seven have had one survey while India has had two. China and Thailand have conducted multiple surveys. These surveys tend to be broadly comprehensive covering a wide range of aspects or at least comprehensive of particularly the health status. In addition to these specialized surveys, there are other sources that do not specifically collect data on the older population, but can be useful in providing information about older persons. National censuses, for example, have information about persons of all ages including the elderly. Similarly, other sources, such as labour surveys, Demographic and Health Surveys (DHS), income and expenditure surveys and morbidity and mortality statistics providing age- and sex-disaggregated data, can be used to study various characteristics of the older population.

Gaps in data on population ageing and older persons vary across countries in the region. A recent report by HelpAge International for UNFPA found that more than half of the countries did not have a survey specifically for collecting information on older persons. Collection of qualitative data on ageing and older persons has been lacking. One notable exception is the UNFPA/HelpAge International publication, Ageing in the Twenty-First Century: A Celebration and A Challenge, which devoted an entire chapter to the voices of older persons based on consultations with 1,300 older men and women in 36 countries around the world. The opinion of older persons through such consultations and focus group discussions reveals a wealth of information about the elderly, their quality of life and their hopes and fears.

A number of steps can be taken to improve data availability: comprehensive surveys of older persons should be conducted even in countries where population ageing is not yet of major economic and social concern; thematic reports that are typically issued following a census should routinely cover the characteristics and situation of older persons; public use samples of census data should be made widely available to permit customized analyses of the older population; Demographic and Health Surveys should add a short module concerning the health of older persons; existing longitudinal surveys not specifically designed to study ageing should be expanded to cover issues pertaining to older persons; and gender analysis should highlight the greater vulnerability of women in old age.

38 Bussarawan Teerawichitchainan and John Knodel (2015). *Data Mapping on Ageing in Asia and the Pacific.* HelpAge International, East Asia and Pacific Regional Office.
39 Bussarawan Teerawichitchainan and John Knodel (2015). *Data Mapping on Ageing in Asia and the Pacific.* HelpAge International, East Asia and Pacific Regional Office.
40 United Nations Population Fund and HelpAge International (2012). *Ageing in the Twenty-First Century: A Celebration and A Challenge.*

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Older woman working in communal garden in West Leyte, the Philippines

8. Key Issues and Recommendations

Countries across the Asia-Pacific Region have been faithful to their endorsement of the Madrid International Plan of Action on Ageing by following its guidelines in the formulation of polices to address key issues emanating from rapid population ageing. While a lot of progress has been made in various countries, in different degrees, much still remains to be done since ageing is projected to progress at an accelerating rate.

Older persons are particularly concerned with financial security, the fear of falling into poverty in old age, affordability and accessibility of health care and medicines, affordable and suitable housing, age discrimination, loneliness and the feeling of being useless and unwanted.

Evidence-based policies that are adequately funded are urgently needed to effectively address population ageing and to improve the quality of life of older persons throughout the region. Government alone cannot be expected to tackle ageing-related issues. The private sector, non-governmental organizations (NGOs), community-based organizations (CBOs), employers and labour unions, and above all, older persons themselves need to work towards addressing these issues. Two elements are crucial: the input of older persons on the prioritization of the issues and data for in-depth understanding of the issues.

In addition to specific policies to address the needs of older persons, some fundamental shifts in attitudes and approaches are required, particularly in societies that are ageing rapidly. National policies often pay attention to older persons, but fail to see the broader social and economic implications of population ageing on the entire society. While older persons often indeed need assistance, there is a tendency to think of the elderly as simply another vulnerable group. As older people become an ever larger share of the population, countries need to ensure that the elderly can increasingly be a resource to society and the economy.

Increased longevity is cause for celebration. What is needed is to harness the potential of this growing segment of the population and to facilitate and encourage its contributions to families, communities and societies.

Priorities will vary substantially in each country depending on its pace of ageing. Some broad recommendations include:

- Accept the inevitability of population ageing and work to change stereotypes and societal attitudes towards ageing and older persons.
- Incorporate population ageing into broader national

social and economic policies and plans, including gender policies, rather than simply focusing on policies on older persons.

- Ensure that ministries and offices addressing ageing issues are adequately staffed and funded.
- Ensure representation of older persons in decision making in all issues that directly affect them.
- Raise awareness of elderly rights and entitlements as well as laws and policies among older persons, their service providers and elected representatives.
- Recruit older citizen monitors from older people's associations to serve as watchdogs.
- Put in place comprehensive policy frameworks on ageing that call for wider participation of older people and their expanded access to services and security. Assess the extent to which these policies are implemented and funded in the region.
- Work to end age discrimination and elder abuse and ensure the human rights of older persons. Put an end to harmful traditional practices against older persons, especially older women.
- Ensure that older women are empowered to live with dignity, equality, gender equity and free from gender based violence and all other forms of violence, with rights to land ownership, property, inheritance and access to credit.
- Address barriers to work in old age, including discrimination, inflexible retirement arrangements, and a lack of access to credit and training. Provide incentives for hiring older persons for as long as they are able and willing to work.
- Expand the coverage and adequacy of social security and social protection in old age, ideally through the adoption of social protection floors. This should include a pillar of a non-contributory social pension to address enduring gaps in formal pension coverage.
- Reorient health systems to deal with an ageing population, with an emphasis on prevention of non-communicable diseases and disability throughout the life course, extension of functionality in later life, and affordable access to health-care and social services.
- Expand assistance for long-term care support, incorporating community-based solutions to facilitate ageing in place and avoiding over-reliance on institutional care. Support informal family caregivers.
- Adapt public infrastructure to improve access and encourage active ageing.
- Promote lifelong learning and encourage volunteering and active participation of older persons in community life.
- Support community-based services and organisations led by older people as a channel for wider participation, reduced isolation and practical community assistance.
- Understand and address the age-specific needs of older people in humanitarian and climate change response. Do not view older people only as a vulnerable group in disasters but utilize them as an important resource for the community.
- Gather quantitative and qualitative age- and sex-disaggregated data and conduct research on older persons, ensuring that the voices of older persons are heard.
- Ensure that older people are not forgotten in the pledge to leave no one behind under the Sustainable Development Goals.
- Encourage international organizations and NGOs such as the UNFPA, WHO, UNWomen, ILO, the World Bank, and HelpAge International to collaborate with all stakeholders in the region in the planning and implementation of policies and programmes to improve the quality of life of older persons.

Governments should focus on:

- Mainstreaming ageing and the concerns of older persons into national development frameworks and poverty reduction strategies
- Formulating national policies on ageing
- Implementing programmes to address the needs of older persons
- Ensuring adequate funding for policy and programme implementation
- Supporting informal caregivers
- Ending elder abuse and discrimination and ensuring the human rights of older persons

The United Nations Agencies, Funds and Programmes should focus on:

- Bringing the Madrid Plan to the local level
- Advocating for the mainstreaming of ageing in development agendas and poverty reduction strategies
- Integrating ageing into their own UN programmes and projects
- Facilitating policy dialogue on meeting priority needs of older persons
- Strengthening inter-agency collaboration on population ageing issues
- Engaging in dialogue with civil society and the private sector
- Supporting research and data collection efforts
- Exchanging experiences and best practices

Civil Society/NGOs/the Private Sector should focus on:

- Serving as watch-dogs for implementation
- Advocating/lobbying for addressing the needs of older persons
- Reaching older persons at the grass-roots level
- Serving as national advisory and coordinating mechanisms on ageing
- Supporting older people's initiatives
- Setting up networks of older person's self-help groups
- Setting up caregiver support groups
- Identifying local and community resources
- Dispelling stereotypes and negative attitudes
- Supporting innovations in elderly care
- Exchanging best practices
- Mobilizing financial resources

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