PAPERS IN POPULATION AGEING 1

Population Ageing in East and South-East Asia:
Current Situation and Emerging Challenges

UNFPA

UNFPA Country Technical Services Team
for East and South-East Asia
Bangkok, Thailand

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

"The issues of ageing must be at the centre of the global development agenda. Today, the elderly are the world's fastest-growing population group, and among the poorest. One person in ten is 60 years or older, but by 2050, the rate will be one person in five. We must meet the needs of the older persons who are alive today and plan ahead to meet the needs of the elderly tomorrow. In the developing world, there are almost 400 million people over age 60, the majority of whom are women, and this figure is expected to rise dramatically in the coming decade".

UNFPA Executive Director Ms. Thoraya Obaid's address to the Second World Assembly on Ageing in Madrid in 2002

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Papers in Population Ageing No.1

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UNFPA Country Technical Services Team for East and South-East Asia, Bangkok, Thailand, July 2006

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Foreword

Population ageing was first raised as an issue of world concern in 1969 by the Government of Malta which appealed for inclusion of this issue as a supplementary item of the agenda of the 24th Session of the UN General Assembly. The General Assembly adopted a resolution in support of population ageing. In 1982, the first World Assembly on Ageing was held in Vienna, leading to the Vienna International Plan of Action on Ageing, focusing on the specific needs of older persons and the socio-economic implications of ageing in the more developed countries. In December 1990, the General Assembly designated 1st October as the Day of the Older Persons and in 1991 adopted the UN Principles for Older Persons. Subsequently, it declared 1999 as International Year of Older Persons (IYOP). The theme of the IYOP – ***Towards A Society For All Ages*** – highlighted the need for inclusion of older persons in the policy-making process.

During the 1990s, population ageing began to emerge as a significant concern in many developing countries as well, as a natural consequence of rapidly declining fertility and increasing longevity. This trend is more pronounced in East and South-East Asia. Accordingly, the Second World Assembly on Ageing in Madrid in 2002 adopted a Plan of Action on Ageing focussing on strategies to address population ageing. The theme of the Second Assembly was ***Building A Society For All Ages***.

In line with this Plan of Action, many countries in the East and South-East Asia have introduced policies and programmes to enhance the welfare of older persons. The United Nations has now planned to hold Madrid Plus Five in 2007 to review progress in the implementation of the Plan of Action. To facilitate this review for the East and South-East Asia Region, UNFPA CST in Bangkok has taken the initiative of launching a series of publications, ***Papers in Population Ageing***, starting with this overview of population ageing at the regional and national level. The theme of this series will be ***Promoting A Society For All Ages***. The series will consist of individual detailed country situation and more in-depth regional level analysis of key aspects of population ageing. We plan to cover our host country Thailand in the next issue under the series.

This Report describes the current situation of population ageing, its causes and consequences and implications at the policy, programme and community level. It discusses the role UNFPA has played and how this can be expanded to assist countries in dealing with population ageing. The Report also includes recommendations for future actions. The Report has benefited substantially from the valuable inputs from UNFPA Country Offices in the region.

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G. Giridhar
Director CST-Bangkok and
UNFPA Representative in Thailand

Acronyms

BKKBN	Badan Koordinasi Keluarga Berencana Nasional (Indonesian Population and Family Information Network)
CMDGs	Cambodia Millennium Development Goals
CNCA	China National Committee on Ageing
CP	Country Programme
CPF	Central Provident Fund (Singapore)
DPRK	Democratic People's Republic of Korea
DSWD	The Department of Social Welfare and Development (Philippines)
ESCAP	Economic and Social Commission for Asia and the Pacific
ESEAR	East and South-East Asia Region
FY	Fiscal Year
HDB	The Housing and Development Board (Singapore)
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
IG	Institute of Gerontology
LDCs	Less Developed Countries
MCDYS	Ministry of Community Development, Youth and Sports (Singapore)
MDCs	More Developed Countries
MIPAA	The Madrid International Plan of Action on Ageing
MOLISA	Ministry of Labour, Invalids and Social Affairs (Viet Nam)
MoSALVY	Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (Cambodia)
MPA	The Macao Plan of Action
NACFA	National Council on Family and Aged (Singapore)
NBLS	The National Basic Livelihood Security Law (Rep. of Korea)
NGOs	Non-governmental Organizations
NPDP	The National Population and Development Policy (Lao PDR)
NPE	National Policy for the Elderly (Lao PDR)
NSDP	The National Strategic Development Plan (Cambodia)
POPCOM	Commission on Population (Philippines)
SARS	Severe Acute Respiratory Syndrome
SIS	The Shanghai Implementation Strategy
TFR	Total Fertility Rate
TICA	Thailand International Development Cooperation Agency
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UPM	University Putra Malaysia
VAE	Viet Nam Association of the Elderly
WHO	World Health Organization

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Executive Summary

Introduction

During the 20th century, population ageing remained largely a phenomenon affecting the MDCs (more developed countries). It is now emerging in LDCs (less developed countries) as a serious issue with the older population, defined as those aged 60 years and over, projected to increase at unprecedented rates during the next 50 years. The impact of this demographic change is expected to be more pronounced in the LDCs than it was in the MDCs because LDCs are faced with significantly higher rates of population ageing at much lower levels of socio-economic development. The rates of increase in older population are expected to be among the highest in the countries of the East and South-East Asia Region (ESEAR).

1. Population ageing

During 2000-2050, World's population of older persons is going to more than triple, reaching almost 2 billion in 2050, comprising more than 20 per cent of total population. With a higher rate of increase in the LDCs, their share in the World's older population will increase from 8 to 19 per cent. One-third of the World's older population will continue to be in the ESEAR. Though the proportion of older population is lower in South-East Asia than in East Asia, the former is projected to age at a more rapid rate during the next five decades.

2. Determinants of population ageing

Population ageing is the outcome of declining fertility and improving life expectancy. Between 1950 and 2000, TFR at the global level declined from 5.0 to 2.7. The decline was more pronounced in LDCs and even more so in the ESEAR. TFR declined most in East Asia: by 2000 it had fallen to less than one-third its level in 1950. Improvements in life expectancy have been greater in the LDCs. Starting from a lower base, LDCs added 23 years to average life expectancy during 1950-2000 compared to an addition of 10 years in the MDCs. The increments were higher in the ESEAR, more so in East Asia. With continued improvements in life expectancy and the TFR projected to stabilize in the MDCs while declining further in the LDCs, albeit at more modest rates, the share of LDCs in World's older population will continue to increase during 2000-2050.

3. Demographic impact of population ageing

Population ageing has a direct impact on the age structure of the population. By 2050, the Ageing Index (older persons per 100 younger persons aged 0-14 years) for World Population will, for the first time in history, exceed 100 by a small margin. The Ageing Index already exceeds 100 in the MDCs. In the LDCs the Index, now below 25, will increase to 89 in 2050. In East Asia, the Ageing Index will cross the 100 mark before 2025 while South-East Asia will reach this point nearer to 2050.

The Median Age increases as the population ages. The Median Age for World population is projected to increase by 10 years – from 26 to 36 years – during 2000-2050. The increase will be greater in LDCs reflecting the more rapid population ageing in LDCs. In East Asia and South-East Asia the Median Age is projected to increase by more than the average for the LDCs.

The upward shift in the age distribution of population resulting from population ageing is reflected in a declining Potential Support Ratio (inverse of old age dependency ratio) and an increasing Parent Support Ratio. Declines in potential support ratio indicate a shrinking support base for older persons. In both East Asia and South-

East Asia by 2050 this ratio will have declined to less than one third of its current levels. An increasing parent support ratio indicates the increasing burden of care-giving placed on those aged 50-64 years by the increasing number of persons aged 85 years and over. By 2050, the Ratio is projected to increase to more than 3 and 5 times its current levels in South-East Asia and East Asia respectively.

4. Demographic profile of the older population

Three distinct features of the changing age and sex structure and spatial distribution of the older population have a profound bearing on the resulting challenges. These are: (a) the increasing proportion of the "oldest old" (those aged 80 years and over) in the older population; (b) feminization of the older population; and (c) the greater extent of population ageing in rural areas. Nearly 20 per cent of the World's older population will be aged 80 years and over in 2050, compared to the current 11 per cent. The rate of increase in the oldest old population will be higher in the LDCs than in the MDCs. In both East Asia and South-East Asia the oldest old population will increase at high rates during 2000-2050, and the ESEAR will account for half the increase in the World's oldest old population.

Women constitute a majority of the older population and even more so of the oldest old population. A higher proportion of older women than older men are "single", that is unmarried, divorced or widowed. Moreover, they face a higher incidence of disability and have fewer opportunities of productive employment. Being less financially secure and having less means of care and support in illness and disability, older women are in a more vulnerable situation than older men.

The proportion of older persons is higher in rural areas. As both fertility and mortality are higher in rural areas, the rural-urban differentials in population ageing are explained by migratory flows. It is usually younger adults who move from rural to urban areas for education or employment, while some older persons prefer to return to rural areas on retirement from their urban jobs.

5. Population ageing in countries of East and South-East Asia

A review of 15 countries of the ESEAR shows that all countries will have the need to address the issue of population ageing: in some the proportion of older persons in population is already high while others are faced with high rates of increase in the older population. In four countries of the ESEAR (Japan, Republic of Korea, Singapore and China) the proportion of older persons in total population exceeded 10 in 2000. By 2050, while older persons will constitute 30 per cent or more of the population in these four countries, in all other countries too older persons will constitute more than 10 per cent of the population.

Countries with the lowest proportions of the older persons in population (Cambodia, Mongolia, Philippines and Timor-Leste) are projected to have the highest rates of increase in older population during 2000-2050. Countries with a low percentage of older persons should therefore not be complacent towards the issue of population ageing.

In all countries the proportion of the oldest old in the older population will continue to increase throughout 2000-2050. Moreover, in every country the proportion of females in the older and oldest old populations has been and will continue to be higher. A higher proportion of older females than males are "single", illiteracy rates are higher among older females and a lower proportion of them are gainfully employed. Population ageing in all countries is therefore more a female phenomenon and older women face more vulnerabilities. In every country the proportion of older persons is higher in the rural population.

6. Implications of population ageing

Population ageing is accompanied by an increase in demand for health services due to a higher incidence of morbidity among older persons. Moreover, the *"epidemiological transition"* (shift in the patterns of morbidity towards more costly to manage and treat chronic, degenerative and mental illnesses characterizing old age) adds to the per capita health expenditure with advancing age. As such population ageing results in an increase in

health expenditures. Since the incidence of disability too increases with age, population ageing results in greater requirements of long-term care facilities.

Changes in age-structure accompanying population ageing have reduced the support base for older persons. Though traditional family ties continue to remain strong in most of the countries, reduced family size, nuclearisation of families and migration have weakened the capability of the family to provide care for older parents/relatives. As such Governments may be faced with the challenge of ensuring appropriate living arrangements for an increasing number of older persons.

Evidence suggests that employment and transfer payments from relatives are the two major sources of financial support for older persons. However, with dwindling capacities of families to provide for older persons and with diminishing opportunities for work, increasing reliance will have to be placed on social security schemes the coverage of which remains at best very limited in most countries of the ESEAR. Population ageing will therefore enhance the need for improving social security coverage as well as provision of welfare benefits.

Older persons require special attention under certain circumstances which render them more vulnerable. Due to their frailty and lack of knowledge they are more at risk of contracting HIV/AIDS. Older persons, particularly women, also bear the burden of providing care and support to ailing younger adult members and to orphaned grandchildren. Older persons are also at higher risk in other epidemics as was evidenced during the outbreak of SARS. Emergencies and conflicts place older people in more vulnerable situations. Older women are more at risk of being victims of neglect and abuse in such circumstances.

The positive side of population ageing should not be lost sight of. Older persons have a potential for contributing to local and national development. They, particularly older women, make significant contribution to housework and in looking after children in the extended family. They are known to have been able to play a positive role in promoting economic development, preserving the social fabric and in maintaining or restoring harmony.

7. Policy responses to population ageing in countries of East and South-East Asia

There has been marked progress in the policy response to population ageing in countries of the ESEAR, particularly since the commemoration of the International Year of Older Persons in 1999 and the Second World Assembly on Ageing held in Madrid, Spain in April 2002. Two regional initiatives – Macao Plan of Action for Older Persons in Asia and the Pacific (1999) and Shanghai Implementation Strategy (2002) have provided added impetus and there is growing awareness of the emerging challenges of ageing even among countries the proportion of older population is still not significantly high.

Almost all the 15 countries reviewed have put in place an institutional structure for dealing with issues relating to older persons and framed some relevant policies, plans or laws. Differences exist between countries both in their perception of and response to the emerging issues depending on their individual circumstances. More industrialized countries tend to assume a higher degree of government responsibility while less urbanized and industrialized countries tend to leave elderly care to the family, charities and informal community-based channels. Welfare measures in most of the countries are still focused on the older persons living alone, having disabilities or having no assured means of income.

8. Recommendations

The Report concludes with a set of recommendations as outlined below:

(a) Governments should improve collection of data needed to provide a better understanding of population ageing and assessment of its impact. It is important to ensure that data on

older persons are collected with regular periodicity, disaggregated by age, sex, sub-national units and socio-economic characteristics.

(b) Institutional structures needed to address ageing-related issues should be put in place or/and strengthened. Capacity of relevant staff should be built to deepen their understanding of population ageing and improve their skills in collection and use of data and conducting research for policy formulation, programming and monitoring and evaluation.

(c) In all policies and programmes for older persons, special attention should be focused on the needs of women who form a majority of the older and oldest old populations. Their more vulnerable status should be taken into account in the formulation and implementation of all relevant policies and programmes. Gender mainstreaming should be a key consideration in the design of all schemes relating to older persons.

(d) Programmes for older persons should take into account the higher incidence of poverty and lack of access to services faced by the older persons in rural areas. Older persons in rural areas are in a far more vulnerable situation than their urban counterparts, particularly in terms of the declining family support due to the out-migration of young rural adults.

(e) Health policies should incorporate provisions for financially and physically accessible health care services to meet the needs of the older population. Adequate attention should be paid to equipping health facilities with medicines and equipment needed for diseases of old-age and providing the required health personnel trained in geriatrics.

(f) Governments should seek to strengthen the capacity of the family, which remains the most preferred and main source of care and support for older persons, to be able to continue providing such care and support. Policy measures, such as tax benefits, allowances, home improvement assistance, should be introduced to support and encourage families to continue their caring role.

(g) Women, who constitute the majority of care givers at the family and community levels, should be provided appropriate concessions to facilitate combining care giving and employment through measures such as time off and promoting male responsibility in the caring for older persons.

(h) For older persons who are single or in need of acute and long-term care, Governments should encourage and support community-based care (health and psycho-social) which is found to have been more cost-effective and is in line with older persons' preference for 'ageing in place'. Where necessary, Governments should make provisions for institutional care.

(i) Governments should encourage and facilitate the formation of Older People's Associations/Clubs/Activity Centres to promote active ageing by providing a forum for older persons to participate in community affairs, assert their rights and claim their entitlements from the duty bearers.

(j) Gainful employment for older persons, able and willing to work, should be encouraged and facilitated. In the informal sector, older persons should be encouraged to continue in employment through improved access to credit and provision of inputs and means of skills upgrading. In the formal sector, continuation of employment of older persons should be encouraged by raising the mandatory retirement age and providing tax rebates for employers employing older workers.

(k) Governments should increase the scope and coverage of the state pension schemes, encourage the expansion of contributory private insurance plans and provide incentives for the development of traditional/indigenous

community-based practices of ensuring social security. In addition, Governments should make adequate budgetary allocations for the provision of welfare benefits to all deserving older persons.

(l) In emergency circumstances, such as natural disasters, epidemics and conflict situations, Governments and Aid agencies should ensure that older persons are directly targeted in rescue, relief and recovery operations.

(m) Governments should ensure that issues relating to the impact of HIV/AIDS on older persons are adequately addressed.

(n) Governments should undertake to dispel the society's negative attitude towards ageing and older persons through measures such as media campaigns highlighting the contributions of older persons at the family, community and national levels. Teaching of respect for older persons and the inevitability of reaching old age to prepare younger generations to enter old age better prepared and with a positive attitude should be introduced in the curricula.

Implementation of these recommendations will call for mainstreaming population ageing into all development polices, programmes and actions.

Photo credit: CNCA & UNFPA China

Introduction

"Population ageing", defined as the increasing proportion of older persons[1] in the total population, has come to dominate the demographic scenario in most developing countries. While until the closing decades of the twentieth century population ageing was largely a phenomenon affecting the developed countries, many developing countries entered the twenty-first century faced with the prospects of substantial increments in the proportion and number of older persons. Population ageing in the developing countries is projected to progress at a much faster pace than it did in the developed countries, which "aged" more gradually.[2] Moreover, the developing countries are set to age at much lower levels of economic development than the developed countries. As a result the process of population ageing will have a far more pronounced impact in the developing countries in years to come than it did in the developed countries.[3] This paper analyses the situation of population ageing in the East and South-East Asia Region (ESEAR)[4]. It provides evidence on the fast pace of ageing and its demographic impact, throws light on the characteristics of the older population and discusses the likely implications of the situation as it evolves during the next five decades. It also reviews policy measures that governments in the Region have taken to address the emerging issues and outlines recommendations for future action.

The paper is divided into eight sections. Section 1 provides a regional perspective of population ageing in the context of the global situation, focusing on how it is projected to progress in the ESEAR until the middle of this century. Section 2 summarizes evidence on the determinants of population ageing: fertility decline and improvements in life expectancy. Section 3 discusses the demographic impact of population ageing. Section 4 highlights three characteristic features of the ageing process: ageing of the older population, its feminization and its relative rural concentration. Section 5 provides a brief assessment of the emerging situation in individual countries of the ESEAR. Various implications of population ageing are highlighted in Section 6. Section 7 reviews policy measures that Governments in selected countries of the ESEAR have taken to address the resulting challenges. Main findings and policy recommendations are summarized in Section 8.

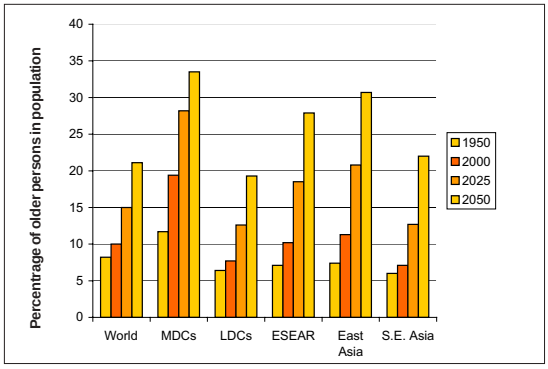
Photo credit: Nhen Sothum, UNFPA Cambodia

Overview of Population Ageing 1950-2050

Population ageing is a global phenomenon: the proportion of older persons in World population increased from 8.2 per cent in 1950 to 10 per cent in 2000. It is projected to increase to 15 per cent in 2025 and to 21 per cent by 2050. By the middle of this century one in every five persons will be "old". All countries are either experiencing population ageing or can be expected to do so over the next two decades.

As shown in Figure 1, the more developed countries (MDCs) are more aged than the less developed countries (LDCs) and will remain so through 2050.[5]

Figure 1: Population ageing, 1950-2000



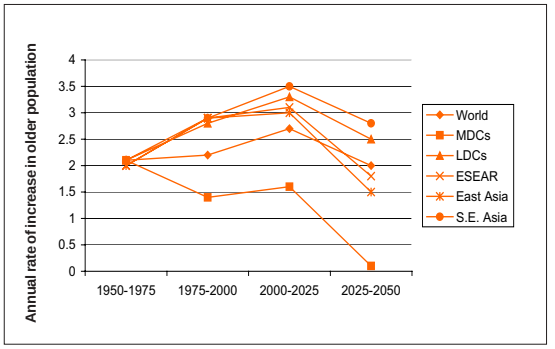
Source: Annex Table A-1

1.1 Trends in ageing: 1950-2050

However, while population in the MDCs and LDCs aged at the same rate during 1950-1975, in the former the rate declined to a much lower level during 1975-2000 (Figure 2). Population in both the MDCs and LDCs will continue to age during 2000-2050, but the pace will be much faster in the latter. Moreover, though both the MDCs and LDCs will experience a decline in the rate of population ageing during the second quarter of this century, the decline will be far more pronounced in the MDCs where the annual rate of increase in older population is projected to decline significantly.

Within the ESEAR, there are differences in the pace of ageing between East Asia (which includes the "early" agers Japan, the Republic of Korea and China) and South-East Asia. Both sub-regions aged at the same rate during 1950-2000. During 2000-2050, the rate of population ageing is going to be higher in South-East Asia and though in both sub-regions the rate will decline during 2025-2050, it will decline by much more in East Asia.

Figure 2: The Pace of ageing, 1950-2050

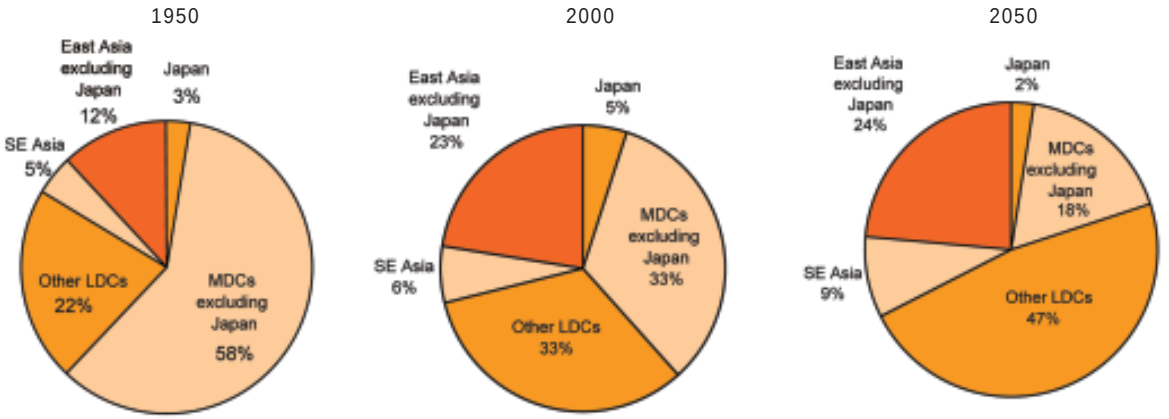


Source: Annex Table A-1

1.2 The changing global pattern of ageing

As a result of the faster pace of ageing, the distribution of the older population will gradually shift towards the LDCs (Figure 3).

Figure 3: Distribution of older population



Source: Annex Table A-1

The increasing proportions of older persons, particularly in the LDCs, assume staggering dimensions when translated into absolute numbers. The World's population of older persons tripled during 1950-2000 from about 200 to 600 million, an increase of 400 million. During the next 50 years it is expected to more than triple, reaching almost 2 billion in 2050. The increment in the older population during 2000-2050 will be 5 times that during 1950-2000. Most of the increment will be in the LDCs. These accounted for 66 per cent of the increment during 1950-2000 and this share will rise continuously during the next fifty years. LDCs will account for 81 per cent of the total increase in older population during 2000-2025 and 93 per cent during 2025-2050 (Table 1).

Table 1: Distribution of additions to the older population

Region	Percentage share in absolute increase in older population				Ratio of absolute increase in older population	
	1950-2000	2000-2050	2000-2025	2025-2050	2000-2050: 1950-2000	2025-2050: 2000-2025
World	100	100	100	100	3.4	1.3
MDCs	34.1	12.1	19.3	6.7	1.2	0.5
LDCs	65.9	87.9	80.7	93.3	4.5	1.5
ESEAR	36.2	35.5	40.0	32.1	3.4	1.1
East Asia	29.5	25.3	31.3	20.7	2.9	0.9
S.E. Asia	6.7	10.2	8.7	11.4	5.3	1.7

Source: Annex Table A-1

Moreover, while the number of older persons added in the MDCs during 2000-2050 will be only 1.2 times the additions during the preceding 50 years, the additions in the LDCs will be 4.5 times as many. With the much greater decline in the pace of ageing, the MDCs will experience during 2025-2050 an increase of only half as much in older persons as during 2000-2025. The LDCs will be faced with an increase in the elderly population during 2025-2050 greater than during 2000-2025. A continuing increase in the numbers added indicates the enormity and the novelty of the challenge LDCs will be faced with compared to the MDCs during the first half of this century.

The ESEAR accounted for one-third of the increment in the World's population of older persons during 1950-2000 and this share is expected to decline slightly during the next fifty years. However, there are significant differences between East Asia and South-East Asia. The share of East Asia in the increment in the older population will increase during 2000-2025 but then decline. South-East Asia will continue to account for an increasing proportion of the increment in the World's population of older persons. Moreover, during 2000-2050 the increase in the older population in South-East Asia will be 5 times and in East Asia 3 times what it was during 1950-2000. With the greater slowing down of the pace of population ageing in East Asia, the increase in its older population is projected to be slightly less during 2000-2050 than during 2000-2025. However, South-East Asia will experience a larger increase in the number of older persons being added during the second half of 2000-2050 than during the first half.

It is evident that during the first half of the 21st century population ageing will be far more pronounced in the LDCs. In particular, it can be seen emerging as a very significant issue in the ESEAR with the proportion of aged population as well as the number of older persons projected to increase. Within the Region, with the challenge being both larger and newer, South-East Asia will be faced with a more uphill task in dealing with the ageing situation during the next fifty years.

Photo credit: UNFPA Myanmar

Determinants of Population Ageing

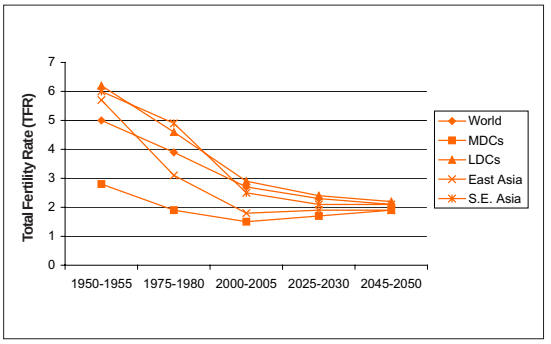
The increasing proportion of older persons in the population is the outcome of the demographic transition – the lowering of both fertility and mortality levels. Falling fertility leads to reduced number of children while lower mortality prolongs the survival of older persons. Since neither fertility nor mortality trends can be reversed at least in the foreseeable future, countries will have to adjust to and cope with the ageing of their populations.

2.1 Decline in fertility

Figure 4 depicts the decline in the total fertility rates (TFR) over the period 1950-2050.

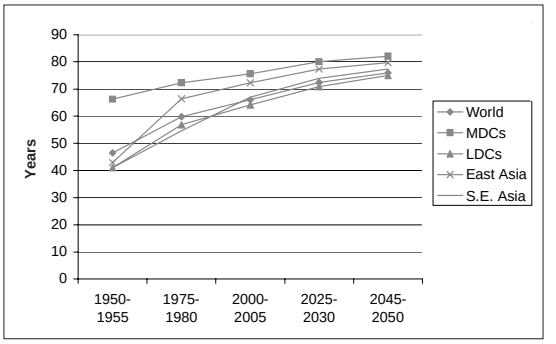
Between 1950 and 2000, TFR at the global level almost halved with a greater decline in the LDCs. During 2000-2050, while the decline in TFR is expected to continue in the LDCs, though at a slower rate, it is expected that there will be an improvement in fertility levels in the MDCs.[6] This is consistent with the variations in the pace of ageing shown in Section 1 as expected to be more rapid in the LDCs than in the MDCs. Similarly, the slight upturn expected in the TFR in East Asia during 2000-2050 would contribute to the slower rate of population ageing during that period in East Asia compared to South-East Asia, where the TFR is expected to stabilize.

Figure 4: Trends in fertility, 1950-2050



Source: Annex Table A-4

Figure 5: Life expectancy at birth, 1950-2050



Source: Annex Table A-5

2.2 Mortality decline

Trends in mortality are reflected in changes in life expectancy and the survival rate. Life expectancy at birth is the average number of years a newborn would live if age-specific mortality rates at the time of birth were to continue. The survival rate to age x years is the proportion of newborns who would reach that age if the age-specific mortality rates at the time of birth were to continue for the next x number of years. Declining mortality rates are reflected in improvements in life expectancy at birth and the survival rates.

Figure 5 depicts the consistent improvements in life expectancy at birth and the survival rate to age 60 throughout the second half of the 20th century at the global and regional levels. The improvements are projected to continue during 2000-2050, though at a slower pace.[7] This is on the basis of the assumption that further improvements become more and more limited as longevity of life increases.[8]

In 1950 average life expectancy at birth in MDCs was 66 years - 25 years more than in the LDCs. Starting from a much lower base, the LDCs were able to achieve greater improvements in life expectancy: adding 23 years by 2000 compared to an addition of less than 10 years in the MDCs. The differences are projected to further narrow by 2050. Similarly, there will be a continuous improvement in the survival rate to age 60 years (Table 2). Improvements are expected to slow down during 2025-2050. In the case of the survival rate too, the differences between the MDCs and the LDCs are projected to narrow, with East Asia coming close to the figures achieved in the MDCs. The variations indicate the expected correlation between declines in mortality and the pace of ageing as discussed in Section 1.

Table 2: Survival rate to age 60 years, 2000 - 2050

Region	Percentage surviving to age 60 years		
	2000-2005	2025-2030	2045-2050
World	73.8	82.1	86.7
MDCs	86.0	91.3	93.5
LDCs	71.7	80.8	85.9
East Asia	84.5	90.2	92.4
S.E. Asia	75.7	86.1	89.9

Source: Annex Table A-8

Photo credit: Dino Subingsubing, UNFPA Philippines

Demographic Impact of Population Ageing

Population ageing by definition has a profound effect on the age structure of the population. With population ageing, the relative size of the older cohorts increases. Both the magnitude of changes in the age structure and the speed with which these occur have far reaching socio-economic repercussions. This section examines four indicators of the changing age structure: (a) ageing index, (b) median age, (c) potential support ratio and (d) parent support ratio.

3.1 Ageing index

The ageing index is the number of older persons per hundred persons under the age of 15. The index increased globally during 1950-2000 and is projected to increase further during the next 50 years (Table 3). By 2050 the Ageing Index for World population will exceed 100 by a small margin, which means that for the first time in history the number of older persons will have exceeded the number of younger persons. However, while in the MDCs the Ageing Index will by then exceed 200, it will still remain less than 100 in LDCs. In East Asia, the number of older persons will exceed the number of younger persons before 2025[9], while South-East Asia will cross this point nearer to 2050. By 2050, the Ageing Index will be much higher in East Asia than in South-East Asia. However, the Ageing Index in South-East

Table 3: Trends in the Ageing Index, 1950-2000

Region	1950	2000	2025	2050
	older persons per 100 persons aged <15 yrs			
World	23.8	33.4	61.5	100.5
MDCs	42.9	106.2	187.7	215.3
LDCs	17.2	23.4	48.2	88.6
East Asia	21.7	47.3	116.5	190.5
S.E. Asia	15.5	22.1	54.1	110.7

Source: UNDESA (2002a)

Asia will be significantly higher than the Index for the LDCs.

The changing age structure can have significant socio-economic implications. The shifting weights of various age groups would result in changing consumption patterns requiring a re-distribution of resources. For example, changes in the age structure resulting from population ageing would mean a need for less schools and a need for more hospital facilities and more sheltered accommodation for the elderly.

3.2 Median age

Median age is the age that divides the population into two equal parts, such that half the total population is younger than this age and the other half older. The median age generally increases with an increase in the proportion of older persons in the population[10].

The Median Age of the population has been rising across the regions and will go up further during 2000-2050 (Table 4). Moreover, in all regions the Median Age is projected to increase by a greater number of years during 2000-2050 than it did during 1950-2000. The increase in the Median Age during 2000-2050 is projected to be the highest in the ESEAR.

Table 4: Trends in the Median Age, 1950-2000

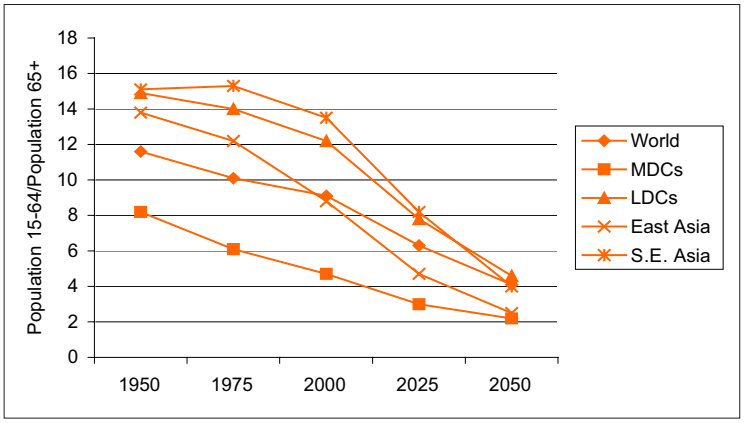
Region	Median Age (years)			
	1950	2000	2025	2050
World	23.6	26.5	32.0	36.2
MDCs	28.6	37.4	44.1	46.4
LDCs	21.4	24.3	30.0	35.0
East Asia	23.5	30.8	39.8	44.3
S.E. Asia	20.4	23.9	32.1	37.9

Source: UNDESA (2002a)

3.3 Potential Support Ratio

The potential support ratio is defined as the ratio of population aged 15-64 years to that aged 65 years and over. It is used to indicate the support base available to carry the burden of the older population. The ratio is the inverse of the old-age-dependency ratio and is more commonly used in the context of population ageing as it provides a direct indication of the trend over time in the support base for the elderly as their proportion in total population changes. A falling potential support ratio indicates a shrinking support base. The ratio is based on the assumption that people aged 15-64 are working and those below 15 and those 65 and over are not. The working population would provide direct or indirect support to the non-working dependant population. In practice however a number of those above 65 are engaged in productive employment and provide support to those aged 15-64; while with increasing enrolment in education the proportion of the "not working" among the 15-19 year old population has been rising. As shown in Figure 6 below, the potential support ratio is projected to decline far more rapidly during the first half of this century than it did during the previous 50 years.

Figure 6: Potential Support Ratio, 1950-2050



Source: Annex Table A-2

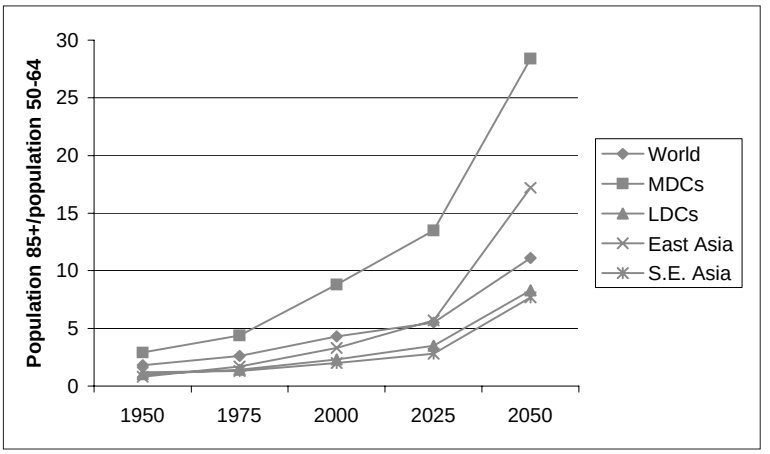
In the ESEAR it will decline the most. In both East Asia and South East Asia the support base will shrink to less than one third of its current levels.

3.4 Parent Support Ratio

The parent support ratio is defined as the ratio of population aged 85 years and over to the population aged 50-64 years. The parent support ratio relates those aged 85 and over to their presumed offspring assumed to have been born to them during their twenties and thirties. As such the ratio reflects the burden of the population aged 85 and above on their "offspring". Since people in the numerator and those in the denominator are not necessarily related, the parent support ratio is a hypothetical approximation of the family support available. However, again like the potential support ratio, it serves to indicate the trend over time in the resource base of family support available for the oldest old population as its proportion in total population changes.

Figure 7 shows the projected rapid increase in the parent support ratio. The ratio is projected to increase more rapidly during 2000-2050 than it did during 1950-2000. As a result of the continuing increase in the oldest old population in the MDCs, the parent support ratio is projected to increase also in the MDCs and go up to more than three times its current level by 2050. The increase will be most rapid in the ESEAR, particularly in East Asia where the ratio is expected to go up to more than 5 times its current levels by 2050. The increasing parent support ratio highlights the growing need for ensuring adequate care to the oldest old population in the wake of the declining availability of family support.

Figure 7: Parent Support Ratio, 1950-2050



Source: Annex Table A-3

Photo credit: IG/UPM and UNFPA Malaysia

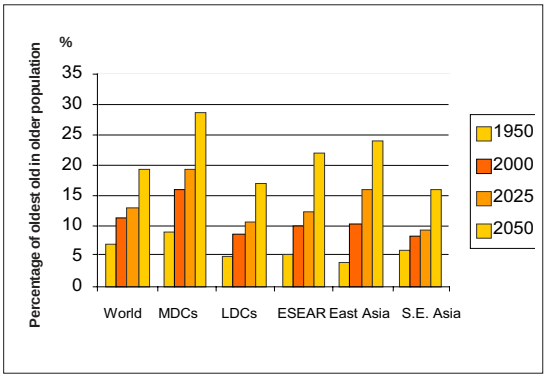
Demographic Profile of the Older Population

It is important to highlight three distinct features of the changing age and sex structure and spatial distribution of the older population that have a profound effect on the implications of population ageing and the resulting challenges. These are: (a) "ageing" of the older population; (b) feminization of the older population; and (c) the greater extent of rural ageing.

4.1 Ageing of the older population

The older population has itself been "ageing": the proportion of the "oldest old" or the "oldest" population (those aged 80 years and over)[11] in the older population increased from less than 7 per cent in 1950 to more than 11 per cent in 2000. It is projected to increase further to 13 per cent by 2025 and exceed 19 per cent in 2050. By the middle of this century almost one in every five older persons will be aged 80 years or more. As shown in Figure 8, the proportion of the oldest old in the older population is higher in the MDCs and will remain so through 2050. Moreover, the proportion is expected to increase in both the MDCs and the LDCs as well as in East Asia and South-East Asia.

Figure 8: Ageing of the older population, 1950-2050

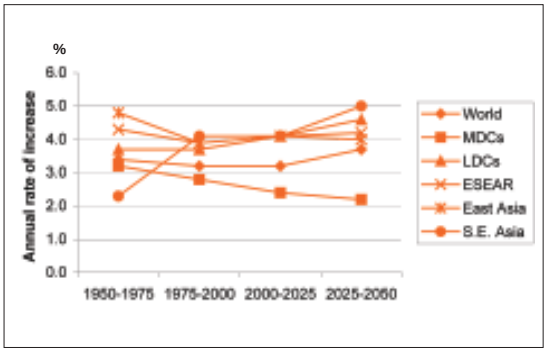


Source: Annex Table A-1

However, the difference between the MDCs and the LDCs will continue to narrow as a result of the faster growth of the oldest old population in the latter.

The rate of increase in the oldest old population has been higher in the LDCs. Moreover, in the LDCs this rate is expected to increase further during 2000-2050, while it will decline in the MDCs (Figure 9). In the ESEAR the older population will continue to age during 2000-2050 at a relatively stable rate. There is a marked contrast between East Asia and South-East Asia. During 1950-1975, the older population in South-East Asia aged at a much lower rate than in East Asia. The pace of ageing of the older population declined in East Asia during 1975-2000 but in South East Asia it increased to exceed that of East Asia. The older population is expected to age at similar rates in the two sub-regions during 2000-2025. During 2025-2050 the rate is expected to remain stable in East Asia but increase significantly in South-East Asia.

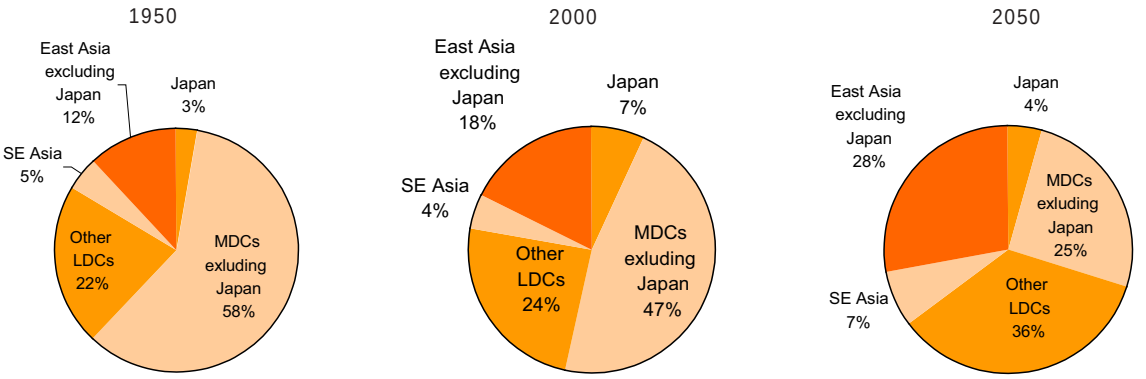
Figure 9: Increase in the oldest old population



Source: Annex Table A-1

As result of the differential rates of increase in the oldest old population, the concentration of oldest persons will gradually shift towards the LDCs (Figure 10). In 1950, LDCs accounted for 39 per cent of the World's population of the oldest old. This proportion had increased to 46 per cent in 2000 and is projected to increase further to 71 per cent in 2050.

Figure 10: Distribution of the oldest old population



Source: Annex Table A-1

These increasing proportions of the oldest old in the population signal very large increments in absolute terms. The World's population of oldest persons increased from 14 million in 1950 to nearly 70 million in 2000. During the next 50 years it is expected to increase to almost 340 million. Additions to the numbers of oldest old persons during the next fifty years will be almost 5 times the additions during the preceding fifty years (Table 5).

Table 5: Distribution of additions to the oldest old population

Region	Percentage share in absolute increase in oldest old population				Ratio of increase in oldest old population	
	1950-2000	2000-2050	2000-2025	2050-2050	2000-2025 1950-2000	2025-2050: 2000-2025
World	100	100	100	100	4.9	2.2
MDCs	51.3	28.2	34.6	25.2	2.7	1.6
LDCs	48.7	71.8	65.4	74.8	7.2	2.5
ESEAR	31.4	48.5	40.8	51.9	7.5	2.8
East Asia	27.1	39.3	34.6	41.4	7.0	2.6
S.E. Asia	4.3	9.2	6.2	10.5	10.3	3.8

Source: Annex Table A-1

Most of the increase in the oldest old population will be in the LDCs which accounted for 49 per cent of the increase during 1950-2000 and will account for 72 per cent of the increase during 2000-2050. Moreover, while the number of the oldest old persons added in the MDCs during 2000-2050 will be about 3 times the numbers added during the preceding 50 years, the additions in the LDCs will be 7 times as many.

The ESEAR accounted for 31 per cent of the increase in the World's population of the oldest old during 1950-2000 and this share is expected to increase to more than 50 per cent during the next fifty years. However, trends differ between East Asia and South-East Asia. The increase in the population of the oldest old persons during 2000-2050 in East Asia will be 7 times as much as it was during 1950-2000, but in South-East Asia it will be 10 times greater. Moreover, the increase during 2025-2050 is projected to be about 3 times that during 2000-2025 in East Asia, while in South-East Asia it will be nearer to 4 times.

The above discussion shows that trends in ageing of the older population follow a pattern similar to that of ageing of the population presented in Section 1. That is, the more aged cohort has increased and is projected to increase at a higher rate. However, the differences between MDCs and LDCs are narrower. Though most of the increase in the oldest old population will be in the LDCs, it will be more equitably distributed. In East Asia, however, there are significant differences in the trends of overall population ageing and of ageing of the older population. While absolute increments in the older population in East Asia are going to be slightly less during 2025-2050 than during 2000-2025 (Table 1), increments in the oldest old population will be about three times as much as during 2000-2025. Hence, while the share of East Asia in the World's population of the older population will decline slightly from 28 to 26 per cent during 2000-2050, its share in the World's population of the oldest old will increase significantly from 25 to 32 per cent during the same period. By 2050 East Asia's population will be among the most aged.[12] China (99 million) and Japan (17 million) are projected to be two out of the six countries with a population of oldest old persons exceeding 10 million; the others being India, U.S.A., Brazil and Indonesia. There is a

time lag between the increase in the older population and the oldest old population, the latter following the former as the larger number of the "younger old" (60-84 years) start entering the oldest old cohorts.

4.1.1 Improving longevity

The increasing proportion of the oldest old population is explained by improving survival rates among the older cohorts. A higher proportion of older people are expected to reach age 80 years and, once they have entered the oldest old cohorts, to live longer. Table 6 shows survival rates to age 80 years and the average number of additional years an 80-year old can be expected to live.

The proportion of population that can be expected to reach age 80 years is projected to increase during the next 50 years. So too is the number of years an oldest old person could on the average be expected to live. As such the progressive ageing of the older population and the longer period of their further survival will call for extra attention to the health status of the oldest old persons.

Table 6: Trends in longevity of older population

Region	Survival rate to age 80 (%)			Life expectancy at 80 (yrs)		
	2000-2005	2025-2030	2045-2050	2000-2005	2025-2030	2045-2050
World	33.9	45.0	51.7	7.2	8.2	8.8
MDCs	47.0	58.2	63.8	8.2	9.6	10.4
LDCs	29.5	41.7	49.5	6.4	7.4	8.2
East Asia	39.7	51.0	57.4	7.2	8.7	9.2
S.E. Asia	30.8	43.6	51.9	6.1	7.0	8.0

Source: Annex Tables A-7 & A-9

4.2 Feminization of ageing

Women constitute a majority of the older populations. Table 7 summarizes information on the proportion of females in the older population: At the global level, women comprised 55 per cent of the population of older persons in 2000. While this share is projected to decline during the next fifty years, women will continue to comprise a majority of the older population. In the MDCs women comprise a larger proportion of older population than in the LDCs. However, the

Table 7: Percentage of females in older population

Region	1950	1975	2000	2025	2050
World	55.5	56.1	55.2	54.2	54.1
MDCs	57.5	60.0	58.5	56.5	56.1
LDCs	53.8	52.9	53.1	53.3	53.5
East Asia	55.5	55.1	53.2	53.7	54.2
S.E. Asia	53.8	53.5	54.2	54.1	54.6

Source: Annex Table A-1

proportion of females in older population in the MDCs is expected to decline until 2050. In the LDCs there will be a marginal increase in the proportion of women in the older population during the next fifty years. The trends will be similar in both East and South-East Asia and the proportion of females in the older population will increase during 2000-2050.

The higher proportion of women among the older population is explained by the higher survival rate among females and their higher life expectancy at age 60 years (Table 8). Hence, a larger proportion of females enter the older population and on average remain longer in the 60+ cohorts.

Table 8: Sex differentials in longevity of older persons

Region	SEX	Survival rate to age 60 (%)			Life expectancy at age 60 (yrs)		
		2000-2005	2025-2030	2045-2050	2000-2005	2025-2030	2045-2050
World	F	76.8	84.4	88.8	20.4	22.8	24.1
	M	71.0	79.9	84.8	17.0	19.1	20.2
MDCs	F	91.1	94.2	95.5	22.9	25.6	27.1
	M	81.2	88.6	91.5	18.4	20.8	22.1
LDCs	F	74.1	83.1	88.0	19.0	21.6	23.2
	M	69.3	78.7	84.0	16.3	18.4	19.7
East Asia	F	87.3	92.0	93.8	21.1	23.9	25.1
	M	81.9	88.5	91.1	17.0	19.2	20.6
S.E. Asia	F	79.3	89.0	92.1	18.4	21.1	23.3
	M	72.1	83.3	87.8	16.5	18.2	19.5

Source: Annex Tables A-6 & A-8

4.2.1 Feminization of the oldest old population

Women also constitute a majority of the oldest old population. Table 9 summarizes information on the predominance of females in the oldest old population. It is evident from comparing this information with that in Table 7, that the percentage of women in the oldest old population is considerably higher than that in the older population.

Table 9: Percentage of females in the oldest old population

Region	1950	1975	2000	2025	2050
World	62.0	63.3	65.4	63.4	62.2
MDCs	63.5	68.1	69.3	66.1	64.2
LDCs	59.5	56.4	60.6	61.3	61.3
East Asia	68.9	59.0	66.0	64.5	63.3
S.E. Asia	57.7	59.6	58.9	61.2	63.4

Source: Annex Table A-1

The higher proportion of women among the oldest old population is explained by the higher survival rate among females and their higher life expectancy at age 80 years (Table 10). Hence, a larger proportion of females enter the oldest old population and on average remain longer in the 80+ cohorts.

Table 10: Sex differentials in longevity of the oldest old population

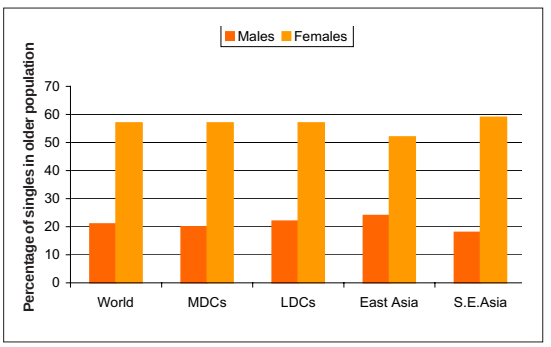
Region	SEX	Survival rate to age 80 (%)			Life expectancy at age 80 (yrs)		
		2000-2005	2025-2030	2045-2050	2000-2005	2025-2030	2045-2050
World	F	40.7	52.4	59.2	7.9	9.0	9.7
	M	27.3	37.9	44.4	6.3	7.1	7.6
MDCs	F	57.6	67.6	72.8	8.9	10.7	11.6
	M	36.3	48.6	54.9	7.0	8.1	8.7
LDCs	F	34.9	48.4	56.8	6.9	8.0	9.0
	M	24.4	35.3	42.5	5.8	6.6	7.2
East Asia	F	49.2	59.9	65.6	8.0	9.8	10.4
	M	31.1	42.5	49.5	5.9	7.1	7.6
S.E. Asia	F	35.6	50.7	59.9	6.3	7.5	8.9
	M	26.0	36.7	43.8	5.8	6.2	6.8

Source: Annex Tables A-7 & A-9

4.2.2 More older women are single

Evidence shows that more older women than older men are single (Figure 11). The term "single" is used here to describe those who do not have a spouse and includes the never married, the divorced and the widowed. The pattern of gender differentials in marital status is very similar across the regions. Older persons who are single are likely to be less financially secure and not enjoy as much care in illness and disability as those having a spouse.

Figure 11: Marital status of older population, 1990s



Source: UNDESA (2002b)

The majority of the single "older" and "oldest old" females are widowed. Widowhood adds to the psychological strain, particularly on women and more so in certain male-dominated cultures.

The differences in the marital status of older men and older women result from several factors. First, is the relative female longevity: women live longer than men. Secondly, the husband is usually older which further increases the chances that the husband will die before the wife. Thirdly, widowed men have higher remarriage rates than widowed women. This could be explained partly by cultural norms and partly by the excess of older women over older men. Given the hardships attached to being single in old age indicates the

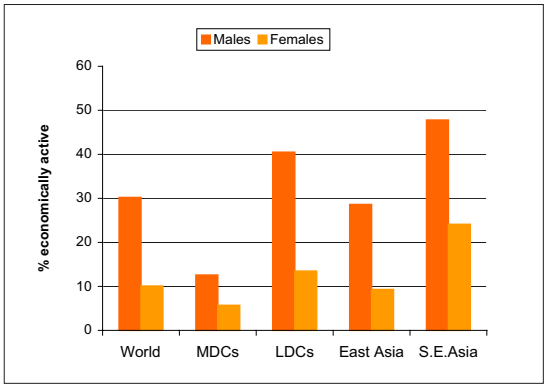
greater vulnerability of older women than older men.

4.2.3 Less older women are economically active

Economic activity of "older" persons has always raised controversies. Should a higher labour force participation rate in old age be interpreted as positive or negative? An economically active person is productive, feels more confident and is financially independent. Hence, it could be presumed that an employed "older" person earning an income would be better off than one not employed. However, it could be that those who are not economically active may not need to work as they may be able to rely on accumulated wealth, pensions or other means of support and care. The lower proportions of economically active persons among the 65+ population[13] in the MDCs (Figure 12) suggest that this may well be the case. With the wider coverage of pension and old age security schemes in the MDCs, gainful employment may be a necessity for only a small proportion of older persons. However, in the LDCs, where pension and old age security schemes have, at best, very limited coverage, economic activity could be the only means to financial security and independence. It is in this light that the evidence presented in Figure 12 should be interpreted: with a focus not on inter-regional differences but on gender differences within each region.

In both East and South-East Asia, the labour force participation rates for the 65+ are much lower for women than for older men. Some of this difference could be due to the underreporting of women's economic activity, particularly in the

Figure 12: Labour force participation rates of 65+, 2000



Source: Annex Table A-10

LDCs where much of women's work is either not captured in censuses and surveys or is not considered "economic activity". Moreover, the lower rates in East Asia could also be explained by the relatively more developed pension and social security systems in China, Japan and the Republic of Korea compared to those in most countries of South-East Asia. However, the gender differences in the labour force participation rates in South-East Asia (and also the LDCs) could to an extent also be explained by the greater inability of older women to work due to a shortage of suitable work opportunities, an unsupportive attitude of employers or a lack of appropriate qualifications.[14] The lower participation rates of older women could therefore be interpreted as indicating that more older women than older men would be dependant and vulnerable to financial insecurity and economic dependence.

4.3 Spatial dimension of ageing

Population ageing is a consequence of fertility and mortality declines. With both fertility and mortality rates known to be lower and to decline more gradually in urban areas than in rural areas[15], an *a priori* assumption would be that urban populations age faster than rural populations. However, in reality population ageing has been observed to manifest itself earlier and advance more rapidly in rural areas. As younger family members move to the cities more and more of the elderly are likely to be left to look after themselves. Urbanization and the transition to industrial societies might therefore be seen as contributing to weaken family ties. In the absence of adequate welfare systems, those left behind in the rural areas are likely to suffer relative, if not absolute, deprivation.[16]

Information is available on the age-sex distribution of population by rural and urban areas for several countries. However, aggregation of data at the regional level is virtually impossible. The only reliable source of the rural-urban distribution of population by age are Population and Housing Censuses which countries conduct mostly every ten years and not in the same year. Then there is no standardized definition of "rural" and "urban" and definitions vary from country to country. Also, at times countries change the definitions from one period to another which precludes unqualified inter-temporal comparisons of rural-urban distributions of population. Nevertheless, a number of countries do distinguish between "rural" and "urban" areas at a given point in time and valid comparisons within each country can therefore be made. Generally, rural areas are found to be characterized by agriculture as the main economic activity, higher incidence of poverty, poorer infrastructure and access to social services relative to urban areas. Moreover, under normal conditions in any given country urban populations are known to increase at a faster rate than rural populations due to migratory flows from rural to urban areas. We will look at individual country data on rural-urban differences in the sex distribution of the older population in the next Section.

Photo by: Vincent Gautier, photo credit: UNFPA Lao PDR

Population Ageing in Countries of East and South-East Asia

The discussion in Sections 1 to 4 shows that the World's population of older and oldest old persons will increase at unprecedented rates during the next fifty years. The pace of population ageing is expected to be far more rapid in the ESEAR than in other regions. Also, there are notable differences between East Asia and South-East Asia in the future course of population ageing. In this Section we will discuss how population ageing is expected to evolve in the countries of the ESEAR during the next fifty years. The magnitude and nature of the emerging challenges will depend on the degree and speed of population ageing as well as the changes in the structure of the older population. These will vary from country to country within each sub-region. In reviewing the emerging ageing situation in each country[17], attention will be focused on:

(a) degree and pace of population ageing;
(b) changing balance between age groups;
(c) ageing of the older population;
(d) feminization of ageing; and
(e) relatively higher impact in rural areas.

5.1 Degree and pace of population ageing

The current and projected situation of population ageing in each country is given in Table 11.[18]

To highlight the variations in the current extent of population ageing, the countries are shown in descending order of the percentage of older persons in population in the year 2000.

Table 11: Population ageing in the ESEAR countries, 2000-2050

Country	Percentage of older persons in population		
	2000	2025	2050
Japan	23.2	35.1	42.3
Rep of Korea	11.0	24.1	33.2
Singapore	10.6	30.0	35.0
China	10.1	19.5	29.9
DPR Korea	10.0	15.5	22.4
Thailand	8.1	17.1	27.1
Indonesia	7.6	12.8	22.3
Viet Nam	7.5	12.6	23.5
Myanmar	6.8	12.1	21.6
Malaysia	6.6	13.4	20.8
Lao PDR	5.6	7.0	13.3
Mongolia	5.6	10.7	23.1
Philippines	5.5	10.4	19.5
Timor-Leste	4.7	8.8	18.0
Cambodia	4.4	6.7	11.7

Source: Annex Table A-1

The currently four most aged countries are China, Japan, Republic of Korea and Singapore. These will remain the four most aged through 2050. Among the remaining 11 countries there will be no significant change in ranking except for Mongolia which will go up 4 ranks by 2050. DPR Korea and Lao PDR which will go down 3 ranks by 2050. However, in all countries the proportion of older population will increase over the first quarter and then further over the second quarter of this century. The pattern of increase will vary from country to country and from one time period to another.

For a country the challenges of population ageing depend not only on the degree of ageing but also on the pace at which its population is ageing. Country wise date on the annual growth rate of older population is given in Table 12.

Whether the pace of ageing is accelerating or decelerating is also relevant for determining the nature of challenges resulting from population ageing. An accelerating pace of ageing indicates a greater need for policy adjustments. Data for 1975-2000 have been added to show how the expected change during the first quarter of this century compares with the experience of the country during the last quarter of the previous century. From Table 12, it is evident that overall the rate of growth in older population is going to be higher during 2000-2025 than it was during 1975-2000. In

Table 12: Pace of population ageing in the ESEAR countries, 1975-2050

Country	Annual percentage rate of increase in older population		
	1975-2000	2000-2025	2025-2050
Japan	3.3	1.6	0.2
Rep of Korea	3.7	3.6	1.2
Singapore	4.2	5.2	0.3
China	2.8	3.3	1.7
DPR Korea	3.5	2.4	1.8
Thailand	3.7	3.9	2.1
Indonesia	3.2	3.1	2.7
Viet Nam	2.0	3.4	3.2
Myanmar	2.1	3.3	2.9
Malaysia	3.1	4.1	2.6
Lao PDR	3.1	2.9	3.7
Mongolia	2.9	4.0	3.8
Philippines	2.8	4.0	3.3
Timor-Leste	0.6	4.5	3.5
Cambodia	2.2	3.9	3.5

Source: Annex Table A-1

only two countries – Japan and DPR Korea – is the rate of ageing expected to decline significantly. During 2025-2050 the rate of ageing in all countries except Lao PDR is expected to be lower than during 2000-2025. In Lao PDR, where a marginal decline in the pace of ageing is projected for 2000-2025, the pace of ageing will be more rapid during 2025-2050.

Comparing information presented in Tables 11 and 12 shows that the 4 least aged countries in 2000 (Cambodia, Mongolia, Timor-Leste and Philippines) will be among the 6 countries with the highest projected rates of increase in older population during 2000-2025. For the period 2025-2050, the 5 countries with the highest rates of increase in older population (Cambodia, Lao PDR, Mongolia, Timor-Leste and Philippines) will also be the ones with the lowest percentage of older population at the beginning of that period. As such, a low proportion of older persons in the population should not justify complacency towards population ageing.[19]

5.2 Changing balance between age groups

As a country goes through the process of population ageing, the size of the older cohorts increases relative to the younger cohorts. Table 13 shows how with population ageing, the Ageing Index and Median Age changed during 1950-2000 and are expected to change over the first two quarters of this century in each of the 15 countries.

The Ageing Index increased during 1950-2000 in the three early agers (Japan, Republic of Korea, and Singapore) and to a significant extent in China, DPR Korea and Thailand. It increased to a much lesser extent in all other countries, except Cambodia, Lao PDR, Timor-Leste and Viet Nam where the Ageing Index declined. The Ageing Index

Table 13: Indicators of changing age structure in the ESEAR countries, 1950-2050

Country	Ageing Index older persons per 100 persons <15yrs				Median Age Years			
	1950	2000	2025	2050	1950	2000	2025	2050
Cambodia	10.8	9.9	19.5	48.2	18.7	17.4	22.7	31.7
China	22.3	40.7	106.5	183.3	23.9	30.0	39.0	43.8
DPR Korea	13.6	37.7	70.9	114.0	19.5	29.4	34.8	38.1
Indonesia	15.9	24.7	55.8	112.1	20.0	24.6	33.0	38.0
Japan	21.7	157.9	290.0	338.2	22.3	41.2	50.0	53.1
Lao PDR	11.0	13.1	21.5	57.4	18.9	18.5	23.8	32.8
Malaysia	17.9	19.3	56.7	104.9	19.8	23.3	31.2	37.8
Mongolia	13.1	15.8	44.9	117.6	19.0	21.8	32.3	38.3
Myanmar	14.5	20.5	52.6	109.7	21.8	23.4	31.8	37.9
Philippines	12.7	14.8	41.7	95.9	18.2	20.9	29.2	37.0
Rep of Korea	13.1	52.7	150.7	201.5	19.2	31.8	43.0	45.7
Singapore	9.2	48.3	211.5	252.5	20.0	34.5	45.5	49.7
Thailand	12.0	30.5	87.3	158.1	18.6	27.5	36.6	42.1
Timor-Leste	13.8	11.0	32.9	82.6	19.6	17.8	29.6	35.9
Viet Nam	22.1	22.4	52.8	118.7	24.6	23.1	32.8	38.2

Source: UNDESA (2002a)

is projected to rise in every country during 2000-2025 and then go up further during 2025-2050.

For the Median Age, the pattern of past and projected changes is more or less the same. During 1950-2000 the Median Age increased most in the countries which experienced the largest increases in the Ageing Index. It increased in all other countries except in Cambodia, Lao PDR, Timor-Leste and Viet Nam. In all countries the Median Age will increase during 2000-2025 and further during 2025-2050.

It is clear that in most countries the size of the older age cohorts is going to increase relative to that of younger age cohorts during the first and second quarters of this century. Apart from the "early agers", the majority of countries experienced small changes in the age structure during the second half the previous century. In fact, in some countries the size of the older cohorts decreased relative to that of younger cohorts. It can therefore be concluded that most countries of the ESEAR will be coming to face the challenge of population ageing for the first time in history.

What the change in the age structure of the population will mean in terms of the change in support that could be available for older population from the younger cohorts is reflected in Table 14 which provides figures for the Potential Support Ratio and the Parent Support Ratio.

During 1950-2000, the Potential Support Ratio declined most in the three "early agers", and quite significantly in DPR Korea, Myanmar and Thailand. In the rest of the countries it declined by much less and went up in the Philippines and Timor-Leste. During 2000-2025 significant declines are projected for each country. The Potential Support Ratio will decline further during 2025-2050 and, in most

Table 14: Shrinking support base for the elderly in the ESEAR countries, 1950-2050

Country	Potential Support Ratio (population 15-64/population 65+)				Parent Support Ratio (population 85+/population 50-64)			
	1950	2000	2025	2050	1950	2000	2025	2050
Cambodia	20.4	19.1	14.5	9.2	0.8	1.1	1.6	2.7
China	13.8	10.0	5.2	2.7	0.7	2.5	3.9	14.5
DPR Korea	18.2	11.4	6.7	3.8	0.8	1.9	3.7	8.9
Indonesia	14.4	13.4	8.2	3.9	1.1	1.6	2.4	6.6
Japan	12.1	4.0	2.0	1.4	1.5	8.1	27.7	56.0
Lao PDR	19.6	15.4	13.9	7.7	1.0	2.0	2.2	3.1
Malaysia	10.7	14.9	7.5	4.2	2.7	2.2	3.6	9.4
Mongolia	16.5	16.1	10.9	3.9	0.8	2.5	2.0	7.2
Myanmar	18.2	13.6	8.5	4.1	0.9	2.4	3.0	7.4
Philippines	14.7	16.7	10.0	4.7	1.5	1.7	2.3	5.8
Rep of Korea	18.2	10.2	4.0	2.0	0.8	2.3	6.4	26.6
Singapore	23.8	9.8	3.0	2.0	2.7	4.4	7.9	35.0
Thailand	16.8	13.0	6.1	2.9	1.8	1.7	3.5	13.1
Timor-Leste	16.8	20.2	12.8	6.1	0.7	0.5	1.2	2.4
Viet Nam	15.2	11.5	8.4	3.7	0.9	4.0	3.1	8.9

Source: UNDESA (2002a)

countries at a higher rate. By 2050, the Ratio will have fallen in most countries to one-third to one-fifth of its level in 2000.

Changes in the Parent Support Ratio follow a similar pattern. While the ratio rose significantly during 1950-2000 in the three "early agers", the increase was far less in most other countries. The ratio declined in Malaysia and Timor-Leste. During 2000-2025, the Parent Support Ratio is projected to increase in all countries except Mongolia and Viet Nam. The increase will continue into 2025-2050 and in most countries at a higher rate. By 2050, the ratio will have gone up in all countries, in many to more than three times and in some to more than seven times its level in 2000.

It would be appropriate to explain the factors underlying the possibility of a divergence between the Potential Support Ratio and the Parent Support Ratio. While the trend in the former depends on the extent of population ageing, the trend in the latter depends on the extent of ageing of the older population (that is, on the changes in the proportion of the population aged 85 years and over). Hence, in the early stages of population ageing while the Potential Support Ratio may decline as a result of ageing of the population, the Parent Support Ratio could also fall until the increasing cohorts of the "younger old" (60-84 years) enter the oldest old cohorts. This also explains the wide differences between the trends in the two ratios in the "early agers". The changes in the Potential Support Ratio were more marked than in the Parent Support Ratio during 1950-2000. However, during 2000-2050, the changes will be greater in the Parent Support Ratio as the increasing cohorts of the "younger old" of the previous century start crossing into the oldest old cohorts during this century.

5.3 Ageing of the older population

An increasing population of the oldest old gives rise to specific challenges and it is therefore important to look at the evolving situation of the ageing of the older population in these countries. Table 15 summarizes the trends in the ageing of the older population.

Table 15: Ageing of the older population in the ESEAR countries: 1950-2050

Region	Percentage of the oldest old in older population				Annual percentage increase in the oldest old population			
	1950	2000	2025	2050	1950-1975	1975-2000	2000-2025*	2025-2050
Cambodia	5.0	7.1	7.3	10.1	1.8	3.9	4.0 (2.7)	4.9
China	3.7	8.9	10.7	22.7	4.9	3.3	4.0 (3.0)	4.8
DPR Korea	4.1	7.9	13.0	19.4	4.4	3.7	4.4 (3.3)	3.5
Indonesia	5.6	6.7	9.1	14.5	1.6	4.0	4.4 (3.1)	4.7
Japan	5.8	16.2	29.7	36.3	4.7	5.7	4.1 (2.3)	1.1
Lao PDR	5.6	8.6	7.9	10.2	0.7	6.4	1.7 (1.1)	4.8
Malaysia	8.6	9.1	9.6	17.8	1.8	3.2	4.5 (3.7)	5.1
Mongolia	4.6	10.1	8.3	14.5	3.7	4.5	3.2 (1.8)	6.2
Myanmar	4.6	10.1	10.1	15.4	4.2	3.8	3.3 (2.0)	4.6
Philippines	6.6	7.9	8.8	13.9	2.3	3.8	4.4 (3.2)	5.2
Rep of Korea	4.1	8.8	13.8	27.5	4.3	5.1	5.5 (2.2)	4.1
Singapore	11.0	13.1	12.5	35.8	3.2	7.4	5.0 (2.9)	4.5
Thailand	8.1	7.4	10.0	20.5	1.6	4.6	5.2 (3.8)	5.1
Timor-Leste	4.1	3.7	6.0	7.6	1.1	0.0	6.6 (a)	4.5
Viet Nam	4.9	11.2	9.3	16.5	3.8	4.1	2.6 (1.4)	5.6

Source: Annex Table A-1

* Figures in parentheses are the ratio of the absolute increase in oldest old population during 2000-2025 to the increase during 1975-2000

(a) No increase in oldest old population during 1975-2000.

In all countries except Thailand and Timor-Leste, the proportion of the oldest old cohorts in the older population increased during the second half of the previous century. However, in both countries there was a significant increase in the size of the oldest old population. During 2000-2025 the proportion of the oldest old population in the older population will increase in all countries, except Lao PDR, Mongolia and Viet Nam. In these countries the oldest old population will increase at a lower rate than during 1975-2000. This is explained to a large extent by the smaller base in 1975. As shown by the ratio of the absolute increments in column 8 of Table 15, in all countries the numbers that will be added to the oldest old population during 2000-2025 will be higher than the additions during 1975-2000. During the second quarter of the century the proportion of the oldest old population will increase in every country. Also, the rate of growth of the oldest old population will increase in all countries except in the three "early agers" and in DPRK, Thailand and Timor-Leste. However, even in countries where the rate of increase in the oldest old population will be lower in 2025-2050 than in 2000-2025, the absolute increase will be much larger in the second quarter

of this century than during the first quarter. In Timor-Leste and Thailand the increase in the additions to the oldest old population during 2025-2050 will be respectively more than twice and three times the additions during 2000-2025. Japan will be the only exception: increment to the oldest old population in the second quarter of the century will be 47 per cent of the increase during the first quarter.

Most countries would have to give priority to ensuring that the needs of sizeable additions to the oldest old population are adequately addressed. For some countries, namely Lao PDR, Mongolia and Viet Nam the challenges emerging as result of the ageing of the older population will be much more a problem of the second quarter of this century.

5.4 Feminization of ageing

Another set of issues which will surface increasingly in the countries of the ESEAR during the first half of this century relates to the feminization of ageing. Women constitute a majority of the older and oldest old population. Moreover, a higher proportion of older women than older men are single, not in the labour force and not literate.

5.4.1 Majority of older and oldest old persons are women

Table 16 summarizes the data on the proportion of females in the older and oldest old population in each of the 15 countries.

Table 16: Feminization of ageing in the ESEAR countries, 1950-2050

Country	Percentage of females in older population					Percentage of females in the oldest old population				
	1950	1975	2000	2025	2050	1950	1975	2000	2025	2050
Cambodia	54.7	54.6	65.1	59.8	56.1	58.2	60.3	59.3	67.9	66.5
China	55.5	54.8	52.2	53.15	53.9	69.7	57.3	64.9	63.6	62.9
DPR Korea	55.3	55.2	55.2	55.75	55.6	62.5	67.4	66.6	67.0	65.0
Indonesia	51.5	53.4	54.2	53.55	54.5	53.5	58.2	54.2	53.5	54.5
Japan	55.8	56.1	56.5	56.95	56.9	66.5	64.2	68.1	66.3	65.9
Laos PDR	53.3	52.3	53.2	53.55	52.3	60.0	58.5	55.9	58.6	57.1
Malaysia	47.7	49.6	52.7	54.05	54.2	50.1	54.9	56.7	62.1	63.9
Mongolia	56.5	55.7	55.1	54.45	53.9	62.2	60.3	65.1	61.1	62.0
Myanmar	54.9	53.3	53.5	54.85	55.1	62.0	56.8	56.9	58.8	60.9
Philippines	61.8	54.1	54.6	54.05	54.3	66.2	66.2	61.9	60.9	64.4
Rep of Korea	55.4	57.0	58.1	55.75	55.2	62.5	68.5	70.9	69.0	64.4
Singapore	60.0	52.2	53.5	53.15	54.3	64.3	65.6	61.6	60.1	60.7
Thailand	55.5	54.1	54.7	55.45	55.9	60.7	60.7	60.6	65.2	65.4
Timor-Leste	55.7	51.8	50.8	52.75	50.8	60.0	61.5	59.5	55.8	57.5
Viet Nam	55.0	54.0	53.3	53.35	53.8	62.0	60.2	57.3	58.0	60.5

Source: Annex Table A-1

The figures show that with the exception of Malaysia in 1950 and 1975, the proportion of females in the older population has been higher and is expected to remain so. Also, in every country in every year the proportion of females in the oldest old population in every country has been and will continue to be higher than their proportion in the older population. This results from the persistently higher female life expectancy at birth as well as survival rates to age 60 and to age 80.

5.4.2 Distinctive characteristics of female older population

The predominance of women in the older and oldest old population presents itself as an ever more daunting challenge because a higher proportion of older women than of older men are economically inactive, not literate and single. Table 17 summarizes the gender differences in economic activity, literacy and marital status.

Table 17: Gender differences in the socio-economic circumstances of older persons

Country	Percentage of population of 65 years and more who are in the labour force, 2000		Percentage of older persons who are illiterate, 2000		Marital status (percentage of older persons who are single)		
	M	F	M	F	Year	M	F
Cambodia	39.7	26.2	35.4	85.8	2004	19	69
China	27.5	7.6	34.3	76.1	1990s	27	52
DPR Korea	27.6	13.7	n.a.	n.a.	n.a.	n.a.	n.a.
Indonesia	48.5	24.1	31.3	63.3	1990s	16	64
Japan	33.4	14.4	n.a.	n.a.	1990s	14	49
Lao PDR	53.6	27.1	n.a.	n.a.	n.a.	n.a.	n.a.
Malaysia	38.6	17.0	30.2	64.4	1990s	16	56
Mongolia	36.0	22.0	3.7	13.7	2000	29	67
Myanmar	66.7	32.9	17.4	45.3	2001	24	46
Philippines	54.5	26.2	14.4	18.1	1990s	19	51
Rep of Korea	32.4	16.0	4.7	17.9	1990s	13	63
Singapore	16.3	4.3	13.8	50.0	1990s	17	55
Thailand	37.5	17.3	10.0	21.3	1990s	20	53
Timor-Leste	59.9	30.7	85.5	93.9	2004	46	76
Viet Nam	43.7	26.1	8.7	28.6	n.a.	n.a.	n.a.

Sources: For labour force participation and illiteracy UNDESA (2002a); for marital status UNDESA (2002b): except Cambodia (marital status) - Cambodia (2006); Mongolia (illiteracy and marital status) - Mongolia (2006); Myanmar (marital status) - Myanmar (2005) and Timor-Leste (illiteracy and marital status) - Timor-Leste (2006).

5.5 Rural-urban differences in population ageing

The Table 18 summarizes information for selected countries of East and South-East Asia for which this information is available. In all countries the rural population is more aged than the urban. Both fertility and mortality levels are known to be generally higher in rural areas. Though the differences in rural-urban ageing are not substantial in some cases, the direction of the difference suggests that the observed differences in ageing cannot be explained by fertility and mortality differentials. The different patterns of ageing in rural and urban reflect the impact of internal migration. Internal migration is characterized by an outflow of young adult cohorts from rural to urban areas. More of the younger people move out to urban areas for higher education or for employment. The ageing imbalance is aggravated by a flow of older people returning to their villages on retirement from their urban jobs.

Table 18: Rural-urban differences in ageing and feminization of ageing in selected countries of the ESEAR

Country	Year	Percentage of older persons in total population		Percentage of females in older population	
		Urban	Rural	Urban	Rural
Cambodia	1998	4.5	6.0	60.9	57.7
China	2000	9.7	10.9	51.3	51.2
DPR Korea	1993	7.7	10.6	63.8	67.3
Indonesia	2000	6.2	7.9	53.1	51.8
Malaysia	2000	5.4	7.5	52.7	51.8
Mongolia	2000	4.9	5.7	56.3	55.1
Philippines	1990	5.0	5.5	54.9	51.3
Thailand	2000	9.0	9.6	55.5	53.8
Timor-Leste	2004	3.5	6.5	49.7	48.4
Viet Nam	1999	7.5	8.1	58.3	58.7

Sources: UNDESA (2003a); except for Cambodia - Cambodia (2000); Mongolia - Mongolia (2002a); Timor-Leste - Timor-Leste(2006); and Viet Nam - Viet Nam (2000).

Another feature, common to all countries except DPR Korea and Viet Nam, is the lower proportion of females in the aged rural population. This again could be attributed to the pattern of migratory flows: the larger number of younger males migrating to urban areas leaving families behind; the higher incidence of return to rural areas of male urban retirees; and the greater likelihood of rural elderly widows moving to urban areas for joining the families of urban-based offsprings. The exceptional situation in DPR Korea and Viet Nam, as well as the insignificant rural-urban differences in China could be the result of regulations affecting migration. However, since not all migratory movement of working age adults from rural to urban areas is recorded, ageing in rural areas is likely to be more pronounced than the data suggest.[20]

Photo credit: UNFPA Viet Nam

Implications of Population Ageing

What key challenges are countries likely to face as a result of the ageing situation seen to be emerging during the next five decades? This Section reviews the implications of population ageing and the issues arising there from for policy makers to address. While populations of some countries in the ESEAR, namely Japan, Republic of Korea, Singapore and, to a lesser extent, China, have now been ageing for a considerable period of time, it is in Europe and North America that several MDCs have had much longer experience of population ageing. As such the various dimensions of the impact of population ageing have become far more evident in the MDCs. In discussing the socio-economic, cultural and political implications of population ageing, evidence from the MDCs is also cited wherever relevant evidence from the ESEAR is lacking.

In the light of the main features of the changing demographic scenario characterizing population ageing as outlined in sections 3 to 5, the various challenges arising as a result of the ageing of a country's population can be grouped into the following categories:

(a) Rising demand for health services
(b) Growing requirements for long-term care
(c) Declining family support
(d) Increasing needs of income and social security
(e) Extra attention during special circumstances

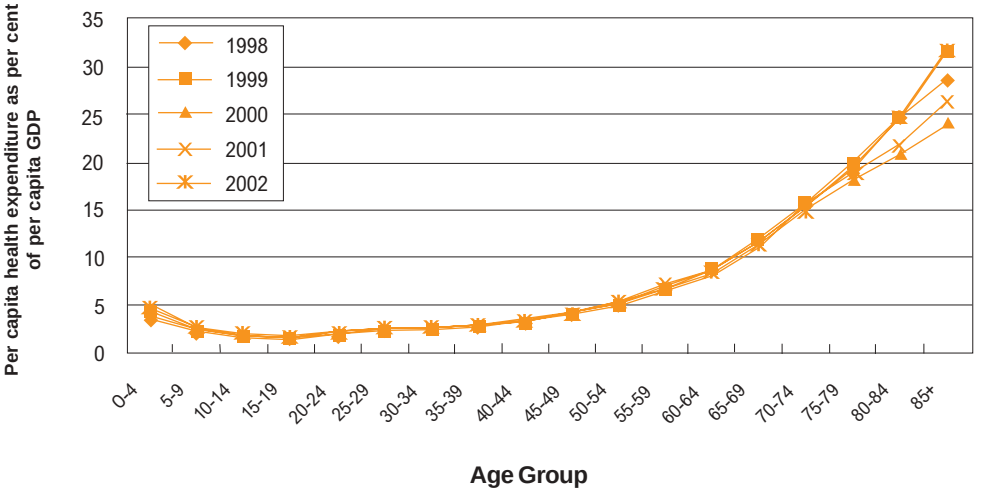
6.1 Rising demand for health services

Improving health standards reflected in increasing life expectancy that have contributed to the ageing of populations have meant that people are entering old age on average in better health than in the past and can also be expected to live longer. However, older people, more so the oldest old, are prone to a higher incidence of morbidity. Population ageing is therefore accompanied by an increase in terms of expenditures on providing health care. Evidence available from Singapore shows that in 1995, while people aged 65 and over comprised 7 per cent of the population, they accounted for 17 per cent of all hospital admissions and 19 per cent of outpatient polyclinic visits.[21]

Population ageing is also accompanied by what has been termed as the "epidemiological transition" – a shift in the patterns of morbidity and the causes of mortality. With the share of older cohorts increasing relative to that of the younger cohorts, infectious and nutritional disorders yield place to chronic, degenerative and mental illnesses as the leading causes of morbidity and mortality. Many disabling and chronic illnesses such as heart ailments, diabetes, stroke, hearing and visual impairments, dementia as well as the effects of trauma among older people are incurable and require long-term care. So do terminal diseases such as cancer. The higher incidence of morbidity coupled with the epidemiological transition lead to an increase in health expenditures.

Per capita health expenditures of older persons are estimated to be 3-5 times higher than of the not old; while within the older, the oldest old spend 2-3 times more than the "younger elderly".[22] Evidence from Japan (Figure 13) shows how per capita health expenditure increases with age.

Figure 13: Health expenditures by age group: Japan, 1998 - 2002



Source: Fukawa & Izumida (2004)

The resulting impact of population ageing on increasing health expenditures has been widely discussed in the literature. A World Bank study documents a strong positive relationship between the percentage of public spending allocated to health and the percentage of population over 60 years.[23] Another more recent study attempts a breakdown in the projected increase in health expenditures over the period 2005-2025 into two components: the increase due to population increase and the increase due to change in age-sex structure:

Table 19: Impact of population ageing on health expenditures

Region	Percentage increase in health expenditures, 2005-25		
		Percentage increase due to	
	Total	Population change	Change in age structure
Europe & Central Asia	37	15	22
East Asia & the Pacific	14	1	13
Latin America & Carribean	47	25	22
Middle East & North Africa	62	37	25
South Asia	45	27	18
Sub-Saharan Africa	52	43	9

Source: Gottret & Schieber (2006).

As shown in Table 19 above, the share of increase in health expenditures due to change in age-sex structure is projected to be more than that resulting from population increase in the two most aged regions – Europe and Central Asia and East Asia and the Pacific[24].

The needs of meeting the health-care requirements of the fast growing older and oldest old populations will call for increased budgetary allocations. Policy makers may be faced with making hard choices in the allocation of health-care resources. Unless other expenditures can be scaled down, they will have to choose between raising taxes or shifting part of the burden to the older persons by either raising insurance premiums or recovering at least part of the costs through service charges.[25]

6.2 Growing requirements for long-term care

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 care givers. In a number of cases the disability may be permanent which makes the elderly person dependent until death. As such 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 (Table 20) indicates the progression of disability with age among the older population and its higher incidence among older women.

Table 20: Incidence of disability by age and sex

Age (years)	China 1992		Cambodia 2004	Thailand 1999	
	(% reporting at least one functional limitation)				
	M	F	T	M	F
60-69	4.8	8.6	16.2	14.6	14.9
70-79	14.5	25.8	30.4	19.4	23.4
80+	37.4	58.7	44.2	27.6	36.0

Sources: China - Kaneda et al. (2004); Cambodia - Zimmer (2005a); Thailand - Jitapunkul et al. (1999).

Given the increasing incidence of disability with age, the ageing of the older population contributes towards increasing the proportion of the older population suffering from disability. Moreover, a higher incidence of disability among older women implies that feminization of ageing adds further to the burden of disability. A number of studies have also shown that women have a lower probability of recovering from disability than men.[26] Governments will therefore have to ensure appropriate long-term care facilities for an increasing proportion of the elderly population, particularly of the oldest old women.[27]

6.3 Declining family support

While the oldest old, particularly those suffering from a functional disability may find institutional care more comfortable,[28] in most Asian countries the norm has been for older persons to co-reside with and be taken care of by their family members. Though not the only form of family support, co-residence is the main component of family support and has been considered its best proxy indicator. Traditionally, in most cases it is the offspring who take the responsibility of care of parents in their old-age. Depending on circumstances, a common alternative is co-residing with younger siblings or their families as well as with nephews, nieces and other relatives. The tacit traditional inter-generational agreement is that parents raise children and when the children attain adulthood they in turn "repay" the parents by providing care and The support in their old age. Nonetheless, depending on their circumstances, older persons, particularly the older women continue to provide support in housework and looking after the grandchildren.

However, this traditional arrangement guaranteeing family support of the elderly has been undergoing some change. Data on older persons living alone available for some of the ESEAR countries (Table 21) highlights trends and gender differences in living arrangements. The figures reveal a stable or increasing trend in the proportion of the older population living alone. And, a higher proportion of elderly women than men are found to live alone. Also, except for China, a lower proportion of older women than men are reportedly living with a child or grandchild.

Table 21: Trends in living arrangements of older population

Country	Year	Percentage of older persons living alone			Percentage of older persons living with offspring or grandchild		
(age group)	Total	M	F	Total	M	F	Total
China	1990	9.5	8.4	10.8	71.0	68.4	74.3
(65+)	2000	9.5	8.4	10.7	64.1	60.1	68.9
Indonesia	1991	7.3	2.3	12.0	70.7	74.1	67.5
(60+)	1997	7.3	2.3	11.9	68.9	71.5	66.5
Japan	1985	8.7	n.a	n.a	61.8	n.a	n.a
(60+)	2000	12.7	n.a	n.a	48.3	n.a	n.a
Philippines	1993	3.6	2.7	4.4	76.6	78.9	74.5
(60+)	1998	5.3	4.0	6.4	74.7	76.2	73.2
Rep of Korea	1981	4.3	n.a	n.a	n.a	n.a	n.a
(60+)	1988	7.7	n.a	n.a	n.a	n.a	n.a
Singapore	1986	2.3	1.7	2.8	n.a	n.a	n.a
(60+)	1995	3.3	1.6	2.7	n.a	n.a	n.a
Thailand	1990	3.7	1.8	5.7	n.a	n.a	n.a
(60+)	1995	4.3	2.9	5.5	n.a	n.a	n.a

Source: UNDESA (2005)

The decline in co-residence is explained not only by the changing age-sex structure of the population, but also a number of socio-economic changes and value shifts. The traditional support base through family and kinship can be expected to shrink due to reduced family size, nuclearization of families, as well as migration both within and outside the country. In addition, globalization is contributing to an increase in the pace at which the divide between the attitudes of the older and younger generations is widening. Hence, the younger may prefer to live independently. Due to the widening inter-generational divide in attitudes, the older persons too may not find it easy to adapt themselves to the rapidly changing life styles of their offspring.[29] Increasing economic activity among women adds to the difficulties surrounding co-residence. Traditionally, it has usually been the daughter-in-law or the daughter who has been considered responsible for looking after the older relatives and a working woman is neither available nor can be expected to provide the required care and support. With falling fertility levels, the probability of older persons having grandchildren to keep themselves busy with is continuing to decline. The inclination for co-residence may therefore be declining not only among the new generations but also among the older persons.[30] There is evidence that the inclination among older persons to live under institutional care may be increasing, particularly in East Asia.[31] The challenge of having to ensure appropriate living arrangements for an increasing number of older persons, more women than men, will have to be taken up by the Governments. However, the modest declines in co-residence (except in Japan) suggest traditional family ties continue to remain strong. As such the focus should be on facilitating and strengthening family support for the elderly.[32]

6.4 Growing needs of income and social security

One of the implications of the foreseeable decline in co-residence would be an increase in the average cost of living of the older persons having to reside alone. Though, the Asian tradition of the offspring and younger relatives providing financial support to parents and older relatives remains strong and can be expected to continue, it is nevertheless weakening. With increasing demands on the younger generations to ensure the best education and the highest possible lifestyle for their children, financial support a relatively shrinking young population would be able to provide for the elderly can be expected to gradually dwindle. Being a *sine qua non* of poverty-free respectable old age living, the elderly's income security must be ensured. There are three main alternatives or supplements to family support: (a) gainful employment (b) social security and (c) welfare benefits. Social security benefits depend on an individual's past contributions to a pension plan or scheme, while welfare benefits are those to which a recipient is entitled because of need.

6.4.1 Opportunities for gainful employment for older persons

As a result of the widespread lack of comprehensive and universal formal retirement income maintenance schemes in the ESEAR, employment among older persons continues to be an important factor in financial security. However, it is becoming more and more difficult for older persons to find gainful employment. Agricultural employment, which has been a major source of employment for older persons in rural areas is shrinking due to urbanization, rapid economic change and increasing use of labour-saving technology. Older persons are the last ones to be hired in non-farm sector mainly due to age-related prejudices. Older women are even worse affected mainly due to cultural factors. There is a strong perception in most of the Asian societies that older persons are not supposed to be engaged in hard labour due to their age and weak physical status. This could also be due to the traditional respect for older persons. Also, the older persons, particular women, lack education and training. The participation of older persons in economic activity is on the decline.

Though some of the decline could be explained by increasing alternative sources of income (such as pensions and welfare payments), as well as by ageing of the older population (the economic activity rates decline with age), the decline appears far more than could be explained by these factors alone. During the second half of the previous century, the economic activity rates of older persons (65+) declined from 30.4 to 18.0 per cent in East Asia and from 51.0 to 34.5 per cent in South-East Asia.[33] Economic activity rates are expected to decline further invariably in almost all countries in the ESEAR (Table 22).

Traditionally, the proportion of economically active older men has been higher than the proportion of older women. However, the process of economic development in Asia and the consequent changing nature of technology and the increasing growth of formal sector will significantly affect the type and length of employment for older persons. In countries with larger urban sectors, due to less opportunities of informal sector employment, older persons are less likely to be able to continue in employment.[34]

Table 22: Economically active older population in countries of the ESEAR

Country	Percentage of population aged 65 years and more who are in the labour force					
	2000			2010		
	Male	Female	Total	Male	Female	Total
Cambodia	30.9	26.2	30.9	37.9	25.7	30.2
China	27.5	7.6	16.9	22.9	7.2	14.5
DPR Korea	27.6	13.7	18.5	24.4	12.2	17.2
Indonesia	48.5	24.1	35.2	40.4	23.1	30.8
Japan	33.4	14.4	22.4	27.2	13.4	19.4
Lao PDR	53.6	27.1	38.7	50.7	25.1	36.5
Malaysia	38.6	17.0	26.6	35.8	15.7	24.7
Mongolia	36.6	22.0	28.4	33.3	19.6	25.8
Myanmar	66.7	32.9	48.2	64.5	29.9	45.2
Philippines	54.5	26.2	39.1	50.1	24.1	36.0
Rep of Korea	32.4	16.0	22.2	29.3	14.5	20.5
Singapore	16.3	4.3	9.7	12.8	4.1	8.0
Thailand	37.5	17.3	26.1	35.1	15.7	24.1
Timor-Leste	59.9	30.7	44.8	56.2	30.1	42.8
Viet Nam	43.7	26.1	33.1	40.0	24.8	30.8

Source: UNDESA (2002a)

6.4.2 Social security for older persons

The alternative to employment for assuring older persons an independent source of income is social security in the form of pensions. In most countries of the ESEAR, as in most LDCs, the coverage of social security schemes has remained limited. It is only those who have had employment with State and public enterprises that have pension benefits. Most of the older persons, particularly in rural areas have been employed or self-employed in the informal sector: agriculture and services.

Table 23 brings out the differences in coverage of social security between the high and low income countries.

Table 23: Public pension spending and coverage by national income

National income level	Pension spending as % of GDP	Pension spending as % of govt. expenditure	Coverage of public pension scheme[a]
Low	0.7 (32)	3.9 (18)	10.2 (19)
Lower-middle	2.9 (29)	10.1 (16)	27.9 (16)
Upper middle	6.7 (20)	23.8 (13)	50.7 (7)
High	8.2 (23)	23.1 (20)	95.8 (12)

(a) Contributors as percentage of labour force
Note: Numbers in parentheses indicate the number of countries
Source: World Bank (1994).

The variations also highlight the relative severity of the challenge of population ageing faced by countries at lower levels of income, as noted in the Introduction. Evidence available on contributors to provident and pension funds (Tables 24) available for four countries of the ESEAR provides an indication of the limited coverage of social security.

Table 24: Coverage of provident and pension funds in the ESEAR, 2003

Country	Organization	Contributors as percent of labour force
Malaysia	Employees Provident Fund	48.7
Philippines	Social Security System Government Service Insurance System	20-25 4.5
Singapore	Central Provident Fund	60.0
Thailand	Social Security Organizaton Government Pension Fund	21-25 3.5

Source: Asher & Nandy (2006)

Even for those who have pensions, these are usually insufficient to meet the needs because in most cases pensions are not adequately index-based and their values erode with inflation.[35] Also, with greater expectations in the past of family support during old age, a number of today's older persons do not have a history of sustained payments into pension schemes. Cases where retirees have surrendered pension benefits in favour of withdrawing lump sums on retirement due to need (in many cases related to their children) are also not infrequent. The implications of lack of social security are more serious for older women as a higher proportion of them have never been employed and may have an obligation, similar to that of older men, to continue to support their families (children and grandchildren) with money and materials.

A decline in the Potential Support Ratio resulting from population ageing implies that a smaller number of workers have to contribute towards paying for the social security benefits of a growing number of older persons. This is particularly the case in the more common traditional social security systems – the Pay-As-You-Go – where the current work force has to pay for the benefits of current retirees. The demographic changes characterizing population ageing – ageing of the older population and its feminization – add further to the burden of maintaining social security systems. Not only are there more people who have to be paid pensions but also on average they have to be paid for a longer period of time.

6.4.3 Welfare benefits

Welfare benefits are distinguished from pensions in that they are not dependent on participation in a particular pension scheme or on past contributions. The entitlement to welfare benefits, which are state-funded, is based solely on age or/ and need. Welfare benefits could take the form of cash payments (such as Old Age Pensions), the provision of free or subsidized services (like health care), materials (such as fuel for heating), or discounts (as in pharmacies, travel etc).

A number of countries in the ESEAR have introduced monthly welfare payments to support destitute and poorest older persons who have no family support or any assured means of income. The eligibility criteria and the amount paid vary from country to country. Given the low level of income in most countries of the ESEAR, both the coverage of such schemes as well as the amounts paid out have, by and large, remained very small. Countries realize the need to widen the coverage of welfare schemes. For example, Thailand is taking concrete steps to increase the coverage of a scheme under which every eligible older person is

entitled to receive a monthly allowance of 300 Baht to 70 per cent of all eligible older persons. Governments should recognize the need for increased allocations for welfare benefits as a result of an increasing number of older persons as well as the ageing and feminization of the older population.

6.5 Circumstances for special attention

Events and changes usually affect different sections of society to varying degrees. As such during such occurrences, those who are more vulnerable need to be given special attention. Mostly, it is the opposite and such vulnerable groups tend to be overlooked. There are some situations in which the elderly are likely to be in more vulnerable position and require special attention.

6.5.1 HIV/AIDS

The impact of HIV/AIDS on older persons has been one of the widely discussed issues. The risk of older persons contracting the virus could be greater because of their frailty and lack of knowledge about safeguards. The prevalence of HIV/AIDS among the older persons is usually understated due to the higher levels of stigma they face.[36] The likelihood of their infection becoming known is also much less because their deaths as a result of AIDS may not appear as "untimely" as of the younger victims.

Older people also bear the brunt of having to look after their adult offspring infected by HIV. And when they die, the elderly parents are left to care for the orphaned grandchildren, some of whom may themselves be infected with HIV from birth. As such HIV/AIDS has had far-reaching economic, social and psychological effects on older people, destroying their hopes and security for the future, and bringing new responsibilities as household breadwinners and caregivers.[37] By hitting mostly the middle generation, HIV/AIDS strikes at the main player in the family who guarantees care for both the older and younger generations. HIV/AIDS deepens the poverty of already poor older people as they are now primary caregivers of those with HIV/AIDS and their grandchildren, and adds to their psychological trauma of losing an offspring and in many cases subsequently an infected grandchild. Older women are more adversely affected as the burden of care-giving falls disproportionately on them and they are also more likely to be single. The loss of an offspring is a greater loss when the spouse is also no longer there.

6.5.2 Epidemics

During epidemics too, older people are more vulnerable. Lack of access to information due to low level of education, low mobility and weak physical conditions make them more susceptible to unforeseen episodes. Older persons are known to have been more than proportionately affected by epidemics such as SARS. The higher incidence of SARS among older persons and their greater susceptibility to succumb to the disease have been shown by whatever limited data that has been available. Evidence from Hong Kong showed that the death rate from SARS was 43-55 per cent among the elderly patients as compared to 13-17 per cent among those below the age of 60 years.[38]

6.5.3 Conflicts and emergencies

In an emergency situation, older people are frequently overlooked with regard to the provision of basic needs due to their lack of access (social, political and physical), invisibility and marginalization. They have differentiated needs which are largely invisible in discussions of priorities in relation to humanitarian assistance, as are issues of intergenerational equity.

This happens in the aftermath of disasters, as was shown by the recent calamities like the Tsunami and earthquakes in Indonesia and Thailand. Statistical evidence is lacking as data on population affected and number of deaths disaggregated by age are virtually non-existent. However, evidence from Sri Lanka showed that 30 per cent of the official death toll of 451 were aged more than 60 years[39]. This was much higher than the proportion of older persons in the total population. In conflict situations too, though the impact on older adults

has not been sufficiently researched, their greater vulnerability and suffering are to a great extent predictable. The health of older people is affected by factors which existed prior to the conflict as well as others arising more directly from the conflict environment. They are exacerbated by forced migration and the disruption of health and social services. Older people are more attached to their homes and the environment and if displaced are likely to suffer more psychological trauma. Also, they are likely to lose their access to treatments necessary to maintain their state of health. In disasters, as well as conflict and emergency situations, the mainstay of support – the family – is severely disrupted and the priorities of younger adults can be expected to shift to ensuring their own and their children's survival rather than caring for older family members. Older women are more at risk of being victims of neglect and abuse in such circumstances.

6.5.4 Technological and environmental changes

Adequate living accommodation and agreeable physical surroundings are widely recognized as essential for everyone's well-being and especially for older persons who will tend to spend longer in their local environs than those in the working age.[40] In broad terms, the environment can be envisaged as two main sections: the internal to the home, and the external local environment in which elderly people and their families live. The interface between the two, home and locality, is also crucial. The built environment is represented by the housing stock, other buildings, roads, pathways, sewerage, electricity and other physical infrastructure. This is superimposed by a range of human services, the accessibility to which is also crucial.

The reality in many countries is that the local environments are rarely elderly-friendly, especially not to those who have even a small level of disability. Cities with few exceptions, offer a challenge of dense traffic, uneven surfaces, wide roads, stairs and escalators and various sidewalk obstacles. Even simple tasks such as shopping, walking on the pavement and boarding on a public transport are often made difficult. The situation in rural areas, where the bulk of the region's elderly populations live, is sometimes marginally better than the urban areas, but formal facilities for older people are likely to be far fewer.[41] This calls for increased sensitivity on the part of planners and policy makers to take into account the special needs and vulnerabilities of older persons while designing accommodations and built environments.

6.6 Positive implications

Population ageing has usually been described as presenting "challenges" and the older persons a "burden". How population ageing and the elderly can and have contributed towards socio-economic development has been mostly overlooked. Older people are known to have been able to play a positive role in promoting economic development; preserving the social fabric; and in maintaining or restoring harmony.

There has been considerable discussion in the literature of the increase in savings for investment in the wake of population ageing. As the proportion of older persons increases and the expectations of family support in old age begin to decline, there is a tendency for more and more people to increase savings for their old age. There is an increase in the number and amount of pension contributions which add to the savings available for investment. In agriculture and small-scale industries, the older persons have been able to preserve age-old skills which could still be of immense value in capital-short, labour-abundant countries.

Older people are the repositories of stories, of culture, of knowledge and of history. These are essential elements necessary to preserve the social fabric as well as to re-build societal structures. The elderly are also able to provide crucial guidance to their offspring in bringing up their children and look after the grandchildren. In many Asian homes,

the presence of a grandparent, particularly the grandmother, has facilitated the employment of younger women.

In societies emerging from destructive and disruptive periods, the elderly can provide the much needed leadership and guidance. In emergencies where the regular leadership structures have been disrupted or destroyed older people have proved, given their length of experience and knowledge of the community, to be capable of stepping in to leadership roles. They can help to preserve the cultural and social identity of communities in crisis and may be able to influence younger generations in peace building, community justice and other activities aimed at regenerating broken communities.[42] Elderly statesmen have usually been called in to restore normality in times of conflicts and crises.[43]

Photo credit: UNHCR/L.Taylor/UNFPA

Policy Responses to Population Ageing in Countries of East and South-East Asia

What measures countries in the ESEAR have taken to address the challenges arising as a result of the ageing of their populations? This Section provides a brief review of the main policy responses and measures taken by the countries, particularly since the turn of the century. As almost all the countries have contributed to as well as benefited in terms of policy guidance from relevant initiatives at the global and regional levels, an overview of these initiatives is provided before reviewing the policy initiatives of individual countries.

7.1 Global initiatives

Population ageing, as an issue of world concern, was for the first time raised at the global level by the Government of Malta in 1969 by a 'note verbale' to the Secretary-General of the United Nations requesting that the question of the Elderly and the Aged be included as a supplementary item of the agenda of the 24th Session of the General Assembly.[44] At that Session, a resolution was adopted calling for priority consideration to be given to the World's ageing situation. Until then, the issue had not attracted much attention at the international level. Discussions during subsequent years led to the holding in 1982 of the UN First World Assembly on Ageing in Vienna at which participating countries adopted the Vienna International Plan of Action on Ageing. In 1991 the UN Principles for Older Persons were adopted addressing the independence, participation, care, self-fulfillment and dignity of older persons. In the following year, marking the Tenth Anniversary of the Vienna Assembly, the UN General Assembly adopted a Proclamation on Ageing and designated 1999 as the International Year of Older Persons. In 2002, the Second World Assembly on Ageing was held in Madrid. The view of ageing had shifted considerably since the First Assembly as during the twenty year period a large number of developing countries too had started to experience population ageing.

7.2 Regional initiatives

Between the two World Assemblies on Ageing, UN General Assembly adopted a Resolution in 1995, which among others, called on UN regional commissions to formulate plans of action on ageing for the next century. The Economic and Social Commission for Asia and the Pacific (ESCAP) responded by convening a regional meeting to formulate a regional plan of action on ageing to mark the International Year of Older Persons. The Regional Meeting held in 1998 in Macao (China) adopted the Macao Declaration and Plan of Action on Ageing for Asia and the Pacific (MPA).

The MPA preceded the Second World Assembly of Ageing held in Madrid in April 2002 at which 159 countries adopted the Madrid International Plan of Action on Ageing (MIPAA). As countries of the Asia-Pacific Region committed themselves to implementing both MPA and MIPAA, ESCAP organized a regional seminar in Shanghai which came up with a regional strategy for the implementation of both the MPA and MIPAA. The Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 and the Macao Plan of Action on Ageing for Asia and the Pacific 1999 are the two major regional initiatives which countries of the ESEAR have mostly relied upon for guidance in the formulation and implementation of national policies and measures to address the challenges of population ageing.

7.2.1 Macao Plan of Action

The Macao Plan of Action (MPA) identifies immediate tasks for Asia and the Pacific focusing on four main areas: (i) understanding of the issues and implications of population ageing for society; (ii) the preparation of the population for an ageing process that is productive and fulfilling; (iii) the development of a service infrastructure and environment based on traditional and modern institutions; and (iv) the delivery of essential services needed by the growing number of older persons. The MPA addresses seven major areas of concern relating to ageing and older persons: (a) the social position of older persons; (b) older persons and the family; (c) health and nutrition; (d) housing, transportation and the built environment; (e) older persons and the market; (f) income security, maintenance and employment; and (g) social services and the community.

While outlining specific actions for each of the seven major areas of concern, the MPA emphasizes that implementation is primarily a national responsibility and calls for governments to designate a national coordinating body to provide policy direction and guidance and to ensure

cooperation among government agencies, NGOs, other social entities and the private sector in the implementation process.

7.2.2 Shanghai Implementation Strategy

The Shanghai Implementation Strategy (SIS) identifies four key dimensions: (a) Older Persons and Development; (b) Advancing Health and Well-Being into Old Age; (c) Ensuring Enabling and Supportive Environments; and (d) Implementation and Follow-Up. The first three are what the MIPAA lays down as the three priority directions. The fourth – Implementation and follow-up – is discussed separately at length in the MIPAA. The SIS identifies a total of 16 issues under the four key dimensions and recommends key actions for each issue. For countries which have a national plan of action on ageing already in place, the SIS emphasises the need for ensuring implementation. For countries which have not yet developed a national plan on ageing, it calls for immediate action to be taken.

Most importantly, through these two instruments – MPA and SIS – countries of the Asia-Pacific region have agreed upon a set of concise recommendations and specific guidelines as a framework within which individual countries can set their own goals and targets.

7.3 Policy responses at the national level[45]

Agreement of a country at a global or regional forum may not necessarily be translated into action at the national level. However, in the case of the ageing issue, it appears that overall the countries of the ESEAR are aware of the need to face the challenges and many of them have taken some measures to address the situation. Nevertheless, given the variations in the stage and pace of ageing confronting the different countries, as described in Section 5, wide differences between countries are to be expected in both their perception of and reaction to the situation. Overall, as reported in a recent UN review[46] – six countries (China, Japan, Republic of Korea, Singapore, Thailand and Viet Nam) view population ageing as a "major" concern. Though the remaining nine countries of the ESEAR cited population ageing as a "minor" concern, a brief review of national initiatives in each country shows that these countries too have initiated steps to address the ageing issue.

Cambodia

Of all the countries in the ESEAR, Cambodia has the lowest proportion of older persons in population, but faces a very high rate of growth in the older population which is projected to continue until 2050. The Government is cognizant of the emerging challenges and has identified the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MoSALVY) as the coordinating national agency for issues relating to the elderly. The Ministry has formed an Older People's Association to encourage the participation of the elderly in the formulation of policies and programmes. The Government's growing concern has been reflected in various policies and plans.

The National Population Policy, formulated in 2002/03, highlighted the emerging ageing issues drawing attention in particular towards the impact on ageing in rural areas due to the out-migration of younger adults. A comprehensive Policy for the Elderly, addressing various ageing-related issues was adopted in 2003. The elderly were also identified as a vulnerable group within the development of social safety nets and welfare programmes by the National Strategic Development Plan (NSDP) for 2006-2010 (that incorporates the CMDGs National Poverty Reduction Strategy). As reported in the NSDP, 194 Elderly Associations have been formed in 12

provinces and cities. Also, the Rectangular Strategy for Growth, Employment, Equity and Efficiency, a strategic government planning document, notes that social safety nets will be expanded, including welfare improvement programmes for the elderly, veterans and their families. The elderly are considered within the wider social safety nets and the Rectangular Strategy encourages the enhancement of the Law on Social Security which includes pension funds.

The UN system and other development partners, as well as the NGO (HelpAge International), have assisted particularly in capacity building and research. The National Committee for Population and Development is undertaking a literature review on the elderly in Cambodia. The Population Council in collaboration with the Royal University of Phnom Penh conducted a Survey of the Elderly in Cambodia in 2004 in Phnom Penh and the five largest provinces. UNFPA-Cambodia provided support for analyzing and dissemination of the data. Particular attention has been focused on how the elderly are affected by the AIDS epidemic. In April 2006, the Population Studies Centre issued two research reports entitled "The Impact of AIDS on Older-Age Parents in Cambodia" and "Poverty and the Impact of AIDS on Older Persons: Evidence from Cambodia and Thailand".

China

With older persons comprising more than 10 per cent of the population and growing at a rate of more than 3 per cent per annum, China is faced with the prospects of the proportion of older persons increasing to nearly 20 per cent in 2025 and 30 per cent by 2050. The Government considers population ageing to be an area of major concern and attaches a very high priority to the issue.

The Government established the China National Committee on Ageing (CNCA) in 1982. Subsequently Working Committees on Ageing as well as Older Persons Associations (OPAs) were also established at the provincial and local levels. In 1999, it set up the China National Working Commission on Ageing, consisting of 26 governmental and non-governmental organizations, including China Fund for the Elderly, China Association of the Universities for the Aged and the Gerontological Society of China. The National Working Commission also has counterpart commissions at sub-national levels. China thus has in place an appropriate institutional structure going right down to the grassroots level.

Given the importance of the need to formulate policies on the work of ageing, the Chinese Government drew up the Decision on Strengthening the Work on Ageing, the Seven-Year Development Programme for Ageing-related Undertakings in China (1994-2000) and the Tenth Five-Year Plan Programme for the Development of Ageing-related Undertakings in China (2001-2005). Government has also promoted research into various aspects of population ageing and a number of Universities undertake policy research the results of which have been productively used. Among the prominent research centres are the China Research Centre on Ageing and the Institute of Gerontology of the People's University of China.

The Government has introduced a wide range of measures aimed at addressing various challenges relating to population ageing. In 1996 it promulgated Law of the People's Republic of China on the Protection of the Rights and Interests of Older Persons and a number of local statutes concerning older persons aimed at eliminating all types of discrimination against older persons and protecting their lawful rights and interests through legal, administrative and educational means. The Law is currently under review and scheduled to be revised in 2007. Over the past two decades more than 70 laws, policies and regulations have been issued. The Government has also formulated a comprehensive 11th Five Year Development Plan for the Development Ageing Cause (2006-2010).

The Plan is very comprehensive and its implementation is expected to contribute to significantly improving the quality of life of the older persons.

The Government is in the process of reforming the existing social security system for the elderly population, gradually widening its coverage. A medical insurance system is being established countrywide trying to include both urban and rural older population. Although being criticized as unsuccessful, it is contributing to the reform in terms of providing innovative approaches for the country to address such critical issues as "becoming old before getting rich". It has encouraged the participation of older persons in public welfare activities. Vigorous efforts have been made to improve community welfare services, health care, cultural and sports activities for older persons, and to enhance the culture of respecting, providing for and assisting the elderly, accentuating the positive role of families. A large number of Universities for the Aged provide facilities for older persons and it is estimated that 2 per cent of all Chinese elderly (and almost 10 per cent in Shanghai) are currently enrolled.

Due to the small size of the family resulting from the one-child policy and with increasing internal migration as well as emigration, an increasing number of older persons are being left to live on their own. While the Government is making provisions for increasing facilities for institutional care, its preferred strategy is to encourage old people to remain in their own homes and the Government provides incentives to neighbours who are willing to look after the elderly in their locality. The long standing Chinese culture which inculcates a respect for the elderly augurs well for the continued success of this strategy.

UNFPA has provided support in the area of ageing since the mid-1980s, mainly through policy research and capacity building of research institutions. Under the CP5 (2001-2005) it supported a project on research to improve understanding of population ageing issues among policy makers. This included research on the strengthening of the capacity of grassroots level ageing associations and social support and participation of elderly women in rural and urban areas. Under the current CP6 (2006-2010) UNFPA is working with HelpAge International and the China National Committee on ageing to implement activities in 6 pilot sites in Western, Central and Eastern China. The project will support building of government capacity to formulate and implement evidence-based strategic plans and policies on ageing, with special emphasis on active and healthy ageing.

Democratic People's Republic of Korea

The rate of increase in the population of older persons in the Democratic People's Republic of Korea, at 3.5 per cent per annum, was among the highest in the region during 1975-2000. With older persons constituting 10 per cent of the population at the turn of the century, the Government has been well aware of issues related to population ageing and has introduced a number of measures to ensure the welfare of the older population.

The State takes care of the aged and the disabled. It provides elderly persons with free medical care through its universal free medical service system. For old people who have no other means of support, the State provides old people's homes. It also provides them with appropriate work for health and takes care of the material and cultural life of elderly population. The State enforces social insurance system and social security system to ensure appropriate living conditions for the disabled and the elderly people who have no care-taker. State financed sanatoriums and rest homes for the disabled and elderly people have been operational (approximately one in each province).

The Social Security Department, Ministry of Labour is responsible for coordinating matters relating to older persons. It is responsible for

admitting and ratifying the pension of the retired elderly people and managing several homes of the aged in the country (approximately one per province). It provides the Cabinet with suggestions on issues such as the assessment of the pension, which is disbursed in cash by the relevant Organs of People's Power based on the approval of Social Security Department. Pensions are mainly covered by State budget and the Organ of People's Power takes full responsibility of the lives of the elderly people. The Central Bureau of Statistics collects relevant data and the Population Research Centre of the Academy of Social Science undertakes policy research to provide a basis for necessary measures to be taken for the elderly people.

A number of laws and regulations have included special provisions for the elderly population. The "Law on Socialist Labour, DPRK", provides for pension payments to men at the age of sixty and women of fifty-five on the basis of the period they have been employed. The pension ranges between 30-60% of monthly salary paid prior to retirement. The aged of merit receive more pension depending on their contribution to the fatherland and people. In addition the State provides food amounting to more than 300g/day for retired people and 600g /day for the aged of merit. The "Statement of Labour, DPRK" also includes provisions for older persons, and the "Law on Family, DPRK", makes provision for the disabled and aged to be taken care of by their family in line with the traditional Korean customs.

Subsidies and other incentives are provided to younger people taking care of older parents or other elderly persons. The State also conducts continuous ideological and moral education through the mass media to encourage the younger generation to take good care of old parents. The State highly praises the merit of younger people taking care as of their own parents of the elderly who have no means of support.

Indonesia

In 2000 the older persons constituted 7.6 per cent of Indonesia's total population. This proportion is going to increase to 12.8 per cent in 2025 and to 22.3 per cent by 2050. While the proportion of older persons is not much higher than the average for South-East Asia, the number of older persons exceeds 15 million. The Government has therefore taken a number of steps to address issues relating to the older population.

In 1993 the Government formulated the Coordinating Minister for People's Welfare Decree which made the Minister for Social Affairs responsible for promoting the status of older persons. Highlights of policy on older persons are (1) The enactment of Law 13 in 1998 on Older Persons Welfare; (2) National Plan of Action for Older Person Welfare (2003-2008); and (3) Presidential Decree on the formation of the National and Regional Commissions on Ageing in 2004. The task of the National Commission on Ageing is to assist the President in coordinating the implementation of national policies and programmes, as well as rendering professional advice and recommendations.

Presently, older persons programme development is focused on community-based home care (PUSAKA) and older person empowerment in the rural areas. The main focus of these programmes is on poor and neglected older persons; the majority are older females. Specific health programmes for the elderly have been implemented, among others by establishing integrated geriatric services in hospitals and Community Health Services (PUSKESMAS). The Government has also formulated provisions on social assistance and social security especially for the neglected older persons by developing specific Social Security Gotong Royong, through empowering the potential traditional values of the community in promoting and protecting the status of the elderly.

UNFPA provided support to BKKBN/Minister's Office of Population for developing 1) a National Plan of Action on Family and Community Support

of the Aged Population, and 2) a multi-centre study on Social Cultural Aspects of the Ageing Population in Indonesia. This multi-centre study was later the impetus of the Indonesia Research on Ageing Population Network (InResAge) which included participating Population and Development centres in the 5 regions namely North Sumatra, Jogjakarta, East Java, Bali and South Sulawesi, besides Jakarta as the coordinating centre.

Japan

The population of Japan aged very rapidly during the second half of the last century. Though the rate of increase in the older population is projected to decline in 2000-2025 to half its current levels and further to only 0.2 per cent in 2025-2050, the increase in the large base population will make Japan to be the most aged country in the ESEAR and one of the most aged in the world until 2050. The proportion of older persons in Japan will increase to 35.1 per cent in 2025 and further to 42.3 per cent in 2050.

Japan is far ahead of other countries in the region in terms of policy responses to meet the challenges posed by population ageing. Majority of older Japanese enjoy very favourable conditions due to the expansion/improvement of the medical care system and the financial stability primarily provided by the pension programme. According to the Public Opinion Survey on Household Saving of the Central Council for Savings Information (1996), the elderly received 54.8% of their income from public pension.

In response to the concerns of the citizens, the Japanese government drew up the Ten-Year Strategy to Promote Health Care and Welfare for the Elderly (Gold Plan) in 1989. This plan proposed goals in health and welfare services for the elderly to be realized, concluding at the end of the ten-year plan in FY 1999. The budget for the Gold Plan exceeded 6 trillion Yen ($ 50 billion) for the entire ten-year period, the first long-term plan of this scale in the field of health and welfare. In 1994, five years into the plan, the New Gold Plan was formulated to incorporate revisions to the first plan and increase its effectiveness. Goals for establishing urgently needed infrastructure for care services for the elderly were identified and a basic framework for additional policies were presented.

The Public Long-Term Care Insurance System formally started nationwide in April 2000, ten years after the introduction of the Gold Plan in anticipation of the arrival of a super aged society in the twenty-first century. It supports in-home care of the entire society based on the establishment of various infrastructures for care services. The system has adopted an insurance system and provides care services rather than cash allowances. It aims to provide a stable fund to bear the increasing expenditures of older person who require long-term care such as those who are bed-ridden or have dementia. It offers two main types of services: in-home services and institutional services.

In Japan, the pension system covers nearly the entire population of the country, just like the medical insurance. Pension benefits rose markedly after the pension system was reformed in 1973 and since then additional revisions have been made. In April 2000, the "Adult Guardian Law" was implemented as well which shows great progress from the standpoint of protecting the property and lives of the elderly, defending their human rights and respecting their self-determination. As one of the identified measures for the realization of the Japan Rebirth Plan, Japan gives older persons an option to work until they reach the age of 70. At the same time, the package contains support measures for business proprietors who provide temporary employment to middle-aged and elderly workers on a trial basis and promote the arrangement of barrier-free workplaces.

Japan has in a sense turned the corner: the financial burden of population ageing is leading to re-thinking on how to reduce the benefits to which older persons have been entitled. A reduction in current pension benefits is being debated now due

to a serious concern over future financing of the pension system. Similarly, to safeguard the viability of its Universal Health Insurance System for the elderly the Government has introduced measures such as raising the minimum age of coverage, increasing premiums and re-introducing partial payments for treatment costs depending on income criteria.

Lao PDR

With older persons currently constituting less than 6 per cent of its population, Lao PDR is still in the early stages of population ageing. The older population is however growing at a faster pace than total population and the pace of ageing is projected to increase further during the second quarter of this century. Though for the immediate future the Government of Lao PDR considers ageing to be a "minor" concern, it recognizes the inevitability of the population ageing process in the foreseeable future and has initiated measures to address the expected challenges. Ageing-related issues are dealt with by the Division of Older Persons in the Department of Social Welfare of the Ministry of Labour and Social Welfare. The Lao National Front is also involved in older persons' issues. The Front is rooted from Central to village level. Older persons are considered as influential members of the community and family and their active participation is sought in the activities of the Front and its development agenda.

In 2005 the Laotian Government approved the First National Policy for the Elderly (NPE). The Sixth National Socio-Economic Development Plan (2006-2010) also touches on the elderly issue from the perspective of social security and proposes an improved pension scheme for retired government officials. Also, the elderly living alone are identified as one of the vulnerable groups in poverty analyses. The Government has undertaken a revision of the 1999 National Population and Development Policy (NPDP). The revision, now in its final stages, has been directed by the need to reflect emerging issues, one of which is population ageing. Care of the older persons has been added as an objective. Implementation measures suggested with respect to population include, among others, encouraging families to take responsibility of care for older persons, enhancing awareness of ageing among the population to prepare them for entry into old age, and creating enabling conditions to ensure job opportunities for the elderly.

UNFPA assisted the Government in its efforts and has provided support for revision of the NPDP and the formulation of the NPE. However, not many international agencies have shown interest in the ageing issue as it not one of their priorities in the country.

Malaysia

At the turn of the century, Malaysia was faced with the population ageing scenario common to several other countries of the ESEAR – a relatively low proportion of older persons in the population growing at a rapid pace. From 6.6 per cent in 2000, the proportion of older persons in the population is expected to more than double to 13.4 per cent in 2025 and exceed 20 per cent in 2050. Realizing the gravity of the emerging challenge, the Government has put in place several initiatives including a unified, holistic and multi-sectoral National Policy for the Elderly and a Plan of Action for its implementation. The Policy was formally announced in October 1995 and the Plan of Action was published in 1998. The coordination of the implementation of the Plan of Action has remained the responsibility of the Department of Social Welfare, now under the Ministry of Women,

Family and Community Development (previously the Ministry of National Unity and Social Development). There is also a high level National Advisory and Consultative Council of the Elderly which was established in May 1996.

The Government emphasizes the role of family care for older persons and views institutionalization of the elderly as a last resort. As such it has aimed at encouraging traditional forms of kinship support between the generations. For example, public housing authorities allocate ground-floor flats to families with aged or disabled members. In 1992, tax deductions on medical expenses incurred with respect to old-aged parents were introduced. In addition, the medical benefits enjoyed by government servants have been extended to include their parents. The mandatory age of retirement was increased from 55 to 56 years in 2003. Since 4 February 2004, the Merdeka Bonds, issued quarterly by Bank Negara with a maturity period of two years, have a guaranteed annual tax-free return of 5 per cent for retired persons (aged 55 and over) to encourage savings. To minimize the adverse effect of elderly care on female employment, the Government, with the cooperation and support of NGOs, has also established community-based day care centres to provide care for older persons during the day in the absence of family members. For older persons who are destitute and have no relatives to take care of them, the Government has established older persons' homes and provided financial aid. Federal schemes have been set up to provide assistance to the elderly by means of income supplements.

An Elderly Health Care Programme was introduced by the Ministry of Health in 1996, which included the set-up of a National Health Council for the Elderly. Geriatric wards and related services are being offered at some public hospitals. An increasing percentage of rural health care clinics have provided health care services for older persons and health persons have received training in handling elderly people. Health centres have also formed Senior Citizens Clubs (Kelab Warga Emas) to conduct recreational, social and health activities for the members.

In 2005, a new elective subject on "Basic Gerontology and Geriatric Services" was introduced to upper secondary level students. These include the provision of special counters and seating areas by Government agencies at their counter services and of rebates of 50 per cent on fares for domestic bus and rail travel. The Government's approach reflects its efforts at integrating older persons in the mainstream of development efforts rather than being concerned with providing welfare assistance.

The Institute of Gerontology, a research institution was founded in April 2002. Affiliated to the University Putra Malaysia, the Institute offers postgraduate studies in the field of old age and ageing. UNFPA has supported the project "Promoting active and productive ageing in Malaysia 2005-2007". Activities under the Project, which is implemented by the Institute, include a review of existing legal provisions to recommend changes to facilitate the employment of older Malaysians and undertake a profile of older Malaysians. Primary data has also been collected under the Project from older persons in selected pilot areas to assess the abilities, interest and needs of older persons to re-enter the workforce, as well as from prospective employers to explore possibilities and obstacles to the hiring of older persons.

Mongolia

Mongolia's older population is increasing at the rate of 4 per cent per annum which is among the highest in the ESEAR. As such, though Mongolia's population is still relatively "young", with the elderly comprising less than 6 per cent of the total, this percentage is expected to cross the 10 per cent mark during the first quarter of this century and exceed 23 per cent by 2050. The Government is fully aware of the situation and has taken steps for addressing the issues likely to arise with the changing population structure. The Ministry of Social Welfare and Labour is responsible for coordinating all ageing-related activities within the Cabinet. The Minister for Social Welfare and Labour chairs the National Committee on Population and Development, which has a sub-committee on elderly and ageing. The sub-committee coordinates inter-sectoral activities and oversees implementation of ageing-related activities. The Government has followed a participatory approach in addressing elderly-related issues, and in 2002 both governmental and non-governmental organizations including the Mongolian Association of Elderly People were involved in organizing the National Consultation on Madrid Assembly in collaboration with UNFPA and HelpAge International.

Key government policies reflect the growing concern. The State Policy on Population Development (2004) emphasizes the need to, among others, facilitate conditions for elderly to remain active members of society, ensure access to quality health services and create opportunities for life long education and employment. The Economic Growth Support and Poverty Reduction Strategy approved in 2003 notes the projected sharp increase in the number of older people and calls for implementation and updating various legal provisions relating to the elderly. In September 2005, the Government established, by Resolution No. 209, a Gerontological Centre under the jurisdiction of the Ministry of Health. The Centre's objectives include conducting research and training activities in the field of ageing.

Mongolia has continued the social welfare system developed during the socialist era and having a relatively wide coverage. Currently over 80 per cent of the elderly (males aged 60 years or more and females aged 55 years or more) are entitled to old age pension from social pension scheme for which the Government allocated 83 billion tugrug (US $69 million) in 2005. Poor and single elderly who do not receive old age pension receive social assistance benefits under the social assistance scheme. The Government continues to attach high priority to strengthening the legal framework for addressing issues relating to the elderly population. Issues relating to the elderly are covered in a wide range of laws and regulations such as the Labour Code, Law on Health, Law on Health Insurance, Law on Pension and Law on Social Welfare of Elderly. With a view to improving benefits for the elderly, a number of amendments and revisions were made in the Social Welfare Law Package in the first quarter of 2006. The National Programme on Health and Social Welfare of Elderly (2004-2008) adheres to the main principles of the International Plan of Action adopted at Madrid and is currently being implemented.

In addition to monthly pensions, the older persons are entitled to a one time supply of orthopedic, hearing and other devices produced in the country. They also enjoy discounts on various services including utilities and public transport and, given the severity of the winter, are provided fuel for heating. War veterans as well as spouses of deceased veterans receive additional allowances.

Donor interest in the ageing issue in Mongolia has not as yet matched the Government's growing concern. However, involvement of the UN System, particularly UNFPA is now on the increase. UNFPA supported the compilation and dissemination of the monograph on Elderly based on the 2000 Census data. It also provided support to the review process of Mongolia's National Programme on Health and Social Welfare of Elderly (2004-2008). In the coming cycle of UN

assistance it is expected that more attention will be devoted to ageing issue. The single elderly have been identified as one of the "vulnerable" categories in the UNDAF (2007-2011). These groups have been marked for special focus in the provision of quality socio-economic services and opportunities of decent work. One of the specific outputs included in RH component of the proposed UNFPA Country Programme (CP4: 2007-2011) is to provide "support to interventions for management of menopause". Though this may not exclusively target elderly women, the proper management would contribute to ensuring that women on the threshold of entering the elderly cohort enjoy less medical problems in old age.

Myanmar

The population of older persons in Myanmar is increasing at an annual rate of over 3 per cent and its proportion in total population is expected to increase from 6.8 per cent in 2000 to 12.1 and further to 21.6 per cent in 2050. Due to strong cultural traditions and the influence of religious teaching which inculcate a high regard for the older people, the Government does not feel the pressure of having to address the issue on a priority basis.

Nevertheless, the Government has taken measures aimed at improving the welfare of the elderly. Through its Department of Social Welfare in the Ministry of Social Welfare, Relief and Resettlement, it provides rice, funds for food, clothes and the salaries of the administrators of the Homes for the Aged that have traditionally been established by religious and voluntary social organizations, for those who are aged 60 and above and in need of care for various reasons. In 1993, in collaboration with WHO, the Government launched the Elderly Health Care Project aimed at promoting the health of the elderly in Myanmar and increasing the accessibility of geriatric care services. The Project was initiated in six townships and has expanded yearly to its present coverage of about 40. Manuals for provision of health care for the older people and pamphlets have been distributed to these townships. A clinic for the elderly opens every Wednesday where curative care is given and basic physical exercises are demonstrated to the elderly people. At the clinics, reading glasses are also distributed and intra occular lens are inserted free of charge for the elderly. The Social Security Act provides a Social Security Scheme under which the elderly are entitled to free medical care and cash benefits. However, the coverage of this Scheme is very limited.

Philippines

At the turn of the century, the proportion of older persons in the population of Philippines was less than 6 per cent. However, with the older population increasing at a high rate of 4 per cent, it is projected to exceed 10 per cent during the first quarter of this century. Though the ageing issue is not among its highest priorities, the Government has been aware of the situation and has taken a number of steps to enhance the well-being of older persons and promote their positive contribution to society.

The Philippine Constitution states that "it is the duty of the family to take care of its elderly members while the state may design programmes of social security for them" (Article XV, Section 4). The Department of Social Welfare and Development (DSWD) is the agency responsible for coordinating ageing-related activities. In 2000 the Government approved and adopted the Philippine Plan of Action for Older Persons (1999-2004). The Plan addressed eight major areas of concern: namely, older persons and the family; social position of older persons; health and nutrition; housing, transportation and environment;

income security, maintenance and employment; social services and the community; continuing education/learning; and older persons and the market. The Government also created an inter-agency National Executive Committee on Ageing to assist the DSWD in the implementation of the Plan.

A number of laws have been enacted for the benefit of senior citizens, including the Senior Citizen's Act (RA 7432), the Senior Citizen's Centre Act (RA 7876), and the Expanded Senior Citizens Act of 2003 (RA 9257). Together these laws ensure benefits and special privileges for older persons, like a 20% discount for older persons in a wide range of services, such as transportation, hotels, restaurants and recreation centres and purchase of medicines nationwide, as well as assistance by the government to those caring for and living with older persons in terms of tax exemption. A Senior Citizen's Identification Card is issued to each older person and an Office of the Senior Citizen's Affairs set up in every local government unit monitors the delivery of the benefits. There are Senior Citizens Centres in all cities and municipalities of the country run by the senior citizens themselves with support from local government units and NGOs. The DSWD is currently in the process of setting up a Federation of these centres. To promote employment of older persons, private companies are allowed an additional deduction from their gross income for taxation purposes the wages and salaries paid to older persons. Older persons have been encouraged to form cooperatives and have mini drug stores and groceries. Prices at these are lower than in the commercial drugstores and supermarkets, providing available and affordable drugs and medicines through social franchising.

UNFPA has supported the Commission of Population (POPCOM) in providing technical assistance to Local Government Units for the integration of the Population and Development Approach in the Local Development Plans. The approach integrates population dynamics and trends, including ageing-related issues. It has also provided fellowships for nationals to the UN International Institute on Ageing in Malta.

Republic of Korea

The Republic of Korea is currently the second most aged country in the ESEAR with older persons constituting 11 per cent of the population. With older persons continuing to increase at a rate of more than 3.5 per cent per annum during the first quarter of this century, one in every four persons in the Republic of Korea will be old in 2025.

Social policies in the Republic of Korea are based on the perspectives of "economic growth then distribution" and the value of filial piety. Government had not made any substantial efforts to provide security and social participation of the elderly until the 1980s. Elderly welfare relied almost exclusively on family and charity organizations including religious organizations. From the early 1980s, the issue of ageing began to be more widely recognized as one of Republic of Korea's most serious social problems which led to the enactment of the Elderly Law in 1981. In response to the growing concern of the public with the issue of retirement income in old age, a public old-age pension system was instituted in 1988. As a measure to promote the employment of elderly people, the Ministry of Health and Welfare instituted the Elderly Job Bank which led to the promulgation of Older Workers Employment Promotion Law in 1992 as a supplementary measure to improve the income status of older workers through re-employment. However, job opportunities for retirees have remained very limited.

As problems associated with ageing became increasingly diversified and more widely recognized, community care as an alternative to institutional care also began to receive public attention. From 1987 to 1992, the Government

provided financial assistance to several elderly-welfare agencies that offered home help and adult day-care services on an experimental basis. In 1993, the Elderly Welfare Law was revised to stipulate three kinds of community care services: home help, adult day-care and short-stay care. Another amendment to the Elderly Welfare Law in 1997 categorised welfare facilities for the elderly into four groups, namely, housing, health care, community care and leisure.

In order to guarantee a minimum living standard, the existing public assistance law (Livelihood Protection Law) was re-codified into the National Basic Livelihood Security Law (NBLS) in 1999 which came into force in October 2000. This new law purports to actually guarantee a minimum living standard to all Koreans and to recognize citizens' rights to a minimum living standard through a cash payment scheme. To be eligible to receive this public assistance, an elderly person must be below the poverty line, have no one legally responsible for supporting him or her and should be unable to work. As of 2001, the elderly recipients of NBLS benefits were 8 per cent of all elderly Koreans aged 65 and over.

The current social welfare policy measures to respond to the issues associated with ageing can be grouped into four principal categories of concern: income, maintenance, health care, housing and social services. Almost all of the national policies and programmes for the welfare of older persons are currently planned and implemented by the Ministry of Health and Welfare. Social insurance programmes for income maintenance and medical services, and social service programmes for older persons are planned by the Ministry of Health and Welfare and implemented through the Ministry of Government Administration and Home Affairs.

Singapore

Singapore experienced the fastest growth in the proportion of older persons in the region with an unprecedented annual rate of change of 4.2 per cent during 1975-2000. Older population is projected to increase at an annual rate of 5.2 per cent during 2000-2025. In the early 1980s, the Government began to recognize the likely impact an ageing population would have on society and set up the Committee on the Problems of the Aged. The Committee commissioned the first National Survey of Senior Citizens in 1983, the results of which were published in 1984. An Inter-Ministerial Population Committee was set up in 1984. In 1988, the National Advisory Council on the Aged was formed to undertake a comprehensive review of the status of ageing in Singapore. Among the many recommendations implemented was the establishment of a National Council on Family and Aged (NACFA), located in the Ministry of Community Development.

To meet further challenges of population ageing, the 1990s saw the development of three milestone policies that were implemented to deal with the problems related to social and health care of older persons, namely the Maintenance of Parents Act 1995, amendments to the Women's Charter and Advanced Medical Directives Act. In terms of funding policies for services for the elderly, the state applies the "co-payment" principle as far as possible. The individual consumer or his/her family is expected to pay a portion of the charges. This applies to the Medisave scheme, a compulsory medical savings scheme under Central Provident Fund (CPF), the Singaporean social security system. A sliding scale of charges is imposed, based on household income for community-based services such as home nursing, day-care and rehabilitation services. Recipients of Public Assistance, a financial scheme targeted towards destitute, frail or disabled elderly people, are entitled to free medical services at the government polyclinics. All Singaporeans above 60 are entitled to a subsidy of 75 per cent of the fees charged at polyclinics. Eldershield, implemented in September 2002, is a special insurance scheme that provides coverage for disability, especially in old age.

At present, the lead government ministry in charge of issues of ageing is the Ministry of Community Development, Youth and Sports (MCDYS) through the Elderly Development Division. The composition of the Inter-Ministerial Committee on Ageing Population reflects the policy of coordinating efforts in policy-making and decision-making. The twenty-one member Committee, chaired by the Minister for Communications, with the Minister of Community Development, Youth and Sports and the Minister of Health and Environment as deputy chairmen, comprises high-level representatives from the Ministries of Communications, Manpower and Trade and Industry.

The Central Provident Fund, as a national social security Fund, was established in 1955 as a form of retirement savings plan. Employees are required to save 20 per cent of their salary in a self-managed asset account with 16 per cent contributions from the employers. To make it more attractive for employers to employ older workers, the government has set a lower employers' contribution rate for employees who are 55 years of age or over. Apart from the CPF, there are two other schemes that act as a safety-net for older Singaporeans viz. Public/Social Assistance scheme (a maximum monthly allowance of S$230 equivalent to US $145) and the Medifund for poor patients who are unable to pay their hospital bills.

In line with its emphasis on family support, an aged dependent relief is provided under the income tax assessment. Through the Housing and Development Board (HDB) the government has socially engineered children to either live together or to live within a short distance of their elderly parents and/or parents-in-law. The schemes include priority allocation to extended-family applicants, housing grants to buy flats to live close to their parents and housing flats equipped with elderly-friendly facilities.

Thailand

Thailand's rate of growth in the older population during the last quarter of the 20th century at 3.7 per cent per annum was among the highest in the ESEAR. At the turn of the century, with older persons constituting 8 per cent of the total population, Thailand had the second most aged population in South-East Asia. It is projected that Thailand's older population will continue to increase at a rapid rate and its proportion in population will increase to 17 per cent in 2025 and 27 per cent in 2050. The Government's growing awareness of the emerging challenges is reflected in the increased priority given to the issues relating to older persons.

Following the Vienna Assembly on Ageing (1982), Thailand established the National Committee for the Elderly which developed the National Long-term Plan of Action for the Elderly (1986-2001). The Plan covered health, education, income and employment, and social and cultural aspects. Later, a Working Committee on Policy and Action for the Elderly was set up to formulate the Essence of the Long-term Policies and Measures for the Elderly (1992-2011) to help accelerate welfare actions of state organizations.

Following the inclusion in the Constitution (1997) of the provisions that the elderly (60+) with insufficient income have the right to receive aid from the State and that the State shall provide aid to the elderly and other vulnerable groups, the Government established the National Commission on the Elderly in 1999. It also created a Bureau of Empowerment for Older Persons under the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security as the focal point on population ageing in Thailand. The Commission formulated the Second National Plan for Older Persons (2002-2021) which focuses on the preparation for quality ageing, the well being of older persons, social security for older persons and research to support policy and programme formulation. These policy instruments, together with the Act on Older Persons 2003 provide the

policy framework for welfare promotion, protection and empowerment of older persons throughout the country.

The Government provides social welfare assistance of 300 Baht (approximately US $75) per month to poor and destitute older persons. It has also created an Older Persons' Fund with an initial outlay of 60 million baht. Adults who take care of their old parents have been given entitlement to tax exemptions up to a specified maximum based on their income. The 30 baht (approximately US $7.50) inclusive health care scheme also reduces the burden of the families in supporting the health care needs of their elderly parents and relatives. The Ministry of Public Health is encouraging community hospitals to run elderly clinics periodically and to provide home health services by visiting older persons in their own place. Government initiatives also include support to strengthen income security at old age, life-long education, day centres for health care and promotion, family assistance, counseling, and other social activities for the elderly, promotion of healthy behaviours from younger ages and creating awareness among the community by organizing social activities for older persons. The Government seeks to bring changes in the society's views on ageing – a "paradigm shift" on "ageing" and "ageism", looking at these not in a "negative" but "positive" light.

UNFPA's collaboration with the Government in the area of population ageing has increased in recent years. As part of South-South Cooperation, launched in 1994, UNFPA in close cooperation with Thailand International Development Cooperation Agency (TICA) supported several training courses and workshops for health professionals and Programme Managers. More recently under its CP-8 (2002-2006), UNFPA has supported a pilot project on the impact of HIV/AIDS and older persons in Northern Thailand. The Project, implemented by the Faculty of Nursing, Chiang Mai University, seeks to highlight the need for including older persons in the educational campaigns, prevention, treatment and care and support measures on HIV/AIDS as well as mitigate the multi-dimensional impact of the pandemic on the elderly – physical, emotional, psychological, social and economic. The findings would provide a basis for necessary policy planning and programme formulation. Older persons were included among the groups identified as "vulnerable" in the United Nations Partnership Framework (2007-2011)[47] and UNFPA's own involvement in the ageing issue will increase during the next Country Programme - CP9 (2007-2011).

Timor-Leste

Timor-Leste became independent in 2002. Up to that year, the elderly population in the country was covered by Indonesia's welfare policies. Since independence, no policy to address the need of the elderly has been formulated. The proportion of older population is not considered high enough to call for urgent attention and, according to traditional culture, it is the family that has to take care of the elderly. The socio-economic structures of Timor-Leste are essentially traditional, non-monetary and based on informal rather than formal social interactions. Only 5.2 per cent of the labour force is engaged in the formal sector and 76.2 per cent works in subsistence farming or fishing in small family-run productive units. Given the prevalent economic and social organization of the East-Timor society, the post-independence government, politicians, policy-makers, or the population itself, have not considered an official policy to meet the needs of the elderly to be a priority concern. A social security system has as yet not been developed and the only people that receive pensions are those who had worked as civil servants during the Portuguese and Indonesian administrations.

The First National Development Plan, an official document that proposes the post-independence development strategy, does however deal with the welfare of the elderly in general terms. The older persons are recognized as a vulnerable group and three actions are proposed: (a) reduce the cost of health care for the elderly; (b) develop pension

schemes; and (c) provide direct support in terms of food and clothing to those in an extreme poverty situation. However, specific measures to improve the welfare of the elderly are not stated. For the time being, given the socio-economic, demographic and cultural characteristics of the country, a government policy to meet the needs of the elderly does not seem urgent. However, with expected future changes, such as a rapid increase in the older population, declining support from the family or greater mobility, the Government would move towards drawing up and implementing specific measures to safeguard the welfare of the older population.

Viet Nam

The older population constituted 7.6 per cent of Viet Nam' s population in 2000 and is projected to increase at a sustained annual rate of over 3 per cent until 2050. Within the next ten years, older persons will constitute more than a tenth of Viet Nam's population and by 2050 almost one fourth. The Government has been fully conscious of issues related to population ageing and has introduced several measures to address the problems related to the elderly.

Viet Nam has an elaborate institutional structure to deal with ageing issues. The Department of Social Welfare, Ministry of Labour, Invalids and Social Affairs (MOLISA) is the coordination agency while the Ministry of Health is one of the key ministries implementing special programmes for older persons. MOLISA, with provincial departments as well as district and commune divisions, is well-placed to address the issue at various sub-national levels. Mass organizations that have a special role include, among others, Viet Nam Association of the Elderly (VAE), the VAE's network of Elderly People's Clubs, Association of Elderly People for National Salvation, Association of Veneration of Longevity, and Women's Union.

The Government has enacted a number of elderly-related policies and laws, such as, the Law on Health Protection and Care for Vietnamese citizens (1994) and the Ordinance on the Elderly (2000). MOLISA has coordinated the formulation of the National Programme of Action for Ageing Care, 2003-2010. The Programme applies a multi-disciplinary approach in order to create an enabling environment for improving care for the elderly, that will be implemented by different ministries and concerned agencies in Viet Nam. It provides for integration of issues and concerns of the elderly into socio-economic development plans from central to commune levels.

The Government has also issued decrees and directives on implementing the Ordinance on the Elderly, specifying the privileges older persons are entitled to and assigns specific tasks to each relevant Government agency at both national and local levels in ensuring the delivery of necessary services to older persons. Some of the welfare measures initiated include pension scheme for salaried workers working in the State owned and private organizations; Regulation on health insurance for people including very old people; Social Welfare schemes for people of Merit Scheme and for disadvantaged people, including the elderly. At social service facilities, including hospitals, clinics and other public socio-cultural facilities, older persons enjoy preferential treatment. Older persons without family are taken care of at Public Social Protection Centres established and run by the government. To facilitate the social life and activities of the older persons, the Viet Nam Association of the Elderly was founded in 1995 with chapters in all cities and provinces, embracing persons of the age of 60 and up from communes, wards to cities, both at central and local levels. The Association has always enjoyed effective state assistance.

UNFPA has provided support to Viet Nam in addressing ageing issues. The support has been focused on strengthening the policy framework for population ageing related care and interventions, and for improving the knowledge of issues and policy responses of policy makers and leaders from Government.

NATIONAL COORDINATING BODIES ON POPULATION AGEING AND OLDER PERSONS

Cambodia	Social Welfare Department, Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation
China	China National Working Commission on Ageing
Democratic People's Republic of Korea	Social Security Department, Ministry of Labour
Indonesia	National Commission on Ageing
Lao PDR	Division of Older Persons, Department of Social Welfare, Ministry of Labour and Social Welfare
Malaysia	Department of Social Welfare, Ministry of Women, Family and Community Development
Mongolia	Ministry of Social Welfare and Labour
Myanmar	Department of Social Welfare, Ministry of Social Welfare, Relief and Settlement
Philippines	Department of Social Welfare and Development
Republic of Korea	Ministry of Health and Welfare
Singapore	Elderly Development Division, Ministry of Community Development, Youth and Sports
Thailand	Bureau of Empowerment for Older Persons, Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups, Ministry of Social Development and Human Security
Viet Nam	Department of Social Welfare, Ministry of Labour, Invalids and Social Affairs

Photo credit: UNFPA Mongolia

Conclusion and Recommendations

This Report has shown that one-third of the world's older population lives in the countries of the ESEAR most of which will experience rapid population ageing until the middle of this century. The region will be host to a sizeable share of the increment in the world's population of older person during the next four to five decades. It is therefore important that governments and development partners have a realistic assessment of the magnitude and nature of the problem and put in place measures to meet the emerging challenges as well as exploit opportunities arising from population ageing.

During the past ten to fifteen years, global and regional initiatives, particularly the Second World Assembly on Ageing in Madrid, the Macao Plan and the Shanghai Implementation Strategy have contributed towards increasing awareness among governments on issues related to population ageing. In countries where the process of population ageing began earlier, the institutional structure has been in place for a longer duration and is well-developed. In others it is more recent and taking shape. Moreover, all countries have framed some policies, laws or programmes to address various issues relating to older people. However, there remains a need to step up policy and programme measures and increase budgetary allocations to deal adequately with the growing challenges. In this section we summarize the main conclusions relating to the ageing situation in the ESEAR and provide recommendations for improving the response to population ageing.

8.1 Conclusions

- The process of ageing (increasing proportion of the "older persons") is irreversible. The underlying demographic factors – declines in fertility and mortality – cannot be influenced by policy. Fertility is unlikely to rise again, at least in the foreseeable future, and mortality rates will improve further or at least stabilize.

- The older persons are themselves "ageing" and the increasing proportion of the "oldest old" will continue to rise adding a special dimension to the needs of care.

- The proportion of women is higher in the population of both the "older" and the "oldest old". Women are more vulnerable, even more so in their old age. Far more older women are single than older men.

- The extent of population ageing is greater in rural areas than in urban areas, largely due to the out-migration of younger adults. Though females comprise the majority of older persons in both rural and urban areas, the ratio of older women to older men is lower in the rural areas.

- Despite the shrinking family support base due to declining family size and an increasing trend towards the nuclear family, kinship ties in the ESEAR remain relatively strong and the care of older parents as well as older relatives continues to be accepted as a responsibility of the offspring and the younger relatives.

- Opportunities of gainful employment for the elderly, particularly women, are expected to become scarce, partly due to the introduction of new technology for which older persons lack the expertise.

- With a declining proportion of working age population, there is a narrowing of the tax base which aggravates the problems surrounding the availability of adequate budgetary allocations to support pension schemes and welfare benefits for the older persons.

- Social security schemes are not well established in the region and in most countries coverage is at best very limited both in terms of number of beneficiaries and the amount of benefits.

- Older persons undergo greater hardship in coping with day to day living as well as in crises situations such as natural calamities, epidemics, social unrest and political conflicts.

- The positive side of population ageing and the contributions older persons can make to socio-economic development have not been adequately highlighted resulting in an overall negative attitude towards ageing, even among older persons themselves.

8.2 Recommendations

The responsibility of implementing the recommendations listed below lies not on the government alone but on all sectors of civil society. As such NGOs, research and academic institutions, media, private sector, faith-based organizations, community-based organizations, national and local support networks would all need to contribute towards implementation. However, governments would have to take the lead and provide an enabling and supportive environment.

(a) Governments should improve collection of data needed to provide a better understanding of population ageing and assessment of its impact. It is important to ensure that data on older persons are collected with regular periodicity, disaggregated by age, sex, sub-national units and socio-economic characteristics.

(b) Institutional structures needed to address

ageing-related issues should be put in place or/and strengthened. Capacity of relevant staff should be built to deepen their understanding of population ageing and improve their skills in collection and use of data and conducting research for policy formulation, programming and monitoring and evaluation.

(c) In all policies and programmes for older persons, special attention should be focused on the needs of women who form a majority of the older and oldest old populations. Their more vulnerable status should be taken into account in the formulation and implementation of all relevant policies and programmes. Gender mainstreaming should be a key consideration in the design of all schemes relating to older persons.

(d) Programmes for older persons should take into account the higher incidence of poverty and lack of access to services faced by the older persons in rural areas. Older persons in rural areas are in a far more vulnerable situation than their urban counterparts, particularly in terms of the declining family support due to the out-migration of young rural adults.

(e) Health policies should incorporate provisions for financially and physically accessible health care services to meet the needs of the older population. Adequate attention should be paid to equipping health facilities with medicines and equipment needed for diseases of old-age and providing the required health personnel trained in geriatrics.

(f) Governments should seek to strengthen the capacity of the family, which remains the most preferred and main source of care and support for older persons, to be able to continue providing such care and support. Policy measures, such as tax benefits, allowances, home improvement assistance, should be introduced to support and encourage families to continue their caring role.

(g) Women, who constitute the majority of care givers at the family and community levels, should be provided appropriate concessions to facilitate combining care giving and employment through measures such as time off and promoting male responsibility in the caring for older persons.

(h) For older persons who are single or in need of acute and long-term care, Governments should encourage and support community-based care (health and psycho-social) which is found to have been more cost-effective and is in line with older persons' preference for 'ageing in place'. Where necessary, Governments should make provisions for institutional care.

(i) Governments should encourage and facilitate the formation of Older People's Associations/Clubs/Activity Centres to promote active ageing by providing a forum for older persons to participate in community affairs, assert their rights and claim their entitlements from the duty bearers.

(j) Gainful employment for older persons, able and willing to work, should be encouraged and facilitated. In the informal sector, older persons should be encouraged to continue in employment through improved access to credit and provision of inputs and means of skills upgrading. In the formal sector, continuation of employment of older persons should be encouraged by raising the mandatory retirement age and providing tax rebates for employers employing older workers.

(k) Governments should increase the scope and coverage of the state pension schemes, encourage the expansion of contributory private insurance plans and provide incentives for the development of traditional/indigenous community-based practices of ensuring social security. In addition, Governments should make adequate budgetary allocations for the provision of welfare benefits to all deserving older persons.

(l) In emergency circumstances, such as natural disasters, epidemics and conflict situations, Governments and Aid agencies should ensure that older persons are directly targeted in rescue, relief and recovery operations.

(m) Governments should ensure that issues relating to the impact of HIV/AIDS on older persons are adequately addressed.

(n) Governments should undertake to dispel the society's negative attitude towards ageing and older persons through measures such as media campaigns highlighting the contributions of older persons at the family, community and national levels. Teaching of respect for older persons and the inevitability of reaching old age to prepare younger generations to enter old age better prepared and with a positive attitude should be introduced in the curricula.

From the above recommendations it is clear that population ageing affects all aspects of life and a wide range of sectors. It is therefore essential that Governments should seek to mainstream ageing in all development policies, programmes and strategies, such as those for poverty alleviation, rural development and HIV/AIDS. For this it is necessary to have in place a strong coordinating ministry to develop a comprehensive policy for older persons jointly with relevant ministries, NGOs, civil society, donors, Older Persons Organizations and other stakeholders.

8.3 The way forward

The growing awareness of population ageing in all countries of the ESEAR and the existence of institutional mechanisms, which in most countries need to be further developed, provide the foundation on which to build on and move forward in addressing the challenges arising as a result of the unprecedented growth in the older population. Also, a number of the recommendations given above are being acted upon, again in varying degrees, in several countries. There is need for maintaining the tempo of growing interest in the issue and to strengthen both national efforts and regional cooperation in the area of population ageing.

Of utmost importance, at the national level, is to put in place comprehensive and systematic frameworks for gathering data and information and promote research to identify the circumstances and needs of older persons. Research should include identifying and establishing indicators which can be used to monitor the implementation of various measures aimed at improving the quality of life of the older population. Governments should encourage the active participation of NGOs, civil society and older persons' organization associations in the formulation, implementation and review of national policies and programmes of action on ageing. As the older persons are affected by and have a role in every aspect, emphasis should be placed on a multi-sectoral approach to population ageing.

The ESEAR includes countries ranging from those among the world's oldest (such as Japan) to those with very low proportion of older persons in the population (such as Cambodia and Timor-Leste). This has provided a unique opportunity of cooperation at the regional level which needs to be further exploited in addressing population ageing. Inter-country exchanges of information and experience on ageing should be promoted through sub-regional, regional and interregional activities, including South-South cooperation.

UNFPA has assisted member countries in addressing ageing issues and also actively promoted and participated in relevant regional activities, both on it own and in collaboration with other agencies particularly the UN-ESCAP, the regional Economic and Social Commission for Asia and the Pacific. At the country level it should enhance its efforts in drawing attention to the ageing issue. It should encourage and assist member states in undertaking detailed situation analysis of

population ageing and how it is seen evolving during the next four or five decades. Just as extent of ageing varies between countries and between rural and urban areas in most countries, it also varies between regions within each country. The regional dimension of ageing should be looked at by each country so that priority can be given to the more aged areas in efforts towards addressing the ageing issues.

UNFPA should also enhance its regional level activities, particularly in assisting inter-country exchanges so that the "late agers" can learn from the "early agers". The ESEAR's situation of having countries with the widest differences in levels of population ageing can and should be beneficially exploited in dealing with the issue in this most rapidly ageing sub-region.

ENDNOTES:

1 In the developed countries 65 years had been mostly used as the age for defining "older persons". The International Plan of Action on Ageing adopted at the First World Assembly of Ageing (Vienna, 1982) used age 60 years for defining "older persons". This was endorsed at the Second World Assembly on Ageing (Madrid, 2002). In this Report we use this UN definition of "60 and over" for "older", also referred to as the "old" or "elderly".

2 While doubling of the proportion of population (65 and over) from 7-14 per cent took 115 years in France and 85 years in Sweden, it is projected to take only 26 years in China, 22 years in Thailand and 19 years in Singapore. For more examples of the wide differences in the pace of population ageing between developed and developing countries, see Kinsella & Phillips (2005).

3 "We must be fully aware that while the developed countries became rich before they became old, the developing countries will become old before they become rich", Brundtland (2002).

4 The Report covers 15 countries of the East and South-East Asian region. East Asia includes: China, Japan, the Democratic Republic of Korea, Mongolia, and the Republic of Korea. South-East Asia includes: Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste and Viet Nam. Figures for China's Special Administrative Regions of Hong Kong and Macao which account for less than 0.5 per cent of the region's population are included in the regional totals but not in those for China. Also, figures for Brunei Darussalam (in South-East Asia) are included in the regional totals but the country is not included in the country level analysis. UNFPA does not have a programme in Brunei Darussalam (total population less than 0.4 million) just as it does not in Japan, Republic of Korea and Singapore. The latter three, being the most aged populations in the ESEAR, are however included in the country analysis.

5 More Developed Countries (MDCs) include all countries of Europe, North America, Australia, New Zealand and Japan. Less Developed Countries (LDCs) include all countries of Africa, Asia (excluding Japan), Latin America, the Caribbean, Melanesia, Micronesia and Polynesia. Except where shown separately, figures for Japan are included in the totals both for the MDCs and for East Asia.

6 The basis of this assumption has been much debated. There is little consensus in the literature on a likely upturn in fertility. Some researchers argue that there can be no limit to decline in the level of fertility. See, for example, Goliani (1998). See also Coleman (2001).

7 It would be appropriate to point out here that improvements in life expectancy and survival rate are also projected for cases where life expectancy declined during 1975-2000 due to the high incidence of HIV/AIDS. At the regional level, life expectancy at birth declined during the last quarter of the 20th century from 46.7 to 45.4 years in East Africa and from 54.7 to 46.4 years in Southern Africa. Some countries in both these regions registered spectacular declines, the most striking being Botswana where life expectancy at birth dropped from 56.4 to 36.1 years during 1975-2000.

8 Though there is as yet no scientific evidence of human longevity being limited, demographers still assume that there is an upper limit to life expectancy and improvement in life expectancy can hence be expected to slow down. For references to the continuing debate on whether or not there is a natural upper limit to the human lifespan, see for example, Arking, Novoseltsev & Novoseltseva (2004).

9 It is relevant to point out here that in Japan the older population overtook the younger population in the early 1990s and its Ageing Index had reached 158 at the turn of the century, UNDESA (2002a)

10 This relationship holds mostly but not always. In cases where, due to extraordinary circumstances, there is a decline in the proportion of working age adults, the median age could depending on the extent of this decline fall while the proportion of older persons in the population increases. Among the ESEAR countries, for example, the median age declined while the proportion of older persons increased in Lao PDR (1975-2000), Myanmar (1950-1975), Timor-Leste (1975-2000) and Viet Nam (1950-1975). UNDESA (2002a)

11 Those aged "80 and over" are referred to as the "oldest old". In this Report we use the terms "oldest old" and "oldest" interchangeably.

12 Japan, already the country with the oldest population having a median age of 41.3 years in 2000, is projected to maintain this status to 2050 with a median age of 53.2 years. UNDESA (2002a).

13 Normally working age population is defined as 15-64 years, as a large proportion of 60-64 are economically active. For comparing gender differences among the old in economic activity we therefore use rates for 65+.

14 Definition of literacy varies across countries and data are also not available for all countries. Hence, we will discuss gender differences in literacy levels on the basis of individual country data in Section 5.

15 See United Nations (1987).

16 Skeldon (2001).

17 Space precludes a detailed analysis of trends in each country. The purpose here is to highlight any significant variations and explain specific cases in trends where doing so could provide some guidance for policy formulation. It is expected that each country will embark on a national situation analysis in which the issues highlighted in this situation review will be analysed in detail.

18 To facilitate comparability between countries, data for all countries (except where stated) are taken from UN or World Bank databases and may therefore differ from figures available from national sources.

19 It is encouraging to note that the governments of Cambodia, Lao PDR, Mongolia and Philippines, despite the current low proportions of older persons in the population of these countries, are well aware of the challenges likely to emerge sooner than later. During 1999-2005 all have adopted specific policies or enacted laws aimed at addressing the problems of the older persons. Some further details are given in Section 7 below.

20 Skeldon (2001).

21 Phua Kai Hong (2000).

22 See Mahal & Berman (2001) and Iwamoto (2001).

23 For the evidence based on data for 66 countries, see World Bank (1994).

24 The Bank's demarcation of regions varies from that of the United Nations.

25 In view of rapid population ageing, the Japanese Government has been introducing reforms in its Universal Health Insurance

System for the elderly. Measures to safeguard the financial viability of the system have included raising the minimum age of coverage, increasing premiums and re-introducing partial payments for treatment costs depending on income criteria. See, among others, Katsumata (2002) and Fukawa & Izumida (2004).

26 For references see Danan & Zeng (2004). Data for 1985-1989 for Indonesia, Japan, Myanmar and Thailand shows a higher percentage of male than female life expectancy at age 65 as free of disability, Waidmann & Manton (1998).

27 In a study on the impact of ageing on health and elderly care, Leslie Mayhew concludes: "Large increases in disability due to ageing are predicted, regardless of the methodology used. The association between ageing and disability will lead to potentially large increases in the numbers of people requiring personal care in both MDCs (more developed countries) and LDCs (less developed countries), although the estimates for LDCs are much less certain than for MDCs. Whereas in MDCs the number of people with disabilities is projected to plateau around 2050, the number of individuals with disabilities in LDCs will continue to grow. Mayhew (2000)".

28 In most countries, including the few of the ESEAR for which data are available, the proportion of population living in an institution increases sharply for those aged 75 and over. Also, a higher proportion of women than men live under institutional care. UNDESA (2005).

29 This is typical in the case of marriages outside the family and even more so of cross-cultural marriages as the older people may find it particularly difficult to adjust to an offspring's "strange" spouse.

30 The attitudinal changes have been the most marked and the best documented in Japan. In 1963, a survey of Japanese women of childbearing age showed that about 80 per cent thought it was either "a good custom" or "a natural duty" to care for ageing parents. By 1992, this figure had dropped to 49 per cent. Two thirds of the Japanese women surveyed in 1950 had expressed an expectation of depending on their children for support in old age. This proportion had dropped to 16 per cent by 1992. UNDESA (2005).

31 French (2006).

32 Some countries in Europe too, are encouraging families to provide care and support to older persons, especially the oldest old by introducing concessions and incentives for those who provide care to older family members. For examples see UNDESA (2002c).

33 UNDESA (2002a).

34 UNESCAP (2002a).

35 There is increasing discussion in the literature of the inadequacy of pension systems in terms of the proportion of beneficiaries, the number of risks covered and the benefits. See, for example, Yamabana (2005) and Asher (2006).

36 HelpAge (2005).

37 For examples, see among others, Saengtienchai & Knodel (2001); Knodel & Im-Em (2003); CRCA (2005); and Knodel, Zimmer, Kim & Puch (2006).

38 MacKenzie (2003). See also Chan (2004).

39 Loos-Jayawickreme (2006).

40 United Nations (1998); and Phillips & Yeh (1999).

41 United Nations (2002b).

42 A case study in Indonesia documents the positive contribution of older persons during the Tsunami of 2004: the older persons "stressed the importance of village cooperatives, rebuilding of markets, health clinics and availability of clean water source in their villages (personal communication). In terms of their knowledge and experience in disaster mitigation, many of them still informed younger members of their experience in disaster responsiveness such as recognizing the early signs of a tsunami and an exit strategy towards higher ground so that in the case of Afula and Lahewa (districts) many lives were saved though their houses were totally destroyed". Nugroho (2005).

43 The most recent examples are of the Prime Minister of Nepal, Mr. Girija Prashad Koirala and General Prem Tinsulanonda, Former Prime Minister of Thailand

44 For a chronology of global initiatives in ageing see Fenech (2006).

45 Material in this section has been drawn heavily from individual Country Statements to the Madrid Assembly and, in several cases, inputs from UNFPA Country Offices. The country reviews are not intended to be detailed or provide an exhaustive list of actions being taken by each country. The purpose is to provide an idea of the Government's awareness of the progressive population ageing process and its consequences, and to describe the measures introduced by each government. A critical analysis of the assessment of implementation is beyond the scope of this regional level situation analysis and it is expected that this will be covered by a detailed national situation analysis a country may choose to undertake.

46 UNDESA (2006)

47 United Nations equivalent of the UNDAF in Thailand.

Annex I: Statistical data

Table A-1

Population (thousands)

World											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	1,257,376.2	1,262,118.8	2,043,037.3	2,022,470.8	3,051,099.3	3,005,615.6	3,984,239.5	3,952,501.3	4,652,676.3	4,669,574.9
	0-14	441,021.0	422,781.5	764,815.3	728,504.3	932,177.3	882,347.4	988,323.7	943,089.9	999,109.3	955,459.3
	15-59	724,995.9	725,220.9	1,125,050.4	1,097,969.2	1,847,478.0	1,788,926.7	2,452,528.9	2,365,852.5	2,751,352.2	2,652,563.8
	60+	91,358.4	114,116.5	153,171.5	195,997.3	271,443.9	334,341.6	543,386.8	643,558.8	902,215.7	1,061,551.9
	80+	5,243.4	8,537.5	11,540.3	19,876.3	24,028.6	45,218.7	56,151.5	97,289.6	143,209.2	235,756.9

More Developed Countries											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	387,647.9	425,926.1	506,244.7	542,020.2	579,526.2	611,902.3	592,739.3	626,094.8	573,951.7	607,156.4
	0-14	112,998.4	109,490.7	129,854.8	124,059.3	111,671.4	106,272.5	93,913.8	89,120.0	94,153.6	89,333.2
	15-59	234,130.3	261,481.9	311,671.4	320,981.9	372,024.7	370,017.8	349,314.8	342,896.2	306,354.0	296,160.9
	60+	40,519.2	54,953.5	64,718.5	96,979.0	95,830.1	135,612.0	149,510.7	194,078.6	173,444.1	221,662.3
	80+	3,114.0	5,415.7	5,864.6	12,537.2	11,334.6	25,645.5	22,412.2	43,706.4	40,407.5	72,560.3

Less Developed Countries											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	869,728.4	836,192.8	1,536,792.6	1,480,450.6	2,471,573.1	2,393,713.0	3,391,500.2	3,326,406.3	4,078,724.8	4,062,418.5
	0-14	328,023.0	313,290.9	634,960.5	604,445.0	820,506.0	776,074.9	894,409.9	853,969.9	904,955.7	866,126.0
	15-59	490,865.7	463,739.0	813,379.0	776,987.3	1,475,453.3	1,418,908.8	2,103,214.0	2,022,956.2	2,444,998.3	2,356,402.9
	60+	50,839.7	59,162.9	88,453.1	99,018.3	175,613.8	198,729.3	393,876.3	449,480.2	728,770.8	839,889.6
	80+	2,129.4	3,121.8	5,675.7	7,339.1	12,694.0	19,573.0	33,739.5	53,583.2	102,801.7	163,196.6

East and South East Asia											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	435,169.7	415,386.3	722,417.7	695,576.4	1,018,662.5	984,534.1	1,197,028.7	1,180,405.1	1,229,468.2	1,236,031.7
	0-14	155,305.5	143,486.2	282,533.1	267,681.9	271,547.4	250,863.3	239,270.5	224,324.8	220,461.5	206,663.2
	15-59	252,738.0	238,449.8	395,084.1	373,574.1	651,909.2	624,609.6	755,086.1	720,292.6	695,050.7	656,402.1
	60+	27,126.2	33,450.3	44,800.5	54,320.4	95,205.9	109,061.2	202,672.1	235,787.7	313,956.0	372,966.4
	80+	890.3	1,748.3	3,129.3	4,517.0	7,064.2	13,054.5	19,578.1	34,842.5	55,335.5	95,566.3

East Asia											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	346,438.9	326,044.2	561,731.0	534,995.3	757,590.3	723,485.0	851,936.3	833,269.7	832,928.9	832,268.5
	0-14	120,829.9	108,718.2	214,112.1	200,849.3	185,558.6	167,725.7	156,339.9	144,634.8	139,211.9	129,097.7
	15-59	203,441.6	189,652.6	311,312.2	289,600.5	493,922.4	466,916.0	533,327.9	500,356.9	459,600.3	426,126.3
	60+	22,167.4	27,673.4	36,306.7	44,545.5	78,109.3	88,843.3	162,268.5	188,278.0	234,116.7	277,044.5
	80+	625.8	1,386.7	2,677.4	3,851.4	5,816.4	11,269.3	16,394.4	29,814.5	45,165.6	77,952.1

South East Asia											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	88,730.8	89,342.1	160,686.7	160,581.1	261,072.2	261,049.1	345,092.4	347,135.4	396,539.3	403,763.2
	0-14	34,475.6	34,768.0	68,421.0	66,832.6	85,988.8	83,137.6	82,930.6	79,690.0	81,249.6	77,565.5
	15-59	49,296.4	48,797.2	83,771.9	83,973.6	157,986.8	157,693.6	221,758.2	219,935.7	235,450.4	230,275.8
	60+	4,958.8	5,776.9	8,493.8	9,774.9	17,096.6	20,217.9	40,403.6	47,509.7	79,839.3	95,921.9
	80+	264.5	361.6	451.9	665.6	1,247.8	1,785.2	3,183.7	5,028.0	10,169.9	17,614.2

Table A-1

Population (thousands)

Cambodia											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	2,172.8	2,173.0	3,552.4	3,545.4	6,389.4	6,714.6	11,045.1	11,265.2	14,819.4	15,064.0
	0-14	924.4	910.3	1,513.9	1,485.2	2,915.6	2,833.8	3,886.5	3,749.7	3,707.3	3,562.8
	15-59	1,159.0	1,154.7	1,888.3	1,879.6	3,268.5	3,515.2	6,561.6	6,625.2	9,574.2	9,537.5
	60+	89.4	108.0	150.1	180.6	205.4	365.7	597.0	890.1	1,537.8	1,963.8
	80+	4.1	5.7	6.1	9.3	16.4	23.9	34.7	73.2	118.2	234.5

China											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	288,200.2	266,559.8	477,851.4	449,956.3	655,701.8	619,431.0	747,208.6	723,578.3	734,502.6	727,555.6
	0-14	98,710.5	87,336.8	189,190.3	177,187.3	166,728.2	150,109.6	140,412.2	129,511.6	123,887.9	114,545.3
	15-59	170,971.0	156,169.5	259,592.0	237,503.2	427,410.1	401,985.8	472,036.8	441,303.0	408,984.9	377,659.6
	60+	18,518.7	23,053.5	29,069.1	35,265.7	61,563.4	67,335.7	134,759.8	152,763.8	201,629.8	235,350.8
	80+	471.3	1,087.4	2,179.0	2,925.8	4,046.2	7,480.2	11,166.0	19,489.4	36,842.9	62,314.7

Democratic People's Republic of Korea											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	5,462.9	5,352.5	8,122.8	7,894.7	11,178.7	11,089.7	12,893.4	12,978.8	13,900.3	14,137.5
	0-14	2,242.8	2,162.0	3,135.7	2,978.9	3,017.2	2,884.6	2,891.4	2,747.0	2,825.5	2,683.1
	15-59	2,953.0	2,859.1	4,568.1	4,399.1	7,160.8	6,969.0	8,232.3	8,002.2	8,285.0	7,966.5
	60+	267.1	331.4	419.0	516.6	1,000.7	1,236.0	1,769.8	2,229.6	2,789.8	3,487.9
	80+	9.1	15.2	23.5	48.7	59.1	118.0	171.7	349.2	426.1	791.1

Indonesia											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	39,455.1	40,082.9	67,379.4	67,191.4	106,378.9	105,713.2	136,531.9	136,379.4	154,387.7	156,947.3
	0-14	15,176.4	15,979.5	28,274.1	27,375.7	33,175.9	32,055.6	31,928.9	30,769.8	31,731.5	30,302.3
	15-59	21,876.6	21,552.7	35,719.0	35,941.0	65,808.7	64,908.0	88,329.0	86,907.0	91,043.8	88,723.5
	60+	2,402.1	2,550.7	3,386.5	3,874.7	7,394.3	8,749.5	16,274.1	18,702.6	31,612.3	37,921.6
	80+	128.2	147.3	172.0	239.2	446.6	643.1	1,232.3	1,948.7	3,621.1	6,482.2

Japan											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	41,003.0	42,622.0	54,880.0	56,644.0	62,212.0	64,884.3	59,615.8	64,181.7	52,088.1	57,132.1
	0-14	15,052.0	14,591.0	13,892.0	13,217.0	9,583.1	9,111.0	7,697.6	7,299.9	7,013.9	6,653.4
	15-59	23,107.0	24,438.0	35,252.0	36,115.0	39,790.0	39,094.5	33,153.8	32,159.6	25,145.3	24,179.3
	60+	2,844.0	3,593.0	5,736.0	7,312.0	12,838.9	16,678.8	18,764.4	24,722.3	19,928.9	26,299.4
	80+	126.0	250.0	425.0	761.0	1,520.3	3,251.0	4,358.1	8,563.1	5,726.3	11,056.2

Lao People's Democratic Republic											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	897.0	858.0	1,523.3	1,501.0	2,635.7	2,642.8	4,385.5	4,335.9	5,737.7	5,699.8
	0-14	376.6	358.5	641.9	631.2	1,147.7	1,108.6	1,453.0	1,395.5	1,354.4	1,304.7
	15-59	482.6	456.3	815.7	797.7	1,349.5	1,376.9	2,648.4	2,613.2	3,656.1	3,597.0
	60+	37.8	43.2	65.7	72.1	138.6	157.4	284.1	327.3	727.4	798.1
	80+	1.8	2.7	2.2	3.1	11.2	14.2	19.9	28.2	66.8	89.0

Table A-1

Population (thousands)

Malaysia											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	3,144.3	2,965.6	6,168.8	6,089.0	11,254.8	10,963.7	15,757.9	15,568.3	18,962.4	18,887.6
	0-14	1,256.3	1,242.5	2,614.1	2,545.7	3,891.0	3,684.2	3,801.5	3,591.2	3,861.5	3,643.3
	15-59	1,653.8	1,509.8	3,208.7	3,203.3	6,671.6	6,508.1	10,028.6	9,714.9	11,494.0	10,977.4
	60+	234.2	213.3	346.0	340.0	692.1	771.3	1,928.0	2,262.1	3,606.7	4,266.8
	80+	19.3	19.4	27.4	33.4	57.9	75.9	152.9	250.2	505.6	893.1

Mongolia											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	372.8	388.5	723.3	724.1	1,268.0	1,265.3	1,742.5	1,735.1	2,067.4	2,078.3
	0-14	158.6	160.4	321.7	311.5	453.8	438.1	425.9	405.9	417.0	397.9
	15-59	196.1	204.6	371.3	374.4	750.7	749.5	1,146.2	1,126.0	1,208.6	1,164.1
	60+	18.1	23.6	30.4	38.1	63.5	77.7	170.5	203.1	441.6	516.3
	80+	0.7	1.2	1.9	2.8	5.0	9.2	12.1	19.0	53.0	86.3

Myanmar											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	8,890.0	8,941.7	15,032.0	15,126.2	23,728.6	24,020.3	29,706.7	30,535.8	33,631.1	34,914.8
	0-14	3,391.8	3,346.6	6,197.1	6,124.8	7,985.7	7,820.5	7,051.7	6,810.6	6,876.0	6,614.3
	15-59	5,058.2	5,058.3	7,931.5	7,970.0	14,236.2	14,465.7	19,361.6	19,731.4	20,106.3	20,156.8
	60+	440.1	536.9	903.4	1,031.4	1,506.7	1,734.2	3,293.4	3,993.9	6,648.9	8,143.7
	80+	17.2	28.0	55.1	72.3	141.0	186.4	303.6	433.7	892.6	1,389.9

Philippines											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	9,943.5	10,052.7	21,173.5	20,848.2	38,091.9	37,561.4	53,781.9	53,290.9	64,133.1	64,250.3
	0-14	4,474.6	4,242.0	9,464.6	9,112.4	14,505.2	13,889.8	13,686.4	13,005.9	13,436.6	12,684.5
	15-59	5,046.6	5,128.8	10,754.4	10,610.8	21,683.3	21,378.3	34,979.1	34,276.4	39,245.6	37,965.9
	60+	422.3	682.0	954.5	1,125.1	1,903.2	2,293.3	5,116.6	6,008.7	11,450.9	13,599.8
	80+	24.6	48.2	43.5	85.6	126.5	205.7	380.9	593.7	1,238.1	2,241.2

Republic of Korea											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	10,285.4	10,071.5	17,775.2	17,505.7	23,521.9	23,218.2	25,880.4	26,184.5	25,377.4	26,183.1
	0-14	4,319.6	4,160.6	6,850.9	6,467.2	5,147.8	4,592.3	4,268.6	4,064.1	4,345.0	4,138.2
	15-59	5,470.8	5,296.9	10,040.8	9,867.0	16,226.9	15,642.4	16,055.0	15,120.5	13,368.0	12,613.9
	60+	495.0	614.0	883.5	1,171.5	2,147.1	2,983.6	5,556.7	7,000.0	7,664.3	9,431.0
	80+	16.9	28.2	40.7	88.6	131.5	320.5	537.4	1,196.2	1,671.9	3,024.0

Singapore											
	Age	1950		1975		2000		2025		2050	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	Total	529.3	492.8	1,156.2	1,106.4	2,023.3	1,994.8	2,496.6	2,501.4	2,287.7	2,332.1
	0-14	209.7	203.9	381.9	361.0	454.6	423.7	367.3	342.4	331.9	309.4
	15-59	304.3	266.0	701.7	666.2	1,371.5	1,344.1	1,425.5	1,361.6	1,216.7	1,142.8
	60+	15.3	22.9	72.6	79.2	197.2	227.1	703.7	797.4	739.1	880.2
	80+	1.5	2.7	3.2	6.1	21.2	34.2	75.0	113.2	228.2	352.3

Table A-1

Population (thousands)

Thailand										
Age	1950		1975		2000		2025		2050	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total	9,844.8	9,781.2	20,451.6	20,615.4	31,077.7	31,727.9	38,039.6	39,440.8	40,288.5	42,202.3
0-14	4,194.0	4,075.2	8,774.5	8,726.0	8,464.3	8,277.9	7,715.6	7,459.9	7,198.5	6,932.2
15-59	5,209.3	5,156.5	10,734.1	10,776.9	20,301.5	20,662.3	24,420.4	24,633.6	23,230.6	22,792.8
60+	441.5	549.6	943.1	1,112.5	2,311.9	2,787.7	5,903.4	7,347.2	9,859.4	12,477.3
80+	31.7	48.9	47.6	73.6	147.6	227.5	461.3	866.0	1,580.0	2,989.3

Timor-Leste										
Age	1950		1975		2000		2025		2050	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total	219.4	214.0	342.0	330.4	380.9	356.2	614.1	589.7	713.9	695.7
0-14	89.0	86.7	143.9	138.6	162.3	154.9	165.0	157.9	156.8	150.0
15-59	119.7	113.8	183.5	176.1	201.5	183.4	398.8	375.9	432.3	417.0
60+	10.7	13.5	14.6	15.7	17.2	17.8	50.2	56.0	124.7	128.7
80+	0.4	0.6	0.5	0.8	0.5	0.8	2.8	3.6	8.1	11.1

Viet Nam										
Age	1950		1975		2000		2025		2050	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total	13,609.8	13,756.9	23,824.5	24,149.8	38,938.1	39,198.8	52,487.6	53,000.6	61,289.4	62,492.7
0-14	4,373.7	4,314.4	10,381.9	10,300.6	13,232.5	12,837.9	12,821.8	12,357.2	12,540.6	12,010.5
15-59	8,372.5	8,387.3	11,789.7	11,910.0	22,984.1	23,255.2	33,455.2	33,558.5	35,282.0	34,809.2
60+	863.6	1,055.1	1,653.0	1,939.3	2,721.7	3,105.7	6,210.5	7,084.9	13,466.8	15,673.0
80+	35.6	58.0	93.9	141.9	278.1	372.6	517.9	713.9	1,898.7	2,914.0

Source: UNDESA (2002a)

Table A-2

Potential Support Ratio					
	1950	1975	2000	2025	2050
World	11.6	10.1	9.1	6.3	4.1
More Developed Countries	8.2	6.1	4.7	3.0	2.2
Less Developed Countries	14.9	14.0	12.2	7.8	4.6
ESEAR	14.0	13.0	9.6	5.3	2.9
East Asia	13.8	12.2	8.8	4.7	2.5
South-East Asia	15.1	15.3	13.5	8.2	4.0

Source: UNDESA (2002a)

Table A-3

Parent Support Ratio					
	1950	1975	2000	2025	2050
World	1.8	2.6	4.3	5.5	11.1
More Developed Countries	2.9	4.4	8.8	13.5	28.4
Less Developed Countries	1.0	1.4	2.3	3.5	8.3
ESEAR	1.0	1.5	2.6	4.3	10.0
East Asia	0.8	1.7	3.3	5.7	17.2
South-East Asia	1.2	1.3	2.0	2.8	7.7

Source: UNDESA (2002a)

Table A-4

	Total Fertility Rate				
	1950-55	1975-80	2000-05	2025-30	2045-50
World	5.0	3.9	2.7	2.3	2.1
More Developed Countries	2.8	1.9	1.5	1.7	1.9
Less Developed Countries	6.2	4.6	2.9	2.4	2.2
East Asia	5.7	3.1	1.8	1.9	1.9
South-East Asia	6.0	4.9	2.5	2.1	2.1
Cambodia	6.3	4.7	4.8	2.3	2.1
China	6.2	3.3	1.8	1.9	1.9
DPR Korea	3.3	2.8	2.1	2.1	2.1
Indonesia	5.5	4.7	2.3	2.1	2.1
Japan	2.7	1.8	1.3	1.6	1.8
Lao People's Democratic Republic	6.2	6.7	4.8	2.3	2.1
Malaysia	6.8	4.2	2.9	2.1	2.1
Mongolia	6.0	6.6	2.3	2.1	2.1
Myanmar	6.0	5.3	2.8	2.1	2.1
Philippines	7.3	5.5	3.2	2.1	2.1
Republic of Korea	5.4	2.9	1.5	2.0	2.1
Singapore	6.4	1.9	1.5	1.8	1.9
Thailand	6.4	4.0	2.0	1.9	1.9
Timor-Leste	6.4	4.3	3.9	2.1	2.1
Viet Nam	5.7	5.9	2.3	2.1	2.1

Source: UNDESA(2002a)

Table A-5

Life Expectancy at Birth (year)										
	1950-55		1975-80		2000-05		2025-30		2045-50	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
World	45.2	47.9	58.0	61.5	63.9	68.1	70.1	74.7	73.7	78.5
More Developed Countries	63.6	68.6	68.6	75.9	71.9	79.3	76.8	83.1	79.0	85.1
Less Developed Countries	40.2	41.8	55.8	57.8	62.5	65.7	69.0	73.0	72.9	77.3
East Asia	41.4	44.7	65.2	67.6	69.9	74.9	74.8	80.0	77.2	82.2
South-East Asia	39.9	42.1	52.9	56.5	64.8	69.2	71.6	76.4	74.8	79.8
Cambodia	38.1	40.8	30.0	32.5	53.6	58.6	63.1	69.1	69.3	75.0
China	39.3	42.3	64.5	66.3	69.1	73.5	74.1	78.7	76.7	81.3
DPR Korea	48.0	50.0	64.4	69.8	62.5	68.0	70.2	74.6	74.0	78.6
Indonesia	36.9	38.1	51.5	54.0	65.3	69.3	71.7	76.2	75.1	79.8
Japan	61.6	65.5	72.7	78.0	77.8	85.0	81.3	89.9	83.5	92.4
Lao PDR	36.5	39.2	42.1	45.0	53.3	55.8	64.3	67.6	70.2	74.3
Malaysia	47.0	50.0	63.5	67.1	70.6	75.5	75.0	79.9	77.3	82.2
Mongolia	41.0	43.5	54.0	57.0	61.9	65.9	72.0	76.2	75.4	79.6
Myanmar	35.6	38.2	48.6	52.8	53.8	58.8	65.6	71.1	69.2	75.0
Philippines	46.0	49.6	58.3	62.0	68.0	72.0	73.4	77.6	76.0	80.8
Republic of Korea	46.0	49.0	61.3	68.5	71.8	79.1	76.8	83.0	79.1	85.0
Singapore	58.8	62.1	68.6	73.1	75.9	80.3	78.9	83.6	80.5	85.3
Thailand	49.8	54.3	58.0	65.1	67.9	73.8	74.2	79.4	76.5	81.7
Timor-Leste	29.6	30.4	30.0	32.5	49.2	50.9	61.7	63.4	69.0	71.7
Viet Nam	39.1	41.8	53.7	58.1	66.9	71.6	72.8	77.5	75.7	80.7

Source: UNDESA (2002a)

Table A-6

Life Expectancy at Age 60 (years)						
	2000-05		2025-30		2045-50	
	Male	Female	Male	Female	Male	Female
World	17.0	20.4	19.1	22.8	20.2	24.1
More Developed Countries	18.4	22.9	20.8	25.6	22.1	27.1
Less Developed Countries	16.3	19.0	18.4	21.6	19.7	23.2
East Asia	17.0	21.2	19.2	23.9	20.6	25.1
South-East Asia	16.5	18.4	18.2	21.1	19.5	23.3
Cambodia	14.6	16.5	16.2	18.5	17.6	20.8
China	16.3	20.1	18.6	22.7	20.2	24.3
DPR Korea	13.9	17.6	16.4	20.2	18.2	22.5
Indonesia	16.0	17.9	17.5	20.2	18.7	22.7
Japan	21.4	27.0	23.9	31.1	25.6	33.3
Lao People's Democratic Republic	15.5	16.5	17.5	18.7	18.8	20.3
Malaysia	16.9	19.4	18.6	22.6	20.3	24.5
Mongolia	15.0	17.5	18.3	21.4	19.9	23.2
Myanmar	15.9	17.3	18.4	20.7	19.7	22.4
Philippines	16.5	18.5	18.1	21.1	19.4	23.4
Republic of Korea	17.3	22.3	20.0	25.2	31.8	26.8
Singapore	19.6	23.2	21.9	25.8	23.1	27.1
Thailand	16.9	19.5	18.6	22.7	20.2	24.4
Timor-Leste	13.7	15.0	15.4	16.9	16.7	18.4
Viet Nam	18.1	19.6	19.6	21.9	20.7	23.8

Source: UNDESA (2002a)

Table A-7

Life Expectancy at Age 80 (years)						
	2000-05		2025-30		2045-50	
	Male	Female	Male	Female	Male	Female
World	6.3	7.9	7.1	9.0	7.6	9.7
More Developed Countries	7.0	8.9	8.1	10.7	8.7	11.6
Less Developed Countries	5.8	6.9	6.6	8.0	7.2	9.0
East Asia	5.9	8.0	7.1	9.8	7.6	10.4
South-East Asia	5.8	6.3	6.2	7.5	6.8	8.9
Cambodia	5.1	5.6	5.5	6.1	5.9	7.2
China	5.4	7.2	6.4	8.7	7.2	9.6
DPR Korea	5.4	6.7	6.2	7.7	6.8	8.9
Indonesia	5.4	5.9	5.8	6.8	6.2	8.4
Japan	7.8	10.8	9.3	14.1	10.4	15.8
Lao People's Democratic Republic	5.3	5.7	6.0	6.5	6.5	7.0
Malaysia	6.4	6.9	6.7	8.7	7.6	9.8
Mongolia	5.1	5.9	6.4	7.7	7.1	8.9
Myanmar	6.1	6.6	7.0	7.9	7.4	8.7
Philippines	5.5	6.1	6.0	7.3	6.6	8.8
Republic of Korea	6.0	7.8	7.1	9.8	8.1	11.0
Singapore	8.1	9.9	8.9	11.1	9.5	11.8
Thailand	5.7	6.4	6.2	8.4	7.1	9.5
Timor-Leste	4.7	5.2	5.2	5.6	5.6	6.0
Viet Nam	6.2	6.7	6.8	7.9	7.3	9.1

Source: UNDESA (2002a)

Table A-8

Survival Rate to Age 60 (years) (percentage of newly borns surviving to age 60 years)						
	2000-05		2025-30		2045-50	
	Male	Female	Male	Female	Male	Female
World	71.0	76.8	79.9	84.4	84.8	88.8
More Developed Countries	81.2	91.1	88.6	94.2	91.5	95.5
Less Developed Countries	69.3	74.1	78.7	83.1	84.0	88.0
East Asia	81.9	87.3	88.5	92.0	91.1	93.8
South-East Asia	72.1	79.3	83.3	89.0	87.8	92.1
Cambodia	50.9	61.7	66.0	77.4	78.1	86.3
China	81.3	86.5	88.2	91.6	90.9	93.6
DPR Korea	67.3	76.3	81.4	86.2	87.4	90.6
Indonesia	73.6	79.9	84.3	89.8	89.6	92.9
Japan	90.0	95.3	93.3	97.7	94.9	98.3
Lao People's Democratic Republic	54.8	59.3	71.2	76.5	80.0	86.2
Malaysia	81.6	89.5	89.1	93.1	91.2	94.6
Mongolia	67.4	74.6	83.9	88.6	88.5	91.9
Myanmar	32.2	62.8	71.8	80.6	76.7	85.0
Philippines	78.1	84.0	87.0	91.1	90.4	93.6
Republic of Korea	82.7	92.3	90.4	95.0	92.4	96.0
Singapore	88.7	92.3	91.7	94.8	93.0	95.8
Thailand	76.3	85.9	87.7	92.0	90.0	93.6
Timor-Leste	47.8	51.7	67.6	70.7	79.7	83.7
Viet Nam	75.2	82.4	83.9	90.0	87.9	92.9

Source: UNDESA (2002a)

Table A-9

Survival Rate to Age 80 (years) (percentage of newly bonus surviving to age 80 years)						
	2000-05		2025-30		2045-50	
	Male	Female	Male	Female	Male	Female
World	27.3	40.7	37.9	52.4	44.4	59.2
More Developed Countries	36.3	57.6	48.6	67.6	54.9	72.8
Less Developed Countries	24.4	34.9	35.3	48.4	42.5	56.8
East Asia	31.1	49.2	42.5	59.9	49.5	65.6
South-East Asia	26.0	35.6	36.7	50.7	43.8	59.9
Cambodia	14.3	22.2	23.1	35.2	32.3	48.2
China	28.1	44.8	40.3	57.2	47.9	63.8
DPR Korea	16.3	31.4	28.9	45.4	38.0	55.9
Japan	52.6	74.9	62.9	83.6	69.0	87.3
Indonesia	24.6	33.7	34.3	48.0	41.8	59.1
Lao People's Democratic Republic	17.1	21.1	29.2	35.5	37.5	46.3
Malaysia	30.2	43.4	40.1	58.0	48.1	65.0
Mongolia	20.5	31.0	37.9	51.8	46.2	60.0
Myanmar	17.9	24.9	32.3	43.8	38.7	52.0
Philippines	28.1	38.1	37.8	52.2	44.9	61.9
Republic of Korea	33.0	58.1	47.1	68.8	55.0	73.6
Singapore	43.2	57.0	53.2	67.3	58.4	72.2
Thailand	29.1	43.2	40.2	58.4	47.7	64.8
Timor-Leste	11.2	15.1	20.9	26.5	29.6	37.7
Viet Nam	32.7	41.5	42.5	54.1	48.9	62.5

Source: UNDESA (2002a)

Table A-10

Labour Force Participation Rate of those Aged 65+ (percentage of population aged 65 years and more in labour force)										
	1950		1970		1900		2000		2010	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
World	54.7	14.5	42.1	11.6	32.9	10.4	30.2	10.1	28.1	10.0
More Developed Countries	41.4	10.4	25.8	8.1	14.2	6.0	12.6	5.7	11.0	5.4
Less Developed Countries	66.7	18.7	55.5	15.4	45.0	14.3	40.5	13.5	36.9	13.0
East Asia	56.2	11.8	46.5	10.1	33.9	9.9	28.6	9.3	23.9	8.8
South-East Asia	74.2	31.6	63.1	27.2	53.3	25.9	47.8	24.1	42.4	22.5
Cambodia	52.5	28.9	47.1	27.8	41.8	26.7	39.7	26.2	37.9	25.7
China	56.0	10.0	44.9	7.9	32.7	8.0	27.5	7.6	22.9	7.2
DPR Korea	73.1	33.4	51.4	25.5	31.7	15.6	27.6	13.7	24.4	12.2
Indonesia	88.0	30.9	74.1	24.1	56.6	25.2	48.5	24.1	40.4	23.1
Japan	54.5	21.6	54.5	19.7	39.6	15.6	33.4	14.4	27.2	13.4
Lao People's Democratic Republic	68.1	37.2	62.3	33.2	56.5	29.1	53.6	27.1	50.7	25.1
Malaysia	66.3	12.9	49.1	13.7	42.0	18.4	38.6	17.0	35.8	15.7
Mongolia	69.2	58.4	58.4	37.0	40.5	25.1	36.6	22.0	33.3	19.6
Myanmar	70.8	66.2	69.9	51.4	69.0	36.7	66.7	32.9	64.5	29.9
Philippines	70.8	16.9	64.9	22.6	59.0	28.4	54.5	26.2	50.1	24.1
Republic of Korea	66.8	8.0	40.0	10.5	36.3	17.9	32.4	16.0	29.3	14.5
Singapore	41.7	6.7	32.7	6.5	20.3	4.6	16.3	4.3	12.8	4.1
Thailand	55.9	34.9	48.0	27.1	40.1	19.3	37.5	17.3	35.1	15.7
Timor-Leste	78.0	33.2	70.3	32.2	63.6	31.2	59.9	30.7	56.2	30.1
Viet Nam	52.5	30.3	50.0	25.2	47.4	27.5	43.7	26.1	40.0	24.8

Source: UNDESA (2002a)

Annex II: Note verbale of Government of Malta 1969

UNITED NATIONS

GENERAL ASSEMBLY

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Twenty-fourth session

REQUEST FOR THE INCLUSION OF A SUPPLEMENTARY ITEM IN THE AGENDA OF THE TWENTY-FOURTH SESSION

QUESTION OF THE ELDERLY AND THE AGED
Note verbale dated 16 August 1969 from the permanent Representative of Malta to the United Nations addressed to the Secretary-General

The Permanent Representative of Malta to the United Nations presents his compliments to the Secretary-General of the United Nations and has the honour to propose under rule 14 of the rules of procedure of the General Assembly the inclusion in the agenda of the twenty-fourth regular session of the General Assembly of an item entitled "Question of the elderly and the aged".

In accordance with rule 20 of the rules of procedure, an explanatory memorandum is attached.

EXPLANATORY MEMORANDUM

1. All living things age and die: man is no exception.
2. Probably more than one quarter of the population of the world is elderly or aged.
3. The position and treatment of the elderly and the aged in different countries vary widely: often they are considered a heavy burden on the resources of family and society. It is not unusual for government policies with regard to the elderly and the aged to be limited to providing for their minimum subsistence and medical needs. Such action, while of a commendable humanitarian nature, does not appear capable of overcoming the sense of isolation of the majority of the elderly and the aged from the mainstream of national life or of encouraging suitable and effective use of their knowledge, skills and experience in national development.

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The full integration and greater participation of the elderly and the aged in national life raise a spectrum of complex problems of universal significance in the solution of which international co-operation appears highly desirable. At the same time medical developments suggest that the process of aging can be retarded: this perspective also raises substantial questions of social policy.

4. Since questions relating to the elderly and the aged have not yet attracted much attention at the international level, it is suggested that, as a first step, the Secretary-General of the United Nations be requested to undertake a survey of present situation in selected countries and of past and present activities of the United Nations family with regard to the elderly and the aged. The Secretary-General could also be requested to appoint a widely representative panel of consultants to report to the General Assembly at its twenty-fifth session on:
   (a) Medical advances which can retard the process of aging and the implications derivable therefrom for social policy;
   (b) Possibilities of making suitable and effective use of the knowledge, skills and experience of larger numbers of elderly and aged persons in the context of different social systems;
   (c) Desirable forms of international co-operation in matters relating to elderly and aged persons with a view also to developing guidelines for government policies and establishing minimum standards of assistance.

BIBLIOGRAPHY

Arking, R., Novoseltsev, V. & Novoseltseva, J. (2004) – "The future of ageing interventions: the human life span is not that limited", The Journals of Gerontology Series A: Biological Sciences & Medical Sciences, 59:B697-B704.

Asher, M.G. (2006) – Options for Increasing Coverage, (presentation to the UNESCAP Expert Group Meeting on Population Ageing, Shanghai).

Asher, M. G. & Nandy, A. (2006) – Social Security Policy in the Era of Globalisation and Competition: Challenges for Southeast Asia, (LKY School of Public Policy, National University of Singapore).

Australia (2002) – Australian Health Expenditure. Australian Institute of Health and Welfare, Canberra.

Brundtland, G.H. (2002) – Statement in Building a Society for All Ages, (press kit of the Second World Assembly on Ageing, Madrid).

Cambodia (2000) – Census 1998, Royal Government of Cambodia, Phnom Penh.

Cambodia (2003a) – National Population Policy. Royal Government of Cambodia, Population Analysis Unit, Ministry Planning, Phnom Penh.

Cambodia (2003b) – Policy for the Elderly. Kingdom of Cambodia, National Committee for the International Day for the Elderly and Ageing People in collaboration with HelpAge International.

Cambodia (2005): A Profile from the 2004 Survey of the Elderly. Royal University of Phnom Penh & UNFPA, Phnom Penh.

Canada (2005) – Provincial and Territorial Government Health Expenditures by Age Group, Sex and Major Categories. Canada Institute for Health Information, Ottawa.

Chan, T.Y. et.al. (2004) – A Comparative Study of SARS in Young and Older Adults. Department of Medicine and Geriatrics, Kwong Wah Hospital, Hong Kong.

Coleman, D. (2001) – "Population Ageing: an unavoidable future". Oxford Centre for Population and Migration Studies, Working Paper Series. No. 7, Department of Social Policy and Social Work, Oxford.

CRCA (2005) – A Study of Impact of AIDS on the Ageing People in China. China Research Center on Ageing and National Centre for AIDS/STD Prevention and Control with UNFPA support, Beijing.

Danan Gu & Zeng Yi (2004) – "Socio-demographic effects on the onset and recovery of ADL disability among Chinese Oldest-Old", Demographic Research. 11, 1: August 2004 (Max Planck Institute for Demographic Research, online research journal: www.demographic-research.org).

Devasahayam, T (2004) – "Successful ageing for Singapore? Financial (In)security of elderly persons", Asia-Pacific Population Journal 19, 4, December.

Fenech, F. (2006) – The Factor of Ageing in International Development Cooperation. Address to the Shanghai International Symposium on Caring for the Elderly, Shanghai, China, June 2006.

Frankenberg, E., Chan, A. & Ofstedal, M.B. (2002) – "Stability and change in living arrangements in Indonesia, Singapore and Taiwan, 1993-99", Population Studies No.56.

French, H.W. (2006) – "As China ages, a shortage of cheap labour looms", The New York Times, 29 June.

Friedman, J. et.al. (2003) – "Gender dimensions of support for elderly in Vietnam", Research on Ageing, (Vol.25, No.6, November).

Friedman, J. et.al. (2001) – "Work and retirement among the elderly in Vietnam", Research on Ageing, (Vol.23, No.2, March).

Fukawa, T. & Izumida, N. (2004) – "Japanese health expenditures in a comparative context", The Japanese Journal of Social Security Policy l.3, 2: December 2004.

Goliani, A (1998) – "How Low can Fertility Get? An empirical investigation", Population and Development Review, (Vol.24, No.1, 1998)

HelpAge (2003) – Forgotten Families: Older Persons caring for Orphans and Vulnerable Children affected by HIV/AIDS

HelpAge (2005) – Coping with love: Older People and HIV/AIDS in Thailand

Hideo Ibe (2000) – Ageing in Japan, (International Longevity Centre, New York, 2000)

Iwamoto, Y (2001) – "Issues in Japanese Health Expenditures", (paper presented to the Second International Forum of the Collaboration Project held in Tokyo, March 18-20, 2001).

Jitapunkul, S., Kunanusont, C, Phoolcharoen, W. & Suriyawongpaisal, P (1999) – Health Problems of Thai elderly (A National Survey), 1999, (National Health Foundation and Ministry of Public Health, Bangkok).

Katsumata, Y (2002) – "The impact of population decline and population ageing in Japan from the perspectives of social and labour policy" in Policy Responses to Population Decline and Ageing (Bulletin of the United Nations, Special Issue Nos.44/45), New York.

Kaneda, T., Zimmer, Z. & Zhe Tang (2004) – "Differentials in Life Expectancy and Active Life Expectancy by Socio-Economic Status among Older Adults in Beijing". Working Paper No. 189, Population Council, New York.

Kinsella, K. & Phillips, D.R. (2005) – "Global Challenge of Ageing: The Challenge of Success". Population Bulletin. Population Reference Bureau.

Knodel, J. & Im-Em, W. (2003) – "The Economic Consequences for Parents of Losing an Adult Child to AIDS", Research Report. No. 02-504, Population Studies Centre, University of Michigan.

Knodel, J., Kim, K.S., Zimmer, Z. & Puch, S. (2005) – Older Persons in Cambodia: A Profile from the 2004 Survey of the Elderly in Cambodia. UNFPA & Royal University of Phnom Penh, Cambodia.

Knodel, J. & Saengtiencai, C. (2005a) – "Older-Aged Parents: the final safety net for adult sons and daughters with AIDS in Thailand", Journal of Family Issues, 26, 5.

Knodel, J. & Saengtiencai, C. (2005b) – "Rural Parents with Urban Children: Social and Economic Implications of Migration on the Rural Elderly in Thailand", Research Report. No. 05-574, Population Studies Centre, University of Michigan.

Knodel, J., Zimmer, Z., Kim, K.S. & Puch, S. (2006a) – "The Impact of AIDS on Older-Age Parents in Cambodia", Research Report. No. 06-594, Population Studies Centre, University of Michigan.

Knodel, J. (2006b) – "Poverty and the Impact of AIDS on Older Persons: Evidence from Cambodia and Thailand", Research Report No. 06-597, Population Studies Centre, University of Michigan.

Lao PDR (2004) – The National Policy Towards the Elderly in the Lao PDR. Ministry of Labour and Social Welfare, Vientiane.

Lee, Sang-Hyop & Mason, A. (2000) – "Population Aging Raises Questions for Policymakers", Asia-Pacific Population and Policy, No.53, East-West Centre, Honolulu, Hawaii.

Lee, William (2005) – "Aging in Singapore: toward a national framework for elder care", Social Development Issues 2, 2.

Lihua Peng, de Brauw, A. & Rozelle, S. (2004) "Working until you drop: the elderly of rural China", The China Journal 52.

Lucentales, R.G. (nd) – The Philippine Response to the Challenges of Ageing, (official paper of the Department of Social Welfare and Development, Government of the Philippines).

MacKenzie, D. (2003) – "SARS is lethal for the elderly", NewScientist News Service. 7 May 2003.

Mahal, A. & Berman, P. (2001) – Health Expenditures and the Elderly: A Survey of Issues in Forecasting, Methods Used, and Relevance for Developing Countries. (The Global Burden of Disease 2000 in Ageing Populations, Research Paper No. 01.23, Harvard Burden of Disease Unit, Centre for Population and Development Studies, Cambridge).

Mayhew, L (2000) – Health and Elderly Care Expenditure in an Ageing World. International Institute for Applied Systems Analysis, Laxenburg, Austria.

Mehta, K.K. (2002) – "National policies on ageing and long-term care in Singapore: a case of cautious wisdom?" in David, P.R. and Chan, Alfred C.M. (editors) – Ageing and Long-Term Care: National Policies in the Asia Pacific. Institute of Southeast Asian Studies, Singapore.

Mongolia (2002a) – 2000 Census. National Statistical Office, Ulaan Baatar.

Mongolia (2002b) – The Older Population in Mongolia: Analysis based on the Population and Housing Census 2000. Government of Mongolia, National Statistical Office and UNFPA, Ulaanbaatar.

Myanmar (2005). – The Elderly Population in Myanmar: Trends, Living Conditions, Characteristics and Prospect. Ministry of Immigration and Population, Department of Population and UNFPA, Yangon.

Nair, E. (2000) – "Health and ageing: a perspective from the Far East", Journal of Adult Development 7, 2.

Nizamuddin, M. (2003) – "Population ageing: policy responses to population ageing in Asia and the Pacific", Fifth Asian and Pacific Population Conference: Selected Papers. Asia Population Studies Series No. 158, Economic and Social Commission for Asia and the Pacific, United Nations, New York

Nugroho, A. (2005a) – "The Elderly of Indonesia: current policy and programmes", BOLD 15, 2. UN International Institute of Ageing, Malta.

Nugroho, A. (2005b) – "Need Assessment of Displaced Households Affected by the Asian Tsunami Disaster in Nias Island, North Sumatra, Indonesia", Indonesian Journal of Epidemiology. 7, 2.

Ogawa, N.(2005) – "Changing attitudes about care of the elderly in postwar Japan", quoted in Living Arrangements of Older Persons Around the World, (U.N., Department of Economic and Social Affairs, Population Division, New York).

Phillips, D.R. & Yeh, A.G.O. (editors) (1999) – Environment and Ageing. Centre of Urban Planning and Environmental Management, University of Hong Kong.

Phua Kai Hong (2000) – "Financing health and long-term care for ageing populations in the Asia Pacific region", in D.R. Phillips (editor) – Ageing in the Asia Pacific Region: Issues, Polices and Future Trends. Routledge, London.

Saengtienchai, C. & Knodel, J. (2001) – Parents Providing Care to Adult Sons and Daughters with HIV/AIDS in Thailand. UNAIDS Case Study, Bangkok.

Schroeder-Butterfill, E. (2004) – "Inter-generational family support provided by older people in Indonesia", Ageing and Society. 24.

Skeldon, R (2001) – "Ageing of Rural Populations in South-East and East Asia", in World Ageing Situation. United Nations, Department of Economic and Social Affairs, New York.

Sung-Jae Choi (2002) – "National Policies on Ageing in Korea", in David, P.R. and Chan, Alfred C.M. (editors) – Ageing and Long-Term Care: National Policies in the Asia Pacific. Institute of Southeast Asian Studies, Singapore.

Susanne Loos-Jayawickreme (2006) – The Horrible Fate of the Lonely and Forgotten Old People who survived Tsunami. United Nations Roundtable on Older Persons in the Tsunami, New York, 13 February.

Thailand (2003) – Report on the 2002 Survey of Elderly in Thailand. National Statistical Offcice, Bangkok.

Timor-Leste (2006) – 2004 Census Results. Information from UNFPA Country Office, Dili.

UNDESA (2002a) – World Population Ageing 1950-2050. United Nations Department of Economic and Social Affairs Division, Population Division, New York.

UNDESA (2002b) – Population Ageing Chart 2002. United Nations Department of Economic and Social Affairs Division, Population Division, New York.

UNDESA (2002c) – "Population ageing and population decline: Government views and policies" in Policy Responses to Population Decline and Ageing (Bulletin of the United Nations, Special Issue Nos.44/45), New York.

UNDESA (2003a) – Demographic Yearbook - various issues. United Nations Department of Economic and Social Affairs Division, Population Division, New York.

UNDESA (2003b) – World Population Prospects: The 2002 Revision, Vol. III. Department of Economic and Social Affairs, Population Division, New York

UNDESA (2005) – Living Arrangements of Older Persons Around the World, United Nations Department of Economic and Social Affairs, Population Division, New York.

UNDESA (2006) – World Population Policies. Department of Economic and Social Affairs, Population Division, New York.

UNESCAP (2000) – Guidelines on the Implementation of the Macao Plan of Action on Ageing for Asia and the Pacific. Economic

and Social Commission for Asia and the Pacific, New York.

UNESCAP (2002a) – National Policies and Programmes on Ageing in Asia and the Pacific: An Overview and Lessons Learned. Social Policy Paper No. 9, Economic and Social Commission for Asia and the Pacific, New York.

UNESCAP (2002b) – Ageing in Asia and the Pacific: Emerging Issues and Successful Practices. Social Policy Paper No. 10, Economic and Social Commission for Asia and the Pacific, New York.

UNFPA (2002) – "Population Ageing and Development: Operational Challenges in Developing Countries". Population and Development Strategies Series No.5, New York.

UNFPA (2004) – Programme of Action and Key Actions for the Further Implementtion of the Programme of Action of the International Conference on Population and Development. UNFPA, New York.

UNFPA (2006) – Population Ageing in China: Facts and Figures. UNFPA China, Beijing.

United Nations (1987) – Fertility Behaviour in the Context of Development. Department of International Economic and Social Affairs, Population Studies No. 100, New York.

United Nations (1998) – International Plan of Action on Ageing and United Nations Principles for Older Persons. New York

United Nations – Shanghai Implementation Strategy. Economic and Social Commission for Asia and the Pacific, United Nations, New York.

Viet Nam (2000) – 1999 Population and Housing Census: Sample Results. Central Census Steering Committee, Hanoi.

Waidmann, T.A. & K.G. Manton (1998) – International Evidence on Disability Trends among the Elderly. U.S. Department of Health and Human Services, Washington DC.

Watanabe, N. (2002) – "Social security reform in Japan", Journal of Aging and Social Policy 14, 1.

World Bank (1994) – Averting the Old Age Crisis: Policies to Protect the Old and Promote Growth. World Bank Policy Research Report, Oxford University Press, New York.

Yamabana, H. (2005) – New Approaches to Extending Social Security Coverage: Overview and challenges of social security coverage – country examples in East Asia, (International Social Security Association Directors Meeting, Seoul, Republic of Korea, 9-11 November).

Zeng Yi et.al. (2002) – "Socio-demographic and health profiles of the oldest old in China", Population and Development Review 28, 2. Population Council, New York.

Zhang, H. (2005) – "Bracing for an uncertain future: a case study of new coping strategies for rural China under China's birth control policy", The China Journal 54.

Zimmer, Z. (2005a) – Active Life Expectancy and Functional Limitations among Older Cambodians: Results from a 2004 Survey. Working Paper No. 201, Population Council, New York.

Zimmer, Z. (2005b) – "Health and living arrangement transitions among China's oldest-old", Research on Ageing. 27, 5.

Zimmer, Z. & Kim, S.K. (2001) – "Living arrangements and socio-demographic conditions of older adults in Cambodia", Journal of Cross-Cultural Gerontology 16.

"It is not by muscle, speed or physical dexterity that great things are achieved, but by reflection, force of character, and judgement; and in these qualities old age is usually not only not poorer, but is even richer"

Marcus Tullius Cicero, Roman Senator (106-43 B.C.)

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