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**Ageing in the Asia Pacific: Trends and Priorities  
with reference to the Chinese Communities\***

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# **Ageing in the Asia Pacific: Trends and Priorities with reference to the Chinese Communities**

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## The Background

Population ageing around the world today is an unprecedented phenomenon. Looking into the future, by 2050, persons aged 60 or over will outnumber those aged below 15 in the world. The inverted population pyramid is already evident in some developed societies, such as Japan and Hong Kong, and is becoming visible in a number of Asian and northern European countries (United Nations Population Division, 2005a). Population ageing has far-reaching consequences for social organisation, economic activities, health care, housing, political policies and in almost every area of life. What have societies done to counter such impending changes and challenges?

For over 20 years, the United Nations has engaged in visionary initiatives to understand and meet the challenges of global ageing. The First World Assembly on Ageing, held in 1982 in Vienna, adopted the International Plan of Action on Ageing which included 62 action recommendations (United Nations, n.d.) and aimed at encouraging full social participation by all ages on the basis of an equitable distribution of resources. It provides the backdrop for later developments in the UN Programme on Ageing.

*The Madrid International Plan of Action on Ageing (MIPAA)* that emerged from the Second World Assembly on Ageing in 2002 and superseded the Vienna Plan, is widely regarded as the most important United Nations document on population ageing for 20 years. In a follow-up survey of the MIPAA, ESCAP produced a set of action recommendations tailor-made for countries in the region and grouped under the three Madrid priorities (1.Older Persons and Development; 2. Advancing Health and Well-being into Old Age; 3.Ensuring, Enabling and Supportive Environment) along with a fourth category of "Implementation and Follow-Up." These recommendations are known as the Shanghai Implementation Strategy (or SIS; UNESCAP, 2003).

The populations of many countries in the Asia-Pacific region have moved from a state of high birth and death rates to one characterized by low birth and death rates, with rising longevity (Phillips, 2000a; ESCAP Population Data Sheets, annual; Yoon & Hendricks, 2006). The worldwide number of persons aged 60 or over in mid-2006 was 687,923,000, of whom 54.5% lived in Asia. Many of the developing countries in the Asia-Pacific Region are ageing much faster, whereas it took between 80 and 150 years to double the older population from 7 to 14 percent in most developed European countries and the United States (USA). Fueled partly by the one-child policy, China, for example, is expected to double its older population from 10 to 20 percent in just 27 years, from 2000 to 2027 (UNESCAP, 2002a; see also Figure 1).

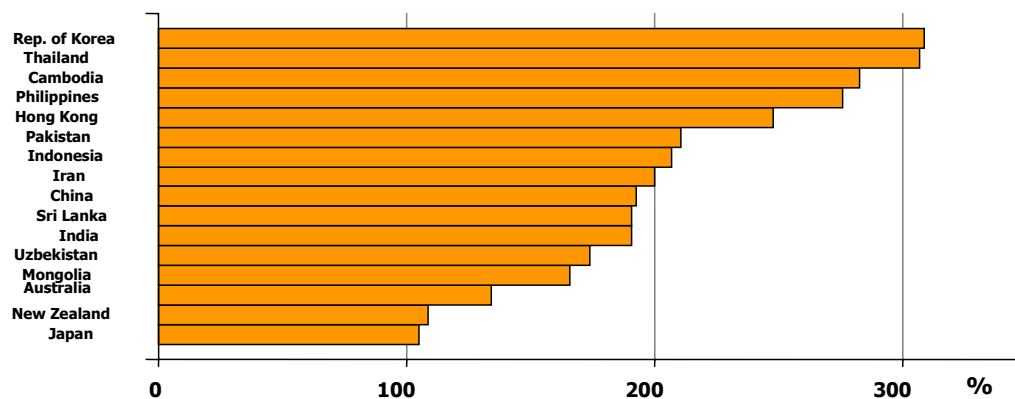


Figure 1. Percentage increase in population aged 60+ between 1990 and 2025 in selected developing and developed countries; increase much faster in the former. Source: United Nations Population Division (2005)

Across Asia, persons aged 60 or over are expected to outnumber those aged below 15 before 2050 (Figure 2), but some countries in the region are predicted to face a population decline by 2050 (Japan, South Korea, Taiwan), a situation only widely seen elsewhere in the European region and in a few developing countries.

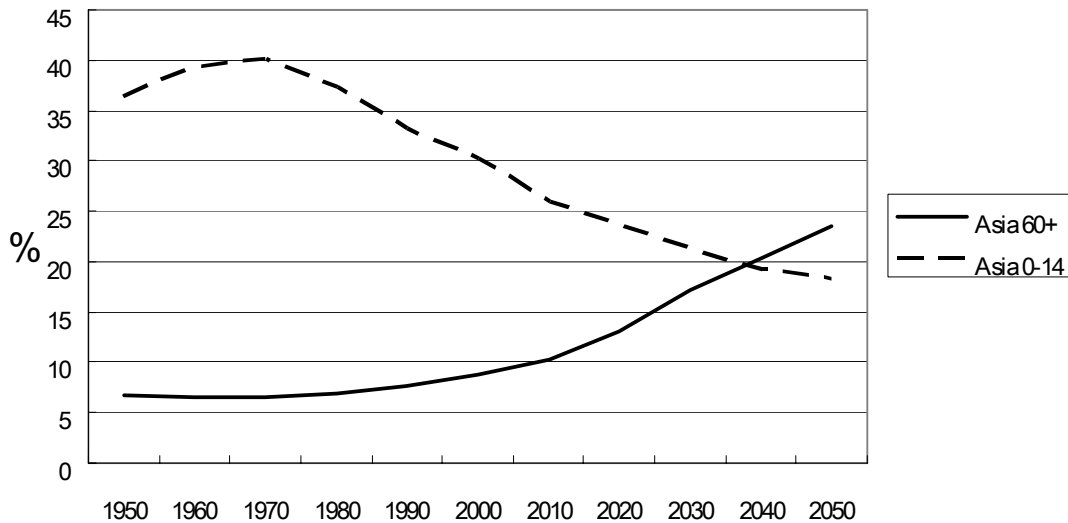


Figure 2. Percentage of Asian population by age group from 1950 to 2050.  
Source: United Nations Population Division (2005a)

The above demographic trends bring quite a challenge to the governments in the Region, in preparing for the Global Review on MIPAA, we shall provide an overview from Chinese communities (i.e. China, Hong Kong, Singapore, and Taiwan) on key policy actions under the three priority areas. Along with the discussion, policy initiatives to resolve some of the key issues would be briefly described with an appraisal of the national capabilities in implementing these initiatives.

### **ESCAP's Proposal on Three Areas for Policy Priorities**

A national strategy on how to prepare society for the challenges of ageing is essential in ensuring that the goals of active ageing are achieved and to develop coordinated national and local policies and practices in a range of welfare, health and economic sub-fields. The global 2002 MIPAA identifies three priorities for international efforts: (a) older persons and development, (b) advancing health and well-being into old age, and (c) ensuring enabling and supportive environments. These were adapted for the ESCAP region in the SIS with reference to special considerations across the countries: economic and political diversities, geographical barriers to service accessibility, social and cultural diversities including languages.

#### **1. Older Persons and Development**

**Social Protection.** An issue for most developing countries, including many in this region, is that, unlike most Western countries, they have to deal with the challenges of population ageing before they become relatively wealthy and modernized nations. The high unemployment or low wages in these countries for practical purposes can render the provision of universal pension impossible.

In 1998, one-fifth of the world's population were living on less than a U.S. dollar a day, two-thirds of whom were in South and East Asia, many of the people living in poverty or extreme poverty are older persons in rural areas. Because historically they have earned so little, it has been difficult for them to cumulate enough savings to live decently when old. This has meant either continued working or reliance on the family or community, in the absence of comprehensive social security or even safety nets in many countries. In Asia, only 9-30% of the older population receives any pension or social security benefits (UNESCAP, 2004). Due to financial constraints, some countries in the region (such as Bangladesh, India, Korea) target their social security programmes to very poor and disabled persons only; there are simply no universal benefits for the elderly as a group.

#### **The case in China**

China, the most populous country in the world, has experienced tremendous challenges in providing a safety net to its retired workers many of whom were formerly covered by state owned enterprises and agriculture but who today are not covered. The transition to a market economy, which has effectively bankrupted the pay-as-you-go pension fund of many state-owned enterprises, has meant that principally only civil servants and urban workers in some enterprises are covered in reality. As the old pension system declines, by the

end of 2002, the social security covered only 14 per cent of all the workforce, of which almost all were urban workers. Since formal pension coverage in rural areas is almost nil (and some 64% of China's population are in rural areas), 85 million older persons in rural areas are not covered with the country's social welfare system, pensions and adequate medical care. (*China Daily*, 25/2/2006) Although China has declared that enabling a better social protection in poor rural areas is a matter of national priority, it is extremely difficult to manage an effective pension system for such a large and populous country. Apart from developed countries in the region, many others have experienced more or less the same challenges.

An ageing population means fewer taxable workers to support more retirement beneficiaries. For instance, in the year 2001, 29 retirees were to be supported by 100 workers in China; this is expected to increase to 55 in 30 years' time (Keran & Cheng, 2002). Hence even the most affluent countries in the region are already finding it difficult to formulate a sustainable pension scheme for its citizens.

In a number of countries or societies (such as Nepal, Hong Kong SAR), pension benefits are primarily limited to civil servants or employees of state-owned enterprises (Office of Policy Data, 2005) or to senior staff in major international corporations and, in some countries, to the military. Facing the challenges of population ageing, Hong Kong started a Mandatory Provident Fund scheme in December, 2000, although it will take many years to mature and actually benefit older people as it is essentially an individual savings scheme which takes many decades to build a sufficient fund.

Public-private sector partnerships are clearly becoming important in many countries in many areas of social protection (OECD, 2005). The role of the private sector in pension provision and in providing pensions for private sector employees or workers is increasingly being discussed in many Asian countries. For example, China is increasing outsourcing of social security reserves to private industry and regulating private pensions schemes in attempts to achieve greater adequacy in retirement benefits in an increasingly prosperous society. In effect, the Hong Kong MPF (mentioned above), which is enforced for employees earning over a certain threshold (currently under review, 2007), is an outsourcing to private fund and investment managers of the HKSAR's compulsory retirement savings scheme. Clearly, supervisory and regulatory processes to safeguard such private sector involvement become crucial policy issues and the protection of investments and benefits, as well as maximizing returns, must be a priority.

***Strengthening the Informal Care System.*** In general, Asian countries have more or less maintained strong family values, with people living in extended family households (either together or close by) and members drawing on each other's resources for meeting psychological, social and physical needs. The lack of political support for welfare states in Asia has often been attributed to the strong tradition of familism in the region (e.g., Oh & Warnes, 2001).

However, despite the tradition, family support for older persons has been seen to be declining over recent years, due to a range of factors (Cheng & Chan, 2006a; Oh & Warnes, 2001; Phillips, 2002), such as urbanisation, migration of young people to cities, the nuclear family as the emerging norm for young adults, and the increasing likelihood that females will receive education and be involved in the labor force. Surveys in Chinese societies have consistently shown that both younger and older generations are nowadays holding less traditional attitudes toward coresidence and financial support for older persons.

As a result, a strong safety net for older persons is needed, and the role of the informal social network becomes especially important. The family, along with other informal caring networks (such as friends, neighbours), can provide essential assistance in cash and in kind to meet the needs of older persons. It is therefore important to revitalize traditional family values in the years to come (UNESCAP, 2003, 2004).

***Gender Equality.*** Although older women are often caregivers in the (extended) family, they happen to receive less support for the roles they play. Yet women are often bound to these roles for life. For instance, among married older persons in Thailand, 71.2% of men, compared with 49.7% of women, nominated the spouse to be the main personal care provider (Knodel et al., 2005).

Women are disadvantaged due to their lack of education and illiteracy, and their dependency on men for land and income. This puts them at great financial risk when their husbands pass away. As education is a major determinant of service utilization in the countries of the Asia-Pacific region, especially in the rural areas, the isolation (Cheng & Chan, 2006c; Sorkin, Rook, & Lu, 2002) and lack of formal support place widows at increased risk for health and cognitive deterioration (UNESCAP, 2002b).

Research has shown that as men advances in age, they are increasingly less likely to maintain a broader social network and tend to rely excessively on immediate family members, especially the wife, for emotional and instrumental support. Over time, men, devoting their energies to occupational and financial achievements, have come to depend on their wives for kinkeeping, friend keeping, emotional comfort, and household duties. Their roles as household head in the patriarchal family structure also tend to keep them distant from their own children. As a result, men often suffer more psychologically than women, when their spouses are incapacitated or pass away (see Cheng & Chan, 2006b for a review).

***Eliminating Age Discrimination and Promoting the Image of Older Persons.*** Whereas gender discrimination affects primarily older women, age discrimination affects *everyone* in the society because it promotes segregation. One obstacle to eliminating age discrimination is the negative stereotypes about older people. Unfortunately, illiteracy and low education reinforce the myth of a non-productive, dependent, and frail older person.

In the 2005 ESCAP regional survey, most countries indicated that they placed emphasis on the promotion of positive images of ageing, typically in the form of public education and media campaigns. Eliminating age discrimination is an urgent task due to the length of time it takes to change deep-rooted cultural attitudes and practices. Education of the young is also a fundamental, long-term strategy to eradicate age discrimination. Massive education and participation by older people in social, economic and political affairs might be the essential two-prong strategy to eliminate age discrimination and to promote an image of successful and productive ageing. It is to this latter emphasis on participation that we now turn.

***Economic, Social and Political Participation.*** Economic participation by older persons is going to become increasingly important as it not only improves the financial health of the economy and of the individual workers in their later lives, but also provide meaningful roles and a sense of identity to the elders (Heller, 1993). Moreover, the wider participation in the labour force by older people can go a long way to eliminating ageism because in modern economies, waged labour determines to a large extent one's value. In this respect, the concept of *productive ageing* is an important one to promote (Kinsella & Phillips, 2005). This emphasizes that as people age they can contribute directly in terms of economic earnings or income generation and also indirectly, by for example, providing family care, freeing younger people to work or by taking on a wide range of voluntary and other roles and activities.

An important issue in the employment of older workers is their skills and training in the face of changing current and future occupational structures. However, bias makes training or retraining for older employees are rare in developed countries in Asia and the Pacific. As a result, there is a tendency for many older persons to be relegated to unskilled or semi-skilled tasks if they wish to remain working, often due to apparently outdated skills or lack of IT and modern skills or even basic literacy (Chan et al., 2003). It should be recognized that Productive ageing will become a future employment trend, for example, older professionals may maintain their skills through working or volunteering.

A growing trend for older persons to participate socially and economically is in unpaid volunteer work. With the future cohorts of older people in Asia being more educated, aspirations to volunteer and to continue contributing in other ways are going to increase (Cheng et al., 2004; Chou, Chow, & Chi, 2003). This will include participation in civic and political affairs. We expect to see older people in the region to be more and more politically active and influential, as they comprise a larger segment of the population.

## **2. Advancing Health and Well-being into Old Age**

***Preventive and Primary Health Care.*** It is widely recognised that preventive and primary level of health care are the best strategies to dealing with the challenges of population ageing, especially those in developing countries (World Health Organization, 2004). In the long run, a commitment toward preventive and primary health care also means extending (free) health-care coverage to all generations, a goal that might be more distant for the developing countries which are still dealing with the basic provisions.

Health care system created financial burden as the cost have soared. An example as Kaneda (2006) notes, the health care system in China, which was once regarded as exemplary for low-income agrarian societies, has degenerated considerably in access since the early 1980s at the same time as its costs have soared. A system that relied heavily on public subsidies and provided egalitarian access to basic health care has shifted to a market-oriented system that relies heavily on private funding and is characterized by excessive usage fees and often by excessive costs charged by local health care facilities. Rising out-of-pocket costs prevent many Chinese from seeking care and have resulted in wide disparities in health care access. These trends

have been of particular concern to older Chinese citizens, who may have higher health care needs yet fewer means and who also make up larger proportion of the rural population than do the young.

**Long-term Care (LTC).** Under the now widespread directives for “ageing in place” and “community care,” older persons are encouraged to stay living in their homes for as long as possible, assisted with community support services when needs arise. Though almost all these programmes generally rely on public finance through either general taxation or a LTC budget vote (e.g., Japan, Australia), they are not cost-effective and specific enough to meet individual needs. Thus for those countries wanting to rebuild family care in order to reduce the burden on institutional care, have to incorporate a more structured approach, with higher level caring skills, training and support system for informal caregivers.

A major challenge to the region will be the huge number of older persons, mostly women, with dementia (Graham et al., 1997; Zhang, 2006). Dementia is often a condition that gives rise to the need for institutionalization (Magaziner et al., 2000; Woo, Ho, Yu & Lau, 2000) and over 60% of residents in long-term care institutions are demented (Matthews & Dening, 2002). Early institutionalization is associated with mortality for persons with dementia: The early the institutionalization from onset, the shorter the survival time, except when the dementia has progressed to a very late stage (McClendon, Smyth, & Neundorfer, 2006). Nevertheless, care in the community is an exceedingly demanding, often round-the-clock, task for the family caregivers.

Community-based LTC services for older persons in China, informal and local government-supported, have also begun to emerge, especially in urban areas (Wu et al., 2005; Zhan et al., 2006). However, a lack of trained workforce, in this case in caregiving for older people, is a crucial factor in the development of China’s LTC system. Whilst some local and other agencies are providing limited and basic training for in LTC for laid-off there is a need for more in-depth training programmes offering a broader range of caregiving skills. China also recognizes the need for the development of undergraduate training in geriatric medicine and plans to establish more geriatric units (Kaneda, 2006).

**Health-care Financing.** Financing health care is a major issue faced by all countries with an ageing population. As people live longer, many older persons may suffer from poor health or disabilities over long periods, increasing the overall need for health care, which put financial pressure on pensions and health-insurance systems. The problem with many countries in the region is that population ageing comes before wealth can be accumulated for public provision. Thus many governments are poor and are only able to provide acute hospital care in urban cities.

China has a co-payment system involving central government, provincial and employer contributions with the workers contributing to an insurance scheme but also sharing the cost of treatment each time. World Bank, however, suggests a mixture of tax redistribution, savings and insurance systems for health-care financing in the long run (Gottret & Schieber, 2006). However, what actually works for a country still depends on the socioeconomic realities of the country (Dong, 2006; Gottret & Schieber, 2006).

### **3. Ensuring, Enabling and Supportive Environment**

A point made in the meeting for SIS (UNESCAP, 2003) was that, older persons in the Asia-Pacific region are relatively illiterate, politically inert, passive or submissive and extremely obedient to authority. Thus, policies should aim at, (a) ensuring a supportive environment for frail persons who do not make demands; and (b) enabling a supportive network for the able, to live in places of their own choices. Therefore ageing in place (in the community or in situ) and enabling independent living become the core reasons for a policy making.

**Ageing in place** is a concept emphasising the importance of, as well as the strategies for, supporting older people in their homes and communities for as long as possible (Ball et al., 2004). It should be a matter of choice for the well-being and preference of older people, and cannot be mandatory. In encouraging older persons to live at home even with a certain degree of frailty, the societal directives must foster family-oriented culture and caregiving, as home care is less expensive and safer than institutional nursing care. It has been observed that, as Asian values for family care are still strong in many countries, ageing in place should become an explicit policy, as it has been in Hong Kong along with its care-in-the-community directives.

Governments have an important role in providing a conducive environment for ageing in place. Strategies include giving direct or indirect subsidies for living at home. For example, Malaysia provides low-cost apartments or rental discounts, and reserves ground units for older people (Guat, 2004). In principle, the

total environment should become more elder friendly, including erecting barrier-free housing for those with handicaps and installing suitable appliances and adaptations in the home. At the community level, facilities (e.g., daily shopping and recreation) and services (e.g., health and social care) should be close by and readily accessible. It is important too to ensure a safe, crime-free neighbourhood for older persons, as they easily become the targets of abuse.

In the Asia-Pacific, informal carers are either family relatives, neighbours or friends who perform the caring tasks voluntarily. The level of care provided by these people is considered to be basic and non-professional. However, in reality these people could be highly skilled (e.g., capable of diabetes injection, psychosocial skills in caring for demented parents) and most reliable in providing care. After learning from the western countries, Australia and Singapore have begun to work out a training for these informal caregivers and have been working on a system of recognizing their contribution and skills (e.g., the Vocational Related Qualifications in UK based on skills assessments rather than paper examinations), so that these skilled people can serve not only their relatives but also others when their skills are formally recognised. The obvious advantage for the country is that trained carers are no doubt a complimentary work force for the ever short-of-supply and expensive formal carers like nurses, occupational and physiotherapists.

#### **4. Implementation of Priority Areas: Appraising National Capacity on Ageing**

The presence of policy documents on ageing and national bodies for programme coordination do not in themselves automatically guarantee success in implementing the Madrid Plan. A government needs to allocate sufficient resources and to have sufficient political will to see that policies on paper are implemented in practice to the level expected (United Nations, 2006). As resources, both financial and human, are the major limitations in this region, especially among developing member countries. Therefore, implementation of the Madrid Plan is generally at a rather preliminary stage across the region.

According to the UNESCAP (2005) regional survey, four-fifths of the 20 respondent countries have set up either a focal agency or a coordinating body to oversee issues relating to ageing or older persons. These agencies or bodies are varied in both nature and structure, ranging from more permanent government structure at the ministerial level to a single-agency or inter-agency committee on ageing, or a branch/function of the social welfare department (e.g. The Elderly Commission in Hong Kong, Elderly Service Division of the Social Welfare, Institute in Macao and CNWCA in Chian). The wide range of coordinating body in these countries shows the different strategies used to tackle the needs of older people in specific countries.

Table 1 shows examples of various national policies or plans of action and/or legislation regarding older people. Not all countries with a focal agency have come up with national policies or plans of action but it is encouraging to see that many countries are gearing up their efforts. For instance, the Directorate of Social Services M/O Social Welfare of Bangladesh indicated in the survey questionnaire that a national policy on ageing will be drafted "very soon." This is evidence that most countries in the region have recognised ageing as a development issue and is taking measures to address the needs of the growing older population.

Table 1. National policies/plans of action on ageing in selected countries

Type	Policy framework	Country
National policy on ageing	Article 29, the Constitution of I.R. Iran Article 192 part A section of the Executive Bylaw of the 3rd Development Plan 1999-2003	Iran*
	Senior Citizen Policy and Working Policy (2002); 10 <sup>th</sup> Five Year Development Plan 2003-07; National Plan of Action on Older People (2005)	Nepal*
	National Policy for Older Persons (1995); National Plan of Action for Older Persons (1998); Vision 2020	Malaysia*
National legislation on ageing (law, ordinance, presidential act, etc.)	Basic Law on Measures for the Aging Society (Law No. 128.1995); General Principles Concerning Measures for the Aged Society (2001)	Japan*
	New Zealand Postive Ageing Strategy (2001)	New Zealand*
	Republic Act No. 7432 & Republic Act No. 9257; also Philippines Plan of Action for Senior Citizens	Philippines*
	Older Persons Act B.E. 2546 (2003); also 2 <sup>nd</sup> National Plan for Older Persons 2002-2021	Thailand*
	Protection of Rights of Elders Act No. 09 (2000)	Sri Lanka*
	The Charter of Nuroniy Foundation; Law on State Pension Maintenance of Citizens	Uzbekistan*
	Law on elderly social protection (1995); also National programme "Elderly Health and Social Protection" (1998, revised 2004)	Mongolia*
	Law on Protecting the Rights of the Elderly (1996); also 10 <sup>th</sup> National Five Year Development Plan on Ageing 2001-2005	China*
	Chief Executive Policy Address has placed "Care for Elders" as a Strategic Policy Objective since 1997	Hong Kong*
National plan of action	State Plan (2004-2007), P.L. 14-139	Guam*
	National plans of action on ageing, health and education	Myanmar*
	National Plan of Action on Ageing 2003-08	Indonesia
	Mid- to Long-term Development Directions for Elderly Health and Welfare in Preparation for an Aged Society in the 21 <sup>st</sup> Century; National Long-term Care Service Plan for Older Persons	Korea

\*Involved in the UNESCAP (2005) regional survey.

Sources: Chan & Phillips (2005); UNESCAP (2004).

In terms of assessing whether policy objectives are fulfilled, well over half of the countries have a monitoring mechanism in place. For example, the National People's Congress of China has organized a nation-wide monitoring and supervision of the implementation of its law every five years.

However, in spite of the impressive efforts by many countries, implementation often falls short of policy targets (e.g., Collado & San Diego, 2004; Upadhayaya, 2004). The political structure in many developing countries, such as the Philippines and China, has meant that effective implementation often relies on successful diffusion of central policies to local authorities, many of which are village or neighbourhood committees. It is therefore not uncommon to see that most of the government initiatives cannot go beyond city zones. Although some countries had made efforts in mainstreaming their policies on ageing, a generalized inadequacy of services in villages is often evident due to lack of resources, ineffective coordination due mainly to officials' failure to understand policy directives at the district level, political instability, or even corruption. More research is necessary to understand the roots of the problems in individual countries and to formulate improved plans of implementation. ESCAP can play a role in cooperation and experience transfer in the region, as well as the exchange of expertise and resources, so that countries can learn from each other's mistakes as well as disseminating good practices.

Though the ultimate spirit of the Madrid Plan is to build a society for all ages, which cannot be achieved simply by a top-down process, with the heavy emphasis on hierarchy and social order in many Asian countries, a broad-scale participation from the bottom-up is the exception rather than the norm in the region. However, with the expected emergence of 'grey power' and the grey vote over time and as older persons become more conscious of their rights and needs, there will be demands for more channels for their views to reach policymakers and placing pressure on political systems to change.

The mainstreaming process becomes more interesting and dynamic when the intergenerational dimension of ageing is taken into account. By enhancing solidarity via mutual understanding and care between generations, it is hoped not only to improve the care of older persons but also to eradicate ageism and to create a much larger and more influential mass of advocates for older persons. The mutual interest of the younger generations to improve the well-being of their parents, reducing burdens to themselves, as well as self-interest for a better old age in the future, should also not be overlooked as an important force for social change.

Population ageing brings challenges as well as opportunities to the world (Kinsella & Phillips, 2005; United Nations, 2002). In order to drive it to the positive outcomes one needs resources and a positive mindset on the part of formal and informal organizations, governmental, NGOs and international organizations, but especially on the part of the people themselves. One of the most pernicious areas requiring addressing in the future is what some have called "moral panic." This is the fear of ageing, sometimes almost "demonizing" of certain groups – in this case "the elderly", aroused by many politicians and fuelled by economists and media on the "unsustainable costs of the greying hordes of large numbers of older persons" (Marston, 2004). A sad but not uncommon example was seen on September 6, 2006 when the Hong Kong SAR's Chief Executive addressed a major conference in Hong Kong on the family and fuelled fears that over the next 30 years or so the government would not be able to support the rising numbers of older persons as it does today. This attitude is all too prevalent and does not recognize that, with adequate planning and investment and good health and social services, the future older persons in the ESCAP region will hopefully be healthier, wealthier and more self-sufficient than they are today and will not place the huge burden that is anticipated. Unintentional if well-meaning ageism must therefore be avoided and the challenges of the success of demographic ageing and greater longevity must be planned for (Kinsella & Phillips, 2005).

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