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**REGIONAL REVIEW OF THE IMPLEMENTATION OF MIPAA  
IN ASIA AND THE PACIFIC\***

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\* This paper was prepared by the ESCAP Secretariat. The document has not been formally edited.

## SUMMARY

The Madrid International Plan of Action (MIPAA) is a norm-setting platform for global action in ageing in the 21<sup>st</sup> century. The Plan responds to the opportunities and challenges posed by population ageing and is aimed at developing a society for ages. Governments adopted it during the Second World Assembly on Ageing, held in Spain in 2002. The Plan commits Governments to focus their age-related action on three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

This document presents a review and appraisal of the implementation of the goals and objectives of this Plan of Action in Asia and the Pacific over the last five years. It was prepared by the secretariat to assist the delegates attending the High-level Meeting on the Regional Review of MIPAA, 9 to 11 October 2007, Macao, China.

Country assessment showed that gradual change in policies and programme approaches have taken place reflecting greater fiscal sensitivity in the allocation of public resources to meet the increasing needs of old age. In the face of growing social security and long-term health-care concerns, many countries in the region had developed long-term plans and policies to deal with ageing and the requirements of old age. National mechanisms were put in place to oversee the development and implementation of projects and programmes related to ageing. The findings also show that countries with rapid demographic ageing and high socio-economic development were far ahead of other countries in introducing proactive measures. Other countries may not have such strategies in place, especially those still grappling with economic growth and tackling poverty. Changing family structures and living arrangements and increasing chronic diseases were affecting older persons in both settings.

Inadequate allocation of funds and difficulties in acquiring expertise and knowledge continue to hinder Governments' efforts to develop more effective interventions to meet the growing demands of old age. Currently, income security in old age, raising public awareness about the benefits of active ageing, and generational solidarity preoccupy policy agendas on ageing in the majority of countries in the region. Countries are also expected to incorporate views related to these issues into their development agenda and ESCAP is actively providing assistance in this regard. The population ageing is increasingly becoming the important development issue in the 21<sup>st</sup> century, and due to its multi-faceted complexity Governments, the private sector, civil society and all other stakeholders are challenged to rethink their positions on how to promote old-age security and well-being.

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## I. INTRODUCTION

1. This document is prepared by the Economic and Social Commission for Asia and the Pacific (ESCAP) in response to resolution 45/1 of 20 December 2006, of the Commission for Social Development, which requested all the regional commissions to forward their findings of the review and appraisal, along with identified priorities for future action regarding the implementation of the Madrid Plan of Action on Ageing (MIPAA) to the Commission at its forty-sixth session in 2008.

2. MIPAA was adopted at the Second World Assembly on Ageing held in Madrid, Spain, in April 2002. The emerging demographic transformation, which had been gaining momentum in the developed world and by then becoming visible in the developing world, prompted the United Nations to convene the Assembly. The Plan of Action identified the pivotal consequences of ageing societies and recommended policy actions in three priority areas to address them in the 21<sup>st</sup> century: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

3. At the regional level, Governments in Asia and the Pacific, which had recognized the challenges of policy and associated fiscal implications of ageing, had adopted the Macao Plan of Action on Ageing for Asia and the Pacific in 1999, identifying specific regional challenges and recommending actions to ameliorate them in a culturally accessible manner. To give impetus to the Macao Plan of Action and enhance the implementation of MIPAA, ESCAP adopted a regional implementation strategy, known as Shanghai Implementation Strategy (SIS)<sup>1</sup>.

4. In line with its responsibility, the Commission for Social Development decided by its resolutions 42/1 and 44/1 to start its first review and appraisal of MIPAA implementation in 2007 and to conclude it in 2008. The Commission requested the regional commissions to report on their findings by employing appropriate review modalities, including bottom-up participatory evaluations and inclusive consultations with Governments and other key national actors.

5. MIPAA has helped many countries in Asia and the Pacific accord more attention to ageing concerns, the extent of which is discussed in this progress report. The report is structured around the framework of MIPAA and is based on information collected from countries and territories in the region through surveys, country assessment reports, research papers, expert group meetings and training workshops<sup>2</sup>.

6. As the regional demographics of ageing are covered in detail elsewhere<sup>3</sup>, this paper will discuss national actions in the context of the implementation of MIPAA. Against the three key pillars of MIPAA, the paper will review and appraise a selected number of sub-areas that are both common to member countries and high on the agendas of their Governments. The paper will conclude by suggesting future directions for regional action to increase alignment with the goals and objectives of the Plan.

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<sup>1</sup> The Asia-Pacific Seminar on Regional Follow-up to the Second World Assembly on Ageing was held in Shanghai, China, 23-26 September 2002, and adopted the "Shanghai Implementation Strategy: 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".

<sup>2</sup> ESCAP had launched a survey in 2005, which covered the following countries and territories: Armenia; Bangladesh; China; Fiji; Georgia; Hong Kong, China; Guam, United States ;Islamic Republic of Iran; Japan; Lao People's Democratic Republic; Macao, China; Malaysia; Maldives; Mongolia; Nepal; New Zealand; the Philippines; Singapore; Sri Lanka; Thailand; and Uzbekistan; national surveys were also carried out and participatory research conducted in six countries in the region between 2004 and 2006, namely, Bangladesh, China, Japan, India, Indonesia, and Sri Lanka.

<sup>3</sup> See "Fertility transition and population ageing in the Asian and Pacific Region", prepared by ESCAP, 2007.

## II. NATIONAL ACTIONS FOR THE ALIGNMENT WITH MIPAA

7. Attention to population ageing issues in the region evolved considerably in the last five years in Asia and the Pacific, especially after the adoption of the regional strategy, SIS, for the purpose of implementing MIPAA. The adoption of this strategy was a clear reflection of the growing importance of age-related issues and their implications in the region<sup>4</sup>.

8. At the regional level, ESCAP's role is crucial to assess the challenges to implementing MIPAA, enhance the capacity of member states to meet the challenges and execute the plans, conduct relevant research to support the process and help develop region and country specific mechanisms for monitoring the implementation of the plans and programmes.

9. The present policy attention to ageing in the region is well placed within the parameters of the framework of MIPAA although in no way exhaustive of its 239 goals and objectives. Hence, it can be said that regional actions are in alignment with SIS, which is the regional strategy for implementing MIPAA. However, many gaps remain in practice, especially between rural and urban areas, which were primarily due to resource constraints and other policy imperatives.

10. The enhanced attention to ageing has also created opportunities for many Governments to involve non-governmental organizations (NGOs) and other national stakeholders in partnerships to face the many challenges brought about by ageing. The involvement of civil society appears to have strengthened their role at several levels, through sensitizing public officials, the media as well as the private sector. For example, many of the countries in the region are actively seeking the collaboration of NGOs in preparing their national reviews and appraisals of MIPAA. This openness also helped link and bolster the value of bottom-up participatory approaches to the evaluation modality of MIPAA. In fact, nearly half of the countries surveyed by ESCAP reported carrying out comprehensive analyses by using participatory tools such as client satisfaction surveys and focus groups research.

11. Social policy imperatives in the region varied widely, usually drawn in accordance with the level of development, cultural and institutional settings, and the level of demographic ageing. However, most commonly in respect of ageing, Governments gave priority to improving the quality of life in old age by facilitating continued participation of older persons in the development of society. This general finding is supported by the 2005 ESCAP Survey. That aim has been often pursued by encouraging older persons to stay active and healthy, emphasizing the need to build a positive image around ageing, strengthening traditional social support systems for older persons living in extended families, providing assistance to those living alone or deemed vulnerable, reviewing social security systems, establishing standards and regulatory codes for long-term care, developing integrated health and social services in rural areas, providing quality long-term care and community services, alleviating poverty in older persons as well as intensifying regional and international cooperation for the elderly issues.

12. In terms of institutional arrangements, most of the countries that were evaluated in this overview had established ageing coordinating mechanisms or national focal points. These ranged from high-level governmental bodies such as the Presidential Commission on Ageing in the Republic of Korea to a bureau within the ministry of social welfare or health vested with implementing a national plan, policy, programme or project. Some of these mechanisms were

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<sup>4</sup>In 2007, 10 per cent of the population in the region is aged 60 or above. By 2050, the process of ageing will accelerate and reach a projected percentage of 23.6 (Asia) and 25.0 (Oceania) (UN, 2007).

established on the basis of bylaws, such as Article 29, the Constitution of Islamic Republic of Iran, Article 192, and part A section of the Executive Bylaw of the 3rd Development Plan, 1999-2003. Others were represented by ad hoc bureaucratic functions within a ministry.

13. In India, the Ministry of Social Justice and Empowerment, which was the focal point for ageing issues, provided basic policy guidance, the roadmap for policy implementation and also coordinated with other partners, such as the other Ministries of the Central Government and the Provincial Governments, NGOs, and civil society institutions. The Ministry promulgated the National Policy for Older Persons (NPOP) wherein all aspects of life concerning the aged have been addressed. The Government of India has also identified the gaps in the implementation of the National Policy on Older Persons and new initiatives required in the context MIPPA.

14. More developed countries such as Japan and New Zealand have set up a high-level government agency at the ministerial level which takes the leadership role in directing and coordinating manpower and resource in dealing with ageing issues. Countries and areas such as Hong Kong, China; Fiji and Sri Lanka have established national committees or commissions on ageing to co-ordinate the planning and development of various programmes and services for older people. Some countries have inter-agency committees to monitor and implement the policies and programmes for older people. For example, those in China and the Philippines consist of coordinating bodies which are made up of various Government ministries and national NGOs. However, most countries in the region have no specialized agency or body to deal with ageing issues. In these cases, usually the Ministry or Department of Social Welfare have taken on the role of providing welfare services to meet the needs of older people.

### **III. REVIEWS AND APPRAISALS OF IMPLEMENTATION OF MIPAA**

#### **A. Older persons and development**

15. The extent to which countries in the region mainstreamed ageing concerns in their development policies is mixed. The priority of economic growth meant that social issues came second or even further down the list of national priorities although, increasingly, Governments in the region are recognizing population ageing as a development issue. Difficulties encountered in mainstreaming ageing issues could be attributed to the lack of sufficient funds, inadequate training for implementation of programmes, and limited interdepartmental cooperation.

16. When the question of responsibility for older persons is raised, more often than not the persistent view in the region emphasized the role of family and community systems of care as opposed to that of formal institutions. This was mainly due to the higher priority of economic growth, with the recognition that the specific effects of population ageing and their inter-linkages with development strategies would produce challenges for society's economic development and well-being. With varying degrees, this conviction prompted many countries and areas in the region to address population ageing, in one form or another, in their development plans and policies.

17. As Governments began to accord higher levels of policy attention to ageing over the past five years, mainstreaming ageing into development policy areas in alignment with regional and global norms and standards became more obvious. For example, the Government of China mainstreams ageing activities by extensively publicizing the aims and objectives of MIPAA, SIS and the Macao Plan of Action on Ageing. Modalities for mainstreaming ageing concerns included the Tenth National Five Year Development Plan on Ageing, 2001-2005. As feminization of old age became visible in the country, the Government began promoting old women's issues and called for gender equality in retirement.

1) Active participation of older persons in society

18. The desire to remain productive in old age is demonstrably strong in the region. But employment opportunities for older persons, to match their needs, are sparse and far in between. Although continued employment has proven to be rewarding and beneficial for the worker and the employer, various obstacles exist for older persons to work especially in the formal sector.

19. In the informal low-income sector the concept of retirement is absent as the work force is usually concerned with meeting day-to-day survival and cannot afford to stop working<sup>5</sup>. An early demographic perspective on mid- to low-income countries like China and Thailand, where fertility declines outmatch needed economic affluence levels, levels that can enable sustained and adequate social security systems, suggests that they will experience rapid ageing at low levels of income<sup>6</sup>. It is essential then for Governments in the region to start planning ahead for the socio-economic implications of ageing societies. It is also important to understand the changing demands and needs of a future elderly population that is more educated and consumption-oriented compared to today's older population.

20. MIPAA recognizes that education is a crucial basis for an active and fulfilling life. But low levels of educational attainment and illiteracy amongst the current older generation in developing countries is an impediment to the promotion of active ageing as well. Surveys on educational levels of older persons in developing countries persistently demonstrate that illiteracy rates are more prevalent amongst the poor.

21. In order for older persons to continue interacting satisfactorily with society and to benefit fully from their potential contributions to its development, many countries, such as China and India, embarked on public education programmes that promoted life-long learning and prepared older persons financially for retirement. In Nepal, schemes to encourage excellence in nursing facilities and social recognition of older persons were soon to be launched and mechanisms would be developed to enhance the participation of older people in society. Education and recreational facilities would also be provided along with information and databases on older persons being updated for use in policy formulation.

22. The Law of the People's Republic of China on the Protection of the Rights and Interests of Elderly People has a special chapter on protecting the rights and interests of elderly people to participate in social development. In this regard, the Government issued special policies to engage the expertise of retired scholars and professionals to contribute to social development. Additionally, in 2003, the Government initiated the Silver Hair Action programme, aimed at enabling senior intellectuals to apply their scientific and technological knowledge and expertise to assist in the development of the country's under-developed regions.

23. In Asia and the Pacific, cultural factors greatly influence opportunities for active ageing and, especially, productive ageing. In this respect, some Governments, such as Hong Kong, China; Japan, and Singapore, have given priorities to the promotion and the provision of opportunities for continuing education and retaining mature workers beyond the compulsory retirement age. The Governments have introduced innovative management strategies at the work place to facilitate old-age work. Overall, resistance of employers to hiring older workers can be contrasted with the growing desire on the part of the latter to remain productive throughout the life span.

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<sup>5</sup> ESCAP (2007d.)

<sup>6</sup> United Nations Population Fund, 2006

## 2) Intergenerational solidarity

24. Family life in Asia and the Pacific was profoundly transformed in the context of modernization and urbanization. In low-fertility countries with high female labour force participation, older persons will have fewer caregivers at home. Continued rural-urban migration would worsen this situation in the coming years. In rural areas, however, a majority of older persons still live in traditional families and depend on them for financial support and care. In certain situations, older persons themselves became volunteers and caregivers of other cohorts, like orphaned grandchildren or older bed-ridden or frail persons. The Department of Public Welfare of Thailand estimated in 2000 that as many as 150,000 AIDS orphans lived with grandparents<sup>7</sup>.

25. Modernization of society, coupled with urbanization and migration, often weakened the family's ability to care for the elderly. Many countries in the Asian and Pacific region have experienced prominent shift in household structures from an extended to a nuclear form, and a shift in living arrangements of the elderly from the co-residence with children to living alone or living with a spouse only. Although such structural changes are statistically evident, especially in countries such as Japan and Singapore that have completed demographic transitions and high levels of socio-economic development, it remains unclear to what extent familial attitudes and values have changed over time.

26. Intergenerational solidarity between younger and the older persons is being promoted in many countries in the region although the outcomes vary according to prevailing generational relations in each country. Countries that had established intergenerational welfare transfer policies or programmes, especially relatively affluent economies in the region had comparable concerns: emerging adult unions and cohabitation disfavours informal care provision in old age. Governments in less affluent countries, however, continue to pursue social policies that recognize the extended-family norm and place greater emphasis on strengthening traditional support while providing basic assistance to those without family help. Examples in this regard include countries such as Cambodia, Lao People's Democratic Republic and Thailand.

27. Some countries promoted intergenerational relations through primary and secondary education. For example, in China, the Young Volunteers' Programme was established by the Ministry of Education under the Tenth National Five Year Development Plan, 2000-2005. The aim of this programme was to create a core of young volunteers who would regularly visit older persons and offer help with daily living activities. In rural China, the State encourages people to sign a "family support agreement," which stipulates how the elderly person is to be provided for and what level of livelihood he/she will have. Village committees or other relevant organizations supervise the implementation of the agreement to make sure that elderly people receive the support they are entitled to. By the end of 2005, some 13 million "family support agreements" had been signed.

28. The Russian Federation has declared 2008 the Year of Family. In the course of the Year several campaigns and activities are scheduled to promote intergenerational solidarity.

29. The social and economic implications of migratory movements are also linked to intergenerational concerns. In China for example, it is common for rural older persons to support working age children migrate to cities where economic opportunities are plentiful but the increased mobility of younger persons reduced the availability of physical support to older persons. Although the migration of children contributed to their material well-being through

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<sup>7</sup> Knodel, 2000

remittances, the lack of community services affected the psycho-social support due to reduced contact. Rural to urban migration in Thailand similarly influenced older persons left behind.

30. In a survey conducted in Phnom Penh, Cambodia, in 2005, it was indicated that the lingering outcomes of internal conflicts negatively influenced intergenerational relations. More than two-fifths of the current generation of older persons in Cambodia lost at least one child during the Khmer Rouge rule during 1975-79 and about a quarter of older women had lost their husbands<sup>8</sup>.

31. In general, while filial piety remained strongly valued in the region, the ties between different generations frayed under conditions of economic pressure and instability but might also expand during more favorable periods. Hence, it could be surmised that the Asian landscape is one where both intergenerational solidarity and conflict alternate. To maintain the wider role of the family, some Governments are beginning to take measures to strengthen family bonds.

### 3) Income security, social protection/social security, and poverty prevention

32. The economic and social situation of the developing countries in the region is such that only nine to 22 per cent of formal-sector retirees receive a pension or social security benefits<sup>9</sup>. The rest rely on other means, which might or might not have included minimum subsistence benefits provided through means-tested schemes for the poor. It is important to note, therefore, that due to financial constraints, many countries in the region such as Bangladesh, India, the Democratic People's Republic of Korea and the Republic of Korea targeted their social security programmes to the poor and persons with disability. There were simply no universal benefits for the elderly as a group.

33. Many countries in the region, however, seek to provide social security coverage through social pensions and cash allowances to persons in the informal sector. China, for example, implements a scheme called the Rural Five Guarantee Scheme to secure food, clothing, shelter, medical care and funeral expenses distributed through collectives. This scheme has been in place since 1950 and has been updated in 1991 by a rural pilot scheme on social pension that had covered 54 million farmers by 2005. China also initiated contributory social security and non-contributory income security programmes for the poor. Despite these developments, however, the overwhelming majority of older people in rural areas do not benefit from the country's social welfare system, pensions and adequate medical care.

34. Poor households in India receive social security assistance under the National Social Assistance Programme (NSAP) of 1995. The measure consists of three pillars; a targeted pension scheme, a food support scheme, and a family benefit scheme. The central Government contributes US\$4.7 per month to each beneficiary under the pension scheme – named the National Old Age Pension Scheme (NOAPS) – under which about 50 per cent of poor older persons, are living with less than one dollar a day and above the age of 65. As economic development increases, public spending levels on social pensions could increase, as in India, where the Government tripled its National Old Age Pension benefit in 2006, targeted at the destitute who are 65 years and older<sup>10</sup>.

35. As an economy in transition, the pension system in Kazakhstan is a combined system, consisting of a state pension and an accumulative pension, akin to a retirement fund that people

<sup>8</sup> Knodel J. and Saengtienchai, C., Older Aged Parents: The final safety nets for adults, sons and daughters with AIDS in Thailand, *Journal of Family Issues*, 26, 665-698, 2005

<sup>9</sup> UNESCAP, 2004

<sup>10</sup> see [www.unescap.org/esid/psis/meetings/Ageing\\_Change\\_Family/India.pdf](http://www.unescap.org/esid/psis/meetings/Ageing_Change_Family/India.pdf) (3 October 2007)

had contributed to during their working life. The state pension is provided to those people who had not been able to accumulate a private pension.

36. Central Asian countries are also taking advantage of networking to promote social protection measures for older persons. In 2005, the international network, AgeNet Without Borders, was established by 28 organizations from Kazakhstan, Kyrgyzstan and Uzbekistan. The Ministry of Labor and Social Protection, Kyrgyzstan joined the network as a member of the Coordination Council. Currently, the network actively promotes the goals of MIPAA in Central Asia, including through campaigns to raise funds for the provision of social support for older people. In 2007 gerontology organizations from Turkmenistan are expected to join the network.

37. In Mongolia, according to the Master Plan for Social Security Sector Development, pension insurance would be mandatory for all from 2006, but a limited state budget affected its implementation and the cost-effectiveness of this type of welfare in the social sector. Mongolia had earlier passed the Law on Elderly Social Protection in 1995 and developed the National Programme on Elderly Health and Social Protection in 1998.

38. Consistent with rights-based, good governance and quality of life approaches to social development, some Governments are putting greater emphasis on income security and social protection in old age by moving away from needs-based approaches, which consider the older person as a passive recipient of welfare benefits<sup>11</sup>. For example, Malaysia's Vision 2020 provides the overall direction for future development planning and includes age-related issues, such as increased educational opportunities, better nutrition and health care and strengthening family institution to supplement the older persons' income security and well-being. In New Zealand, the Government began implementing the Positive Ageing Strategy and the Government's Overall Strategy for People over 65 in 2001, and the Law on Elderly Social Protection since 1995.

39. The Government of Nepal's operational strategy includes actions related to strengthening economic security, the social security system, and improving health care facilities. The country has a universal pension scheme that covers anyone over 75 years with US\$2.8 per month. Poor widows over 60 are illegible to receive US\$2.1 per month. Similarly, the Government of the Philippines had developed some major policies since the adoption of MIPAA. Two examples are the Republic Act No. 9257, enacted on 26 February 2004, granting additional benefits and privileges to senior citizens and Republic Act No. 7876, an act establishing senior citizens centers in all cities and municipalities of the Philippines. Additionally, a number of local governments provide social pension schemes in the Philippines.

40. Some governments utilize culturally accessible dimensions of social life to provide social protection or security to older persons in the informal sector. The Government of Pakistan for example administers the collection and distribution of *Zakat*, the main social welfare system based on the Islamic concept of charity. Local committees collect *Zakat* from the saving accounts of commercial banks and *Ushr*, a tithe levied on large agricultural production. *Zakat* funds are distributed to beneficiaries including individuals, organizations and educational or civic institutions. Some formal sector workers have access to the Employees Old Age Benefit Institution (EOBI), which was introduced as a pension scheme to cover low-income workers or persons with disabilities and their dependants or widows.

41. China; Hong Kong, China; the Philippines and Singapore are examples of countries that have included individual accounts in their social security programmes in the face of a rapidly expanding older population. An ageing population implies fewer taxable workers to support the

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<sup>11</sup> Kinsella, K. and Phillips, D. R., Global Ageing: The challenge of success, Population Bulletin, 60(1), 1-40. 2005

retired. Hence, even the most affluent countries in the region are already finding it difficult to formulate a sustainable pension scheme for their citizens.

42. Older persons are also more susceptible to the risk of poverty in old age. As such, employees and workers give the highest priority to the encouragement of savings. About two thirds of the countries and territories surveyed by ESCAP have taken these initiatives. For example, Sri Lanka has implemented several social protection and security programmes, such as Public Sector Pension Scheme, Public Service Providers Fund, and pension schemes to assist older people. Needy older persons in Sri Lanka can also benefit from the Government safety net programme – known as Samurdhi Welfare – and the Public Assistance Programme. The latter provides cash allowance of US\$2-5 per family, and reaches about 400,000 families.

43. Some countries also use a means-tested system to financially support older persons. Malaysia's National Policy for Older Persons, for example, involves cash contributions of US\$39 per month per person and currently boasts a membership of 23,800 persons. Indonesia provides direct cash assistance in the six most populated provinces in the country. The implementation of Act No. 13 of 1988 on Older Persons' Welfare resulted in a social security programme managed by the Ministry of Social Affairs, which distributes US\$33 per month given to frail and or poor older persons. The coverage of this programme is increased annually. Both Thailand and Viet Nam also utilize means-tested cash allowance schemes; US\$14 per month to vulnerable persons over 60, and US\$6.2 per month to those needy and over the age of 85, respectively. In Bangladesh, a country where 80,000 persons join the ranks of old age every year, the Government employs two means-tested schemes – known as the Old Age Allowance and the Widow's Allowance – that reach about 20 per cent of older persons above the age of 60. Both schemes provide US\$2.9 per month to 1.6 million older citizens.

44. In the absence of universal social security coverage, most countries in the region rely on a multi-pillar system that combines poverty relief and defined benefits plans, such as pay-as-you-go and old age pensions, with defined contributions plans like pension funds and voluntary contribution for the private sector. These schemes are usually administered by the social welfare ministry and may reach a sizable proportion of the poor; but whether such schemes are capable of ensuring old-age security, even for the young-old cohorts, is questionable<sup>12</sup>. In more affluent countries, like Japan and the Republic of Korea, low fertility levels and a shrinking work force combine to accentuate old-age social security expenditures and may even present a depressive affect on economic prospects<sup>13</sup>.

45. Illiteracy and income security in old age interact in many ways in the region. A recent survey carried out in Queta, the capital of Balochistan, Pakistan<sup>14</sup>, showed that most of the illiterate respondents came from low-income settings. This meant that many potential beneficiaries of the social security systems that were in place were simply not aware of the existence of these benefits. The 2002 Survey of Elderly in Thailand conducted by the National Statistics Office revealed that only 50 per cent of those aged 60 or over were aware of social security for older persons, and as few as five per cent received it<sup>15</sup>.

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<sup>12</sup> HelpAge International, 2007a

<sup>13</sup> Seetharam, 2002

<sup>14</sup> Country Report presented at the International Short Training Programme in Social Gerontology, International Institute on Ageing, United Nations, Malta (INIA), in collaboration with the United National Population Fund (UNFPA), Feb. 2007.

<sup>15</sup> Knodel, J., Chayovan, N., Mithranon, P., Amornsiriromboon, P, and Arunraksombat, S, Thailand's Older Population: Social and economic support as assessed in 2002, Population Studies Center Research, Institute for Social Research, University of Michigan, 2005.

46. The oldest persons, women and those residing in rural areas are most likely to be left out of the safety net. In Bangladesh, for example, HelpAge International conducted an Older Citizens' Monitoring Project, which revealed that less than 10 per cent of eligible beneficiaries of the old age allowance were receiving the benefits<sup>16</sup>. Currently, the project has successfully mobilized older people to form advocacy groups, which identify eligible beneficiaries and encourage them to apply for the benefit directly or indirectly.

47. Overall, in countries with higher levels of economic growth or affluence, good progress was achieved in mainstreaming ageing in development policies and creating supportive environments for active ageing. In other countries, the socio-economic situation of older persons without sufficient retirement savings or adequate family support could be ameliorated with publicly-supported cash substitutes or transfers.

48. In the light of the above, the ageing process is likely to become the most important development issue in the 21<sup>st</sup> century, and due to its multi-faceted complexity and uncertain implications for policy and implementation, future research on the subject will increasingly become multidisciplinary and multi-directional. Additionally, Governments would have to rethink their positions on how to promote old-age security; establishing a universal non-contributory social protection system appears to be warranted and from the experience of other countries, is feasible.

#### 4) Emergency situations

49. Older persons are especially vulnerable in emergency situations, such as natural disasters and other humanitarian emergencies. They should be identified as such because they may be isolated from family and friends and less able to find food and shelter; they may also be called upon to assume primary care giving roles; and Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction. This was the call of MIPAA and the facts of recent disasters in the region bear the evidence.

50. The 2004 Asian tsunami experience demonstrated the particular vulnerabilities of older persons during natural disasters. The lack of detailed data on the affected older persons and their livelihoods may have played a major factor in having their specific needs and preferences overlooked during the initial relief response and the reconstruction and rehabilitation phases afterwards. A four-country field review by ESCAP of the social situation of the affected areas revealed, among other things, that initial needs assessments made little efforts to consult older persons or include the supportive roles they could have played<sup>17</sup>. The available figures, based on the numbers of those killed and displaced and the population before the tsunami, estimates that across the four hardest-hit countries -- Indonesia, India, Sri Lanka and Thailand -- people over 60 years old accounted for almost 14 percent of the dead, and nearly 93 percent of all displaced.

51. Similar, more recent disasters and the plight of the elderly in pre-, during and post-disaster situations in the region have confirmed their vulnerabilities and lack of adequate attention. For example, the 2007 monsoon in South Asia had taken worrying proportions. Caught in this situation, people had run away from their homes; and older persons were the first victims because they were unable to leave their home<sup>18</sup>. In Japan, 10 out of 11 victims of the recent magnitude-6.8 earthquake in the Niigata Prefecture were older persons, indicating that

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<sup>16</sup> HelpAge International, 2006

<sup>17</sup> UNESCAP, Moving Forward Post-tsunami: Voices of the Vulnerable, United Nations publication, Sales No. E.06.II.F.19

<sup>18</sup> <http://www.globalaging.org/armedconflict/countryreports/asiapacific/2007/pays.htm>

many elderly live in houses with insufficient quake-resistance. Although the municipal government introduced financial subsidies to make housing more earthquake proof, many seniors continue to live in unsafe housing, as the repairs to their old houses would exceed the government sponsored subsidy<sup>19</sup>. However, the Japanese government focused on the elderly in a recent report assessing the country's vulnerability to natural disasters. The document pointed out that the number of single elderly households nearly doubled in the last decade<sup>20</sup>.

52. It is important to note, in this regard, that older people's associations (OPAs) have been established as part of community development or post-emergency reconstruction programmes in a number of countries in the region<sup>21</sup>. These include Bangladesh, Cambodia, China, India, Indonesia, Lao People's Democratic Republic, Sri Lanka, Thailand and Viet Nam. Additionally, China and Viet Nam promote the OPA approach at the national level and Bangladesh OPAs are also involved in monitoring entitlements vis-à-vis post-emergency reconstruction activities.

#### B. Advancing health and well-being into old age

53. MIPAA calls for older persons to enjoy full entitlement and access to preventive and curative care, including rehabilitation and sexual health care. Additionally, health-care services must recognize that health promotion and disease prevention throughout life need to focus on maintaining independence, prevention and delay of disease and disability treatment, as well as on improving the quality of life of older persons who already have disabilities.

54. Demographic changes have been accompanied by an epidemiological transition leading to an increased burden of morbidity and mortality due to non-communicable diseases, which also place a higher demand on health services. The increased number of older persons in the region, also means that new health products tailored to their special needs need to be developed such as those required for home-based and community-based care. The health workforce would also need augmentation and reorientation in order to meet the changing demands of providing health-care to the increasing number of older persons. Therefore, equipping the health systems to provide adequate and affordable health-care to the ageing population remains one of the major challenges facing the region.

55. Many countries give priority to moving toward universal coverage of a minimum package of health-care services, especially one that targets older persons. Several countries managed to enhance accessibility of older persons through locally-based health-care providers, as well as basic health education in rural areas intended to prevent the spread of infectious diseases. Education on health risks in contrast with unhealthy behaviour has been promoted. Fewer countries provide training for the public health-care givers and social workers in basic gerontology and geriatrics, and/or supported the development of palliative care.

##### 1) Health promotion and well-being throughout life

56. One of the consequences of population ageing is the increased prevalence of chronic diseases. In the Asia-Pacific region, chronic diseases account for nearly 70 per cent of all deaths across ages<sup>22</sup>. As for older people, ischemic heart disease, chronic obstructive pulmonary disease, cerebrovascular disease, and lower respiratory infections are the leading causes of death. Women bear more disabling illnesses, as they generally live longer than men.

<sup>19</sup> <http://www.globalaging.org/armedconflict/countryreports/asiapacific/2007/quake.htm>

<sup>20</sup> <http://www.globalaging.org/armedconflict/countryreports/asiapacific/japanrisks.htm>

<sup>21</sup> HelpAge International, Older people's associations in community disaster risk reduction: A resource book on good practice, London, 2007

<sup>22</sup> WHO, WHO, ESCAP launch chronic diseases report, <http://un.by/en/who/news/world/2006/13-02-06-03.html> (3 October 2007); and Preventing chronic diseases: A vital investment, Geneva, 2006.

57. Many chronic and non-communicable conditions are preventable or their onset can at least be delayed. Health promotion and disease prevention is a major pillar of healthy ageing. Addressing risk factors for non-communicable diseases such as tobacco use, diet and physical exercise, obesity and stress can all contribute to reduced incidence of non-communicable diseases. This will not only lead to the elderly living longer without disability and illness, but also a reduced load on health systems.

58. In this regard, several countries in the region have initiated various measures to promote health and well-being of older persons<sup>23</sup>. These include education on health risks from unhealthy behaviours and education for older persons and the public on specific nutritional problems and needs of older persons. Viet Nam, for example, has strengthened its nutrition, physical exercise and health-care education programmes for older persons. Some countries, including China; Hong Kong, China; the Democratic People's Republic of Korea; Japan; Singapore; and the Republic of Korea encourage older persons to become more active through regular exercise routines and healthy life-styles, especially for persons with chronic diseases. Environmental health education and nutritional projects have also been taken up as a matter of urgency by international agencies. The latter are for all ages rather than age-specific, although some initiatives did target older persons.

## 2) Universal and equal access to health-care services

59. There is a consensus among countries in the region for a minimum standard of health and well-being for the most deserving older persons, if not for all. Some countries such as Australia, Japan and Singapore have in place reasonably fair and equitable access to health care for their citizens, young and old, rural and urban. However, many countries, including ones which are at risk of infectious diseases, health hazards and environmental pollutions have a long way to go in ensuring access to adequate and affordable health care to all its citizens.

60. It is also widely recognized that a life span approach for preventive and primary level of health care are the best strategies to dealing with the challenges of population ageing, especially those in developing countries<sup>24</sup>. However, many developing and intermediate countries simply do not have the infrastructure to deliver high-quality care at the secondary and tertiary levels and are moving increasingly toward a community-based model of health care.

61. Nonetheless, many countries have been taking measures to ensure that older persons have adequate access to affordable health-care. Bangladesh, for example, has had a universal health-care policy since 1978, under which older people are entitled to use the national health-care services. The Government also adopted the Health, Nutrition and Population Sector Programme, the main strategy of which is to deliver essential services at the grass root level. Similarly, health care for older persons in the Democratic People's Republic of Korea, is being carried out by a system of universal free medical service from the central to the grass root levels.

62. Since January 2007, Viet Nam has provided free health-care for those aged 85 and above and all older people living below the poverty line<sup>25</sup>. Some countries in the region are also concerned with the promotion of integrated health and social services in community programmes and the provision of health-care either free of cost or at concessionary rates for older persons.

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<sup>23</sup> ESCAP, Report on the regional survey on ageing , 2005.

<sup>24</sup> WHO, International Plan of Action on Ageing: Report on implementation, Executive Board paper EB115/29, Geneva, 2004.

<sup>25</sup> While these interventions mark progress, older persons under 85, who are not categorized as vulnerable or who are not civil servants or formal sector employees, must pay for health-care. This affects up to 40 per cent of older people, see HelpAge International, Age Demands Action in Vietnam, [www.helpage.org](http://www.helpage.org)

63. Through the Ministry of Social Affairs, Veterans and Youth Rehabilitation and the Ministry of Health and in partnership with HelpAge, Cambodia and the Republic of Korea-Association of Southeast Asian Nations (ROK-ASEAN), the Cambodian Government initiated a Pilot Project on Home Base Care for Vulnerable Older people since 2004 in 10 villages. Another pilot project in Thailand is the Home Health Care Project undertaken at 26 local hospitals in every region of the country in 2005, and has expanded into central and provincial hospitals in all provinces in 2006, while 65 per cent of the community hospitals also provide home health care services

64. Evidence from countries within the region shows that, one of the most effective ways of ensuring access of the older population to comprehensive health care, is by targeting them within a system that ensures universal access to health-care to the entire population. Some countries or areas in the region had achieved, or nearly achieved, universal coverage with the institution of a comprehensive health service package employing social health insurance, tax-funded or co-payment mechanisms to share care and cost. Countries in the region that can be regarded as having achieved close to universal health-care coverage include low- and middle-income economies such as Brunei Darussalam; Malaysia; Mongolia; Sri Lanka; and Thailand; high income economies such as Australia; Japan; New Zealand; Republic of Korea, Singapore; and Hong Kong, China. Despite their best efforts, however, the rest of the countries in the region are some way from achieving universal health-care coverage. All these countries, however, still have to contend with issues related to the provision of long-term and rehabilitative care for their older populations.

65. Ensuring universal coverage to ensure older persons have access to affordable and appropriate health-care inevitably raises the question of financing of health-care. Estimates by the World Bank, for instance, indicate that economies in East Asia and Pacific Island economies need to increase health spending by 37 per cent over the period 2005-2025, out of which 22 per cent would be attributable to changes in age structure<sup>26</sup>. The corresponding figure for South Asia was 45 per cent out, of which 18 per cent would be attributable to changes in age structure. These estimates mean that Governments would need to increase their health expenditures by almost two percentage points every year just to cover demographic changes.

66. Some countries have a multi-layered health-care financing system. Singapore, for instance, has adjusted allocations from the Central Provident Fund, together with varying levels of cost-sharing and subsidies in a public-private mix of health services<sup>27</sup>. 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. The World Bank, however, suggests a mixture of tax redistribution, savings and insurance systems for health-care financing in the long run<sup>28</sup>. Indeed, learning from less effective strategies adopted previously in developed countries, countries who can afford a health-care system now tend to adopt a multi-pillar financing system with cost-sharing built in as a core value rather than relying solely on public revenue, although what actually works for a country depends on the socioeconomic realities of the country.

67. It needs to be noted, however, that some of the countries, which have achieved universal coverage, are facing new challenges related to financing of long term care for the elderly. Countries such as Japan and the Republic of Korea are faced with issues of declining potential support ratios and increased dependency ratios. This means that family support systems are

<sup>26</sup> P. Gottret and G.Schreiber, *Health Financing Revisited: a Practitioner's Guide* ( Washington, World Bank, 2006).

<sup>27</sup> Dong, W., Can health-care financing policy be emulated? The Singapore medical savings account model and its Shanghai replica, *Journal of Public Health*, 28, 209-214, 2006.

<sup>28</sup> Ibid.

declining and the responsibility of providing long-term care is increasingly becoming the responsibility of the state.

68. Evidence from other studies indicates that health-care expenditures attributed to ageing populations have also been driven by non-demographic factors. These include changes in demand resulting from ensuring universal access to health care, increased costs of salaries, technological changes and introduction of new technologies as well as changes in costs of medical services relative to other goods and services<sup>29</sup>. This is borne out from studying patterns of health care expenditures in developed countries that are already well into the process of demographic transition<sup>30</sup>. Innovative partnerships between the private and public sector to finance research into medical technology and pharmaceuticals can have a significant impact on reducing costs of pharmaceuticals, and make them more accessible in the long term. South-south cooperation can also play an important role in ensuring access to improved medical technologies at reduced costs. Greater integration of traditional medicine systems would provide new options for improving access to essential medicines.

69. Other factors that may affect accessibility to health services include geographic, economic, cultural and language disparities, which often bar older persons, especially women, from seeking health services even when these were provided for them. Accessibility is affected by the ability of people in utilizing the services as well as the availability of services<sup>31</sup>. Accessibility is further complicated issue in the region due mainly again to its geographical diversity. Older persons are concentrated in rural areas, up to 80 per cent in India<sup>32</sup> and 60 per cent in the Republic of Korea<sup>33</sup>.

70. A related factor in this regard, is the generally low educational level and illiteracy of the current cohorts of older population in developing countries, which means that many older persons who are entitled to benefits are simply not aware of it<sup>34</sup>.

### 3) Training of care providers and health professionals

71. There are other problems in relation to the health-care provision as countries become more aware of better and more standardized services. Though training resources seem aplenty in more developed countries, the number of trained personnel is never enough to meet the demand. Many care providers would have to seek higher level training and the costs are expensive. For the developing countries, training of geriatric personnel has been placed as a priority item; nonetheless, many trained professionals may not return to their home countries or choose to migrate to work in wealthier countries after they have obtained the qualifications<sup>35</sup>.

72. Informal caregivers have always been people who are either family relatives, mostly spouses and daughters, or friends performing the caring tasks voluntarily. Care provided by

<sup>29</sup> Ravi Rannan-Eliya and Ruki Wijesinghe, *Global Review of Projecting Health Expenditures for Older Persons in Developing Countries: Monograph prepared for WHO, Kobe Centre, Japan* (Kobe, WHO, 2006).

<sup>30</sup> John Bryant and Audrey Sonerson, Gauging the cost of ageing, *Finance and Development, quarterly magazine of the IMF*, September 2006, vol. 43, number 3.

<sup>31</sup> ESCAP, Report on the regional survey on ageing, Bangkok, 2002.

<sup>32</sup> National Institute of Social Defense, India, Programmes for care of older persons, <http://socialjustice.nic.in/social/sdcop/opersons.html>, 3 October 2007.

<sup>33</sup> Lee, G., Review of ageing policy in Korea, paper presented at the Regional Seminar on Follow-up to the Shanghai Implementation Strategy for the Madrid and Macao Plans of Action on Ageing, 18-21 October, 2004, Macao, China.

<sup>34</sup> Sheung-Tak, Cheng, Chan, A. and Phillips, D. R., The Ageing Situation in Asia and the Pacific: Trends and priorities, paper prepared for inclusion in forthcoming World Ageing Report 2007, United Nations Department of Economic and Social Affairs, New York.

<sup>35</sup> ESCAP, Report of the Regional Seminar on Follow-up to the Shanghai Implementation Strategy for the Madrid and Macao Plans of Action on Ageing, Bangkok, Thailand, 2004.

these people is viewed as a good will and as an expected reciprocal act through which the caregivers are only making their contributions back to their family and community. The level of care provided by these people has been taken as just basic and non-professional. However, in reality these people could be trained to provide highly skilled services. Research shows that the burden of caregivers can be enormous, and often results in depression when providing care is not an option, for example in caring for a older spouse<sup>36</sup>. Likewise providing education and training to caregivers has been shown to be the most effective way to reduce distress and to build up a quality reserved labour force for health and social care; as informal caregivers are mainly middle aged women who were ready to go back to paid work or to continue to volunteer for other frail ones once their caring dues are.

73. Sophisticated skill based assessments have been in place too in differentiating different levels of care competence. There are attempts in integrating these skills competence to formal qualifications. Among these efforts, City and Guilds in the United Kingdom has developed a full set of protocols - the National Vocational Qualification NVQ framework - in assessing care for the elderly in community. A similar pilot-venture in Hong Kong, China, is run with selected NGOs under the guidance of City and Guilds, Hong Kong, China, and the Asia Pacific Institute of Ageing Studies, Lingnan University. Singapore has developed a similar model. With such types of training and assessments, caregivers can be assessed and recognized for their skills competence, thus making it possible to do step-up training in matching them with older persons requiring higher level care but are medically stable. The vision with such a model of training and recognition is to provide a bridge for those wanting to move from informal to formal qualifications and care settings, hence making a larger supply of skilled caregivers in community ready to serve their neighborhoods.

74. The future of long-term care (LTC) is a major challenge in health and social care of older persons in the ESCAP region. While many countries in the region benefit from a tradition of informal care by families and friends to underpin home and community-based LTC, there is concern that changing family structures is reducing the ability of families to care for their older members<sup>37</sup>. These programmes are mostly publicly financed, as in the case of Australia and Japan, although reviews on their cost-effectiveness have shown that the current modes and delivery of community support services often do not match the needs of the family and their older members adequately. Additionally, most of the community support services tend to replace informal care. This has led Governments to advocate for the strengthening of family care. But with growing population ageing, family care and community support services will require more and higher level skills of care givers.

75. A major challenge in the region is the growing number of older persons, mostly women, with dementia<sup>38</sup>. It is expected that these number will rise in the region over the coming decades and with it a greater need for LTC institutions. Recognizing the importance of the issue, in 2005, the Australian Government established the National Dementia Initiative with funding of \$320 million over 5 years. However, fewer than half of the countries in the region have developed programmes to help persons with Alzheimer's disease and other types of dementia, and even less countries established support networks for care givers of older persons with mental illness and physical disability. These remain the areas for which partners in the region should make more effort to develop in the years to come.

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<sup>36</sup> Sheung-Tak, Cheng, Chan, A. and Phillips, D. R., The Ageing Situation in Asia and the Pacific: Trends and priorities, paper prepared for inclusion in forthcoming World Ageing Report 2007, United Nations Department of Economic and Social Affairs, New York.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

76. Many countries in the ESCAP region, hence, still depend largely on families or neighbourhood to meet the needs of LTC, for example, village-maintained refuge for destitute older women in India<sup>39</sup>. In China, informal and local-government supported, community-based LTC services for older persons have begun to emerge. However, in this area as well, a lack of trained workforce is a challenging factor. Some local agencies are providing limited training and the Government has recognized the need for specialized training in geriatric care.

77. Despite these challenges, there is still a lack of a coherent policy for LTC in many countries in the region. Japan and the Republic of Korea have existing policies on LTC, with the former utilising a social insurance model, which is supported by contributions by the Government and employees and benefits are typically in kind, for example, home and nursing care. Australia, Singapore and Hong Kong, China incorporate LTC in related policies, for example, in disability allowance.

78. In yet some other countries, especially the more developed in the region, volunteers are mobilized to expand the caring network. With proper training and recognition, volunteers represent an important and readily available human resource for home-based care. In Thailand, the Project of Community Volunteer Caregivers for the Elderly began in 2003 in eight provinces around the country, which has, as one objective, to train people in communities to act as volunteer caregivers. Similarly, in Myanmar, the ROK -ASEAN Home Care for Older People Pilot Project Phase One (2003-2006), jointly implemented by the national NGOs in two townships in the Yangon saw the training of volunteers for the caring of older persons.

79. Inevitably, human resources need to be augmented and trained to handle the health care needs of the elderly. Many countries do not have trained professionals to diagnose and treat illnesses more prevalent in elderly populations, such as mental and neurological illnesses. The provision of long term care for the elderly in some developed countries is also proving to be difficult due to non-availability of trained personnel. Other countries can learn from this experience, and implement policies to encourage community-based strategies and promote family provision of long-term care for the elderly.

80. Countries within the region can gain a lot through sharing of experiences and resources at the regional level for the fulfillment of commitments made under MIPAA. Regional cooperation, through the auspices of ESCAP, is essential in areas such as developing appropriate indicators to assess progress of countries against MIPAA commitments, sharing of information between countries on strategies to reduce costs and ensuring sustainability in systems to provide universal health-care coverage including for the elderly population, and in addressing issues related to shortage of trained human resources.

### C. Ensuring enabling and supportive environments

#### 1) Housing and the living environment

81. With regard to housing environment for older persons, the overall physical environment in relatively advanced countries is increasingly becoming more age-friendly as compared to a few years ago. For example, building barrier-free housing for those with disabilities and installing suitable appliances and adaptations at home are being encouraged in many countries. At the community level, facilities such as daily shopping and recreation places and social services are being located within walking distances and access to them is made readily accessible in countries such as Malaysia, Singapore and Thailand. Some countries, including Malaysia, are

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<sup>39</sup> Ibid.

also looking to ensure safe and crime-free communities for older persons, as they can be easily targeted and potentially exposed to abuse or mistreatment. To the extent that affordability was assured, some countries and areas, such as Hong Kong, China; and Singapore, subsidize low-cost apartments or rental discounts and reserve ground units for older persons.

82. In Australia, the Government in collaboration with the Master Builders Association brought together people from relevant professions, organizations and governments to pursue innovative designs for homes, community spaces and workplaces to meet the changing needs of older persons. The Australian Local Government Population Ageing Action Plan 2004–2008 also supports local governments in creating age-friendly environments. In Cambodia, the Ministry of Social Affairs, Veterans and Youth Rehabilitation has prepared a draft law on the rights of people with disabilities, which acknowledges older people with mobile disability and their rights in law to benefit from appropriate living environments, which enables them to participate fully in community life.

83. In recent years, the Chinese government has promulgated the Design Codes for Accessibility of Urban Roads and Buildings, and formulated the Tenth Five-Year Plan on Constructing Barrier-Free Facilities, and a number of similar regulations such as Standards for Barrier-Free Facilities and Equipment in Civil Airport Passenger Terminal Areas, Design Codes for Accessibility of Railway Stations and Junctions, Design Codes for Construction of Railway Stations for Passengers, Design Codes for Equipment Used for Passenger and Freight Transport at Railway Stations and Premises.

## 2) Care and support for informal caregivers

84. As was noted above, extended or multi-generational families remained the norm in most countries in the region, especially in rural areas. However, in the light of the changing family structure and its function, several Governments surveyed have taken action to develop policies for a continuum of care, including care and support for informal caregivers, and established standards to ensure quality care in formal care settings but not informal ones<sup>40</sup>.

85. A few countries and areas in the region, including Australia; Hong Kong, China; Macao, China; New Zealand; and Singapore, provided broad-based support to family care-givers, which typically consisted of counseling and coping, training on caring skills and respite services. Some countries, notably Singapore, have bolstered the traditional values system of caring for the older persons by way of policy initiatives, for example, making priority allocation of housing or allowing tax incentives to those children who take responsibility of the care and maintenance of parents.

86. Informal caregivers usually performed the care-giving tasks voluntarily. Parent care is a predictable aspect of the life-course and almost everyone could expect to become a caregiver at some stage. Filial piety, understood as the norm or expectation of what both child/adults and society owe to older relatives and/or residents, appear to remain strong in many parts of the region. In some urban settings, however, traditional patterns of generational support and reciprocity give way to greater probabilities of different values; clearly, the traditional family structure in the region as a comprehensive institution is losing its strength over time. Consequently, when informal caregivers were thrust in this role, with little emotional or technical preparation, adverse results for both were reported.

87. While not many countries in the region have introduced explicit policies and programmes to support informal caregivers, it is likely to receive policy attention. As was discussed earlier,

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<sup>40</sup> ESCAP 2006

countries intent on supporting family care have to take a more structured approach with higher level caring skills, which must include training and support systems for informal caregivers.

### 3) Neglect, abuse and violence

88. Neglect, abuse and violence against older persons take many forms, from the physical to the psychological to the financial, and the occurrences are evident in every social, economic, ethnic and geographic sphere. Ageing often comes with lowering immunity and increasing vulnerability and hence older people are likely to be targets of neglect, abuse and violence. Elderly abuse is generally 'hidden', since older persons find it shameful to admit that they are abused and are ashamed of the stigma.

89. Older women tend to suffer more. They face greater risk of physical and psychological abuse due to discriminatory societal attitudes and harmful traditional and customary practices. The abuse and violence directed at older women is often exacerbated by poverty and lack of access to legal protection. In some cultures women are more dependent, financially and emotionally on families than men, making them more vulnerable to abuse.

90. Some countries in the region have recognized the problem and begun to take action. The Democratic People's Republic of Korea adopted on 26 April 2007 the "Law of the Democratic People's Republic of Korea on the Care of Elderly," in effect giving *de jure* recognition to ageing issues. In India, the Government introduced the Maintenance and Welfare of Parents and Senior Citizens Bill, 2007, to provide for more effective provisions for maintenance and welfare of parents and senior citizens, which has given many ageing parents relief from their fears of being abandoned by children or being pushed to and left in an old age home<sup>41</sup>. The Bill has the provision for asking the errant children found guilty of neglecting parents to pay a fine and they can also be jailed for three months. It also gives power to parents to disinherit children from their property.

91. The Japanese Diet enacted the Elder Abuse Prevention and Caregiver Support Law on November 1, 2005, and the law came into effect on April 1, 2006. The Law defined types of elder abuse and set forth a reporting system for both domestic and institutional elder abuse cases. It also laid down responsibilities of the national and local governments for elder abuse prevention and caregiver support. In Thailand, the Ministry of Social Development and Human Security has enacted its Ministerial Rules on Criteria, Methodologies and Conditions on Protection, Promotion, Support and Assistance to the Illegally Tortured or Abused or Exploited or Abandoned Older Persons along with Counseling Services for Solutions to Family Problems.

92. The incidents of neglect, abuse and violence against older persons were also increasingly reported prompting some Governments such as Australia, the Philippines<sup>42</sup> and Sri Lanka, to take legal measures to ensure older persons had access to information regarding their rights and protection.

### 4) Images of ageing

93. Often and in many societies, older persons are unjustly portrayed as a drain on the economy with their many needs for health and support services. Public focus on ageing and the

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<sup>41</sup> <http://ryanlanham.wordpress.com/2007/06/09/government-of-india-press-release-report-to-the-people-on-social-justice-and-empowerment/>

<sup>42</sup> Executive Order 105 of 16 May 2002 approves and directs the implementation of the Program "Provision of Group Home/Foster Home for Neglected, abandoned, abused, detached and Poor Older Persons and Persons with Disabilities", see <http://www.glin.gov/view.action?glinID=135704>

implications in terms of scale and cost of health care, pensions and other services have generated a negative image of ageing. A positive view of ageing is an integral aspect of MIPAA and SIS. It reminds all to recognize the authority, wisdom, dignity and restraint that come with a lifetime of experience.

94. Faced with this concern, several countries have begun to pursue the active participation of older persons partially with the promotion of a positive image of ageing in society. In the Democratic People's Republic of Korea, administrative, commercial, transport and other service agencies are encouraged to respect older persons establishing special "Day for Service to Seniors", "Place for Seniors" and "Delivery Service" for seniors. In Kyrgyzstan a similar campaign is conducted annually.

95. Many of the plans and policies have resulted in numerous national and sub-national programmes, including public education on positive images of ageing, mass media campaigns to recognize the contribution of older persons, publicity given to the United Nations principles for Older Persons, involvement of older persons in decision-making processes at all levels, measures to increase old-age labour-market participation, removing barriers to working beyond retirement age, training family members on home care of older persons, and special programmes to support older persons in rural areas, to mention a few. The success of these programmes to a large degree hinged on the ability of older persons to participate in the social, cultural, economic, spiritual and civic life of the country, which in turn depended on surmounting the challenges posed by negative stereotypes of older persons among the public at large.

96. Information disclosure to the public about the ageing situation improved markedly in the region. It is not uncommon to read about the major findings of a nation-wide survey in which the ageing situation featured as a major component, or study on ageing in mainstream print media and the Internet. For instance, the findings of a survey on the social trends and changing patterns of family life and older persons in Thailand were released by the Ministry of Public Health in April 2007. Similar subject-surveys were also published during the same period by the National Statistical Office of Thailand<sup>43</sup>, and leading academic institutes in the country.

97. Mainstream media also appears to have become attracted to ageing issues, especially concerning retirement and pensions. Moreover, in collaboration with Government agencies, NGOs in many countries in the region launched campaigns that aimed to improve the image of older persons in society. For example, HelpAge India recently launched the "Proud2B60" campaign in commemoration of the 60<sup>th</sup> anniversary of India's independence. The year-long campaign would feature older persons as "active, fit, wanting to enjoy life and living on their own terms." Cinematic film coverage was a positive development and was generating increasing public interest in the subject as was seen in China's film festivals. The main aim of these campaigns is to combat the pervading negative perceptions of old persons in society.

98. Higher levels of awareness about ageing also appeared to have motivated an increasing number of private sector companies to support non-profit organizations which help poor people. However, their approach is welfare-based rather than a developmental approach. Nonetheless, the private sector is playing a role which would only support development in general and offer them opportunities created by the increasing numbers of older persons; the emergence of the so called "silver market", which is expected to bring higher demands for goods and services.

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<sup>43</sup> It is worthy to note here that the most recent Labour Force Survey of the National Statistical Office of Thailand included a table that segregated data by age – entitled: "Employed Persons by Age Group for Whole Kingdom: 2001-2005.

#### IV. CONCLUSIONS

99. In the face of growing demands for social security and long-term health-care concerns, many countries surveyed in this overview had developed long-term plans and policies, and allocated funds to deal with ageing and the requirements of old age. National focal points were created as mechanisms to oversee the development and implementation of projects and programmes related to ageing. Programmes were designed to provide services in a variety of settings and in a number of areas – social pensions, physical and mental health, long-term care, economic empowerment, participation in decision making, life-long learning, housing, mistreatment, and the media and the image of older persons.

100. The findings show that countries with rapid demographic ageing and high socio-economic development are far ahead of other countries in proactively introducing specific measures, such as work after retirement and retention of skilled older workers, and reaching the older population with community-wide mass media campaigns on available support and services. Other countries may not have such strategies in place, especially those still grappling with economic growth and tackling poverty. Changing family structures and living arrangements and increasing chronic diseases were affecting older persons in both settings.

101. Notably, inadequate allocation of funds, public or private, and difficulties in acquiring expertise and knowledge have hindered the efforts of Governments to develop schemes for more effective interventions to meet the growing demands of old age. However, various attempts have been made by Governments and key national stakeholders to ensure a minimum level of social security for needy older persons, provide integrated home and community care services, empower older persons, and decrease the level of chronic diseases in old age.

102. Currently, income security in old age, raising public awareness about the benefits of active ageing, and generational solidarity preoccupy policy agendas on ageing in the majority of countries in the region. Countries in the region are also expected to incorporate views related to these issues into their development agenda and ESCAP is actively assisting them in bringing this about by providing advisory services when requested.

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