Key elements for developing ageing policies in Asia and the Pacific
Acknowledgements

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**ACRONYMS**

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAPF</td>
<td>Active Ageing Policy Framework</td>
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<tr>
<td>CREST</td>
<td>Community Rehabilitation Enablement Support Teams, New Zealand</td>
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<td>GSAP (2015)</td>
<td>Global Strategy and Action Plan (on Ageing and Health)</td>
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<td>HAPF</td>
<td>Healthy Ageing Policy Framework</td>
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<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>ISHC</td>
<td>Intergenerational Self-Help Clubs, Viet Nam</td>
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<td>OEWG</td>
<td>Open-ended Working group</td>
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<td>OSCA</td>
<td>Office for Senior Citizens Affairs</td>
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<td>OSS</td>
<td>One-stop shops, Mongolia</td>
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<td>LTC</td>
<td>Long-Term Care</td>
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<td>LTCI</td>
<td>Long-Term Care Insurance, Japan</td>
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<td>MIPAA</td>
<td>Madrid International Plan of Action on Ageing</td>
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<td>NCDs</td>
<td>Non-Communicable Diseases</td>
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<td>SCI</td>
<td>The Statistical Center of Iran</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>SRTC</td>
<td>The Statistical Research and Training Center, Iran</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<td>UCS</td>
<td>Universal Health-care Coverage Scheme, Thailand</td>
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<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
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<tr>
<td>UNDESA</td>
<td>United Nations Department of Economic and Social Affairs</td>
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<td>ESCAP</td>
<td>United Nations Economic and Social Commission for Asia and the Pacific</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>VIPAA</td>
<td>Vienna International Plan of Action on Ageing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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The ageing of the world population is one of the major global demographic trends, driven by the reduction of fertility and mortality. The Asia-Pacific region is experiencing population ageing at an unprecedented pace, with the number of older persons expected to more than double, from 630 million in 2020 to about 1.3 billion in 2050. By then, one in four people in the region will be 60 years or older, while the “oldest-old” (80 years or over) will constitute about one fifth of all older persons. This demographic transition towards an ageing society has significant social, economic and political implications for the region.

Population ageing, one of the megatrends affecting sustainable development, is taking place alongside other megatrends that have profound impacts on sustainable development. Urbanisation, migration, increasing inequality, advances in communication and technology, globalisation, the impact of climate change and disasters all affect older persons and how societies respond to population ageing.

Proactive policies and government action to address the challenges and maximise the opportunities of ageing, and to promote the active participation and inclusion of older persons in all aspects of life, are critical to achieving the 2030 Agenda for Sustainable Development and its Sustainable Development Goals – including eradicating poverty, protecting the planet and improving the lives and prospects of everyone, everywhere. The impacts of COVID-19 make policy and action in this area even more urgent.

Policies on ageing are not limited to policies on “older persons”. Addressing population ageing requires a life-cycle approach. Promoting healthy lifestyles has to start at an early age and is crucial to ensure healthy ageing. Similarly, policies for older women must address the gender imbalances throughout the life-cycle.

The Madrid International Plan of Action on Ageing (MIPAA) is the global action plan on population ageing adopted at the Second World Assembly on Ageing in 2002. MIPAA includes three priority areas, namely: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

The regular reviews and appraisals of MIPAA, mandated by the United Nations General Assembly and followed up by the United Nations Economic and Social Council give the United Nations regional commissions responsibility for translating the Plan of Action into regional plans and assisting member States and stakeholders in implementing and assessing their actions. Across the region, significant action has already been taken on ageing, providing rich examples from countries on how to design or revise policies related to older persons. This has been captured in regional MIPAA review processes, recent work of UNFPA on mapping of social policies related to population ageing, and wider policy reviews by United Nations agencies, non-government organisations, academics and others. The present document explores key elements of ageing policies to provide further guidance to policymakers in developing ageing policies that enhance sustainable development.

It is hoped that this document will provide a useful and practical resource for all those designing and implementing comprehensive responses to population ageing and supporting the achievement of MIPAA and the 2030 Agenda for Sustainable Development for all people at all ages.

This document is intended to provide an overview of key elements to consider when developing policies on ageing and older persons in the Asia-Pacific region. The review builds on the mapping and analysis of ageing policies in the region by ESCAP, UNFPA and HelpAge International’s Asia and Pacific Regional Office in recent years, including documents from the 2017 MIPAA regional review process, more recent policy-mapping efforts by ESCAP, and HelpAge International and UNFPA work on mapping and reviewing good practices in ageing policies in the region in 2015. Policy examples are

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2 Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing (United Nations publication, Sales No. E.17.II.F. 17)
based upon information from these reviews as well as details taken directly from member States policy instruments.

This document has also been informed by a review of ageing and related international and regional development frameworks. These were identified by ESCAP, key stakeholders as well as the author using a literature review on ageing-related frameworks.

The present document provides an overview of key elements to consider in developing ageing policies, and is further designed to serve as a toolkit to support member States in the policy-development process. It collates material from a number of sources – particularly those policy reviews discussed above and international and regional ageing and development frameworks, highlighting key issues to consider and examples to support policymaking.

Section one of the document provides an overview of the policy context, highlighting key trends, challenges and opportunities, followed by a review of policy responses at international and regional levels. The focus is on ageing-specific and related development frameworks, including MIPAA and the 2030 Agenda for Sustainable Development. The section also includes an overview of work on older persons’ human rights and discusses progress of the United Nations Open-Ended Working Group on Ageing.

Section two focuses on the key steps in developing national policy responses for ageing and older persons. This builds particularly upon work by HelpAge International and UNFPA in 2015 on developing comprehensive policy frameworks on ageing and older persons, whilst integrating a range of development frameworks that have emerged in recent years and adding new examples of good practice. It also provides suggestions for how countries can adopt strategic approaches to policies on ageing by better recognising and acting upon opportunities for synergy across a range of priorities. This will help maximise healthy and active ageing across the life-course.

The final section presents an easy-to-use checklist of elements and stages for policymaking on population ageing and older persons.

PART 1: AGEING AND DEVELOPMENT - THE POLICY CONTEXT

I. The Policy Environment Shaping Ageing Policies

The Asia-Pacific region is experiencing rapid population ageing. As a result of sustained fertility decline and sharp reductions in mortality at all ages, the number and share of older persons in the population is increasing. In some contexts at national and local levels, migration is also contributing to rapid demographic change.4

Within the older population, the proportion of the oldest-old (often defined as people 80 years and over) is growing fastest and women outnumber men due to their longer life expectancy, meaning the ratio of women to men increases with age.5 This is sometimes known as the ‘feminization of ageing’.

Some of the key trends, opportunities and challenges related to population ageing are outlined below.6

A. Longer and healthier lives?

While both healthy life expectancy and life expectancy at birth have increased in Asia and the Pacific since 2000, life expectancy has increased faster than healthy life expectancy. This means that people are living longer but are currently spending longer periods of their life with health conditions and/or disabilities. Women are both living longer compared to men and spending a greater proportion of their lives in ill health.7

B. Changing patterns of disease

Shifting disease patterns mean that the predominance of infectious diseases is shifting to non-communicable diseases (NCDs) in all regions of the world. NCDs include a range of chronic conditions, such as cardiovascular disease, cancer, chronic lung diseases, diabetes and mental and neurological conditions – comprising both depression and dementia. While NCDs are commonly thought of as "diseases of affluence", in reality, three quarters of deaths from NCDs are in low- and middle-income countries and older persons in developing countries are particularly at risk.8 On average, women also have a higher prevalence of multimorbidity in later life (the presence of one of more condition) than men.9

Infectious or communicable diseases still pose a considerable threat to countries. Older persons are particularly at risk of communicable diseases, including tuberculosis, influenza, respiratory tract infections, malaria and diarrhoea, due to lower resistance thresholds, and the presence of underlying health conditions and/or frailty.10 This can be seen in the devastating impact of the Coronavirus disease (SARS-CoV-2 or ‘Covid19’) on older age groups.11

Changing patterns of disease have significant implications for health and care systems. They must develop and adapt in order to respond effectively to the needs of increasing numbers of older persons with more complex and often multiple conditions, while managing the threat of infectious diseases and current and future pandemics.

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4 Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing (United Nations publication, Sales No. E.17.II.F. 17)
5 Ibid.
7 WHO (2015)
9 WHO (2015)
C. Need for care and availability of family support

While most people over 60 years of age remain healthy, with increasing age there is a greater risk of reduced physical and mental capacity and a need for care and supportive environments to promote a person’s functional ability and maintain their independence. Globally, the number of older persons needing care and support is forecast to quadruple by 2050.\(^\text{12}\) This growth is due to both the ageing of populations and increasing rates of NCDs associated with care need. Owing to women’s longer life expectancy and their higher risk of experiencing ill health or disability, women tend to have greater care needs than men. This is compounded by the fact that women are more likely to live alone than men at older ages and therefore require support from outside the home to maintain their independence.

Rising need for care raises questions about who will provide support for growing numbers of older persons with more long-term and complex care needs. As is the case globally, in the region, older persons that need support are most commonly cared for by family members – the vast majority of whom are women, including older women. However, as populations age, traditional family support systems are changing due to increased migration, smaller family size and expanding female labour force participation. Even where family members are available to provide care, people with complex needs are likely to require additional support. Thus, there is a large gap emerging between the need for aged care and its supply. The current trends in provision of and need for care are also contributing to gender inequalities across the life-course.\(^\text{13}\)

D. Income and poverty

Rapid population ageing combined with the lack of adequate social security or social protection is leading to poverty among older persons in the region. Older persons are at higher risk of falling into poverty than other age groups because of their reduced capacity to generate income due to health issues or disability. This means those who were already poor in working age are likely to remain poor or fall into extreme poverty when they are older if and when they are unable to work.\(^\text{14}\)

Older persons’ income sources include work and income-generating activities; private transfers such as support from families and remittances; income from assets and savings; and social protection, such as pensions and other cash transfers. Generally, low pension coverage and low benefit levels mean many older persons have to continue to work well into later life, despite experiencing higher rates of underlying health conditions and disabilities. This is especially the case in developing countries. Indeed, labour is the leading income source for people ages 60 to 85 in a number of countries in the region, with public and private transfers, including family remittances, making up a small percentage, though exceptions exist.\(^\text{15}\) It is important to note that a significant proportion of these older persons work in the informal sector in jobs that are hazardous, insecure, low paid and which provide no social protection, often not even paying enough to meet their basic needs.

Older women are at a higher risk of falling into poverty than men because of disadvantage, discrimination and inequality experienced across their life-course. Compared to men, women have a lower labour force participation during working ages, lower income and a lower likelihood of having access to pensions if they do work, as well as disadvantages in access to land and other sources of wealth. These disadvantages accumulate over the life course and lead to inequality in later life.\(^\text{16}\) Women’s increased likelihood of experiencing ill health in older age also means they are less likely to be able to obtain income through work.


\(^{14}\) *Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing* (United Nations publication, Sales No. E.17.II.F. 17)


E. Contributions of older persons to economies and societies

Older persons make important contributions to economies and societies through paid work, volunteer work, and unpaid care work. In spite of their challenges and vulnerabilities, older persons are important development actors. Harnessing their capabilities, knowledge and experience will be crucial for policymaking.

In many countries in the Asia-Pacific region, older persons continue to work. The percentage of labour market participation of older persons tends to be higher in countries where agriculture still plays a large role, such as Pacific island countries and least developed countries such as Cambodia and Nepal. Work of older persons is often in agriculture, family businesses and informal sector work. The COVID-19 pandemic has shown that the labour income of older persons is crucial for the survival of many households, especially poorer households.

Older persons, particularly older women, are also providers of unpaid care work. Time-use analysis in several countries of the Asia-Pacific region show that both older women and men provide unpaid care work, but older women provide significantly more. Unpaid care work provided by women includes child care, household work for the entire household and care for their spouses.

Through their volunteer work, older persons contribute to their communities, such as by building livelihood security, supporting access to health care, and supporting disaster response. Older persons are engaged in older persons associations (OPAs) or other community of faith-based organizations where they provide important community work to all generations and self-help.

F. Diversity in experiences of ageing and inequalities

Speaking about ‘population ageing’ and defining a group of people by their chronological age (the years of life they have lived) hides extreme diversity in how later life is experienced both between and within countries. Older persons are not a homogenous group. Large differences in health trajectories as well social and economic situations exist between younger old and older old, as well as between individuals or groups of the same age. Inequalities throughout the life-cycle will determine inequalities in old age.

Although some of the diversity in ageing reflects genetic inheritance or the choices people make, much is influenced by factors beyond an individual’s control throughout the life-cycle. These factors include both the physical and social environments in which people live. The latter are often referred to as ‘social determinants of health’, defined as ‘the conditions in which people are born, grow, live, work and age, and the wider set of forces and systems shaping the conditions of daily life’. These include economic policies and systems, development agendas, social norms, social policies, political systems, and the physical environment. The relationship someone has with their physical and social environment is also influenced by an individual’s personal characteristics, including but not limited to their sex, gender, class, ethnicity, disability status and age. The interaction of these characteristics with the environments in which someone lives can lead to inequalities or inequities in people’s experiences and outcomes. A significant proportion of the diversity in how people age is likely to be underpinned by the cumulative impact of these inequities across the life-cycle. This is sometimes referred to as ‘cumulative advantage/disadvantage’.

These inequalities increase the risk of those who face disadvantages accumulated over the life-course of both the direct and indirect impacts of COVID-19.

G. Gender and ageing

As discussed in the sections above, ageing has different implications for women and men. Indeed, gender inequality over the life course has been highlighted as one of the most fundamental challenges confronting the Asia-Pacific region. Unequal treatment, discrimination and denial of

17 International Labor Organization. ILOSTAT. Online database.
19 HelpAge International: Older People’s Association (OPAs): https://ageingasia.org/older-peoples-association-opas/.
20 WHO (2015) p.8
21 World Health Organization, (no date) ”Social Determinants of Health”. Available at www.who.int/social_determinants/en/
22 WHO (2015), p.8
rights in relation to education, productive and reproductive roles, employment, nutrition, inheritance, social security, health, care, voice, autonomy and agency, all translate into a lack of employment and pension benefits, financial vulnerability, greater dependence on family members, gender-based violence, social isolation, disability and/or poor health for many women in later life.

However, ageing can also disempower men. Once men retire from their jobs, they may become more socially isolated both in the community and within their own households. They are also less likely to have strong social contacts than women, partly related to women’s role as carers which strengthens their social contacts. This has implications for the availability of support men can rely on in older age. Despite this, as older women tend to live longer than men and are less likely to remarry if they become widowed, they often spend more years living alone.

H. Attitudes to older age

The WHO defines ageism as ‘the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards others or oneself based on age’. Ageism can take many forms, including adopting overly paternalistic approaches that deny older persons autonomy and independence, prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs. It can be found in interpersonal relations and in larger systems and structures, including health and social care, the workplace, the media and the legal system.

The impact of ageism globally is profound. At an individual level, it can impact upon a person’s health and wellbeing, and the extent to which they are able to enjoy their full human rights on an equal basis with others. At a societal level, it affects us all by limiting the diverse contributions older persons make and eroding solidarity between generations. Ageism can also affect policymaking by limiting how issues related to older persons are imagined, through inequalities in resource allocation, and by failures to maximise the opportunities that ageing presents. It can therefore act as a profound barrier to the achievement of healthy ageing and sustainable development for people of all ages.

I. Emergencies

In emergencies and crises, including climate related disasters and displacement, older persons are most at risk due to the prevalence of chronic illness, mobility issues and/or cognitive impairment in later life. However, older persons’ needs are often overlooked in humanitarian and emergency situations. As a result of social isolation, older persons may not be alerted to an emergency, while as a result of economic vulnerabilities they are more likely to live in accommodations easily destroyed in a disaster (floods, cyclones or earthquakes) or that do not provide adequate protection from heatwaves. Due to increased rates of ill health, disability, poverty and wider marginalisation and discrimination faced by older women, they are often particularly at risk in emergency situations, including from violence, abuse and neglect. Despite these risks and the central role older persons play in emergency efforts, they are often not included in either planning or in response efforts.

J. Economics of ageing

Changing demographic structures have multiple and complex implications for economies. Key concerns include shrinking workforces, the impacts of an ageing workforce on productivity and the fiscal implications of funding public pensions, health and long-term care systems for greater numbers and proportions of older persons. Many countries in the Asia-Pacific region are also facing the challenge of getting old before getting rich. However, estimates of the impact of ageing on economies are often based on assumptions of ‘unchanged labour force participation rates, retirement behaviour, population health, and

https://www.who.int/publications/i/item/9789240016866

24 WHO (2015)

25 WHO (2015)

26 HelpAge International (2020) If not now, when? Keeping promises to older people affected by humanitarian crises.

Available at: https://www.helpage.org/what-we-do/if-not-now-when/

27 Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing (United Nations publication, Sales No. E.17.II.F. 17)

28 This section draws particularly upon World Bank (2016).
migration patterns as populations age’. Yet analysis from the region highlights that these factors depend on behaviour that is likely to change, while there is also considerable scope for proactive policy to influence the multiple intersecting factors that will shape population ageing and how it impacts economies. Such proactive policies include policies throughout the life-cycle regarding phases of work and retirement and include a more flexible work environment. Significant opportunities exist to promote sustainable and inclusive economic growth and wider development. The diversity of contexts within the region mean different factors are relevant depending on the country, but broad areas of opportunity that have been identified include:

- capital and human investments to enhance workforce productivity, including promoting education and health across the life-course to increase both the quantity and quality of the workforce – particular opportunities exist for younger populations to reap the benefits of the demographic dividend;
- promoting and supporting gender equality and workforce participation of women;
- investing in and incentivising longer working lives;
- harnessing the potential of migration;
- exploring the interaction of labour and savings market behaviour and social security reforms;
- investing in social protection to support healthy, secure and productive ageing across the life-course while managing cost escalation and fiscal risk;
- harnessing opportunities for innovation and emerging markets;
- the role of market forces and public policy in promoting healthy and secure ageing; and
- exploring social and cultural changes that create the right environment for these shifts.

Existing models of the economics of ageing might use assumptions that do not capture all aspects of population ageing. An example of this is the use of the ‘old-age dependency ratio’ which has been defined as the ratio of older dependents (people aged 65 or older) to the working-age population (those aged 15-64). This measure reflects the assumptions that all those over 65 are economically dependent and that all those aged 15-64 are not. Yet, this is not the case – many older persons remain in the workforce into later life and even if they are not in the labour force, they continue to pay taxes, to be consumers and may be financially independent, drawing on savings accrued in their working lives. They also contribute to society in non financial ways. Years of remaining life or economic dependency ratios which consider the age profile of actual labour force participation, are highly relevant alternatives and often preferred indicators.

Moreover, it is common to make comparisons between age groups as if they were discrete entities. Such approaches fail to recognise a life-course perspective and the need for policies to consider the trajectories of life and development from conception to death. To ensure healthy ageing, policy must start early. Equally, pitting “the old” against “the young” is a false equation. Instead, policy should focus on an aequate distribution of society’s resources across the life-course. This does not mean people in each age group must be treated the same but rather that they are treated according to their needs, recognising that needs and behaviours change and fluctuate. Policies that respond to people’s changing situations at different ages and at different points in life will not only help to ensure sustainability, but will also support people to live healthier and more secure lives at all ages.

K. The COVID-19 pandemic

The COVID-19 pandemic has had a devastating impact across the world, exposing and exacerbating

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29 World Bank (2016)
31 WHO (2015), p. 17
32 World Bank (2016)
33 World Bank (2016)
34 World Bank (2016)
35 Ibid.
36 WHO (2015), p. 16
deep rooted inequalities within and between countries. Older persons are among the groups most at risk of serious illness and death from the virus, but people of all ages are affected by the broader health, economic and social impacts of the pandemic. This is particularly the case for those who face accumulated risk, disadvantage and inequality.

Whole-of-government and whole-of-society responses are needed for countries to effectively recover from COVID-19 and ensure more sustainable, resilient and inclusive futures. Tackling inequality, bridging the digital divide, greening the economy, and upholding human rights and good governance practices have all been highlighted as key focus areas for the Asia-Pacific region in building forward better. Older persons must not be left behind. Their needs and rights must be protected and promoted, and they must have the opportunity to shape, participate in and enjoy the benefits of recovery on an equal basis with others.

L. The case for action

Older persons have the right to equally participate in, contribute to and share in the benefits of sustainable development. Including older persons in development processes not only helps build a more equitable society and uphold people’s rights at all ages, but it is likely to reinforce development by maximising the valuable contributions older persons already make. These range from their participation in the formal and informal workforce, contributions as tax payers and consumers, financial support and transfers made to younger age groups, and wider contributions as members of society, local communities and families. The increasing numbers and proportions of older persons throughout the region also mean that the 2030 Agenda for Sustainable Development and its Sustainable Development Goals cannot be achieved without the inclusion of older persons, ensuring no one is left behind.

The World Report on Ageing and Health argues that rather than considering expenditures on older persons as a cost, they should rather be framed and promoted as investments.

‘These investments include expenditures on health systems, long-term care and on enabling environments more broadly. The return on some of these investments is obvious (for example, better health from appropriate investment in health systems leads to increased participation in society). Others may be less direct and less obvious but require equal consideration: for example, investment in long-term care will not only benefit older people who have significant losses of capacity but can also allow women to remain in the workforce instead of at home caring for older relatives; the availability of long-term care may also foster social cohesion by sharing risk across the community.

‘Fully quantifying and considering the extent of these dividends on the investment in ageing will be crucial if decision-makers are to shape truly informed policies. [...] Reframing the economic questions in this way shifts debate from a singular focus on minimizing the costs of population ageing to an analysis that considers the benefits that might be missed if society fails to make the appropriate adaptations and investments’.

II. Policy Instruments on Ageing and Development

A. International ageing policy instruments

At the First World Assembly on Ageing, held in Vienna in 1982, consensus emerged about the need to develop comprehensive responses to the challenges and opportunities of population ageing. The Vienna International Plan of Action on Ageing (VIPAA) adopted at the First World Assembly on Ageing, included 62 recommendations for action addressing research, data collection and analysis, training and education, as well as the following sectoral areas: health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and employment, and education. The aim of the Plan of Action was to strengthen the capacities of Governments and civil society to deal effectively with the ageing of populations, to address the developmental potential and dependency needs of older persons, and to promote regional and

38 WHO (2015)
39 WHO (2015)
international cooperation on population ageing.\(^{40}\)

In 1992, the General Assembly adopted the **United Nations Principles for Older Persons.**\(^{41}\) They contain 18 principles, which can be grouped under five themes: independence, participation, care, self-fulfilment and dignity.

The Madrid international Plan of Action on Ageing (**MIPAA**) adopted at the Second World Assembly on Ageing in 2002 took a development approach to ageing and presented a bold new agenda of calling for building a society for all ages.\(^{42}\) MIPAA contains three priority directions on: (1) older persons and development; (2) advancing health and well-being into old age; and (3) ensuring enabling and supporting environments. For each priority direction, MIPAA identifies particular issues and proposes action.

To support these documents, the World Health Organisation published **Active ageing: A Policy Framework** in 2002\(^{43}\) as a contribution to the Second World Assembly on Ageing and in 2015 updated this work with the healthy ageing policy framework outlined in *The World Report on Ageing and Health.*\(^{44}\)

In 2020, the General Assembly adopted the United Nations **Decade of Healthy Ageing (2021-2030),** a global collaboration, aligned with the last ten years of the Sustainable Development Goals.\(^{45}\) The Decade is intended to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older persons, their families, and the communities in which they live. To foster healthy ageing and improve the lives of older persons and their families and communities, fundamental shifts will be required not only in the actions we take but in how we think about age and ageing. The Decade has four focus areas: (1) age-friendly environments; (2) combatting ageism; (3) integrated care; and (4) long-term care.

Alongside MIPAA, a range of sector-specific frameworks make direct reference to population ageing and wider population development, including the **Programme of Action of the Cairo International Conference on Population and Development (ICPD) in 1994.** Population ageing is referenced in the Programme of Action in various chapters, such as the chapter on population growth and structure; health, morbidity and mortality; and on reproductive rights and reproductive health. Referencing it in different chapters illustrates the multidimensional aspects of population ageing and how it impacts population and development in different ways, but is also affected by other demographic and societal changes.

MIPAA is the main international policy instrument on ageing and although non-binding, is supported by a participatory review and appraisal process that takes place every five years at national and regional levels, supported by United Nations Regional Commissions, followed by a global review at the Commission for Social Development.

An overview of these instruments and their key elements is included in Table 1 below, while the conceptual and policy frameworks offered by WHO’s healthy ageing policy framework are outlined in focus issue box 1.

These documents celebrate rising life expectancy and the potential of older populations to act as powerful resources for future development. They highlight the skills, experience and wisdom of older persons and the contributions they make whilst calling for intergenerational solidarity in building a society for all ages. The documents take a life-

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\(^{44}\) WHO (2015) advocates for a ‘twin-track approach to policy that emphasizes the need for both healthy and active ageing’ (p.7), thus the healthy ageing framework should not be seen to replace the active ageing framework but rather complement and build upon it.

course approach to ageing (see box 2), highlighting key trends and issues that need to be addressed holistically by policy makers to enable older persons’ contributions and ensure their security, health and wellbeing in later life. Throughout the documents, principles of independence, autonomy, self-fulfilment, choice and dignity are emphasised, and all are located within the context of an international legal framework afforded by human rights law and increasingly advocate a rights-based approach to ageing.

**B. MIPAA and the 2030 Agenda for Sustainable Development**

The **2030 Agenda for Sustainable Development** presents a comprehensive ambition and action plan focused on eradicating poverty, protecting the planet and improving the lives and prospects of everyone, everywhere. Population ageing affects sustainable development in all its dimensions. Sustainable development, in turn, has a direct bearing on how individuals and populations age, and it impacts the wellbeing of all older persons.46

Goals 1, 3, 4, 5, 8, 10, 11, 16 and 17 related to poverty, health, education, gender equality and the empowerment of all women and girls, decent work, social protection, sustainable cities and communities, peace, justice and strong institutions, partnerships, including ensuring age-disaggregated data, have particular relevance to older persons. Older persons are also mentioned under specific targets related to nutrition, resource use, health care, accessibility, safety and age-specific data collection and analysis. However, due to the interlinked nature of the SDGs, improving the situation for older persons has bearing on all the goals, despite the failure to include older persons explicitly in more specific targets and in related indicators.47 This is discussed in more detail below and in the accompanying ESCAP Policy Paper entitled “Statistical Indicators relevant to Population Ageing and Age-disaggregated Data in Asia and the Pacific.”48

Table 2 outlines the SDGs and related targets against the priority directions of MIPAA, highlighting where references to ‘older persons’, ‘ageing’, and ‘people of all ages’ are made.49

**C. Ageing and development instruments in the Asia-Pacific region**

The **Macao Plan of Action on Ageing (1998)** represents the first regional strategy on ageing in the Asia-Pacific region. This document drew upon the VIPAA (1982) and the United Nations Principles for Older Persons (1992), as well as relevant international and regional frameworks on population and social development, recognising the need to view issues on ageing and older persons within the broader developmental context.50 The Macao Plan addressed seven areas of concern relating to ageing and older persons including:

- the social position of older persons
- older persons and the family
- health and nutrition
- housing, transportation and the built environment
- older persons and the market
- income security, maintenance and employment
- social services and the community, and

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46 Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing (United Nations publication, Sales No. E.17.II.F. 17)


structures and processes for implementation

In 2003, this document was replaced by the Shanghai Implementation Strategy, which built on the Macao Plan and reflected MIPAA published in 2002. The Strategy adapted the priority areas of MIPAA but tailored issue areas within this to regional priorities, including by choosing to emphasise within these:

- gender issues in ageing
- quality of life and independent living
- older persons and the family, and
- protection of the rights of older persons

The Asia-Pacific outcome documents adopted at subsequent reviews of MIPAA in 2007, 2012 and 2017 have more closely followed MIPAA priority directions and issues areas, with the outcome document from the 2017 review framing action around: Older persons and development; income security and employment; addressing all forms of discrimination; ensuring healthy lives at all ages; enabling and supportive environments; and data and research. More detail on regional progress made in MIPAA implementation and recommendations based upon the third review and appraisal in 2017 are discussed below.

Alongside action as part of the process related to MIPAA, the Asia-Pacific region also adopted the Asian and Pacific Ministerial Declaration on Population and Development in 2013. The Ministerial Declaration articulates a rights-based, gender-sensitive, and non-discriminatory approach to population and development strategies, programmes and policies for the next 10 years in the Asia-Pacific region and identified 10 priority actions including ageing. Within ageing, issues highlighted include:

- the rights of older persons
- gender differentials in ageing with a focus on older women
- mainstreaming ageing into national development plans to promote older persons’ inclusion and participation
- inclusive social protection systems, including the provision of universal pensions
- strengthening of solidarity between generations
- older workers
- healthy and active ageing
- strengthened health systems including preventive care, acute care, chronic disease management, long-term care and end-of-life care, and palliative care
- enabling environments
- the role of families and communities
- the rising demand for care of older persons, acknowledging links between ageing and disability and emphasizing home and community-based care and improving the coverage
- eliminating all forms of discrimination, abuse and violence against older persons, including ageism in employment, health care and other settings, and
- supporting the formation of organizations of and for older persons that provide an effective community mechanism for strengthening the voices of older persons

In response to the 2030 Agenda for Sustainable Development, the Asia-Pacific Regional Road Map for Implementing the Agenda for Sustainable Development was agreed in 2017. The road map identifies priority areas of regional cooperation for implementation of the 2030 Agenda. These priority areas underline the major sustainable development challenges facing the region, including:

- leaving no one behind
- disaster risk reduction and resilience
- climate change
- management of natural resources
- connectivity, and
- energy

51 At sub-regional level, ASEAN adopted the sub-regional Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN in 2013. This focused on the promotion of healthy, active and productive ageing in an enabling and supportive environment as key to the well-being of older persons as valuable members of the family, community and society with roles and responsibilities towards the self, others and the nations.

The document also emphasises persistent poverty and rising levels of inequality in the region and places gender equality and women's economic empowerment as a central issue in the regional policy agenda. Population ageing is named specifically in relation to ‘leaving no one behind’ and the facilitation of regional and sub-regional dialogue on policy in this area is prioritised. Analysis of the SDG’s Voluntary National Review process between 2016-19 highlights that ‘ageing-related policies and priorities are still absent in many national plans and sustainable development strategies’. Where older persons are included, Member States tend to address older persons as a vulnerable group in relation to ‘leaving no one behind’ and portray ageing issues as a challenge rather than recognising older persons as agents of change and key contributors to the achievement of the SDGs. Of the 143 countries who presented voluntary national reviews at the high-level political forum on sustainable development between 2016-19, over two thirds included references to ageing. From the ESCAP region, this includes Australia, Azerbaijan, India, Indonesia, Mongolia, Republic of Korea, Singapore, Sri Lanka and Thailand. The majority of ageing-related issues are reported in the scope of SDG 1 (Zero Poverty) and 3 (Good Health and Well-being). Efforts are also reported under SDG 8 (Decent Work and Economic Growth), SDG 10 (Reduced Inequalities), SDG 11 (Sustainable Cities and Communities), SDG 4 (Quality Education) and SDG 2 (Zero Hunger). Limited action was reported under Goals 5 (Gender Equality), despite this including a number of targets relevant to the equal well-being and rights of older women, and little to no action was reported under Goal 13 (Climate Action), SDG 9 (Industry, Innovation and Infrastructure), SDG 16 (Peace, Justice and Strong Institutions) and SDG 17 (Partnerships for the Goals and age-disaggregated data).

More discussion on ageing and the SDGs is included below and key areas of cross-over and opportunities for synergy are highlighted. SDG indicators related to ageing and older persons are discussed in more detail in the accompanying Policy Paper on “Statistical Indicators Relevant to Population Ageing and Age-disaggregated data in Asia and the Pacific.”

The Asia-Pacific Declaration on Advancing Gender Equality and Women’s Empowerment: Beijing +25 Review focuses on actions to achieve gender equality and the empowerment of all women and girls, ensuring women’s human rights for an equal future. The document echoes key areas of action for the region identified in both the Ministerial Declaration on Population and Development 2013 and the Roadmap for Sustainable Development, including sexual and reproductive health and reproductive rights; shared prosperity and decent work; poverty eradication, social protection and social and public services; freedom from violence, stigma, harmful stereotypes and negative social norms; participation; social dialogue, accountability and gender-responsive institutions; peaceful and inclusive societies; environmental conservation, climate action and resilience-building. It too highlights the importance of data and statistics, as well as partnerships and regional cooperation and coordination for achieving its aims.

D. Older persons and human rights

The Universal Declaration of Human Rights proclaims that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and fundamental freedoms set out therein, without distinction of any kind. International obligations to older persons are implicit in most core human rights treaties because they apply to people of all ages, including the two Covenants on Economic, Social and Cultural Rights and on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention on the Rights of Persons with Disabilities. In addition, some treaty monitoring mechanisms and special rapporteurs

have applied existing norms specifically to the situation of older persons, including in relation to the right to social security, the right to health, equality before the law, and guarantees of an adequate standard of living without discrimination on any ground. However, explicit references to older persons in binding international human rights instruments are scarce despite recognition that older persons face human rights violations directly related to their age and require clearly defined protections.  

As discussed above, both VIPAA and MIPAA include general statements reaffirming the rights of all people as they age. MIPAA highlights the promotion and protection of all human rights and fundamental freedoms, including the right to development, as being essential for the creation of an inclusive society for all ages in which older persons participate fully and without discrimination and on the basis of equality. It commits to the elimination of age-based discrimination, neglect, abuse and violence. The Madrid Plan of Action also contains guidance on the right to work, the right to health, participation and equality of opportunity throughout life, and stresses the importance of the participation of older persons in decision-making processes at all levels. However, MIPAA and other international ageing instruments are non-binding and do not provide a comprehensive human rights framework for older persons. The implementation of MIPAA does not systematically consider linkages to the obligations of State parties under international human rights instruments nor does it provide for independent monitoring and accountability mechanisms to assess fully the progress on its implementation.

In 2010, the Independent Expert on the question of human rights and extreme poverty dedicated her annual report to the role that social protection systems play in reducing extreme poverty and in contributing to the realization of human rights of older persons. In response to resolution 15/22 of the Human Rights Council in 2010, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health prepared a thematic study on the realization of the right to health of older persons. In December 2010, the General Assembly established the Open-ended Working Group (OEWG) on Ageing to strengthen the human rights protection of older persons. Its mandate is to consider the existing international framework as it relates to older persons, its gaps and ways to address those, including, as appropriate, the consideration of further instruments and measures. The OEWG is open to all United Nations Member States. The group’s current work focuses on identifying inequalities in law and practice and exploring changes needed to promote and protect the human rights of older persons.

In 2012, a report by the United Nations High Commissioner for Human Rights outlined the gaps and challenges that older persons face in relation to their civil, cultural, economic, political and social rights. The report highlighted, in:

- age discrimination
- justice
- legal capacity and equal recognition before the law
- long-term care
- violence and abuse
- access to productive resources, work, food and housing
- social protection, and
- health, disability and end-of-life care

The report concluded that current arrangements at the national and international levels to protect the human rights of older persons are inadequate. It recommended dedicated measures to strengthen an international protection regime for older persons without further delay.

In 2014, the Human Rights Council appointed the

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60 A/HRC/14/13

61 A/HRC/18/37

62 E/2012/51

63 E/2012/51
Independent Expert on the enjoyment of all human rights by older persons. In 2016, the Independent Expert published her own report, highlighting the following key areas in relation to gaps in older persons’ rights:

- care
- social protection
- the right to work
- equality and non-discrimination
- violence and abuse
- participation
- adequate standard of living
- access to justice
- education, training and life-long learning
- accessibility, and
- awareness raising and research

COVID-19 has drawn further attention to this issue and the adequacy of existing mechanisms to promote, protect and monitor the rights of older persons. In her statement to the OEWG meeting in April 2021, the Independent Expert said, “The pandemic has highlighted the urgent need for stronger protection of the human rights of older persons”. She called for urgent action towards a “binding instrument which can provide the protection that older persons not only need but deserve”.

SDGs indicators with direct reference to ‘age disaggregation’, ‘older persons’ or ‘all age groups’ are:

- 1.1.1. Proportion of the population living below the international poverty line by sex, age, employment status and geographic location (urban/rural)
- 1.2.1 Proportion of population living below the national poverty line, by sex and age
- 1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
- 1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable
- 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
- 3.8.1 Coverage of essential health services
- 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income
- 4.3.1 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex
- 4.4. Proportion of youth and adults with information and communication technology (ICT) skills, by type of skill
- 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence
- 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence
- 5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location
- 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
- 8.5.1 Average hourly earnings of employees, by sex, age, occupation and persons with disabilities
- 8.5.2 Unemployment rate, by sex, age and persons with disabilities

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• 10.2.1 Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities

• 11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities

• 11.7.1 Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities

• 16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age

• 16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause

• 16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation

• 16.7.1 Proportions of positions in national and local institutions, including (a) the legislatures; (b) the public service; and (c) the judiciary, compared to national distributions, by sex, age, persons with disabilities and population groups

• 16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group

• 17.8.1 Proportion of individuals using the Internet

• 17.18.1 Statistical capacity indicator for Sustainable Development Goal monitoring
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<td><strong>Objective:</strong> Understanding of ageing and promotion of action-oriented policies and programmes for social and economic security and opportunities for older people to contributed to and share in the benefits of development.</td>
<td><strong>Objective:</strong> Putting people’s rights at the heart of sustainable development</td>
<td><strong>Objective:</strong> Building a society for all ages.</td>
<td><strong>Objective:</strong> Healthy older persons remain a resource to their families, communities and economies</td>
<td><strong>Vision:</strong> A world in which everyone can live a long and healthy life.</td>
<td><strong>Vision:</strong> A world in which all people can live long, healthy lives.</td>
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<td>5. Social welfare</td>
<td>5. Reproductive rights and reproductive health</td>
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<td>5. Improving measurement, monitoring and research on Healthy Ageing</td>
<td>5. Partnerships for change</td>
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<td>7. Education</td>
<td>7. International migration</td>
<td>8. Technology, research and development</td>
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**Implementation and follow-up**


*Source: Compilation by the author from relevant policy documents.*
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<tr>
<th>MIPAA 2002</th>
<th>SDGS 2015-2030</th>
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<td><strong>Objective</strong></td>
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<td>Building a society for all ages</td>
<td>To end poverty, protect the planet and improve the lives and prospects of everyone, everywhere.</td>
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<td><strong>Older persons and development</strong></td>
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<td>1. End poverty in all its forms everywhere*</td>
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<td>2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture*</td>
<td>2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture*</td>
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<td>4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</td>
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<td>5. Achieve gender equality and empower all women and girls</td>
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<td>8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</td>
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<td>9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</td>
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<td>10. Reduce inequality within and among countries*</td>
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<td>11. Make cities and human settlements inclusive, safe, resilient and sustainable*</td>
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<td>13. Take urgent action to combat climate change and its impacts</td>
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<td>16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</td>
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<td><strong>Advancing health and well-being into old age</strong></td>
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<td>2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture*</td>
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<td>5. Achieve gender equality and empower all women and girls</td>
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<td>6. Ensure availability and sustainable management of water and sanitation for all</td>
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<td>10. Reduce inequality within and among countries*</td>
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<td><strong>Ensuring enabling and supportive environments</strong></td>
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<td><strong>Implementation and follow-up</strong></td>
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<td>17. Strengthen the means of implementation and revitalize the global partnership for sustainable development*</td>
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Source: Compilation by the author; *: refers to SDGs which are mentioned more than once.
Focus issue box 1: Healthy Ageing: A policy framework

The Healthy Ageing policy framework was developed by WHO in 2015 building upon both the WHO’s Active Ageing Policy Framework 2002 and theoretical approaches to ageing explored in the field of gerontology. These include concepts ranging from disengagement theory to successful ageing and ageing well which have influenced policy and thinking on ageing since the 1950s. An overview of key concepts within this field is included in Zaidi and Um (2019).

The World Report on Ageing and Health (2015) defines healthy ageing as ‘the process of developing and maintaining the functional ability that enables well-being in older age’. Critically, healthy ageing is framed as a ‘fundamental and holistic attribute that enables older persons to achieve the things that are important to them’ and not merely the absence of disease (p.27).

**Functional ability** comprises the health-related attributes that enable people to be and to do what they have reason to value. It is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interactions between the individual and these characteristics.

**Intrinsic capacity** is the composite of all the physical and mental capacities of an individual.

**Environments** comprise all the factors in the extrinsic world that form the context of an individual’s life. These include – from the micro-level to the macro-level – home, communities and the broader society. Within these environments are a range of factors, including the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them, and the services that they implement.

**Well-being** is considered in the broadest sense and includes domains such as happiness, satisfaction and fulfilment.

Numerous entry points can be identified for action to promote Healthy Ageing but all will have one goal: to foster functional ability. This can be achieved in two ways: by supporting the building and maintenance of intrinsic capacity, and by enabling those with reduced functional capacity to do the things that are important to them. WHO presents a policy framework for healthy ageing, outlined in figure 1 and 2. This emphasises the role of health services, long-term care services and environments in their broadest sense in supporting healthy ageing at different points in an individual’s trajectory of capacity.

**Figure 1:** Conceptualisation of healthy ageing by WHO

Source: WHO (2005)

**Figure 2:** Policy framework for healthy ageing by WHO

Source: WHO (2015)
PART 2: DEVELOPING NATIONAL POLICY RESPONSES TO AGEING AND OLDER PERSONS

Policy is made within specific contexts. These contexts determine what choices are made and the processes through which plans are formulated, agreed, resourced, implemented and monitored. Understanding these contexts and how they interact in the policy development process is crucial.

Key elements and stages of the policymaking process are highlighted in the box below and figure 3. A policy checklist containing the elements and stages is included in the annex of this document. While an order for these elements is suggested, sequencing should be discussed and agreed by each country at the beginning of the policy process.

Key elements and stages of the ageing and older persons policymaking process include:

1. Establishing institutional arrangements
2. Leadership and planning for the policy development process
3. Engaging key stakeholders
4. Reviewing and mapping legal and policy frameworks
5. Conducting situational analysis on older persons and ageing
6. Identifying policy instruments: laws, policies and action plans/strategies
7. Agreeing on principles and vision
8. Developing strategic and holistic policy
9. Planning for implementation
10. Establishing monitoring and evaluation frameworks and processes
11. Finalising and communicating policy

I. Establishing Institutional Arrangements

In many countries, institutional arrangements for ageing and older persons, which can support the policymaking process, are already established. For example, over half of all ESCAP member States have nominated a government focal point on ageing by December 2021. Moreover, countries have established bodies that look after all matters related to older persons, and they have been identified within a national ageing policy. 67

In Asia and the Pacific, there are four approaches for national focal agencies and coordinating bodies to work on ageing, though they are not mutually exclusive.

- a ministry for ageing or an office for senior citizens
- a national committee or agency on ageing or an elderly commission
- an inter-agency body or inter-ministerial committee on ageing, and
- a ministry or department of social welfare/social justice/labour/health

In some cases, an overarching coordinating agency is served by an office or committee as its secretariat.

These focal institutions have varying responsibilities and functions, including advising on policy; designing and/or coordinating policy; conducting research; managing data, information and knowledge systems;68 engaging with stakeholders and older persons; advocating on older persons issues; and implementing, monitoring and evaluating national policy, laws and plans on ageing. In addition, these institutions also arrange and lead the country’s participation in regional and global initiatives. The actions of these institutions are critical to support good policymaking, and it essential that adequate human and financial resources are planned for and allocated to these bodies reflecting their wide range of activities.


68 Conducting research, managing data, information and knowledge systems are a crucial element in policy-making. Research related to policy on ageing and older people is beyond the scope of this document.
A number of countries name a specific ministry or department as the focal point for ageing and related matters.

Benefit of this approach: ensures clarity of responsibility for developing and implementing policy within a country and streamlining activity. An ageing policy covers a wide range of areas; giving responsibility to one ministry can help with oversight.

Downside of this approach: a single ministry is unlikely to have power over and knowledge of the full range of policy issues that are related to ageing and older persons. A minister of welfare, for example, is unlikely to possess authority over health services or housing. This limited remit could make it difficult to address all areas related to ageing and to convince other ministries to take action. One ministry may also lack the political authority to drive the required whole-of-government approaches that ageing and older persons related policy requires or to secure sufficient resources for policy from ministries of finance and planning.

Splitting responsibility between ministries.

Benefit of this approach: this can ensure that multiple bodies have responsibility for taking action on ageing and providing technical expertise and other resources for implementation. Inter-ministerial groups or national committees can play a role by ensuring that there is a system of monitoring and evaluation and that policy is coordinated.

Downside of this approach: lines of responsibility may not be clear. If this approach is taken, it is important that an inter-ministerial group or committee has clear lines of reporting, responsibility and accountability, as well as sufficient power to drive action.

Independent national body on ageing or an elderly commission.

Benefit of this approach: these may allow non-government voices to be represented in policy, and to bring in independent expertise. Placing the committee within the oversight of the Prime Minister’s or President’s office can help to streamline its activities, as well as ensuring the body has genuine influence and voice in the policy process.

Downside of this approach: While being useful, such a structure can also add a further layer of bureaucracy. Engaging older persons directly and other key stakeholders within these bodies and policy processes is critical to ensuring representation and building legitimacy, accountability and public support. It is good practice to explicitly detail the inclusion or representation of older persons within bodies and institutions on ageing and within the design and/or implementation of policy.
monitoring of national policy and ensure they have voice and influence in shaping and reviewing policy.

Key considerations for institutional arrangements:

- Who (which individuals, government ministries and/or other bodies) is responsible for ageing and older persons within a country and for leading on policy and its implementation?
- What are the reporting lines, responsibilities and functions of these individuals, ministries or bodies, including in relation to: advising on policy; designing and/or coordinating policy; conducting research; managing data, information and knowledge systems; engaging with stakeholders and older persons; advocating on older persons’s issues; and implementing, monitoring and evaluating national policy, laws and plans on ageing; coordinating the country’s participation in regional and global initiatives?
- How do the different functions work together?
- Do responsible individuals, ministries or other bodies have sufficient power to influence policy development and to act?
- How are individuals, ministries or other bodies held accountable?
- How are older persons and other key stakeholders represented within the institutional arrangements? How will their voice and influence in shaping and reviewing policy be ensured?
- What human and financial resources will be made available to support key functions outlined above?

II. Leadership and Planning for the Policy Development Process

Effective policy development requires strong leadership, building social consensus, and the skill and influence to navigate politically challenging policy choices. Whatever institutional arrangements for ageing and older persons are in place within a country, how policy development is managed must be clear and agreed at from the beginning of any process. It is particularly important to seek buy-in and commitment for the policy from the highest level and from ministries of finance. This can be supported by identifying the synergy and interdependence between ageing policy and wider development policies (see below), and the political importance of older persons, given the increasing number and share of older persons in the population.

Some key considerations for this are outlined below.

Key questions to consider in agreeing on the policy-making process:

- What institutional arrangements already exist on ageing and what are the roles of these bodies and others in developing policy?
- Who/what department or body will take overall leadership in and responsibility for the policy-development process?
- What are the key tasks within the policy-development process and who/what department of body has responsibility for each of these?
- How will whole-of-government approaches to policy-making be promoted?
- How will coordination be managed both across relevant institutions (horizontal coordination) and between different levels of government (vertical coordination)?
- What is the timeline for each stage of the policy development process? Does this enable enough time for all the elements of good practice discussed in this document to be facilitated?
- What funding and human resources will be made available to support the policy development process specifically?
- How will whole-of-society approaches be promoted? (see below)
- How will political will and resources for the policy be secured at the highest levels?

III. Engaging Key Stakeholders in the Policy-making Process

Engaging key stakeholders is essential for effective and legitimate policymaking. The bottom-up participatory approach recommended in MIPAA emphasises the right of older persons to be involved in local and national decision-making processes that affect them. The inclusion of older persons in decision-making can also help to support their empowerment and achievement of MIPAA Priority Direction 1 (see below). In addition, ensuring relevant stakeholders have an opportunity

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to take part in the decision-making can also help to create ownership, commitment and increases the perceived legitimacy of choices. Such participatory processes can have a positive impact on the quality of policy, the implementation and improve outcomes.\textsuperscript{70}

Key stakeholders should be identified early on and play an active role at all stages of policy development. It will vary between countries who exactly will be engaged, but primary and secondary stakeholders should generally be included. Primary stakeholders are the many groups of older persons (older women, older men, older persons with disabilities, poorer older persons, geographical locations, ethnic and/or religious minorities), but also those who are affected more broadly by the policy, including families and communities, people of all ages. Secondary stakeholders are those who will have influence in the areas the policy addresses and who will have a role in its implementation. Stakeholder analysis or mapping can support identifying key actors.\textsuperscript{71}

Clear processes for how stakeholders will be meaningfully engaged throughout the policy-development process should be agreed at the beginning. This means considering how stakeholder opinions will be sought, heard and have influence within the decision-making process. In addition to strategic engagement of key stakeholders throughout policy development, public consultations on draft policy is also important. As with stakeholder engagement throughout, consultation helps to promote effective and legitimate policymaking, to strengthen outcomes, and to promote transparency and confidence in the policymaking process. It is also important to raise awareness of an ageing policy and to stimulate national dialogue and consensus. Mechanisms to provide additional support to engage for those who need it should be considered – this is particularly important for older persons, many of whom will have different access and communication needs.

While engagement with stakeholders is everyone’s responsibility, it is helpful for an individual or department to be given oversight of this to ensure that it is adequately planned for and resourced.

### Key considerations for engaging stakeholders

- Conduct a stakeholder mapping and analysis exercise to identify the stakeholders that should be engaged\textsuperscript{72}
- How will stakeholders be engaged throughout the policy process, including policy design, implementation, monitoring and evaluation? What mechanism will be used?
- How can more marginalised groups be reached and how can they become engaged?
- How will one ensure that the views of older persons and other key stakeholders are genuinely heard in the policymaking process and that they can have influence?
- Who will take responsibility for the inclusion and engagement of stakeholders throughout the process?
- What is the role of different stakeholder groups?
- What resources will be made available to support meaningful engagement of stakeholders, including supporting those who face barriers to engage, including language, safety and security?

### A checklist for stakeholders might include some of the following: \textsuperscript{73}

- Older persons – including different groups of older persons – and their families
- National government officers from ministries and departments, such as those responsible for finance, statistics, health, social welfare, the interior, gender, housing, agriculture, education and legal affairs
- Local government officers, including municipal authorities
- Existing committees on ageing or national networks of older persons
- Community members
- Local health workers and other service providers
- Research institutes, universities
- Geriatric and gerontological societies
- Organizations (government, non-government and private) working in the area of prevention of elder abuse
- Local non-government organizations working with older persons

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\textsuperscript{70} Inter-Agency for Social Protection Assessments (ISPA, no date), “Core Diagnostic Instrument”. Available at: www.ispatools.org/core-diagnostic-instrument/

\textsuperscript{71} Ibid. p. 23


\textsuperscript{73} United Nations, Department of Economic and Social Affairs (2006).
• Local non-government organizations working in the area of development and human rights
• Women’s or men’s organizations
• International non-government organizations
• United Nations organizations and donors
• Private sector organizations, such as business, pension and insurance companies and private utility (power, water) providers

• Labour organizations or trade unions, media, such as press, television and radio
• Religious or faith-based organizations
• Private health care providers and organizations offering elder care

Example 1: Stakeholder engagement in ageing policy development

In 2019, the Government of the Lao People’s Democratic Republic set out to draft its first decree on older persons and asked the Ministry of Labour and Social Welfare to lead the process. The Ministry drafted a decree and with support from the Economic and Social Commission for Asia and the Pacific, held different rounds of consultations with representatives of Lao Government Offices and relevant stakeholders on the draft decree. Among the stakeholders attending the consultations were the Lao Women’s Union, the Lao Trade Union, the Lao National Veterans Federation, the Lao People’s Revolutionary Youth Union and others. ESCAP supported the different rounds of consultations and provided comments on the draft decree. All comments received were compiled by the Ministry of Labour and Social Welfare and taken into further consideration for revising the draft. The draft decree was adopted by the Government in 2020.74

As part of the consultation process during the development of the Action Plan for Successful Ageing (2014-2015) in Singapore, government agencies and stakeholders from the private and public sectors were invited to participate in a series of consultations. About 50 focus group discussions were conducted with more than 4,000 Singaporeans, including students, taxi drivers, academics, senior residents, senior volunteers, grassroots leaders, and senior learners. Other stakeholder groups including organisations such as the Society for WINGS, a non-profit organisation aimed at empowering older women to age actively and well, and organisations or experts in the area of care for seniors, such as geriatricians and operators/clients of senior care centres or day activity centres. In addition, agencies also invited seniors of varying mobility to participate in a series of town audits and ‘footprint exercises’ on public transportation, to provide feedback on areas for improvement to make public housing and transportation more senior friendly. 75 The discussions covered a broad range of topics and the feedback from these discussions went into the building of the Action Plan. 76

In New Zealand, the Ministry of Health consulted widely to develop the Healthy Ageing Strategy. The strategy began its journey as an update to 2002’s Health of Older People Strategy. Between 13 July and 7 September 2016, the Ministry of Health consulted the public on the draft strategy and published information about the consultation process and analysis of the main feedback from that consultation as well as all the written submissions received. 77

IV. Reviewing and Mapping Legal and Policy Frameworks

As discussed above, when developing a policy on ageing, it is important to understand and analyse the specific context relating to older persons and ageing within a country. A first step in this process is reviewing and mapping legal and policy documents that already exists.

This may include:

a) the Constitution;
b) laws adopted by the legislative branch;
c) regulations and policy documents; and
d) the relevant obligations to which the country is bound under ratified international treaties and conventions as well any non-binding global policy documents to which the government has

74 Information provided by ESCAP
agreed by consensus or vote, such as MIPAA or other strategies and action plans.

It is important to consider instruments specifically focused on older persons and ageing, as well as population-wide instruments that relate to older persons and ageing, including but not limited to national development plans, poverty reduction policies, rural development strategies, and sectoral or thematic policies including social protection, health, disability and gender equality. For the purposes of this document, policies are considered as all executive instruments that do not have legal force of a law, though they often provide a blueprint for future laws.

Key considerations in mapping legal and policy frameworks related to ageing and older persons:

**Ageing and development policy frameworks**
- Review and map existing policy and legislation related to ageing, older persons and development within the country considering different action areas of MIPAA and other relevant global and regional frameworks related to ageing and development, including the SDGs. In middle- and low-income countries poverty reduction strategies are also important. The sections below on the ‘Priority Directions’ of MIPAA can be used to identify other relevant policy documents.
- While reviewing and mapping legal and policy frameworks, it is helpful to record which government department, agency or minister has responsibility for the law or policy.
- Identify areas of policy that are more or less developed in the country and highlight gaps.
- Consider opportunities presented by overlap or synergies between action on ageing and other areas, including the SDGs, national development plans, health plans or policies etc.

**Human Rights Instruments**
- Systematically consider linkages of MIPAA to the obligations of State parties under international human rights instruments.
- Identify current gaps relating to the promotion and protection of the human rights and dignity of older persons in national policy and legislation and related risks, including those faced by different groups of older persons – including older women, older persons with disabilities, older persons from minority ethnic or religious groups, older migrants and refugees, and older persons’ groups of diverse sexual orientation and gender identity. The work of the OEWG on the rights of older people and reports of the Independent Expert on the enjoyment of all human rights by older persons can help in this process.

V. Situational Analysis of Older Persons and Population Ageing

Good policies are informed by evidence. The collection and analysis of qualitative and quantitative data disaggregated by age, sex, disability, socio-economic group and geography as a minimum, is crucial to identify the challenges and opportunities of population ageing and to develop policies that respond effectively to the diverse needs of older persons.

A situational analysis should include the following:

- **Collection and analysis of new data or further analysis** or modifications on existing sources of data to include older persons. It is important to note, however, that policy should not be constrained to the issues that current data systems or evidence cover – indeed much of the important data related to ageing and older persons may be missing from current evidence bases at local and country level. Engagement and consultation with older persons and stakeholders is therefore a key part of a situational analysis and can help to identify these gaps. Efforts can then be made to address gaps, including by conducting initial studies to inform emerging policy.

- **Identification of trends in population ageing and explore how these trends might change over time through modelling.** This enables consideration of both the situation of current older persons as well as future cohorts of older persons, helping policy makers to plan, identify policy opportunities and to tailor policy to need. For example by identifying where health interventions earlier in the life-course might mitigate rates of ill health or disability at older ages, or where increased rates of education and literacy among younger cohorts today will lead to changes in the profile and behaviour of generations of older persons in the future with implications for policy.
Policies and programmes that already exist and the outputs and outcomes they have achieved, in order to build this learning into future policy design.

Questions on relevant data on population ageing and the situation of older persons in the region is discussed in depth in the accompanying ESCAP Policy paper entitled “Statistical indicators relevant to population ageing and age-disaggregated data in Asia and the Pacific”78. This document should be used to support an assessment of data needed to enable a comprehensive situational analysis on ageing and older persons. This assessment should be used as a basis to review what currently exists and what gaps remain. Resources must be made available for the collection and analysis of data, and clear processes and principles for how evidence will inform policy development must be considered, agreed and communicated. Sufficient time for this should be reflected in the policy development process and decisions related to selecting priorities for policymaking should be informed by collection and analysis of evidence. Data collected should also be made available publicly to ensure transparency in the decision-making process.

More broadly, data and research on ageing should be considered and included within the scope of institutional bodies.

**Key issues to consider in a situational analysis**
- Review the data that currently exists (including the level of disaggregation within it) and work with older persons and key stakeholder groups to identify what gaps remain. Ensure consideration is given to data that provide information on what older persons themselves say is important to them.
- Work with stakeholders to assess the data needed to support a comprehensive situational analysis on ageing and older persons, considering the needs of current and future generations of older persons, trends in population ageing, and both qualitative and quantitative data. The accompanying Draft working paper on Statistical indicators relevant to ageing and age-disaggregated data in Asia and the Pacific can support this process.
- Plans for obtaining missing data are identified.
- Decide how human and financial resources to support the collection and analysis of the required data will be made available, ensuring age, sex, disability, socio-economic group and geography disaggregation as a minimum.
- Agree and set-out clear processes and principles for how data will inform policy development.
- Ensure sufficient time is made in the policy development process to allow for evident collection and analysis to inform decision-making.
- Make data publicly available to ensure transparency in decision-making processes.

**Example 2: Using data and situational analysis to inform ageing policy**

In the Islamic Republic of Iran in 2014, the United Nation Population Fund (UNFPA) worked with the Statistical Center of Iran (SCI), the University of Tehran and the Statistical Research and Training Center (SRTC) of SCI to provide and disseminate comprehensive data and information, as well as to develop in-depth situation analyses on four key emerging population issues with a view to strengthening the capacity of decision-making, programming, planning and evidence-based policy formulation in the Islamic Republic of Iran.79

Demographic determinants
- Increase in life expectancy and decrease in mortality
- Changes in the size and structure of the older population
- Changes in fertility levels and population ageing

Size and pace of population ageing
- Size of the older population

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78 ESCAP (2021).
- Aged dependency ratios
- Coefficient of replacement

**Socioeconomic characteristics of elderly**
- Sex composition
- Literacy status
- Marital status
- Economic participation and employment status
- Costs of elderly-headed households

**Living arrangements and social support**
- Demographic changes, living arrangements and social support
- Need for care
- Living arrangements
- Children and inter-generational relations
- Social and family support

**Health Issues, mortality and disability**
- Causes of death
- Health services
- Ratio of replacement
- Health services utilization

**Stakeholder analysis and analysis of national programmes on ageing**

Building on this work, the Islamic Republic of Iran initiated a national survey of older persons in 2018 with the support of UNFPA, to provide a deeper understanding of the needs of older persons to support policy development, including through mainstreaming ageing related issues in the national and sectoral polices and plans.\(^80\)

In Thailand, the process used for revising the Second National Plan on the Elderly (2002–2021) in 2009 was informed by findings of the National Committee on the Elderly’s monitoring and evaluation of the progress in implementing the Plan. This included a complete review of outcome measurements and extensive stakeholder engagement with parties at the national, provincial and local levels including delegates from older persons’ organisations, private entities and the social sector. In addition to this, a wide range of data was used from sources including the national survey on older persons conducted the previous year; the Ministry of Public Health; the National Economic and Social Development Board; the Ministry of Interior and academic institutions. Together, this information aided the identification of priority areas for the modification of the Second National Plan on the Elderly.\(^81\)

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VI. Selecting Policy Instruments: Policies, Laws and Action Plan

Across the Asia and Pacific region and globally, governments have used a range of instruments to respond to ageing and address the needs of older persons. These include national policies, legislation and/or action plans/strategies. Often a country will adopt a combination of these instruments. It is important to note that in the region, the use of the terms, ‘policy’, ‘action plan’ and ‘strategy’ are often used interchangeably, though many are similar in content, and in some cases, an action plan is built into a policy or strategy document. When developing comprehensive policy frameworks on ageing and older persons, it is good practice to adopt a combination of these instruments because they serve different purposes. While merging instruments is not necessarily a problem, the critical functions described below should somehow be covered by the country’s mix of instruments.

The time period covered by such documents varies, although five years is common. Longer term strategic plans may cover up to 20 years and could be implemented through a series of five-year plans. It is useful to align the timeframe with wider national, regional or international review processes.

It is important to remember that having ageing-specific policies does not replace the need to mainstream ageing issues into population-wide policy and programmes, and to ensure that ageing-specific policy is, in turn, coherent and integrated with population-wide policy. This is discussed further in the sections below.

Key policy instruments to consider:

National policy on ageing: A policy on ageing outlines a government’s broad vision for older persons and ageing. It also identifies the key opportunities and challenges and defines how to address them. There is no set format for a national policy on ageing, but it should:

- be set within evidence-based analysis of the national context
- be set within the national, regional and international legal and policy context
- articulate a national vision and core principles related to ageing and older persons
- set clear policy goals and objectives responding to challenges and opportunities of ageing
- clearly state who or what body has responsibility for the policy

Action plan or strategy on ageing: Accompanying or combined with a policy document, a national action plan or strategy details how each policy objective will be achieved. It specifies the responsibilities of various actors, additional instruments required such as legal or regulatory frameworks, financial and human resources required for implementation, information systems, monitoring and evaluation frameworks, and a realistic timeframe for action. This instrument is crucial for the successful implementation of policy and forms the basis for assessing budgetary allocations.

Legislation on ageing: Laws provide a binding force to underpin policy. Such legislation is important for securing older person’s rights and entitlements; budget allocations; lines of responsibility and accountability for policy; and the establishment, functions and operations of related institutions and funds. Complementary documents such as regulations and guidance should provide more detailed implementation arrangements related to legislation.

Mainstreaming ageing in population-wide policy: Mainstreaming ageing and issues affecting older persons into other frameworks for social and economic development and human rights at all levels of government is essential and is advocated by MIPAA. Carrying out policy mapping and engaging with all stakeholder groups through the policy development process can help identify potential linkages and gaps, ensuring that policy is coherent and integrated. This issue is considered further below.

Key considerations for institutional arrangements:

- Who (which individuals, government ministries and/or other bodies) is responsible for ageing and older persons within a country and for leading on policy and its implementation?
- What are the responsibilities and functions of these individuals, ministries or bodies,

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82 This section is based upon Stefanoni and Williamson (2015) and HelpAge/United Nations Population Fund (2015)
including in relation to: advising on policy; designing and/or coordinating policy; conducting research; managing data, information and knowledge systems; engaging with stakeholders and older persons; advocating on older person’s issues; and implementing, monitoring and evaluating national policy, laws and plans on ageing; co-ordinating the country’s participation in regional and global initiatives?

Example 3: Policy instruments on ageing

National policy on ageing: The Fiji National Policy on Ageing 2011–15 reviews the country’s demographic and socio-economic situation in relation to ageing and explains the government’s vision for older persons and ageing. It also sets the policy within the context of international and regional frameworks on ageing and references them in relation to the policy’s key principles. This is followed by a detailed outline of the policy’s goals and objectives.83

Action plan or strategy: Thailand’s Second National Plan on the Elderly (2002–2021)84, includes an implementation strategy for each policy objective. Each policy measure within a strategy is outlined alongside the responsibilities of specific government departments and/or other bodies for implementation, indices for measuring outcomes of the policy measure, and clear targets with dates. It also outlines the process for regular reviews of the Plan, including the establishment of a responsible committee and how the findings will be used.


VII. Developing Strategic and Holistic Policy

A. Principles and vision for an ageing society and for older persons

A country’s policy should be based upon an overarching national vision and a clear set of principles for older persons and ageing, recognising the government’s national, regional and international commitments on ageing and development. The government’s vision should be informed and shaped by the country’s social, economic, cultural, political, environmental and legal context, as well as the situation of older persons and goals for sustainable development. In establishing a vision and principles, it is important to consider future trends in ageing and the needs of both current and future generations of older persons.

Any ageing policy should be based on the Universal Declaration of Human Rights, as well as relevant other Human Rights Conventions and Treaties, as appropriate.

The vision and guiding principles of the 2030 Agenda for Sustainable Development are laid out in its preambular paragraphs, which include:

“We envisage a world free of poverty, hunger, disease and want, where all life can thrive. We

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envision a world free of fear and violence. A world with universal literacy. A world with equitable and universal access to quality education at all levels, to health care and social protection, where physical, mental and social well-being are assured. ...

We envisage a world of universal respect for human rights and human dignity, the rule of law, justice, equality and non-discrimination; of respect for race, ethnicity and cultural diversity; and of equal opportunity permitting the full realization of human potential and contributing to shared prosperity. ... A world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed. A just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met."87

In the introduction of the Madrid International Plan of Action the “central themes” are laid out as88:

(a) “The full realization of human rights and fundamental freedoms of all older persons
(b) The achievement of secure ageing, which involves reaffirming the goal of eradicating poverty in old age and building on the United Nations Principles for Older Persons;
(c) Empowerment of older persons to fully and effectively participate in the economic, political and social lives of their societies, including through income-generating and voluntary work
(d) Provision of opportunities for individual development, self-fulfillment and well-being throughout life as well as in late life ...
(e) Ensuring the full enjoyment of economic, social and cultural rights, and civil and political rights of persons and the elimination of all forms of violence and discrimination against older persons
(f) Commitment to gender equality among older persons through, inter alia, elimination of gender-based discrimination
(g) Recognition of the crucial importance of families, intergenerational interdependence, solidarity and reciprocity for social development;
(h) Provision of health care, support and social protection for older persons, including preventive and rehabilitative health care;
(i) Facilitating partnership between all levels of government, civil society, the private sector and older persons themselves;
...

Key questions for developing a vision for older persons and ageing

• Who is an older person and who is the policy for?

Most governments in the region define older persons as men and women aged 60 years or older. For some countries, women are considered “older” at age 55 or above. However, it is important to recognise that chronological age (the amount of time a person has been alive) is only one dimension of ageing. Great diversity in biological or physiological age can exist between those who are chronologically the same age. Other indicators are important when considering how to define ‘older persons’ within policy, including average life expectancy within countries and different population groups, healthy life expectancy and disability-free life expectancy. Measures using prospective age – the number of expected years of life a person has remaining – or characteristics-based measures of age (using physical and cognitive health characteristics of populations) also need to be taken into account. Data on the general health status of older persons and to which extent the environment is conducive to older persons should also be considered.

Later life features different phases. WHO recommends distinguishing between: the young old (65-74 years), the old (75-84 years) and the oldest old (85 years or older). Being cognisant of the oldest old is particularly important for policy as in most countries, since this age group is growing rapidly and their social, functional and health needs will be different to those identified as “young old”. Different phases in later life combined with individual health indicators also require different policy responses. While many older persons need a conducive environment that encourages their contribution, some older persons need permanent long-term care.

87 A/RES/70/1, para 7 and 8.
Older women outnumber older men in later life. Their particular circumstances and experiences need to be taken into consideration when developing policies. Thus, gender considerations always have to be addressed when developing and implementing policies.

In addition to the consideration of age, findings from the situational analysis have to be reviewed and considered how policy will address different groups of older persons, particularly those who are more vulnerable. Inequalities in health can lead to large differences in average life expectancy, healthy life expectancy and disability-free life expectancy. Good policy will consider the impact of these inequalities, how they can be addressed and how policy can support the fair distribution of resources between groups.

The current working-age generation will be the next generation of older persons. Policy design also has to consider what will be their situation when they are older. The labour market is becoming more flexible with an increase of freelance work with small work assignments, also called “the gig economy”. Work that used to be formal is increasingly turning into informal work. Increased informalization requires policy responses, e.g. how this part of the economy can be covered with social protection.

- **How will the policy frame ageing and promote the role of older persons in development?**
  A national vision and principles for ageing policy should seek to reframe the discussion about ageing in accordance with older persons’ rights and the principles outlined in the United Nations Principles for Older Persons, MIPAA and other regional and international instruments. While developing policies for older persons often seems to focus on addressing their needs, frailties and vulnerabilities, the contributions that older persons make to society should be recognized and encouraged.

- **What are the country’s aspirations for older persons and the future of older age?**
  Conversations have to be initiated on the aspirations society has for people as they age. Policy and legal frameworks identified within the country, as well as international ones on ageing and development, can support consideration of different areas of life and how aspirations for older persons and ageing align with other national visions and goals.

- **How will responsibility for older persons’ wellbeing be shared among the State, the individual, the family and communities?**
  National ageing policies in the region often emphasise the role of the family and the responsibilities of children to respect their parents and provide for their socio-economic security and care in later life. In light of rapidly changing population dynamics, however, continuing to rely as heavily on traditional family arrangements may not be feasible and be conflicting with goals such as gender equality and women’s empowerment. These questions should be resolved by each country based upon an evidence-based analysis of the context (see above) and national discussion. Whichever approach is adopted, the role of the State in safeguarding and protecting all older persons should be clear and follow international rights instruments, guidance and good practice. Older persons must also be recognised as individuals with equal rights and their dignity and autonomy must be promoted and supported as they age, ensuring that they have agency and choice.

- **What is the role of different sectors in ageing policy?**
  MIPAA stresses the primary responsibility of governments in providing leadership on ageing and promoting, providing and ensuring access to basic social services, bearing in mind specific needs of older persons. Collaboration between national and local governments; international agencies; older persons themselves and their organisations or organisations representing them; other parts of civil society, including non-governmental organisations; the private sector; and families and communities are also stressed. MIPAA highlights the role of partnership and involvement of professional organizations; corporations; workers and workers organizations; cooperatives; research, academic and other educational and religious institutions; and the media.

Policy must also clarify the role of different stakeholders and groups in implementation and engage them in the policymaking process (see section 2.11). Countries will take different approaches. Some countries in the region

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89 Stefanoni and Williamson (2015)
emphasise responsibility for the design and delivery of systems and services for older persons, as well as leadership and governance. In others, the role of the private, voluntary sector and community sector may be stronger. Examples of approaches taken in different settings are drawn out in section 2.VII.C

- **How will the policy promote intergenerational solidarity?**

Policy should promote intergenerational solidarity, recognising the reciprocal relationships between older and younger generations and the significant benefits that stem from these for people of all ages. Policy should identify opportunities for strengthening cross-generational relationships at individual and societal level, avoiding rhetoric pitting older against younger generations. Promoting the fair distribution of society’s resources across the life-course should be central. This does not require people in each age group to be treated the same, but rather that they are treated fairly across their lives, recognising that needs fluctuate.

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**Example 4: Principles and visions**

**Rights:** The first Bangladesh National Policy for Older Persons (2013) promotes the full realisation of all human rights and the fundamental freedoms of all older persons and recommends these are respected and promoted in all their sector specific policies.

**Policy addressing the responsibilities of individuals, family, relatives and the state.** The Viet Nam Law for the Elderly (2009) recognises the rights and obligations of ‘the elderly; the responsibilities of families, the State and the society’ and ‘the Vietnam Elderly Association’ in ‘taking care of, attending to, and bringing into full play the role of, the elderly’. It sets out the different actions and responsibilities of each. India’s National Action Plan for Welfare of Senior Citizens 2020 aims to support older people to ‘remain actively engaged and productive, with dignity’ and specifically outlines the roles of: ‘Elderly themselves (Rural/Urban, of all ages Male and Females, Bedridden persons) ii. Their Informal caregivers/Families (unpaid care givers) in the community iii. Formal Care-Givers (paid) iv. Government be it in Elderly Care or Social Welfare departments, or Health or State Government in general especially people at grass-root/ cutting edge level v. Care Institutions (Public/Private) vi. Health care institutions vii. Local Bodies/ Corporates viii. The Non-Profit or Non-Governmental Associations ix. The Think Tanks x. The Media and xi. the Public at large.’

Some countries have legislation mandating the care and financial support of older persons by family members, including in China, India, Nepal, Pakistan; the Philippines, Sri Lanka, and Viet Nam. In other countries, policy aims to encourage and support the care role of the family through, for example, tax incentives, media efforts or the provision of community-based care and support services. In some countries, a mixture of these approaches is adopted. When considering the roles and responsibilities of different actors in regard to older persons, it is important to adopt a human rights approach, considering how policy will uphold and actively promote and support older women and men’s autonomy and agency at all ages.

**Promoting dignity and shifting perspectives on ageing**

The vision of Turkey’s Health and Ageing Action Plan 2015-2020 is to ‘ensure people maintain their health status and functional capabilities and enjoy wellbeing by living in dignity through seeing the aging in the society as an opportunity rather than a threat risk’. The plan also puts a strong emphasis on promoting quality of life alongside improving life expectancy.

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90 Williamson (2015)
B. Designing strategic and holistic policy on ageing and older persons

Identify priority areas of action and policy goals: The review and mapping of legal and policy frameworks, the situational analysis and the identification of a vision and principles for older persons and ageing should all be used to this end. Priority areas and goals should be realistic, actionable and achievable and correspond to the needs of diverse groups of older persons and ageing within the country both now and in the future. Policy should also be aligned with the country’s socioeconomic and development situation and its goals, integrating cost effectiveness and sustainability concerns. Including ministries for finance and planning in policy planning from the outset supports this process and can aid buy-in and securing political will.

Mainstreaming ageing: To ensure impact and genuine action on ageing, it is also important to consider how older persons and ageing issues will be linked with and mainstreamed into other policy frameworks at all levels of government, identifying opportunities for synergy and joint action to be leveraged. This might include sector-specific strategies such as health or workforce plans, but it should also consider high-level policy instruments, including national development plans, poverty reduction strategies and action on SDGs. As policies on ageing and older persons cut across many sectors, ensuring it is recognised and included at the highest levels is critical.

Policy coherence: Policy across different areas should be well coordinated and coherent. Issues should be looked at holistically, considering their interactions and how policy in health for example, interacts with policy in poverty reduction. Policies should complement each other and collectively contribute to the achievement of an overall vision for the country. When empowering certain population groups, it should be done in a way so that it does not discriminate against other groups. Adopting a life-course approach across policy is critical, as well as ensuring gender-transformative approaches across the life-course that promote gender-equality at all ages, including in later life (see boxes 2 and 3).

MIPAA priority action areas and their related key issues, outlined below, provide an international framework for addressing a number of the key issues that should be considered and addressed when designing policy on ageing and older persons. However, other frameworks discussed here which have emerged in recent years as well as national level frameworks and policies identified by country-level mapping are also important to draw upon to ensure holistic and comprehensive approaches to improving later life.

Key considerations to support strategic approaches:

- Use the results of the legal and policy framework mapping, the situational analysis and the vision and principles for older persons and ageing to support the identification of priority areas of action and policy goals that help to achieve ambitions for later life
- Use the policy frameworks identified here and in the country-level analysis to support consideration of key areas of action
- Address issues affecting older persons holistically in order to develop strategic approaches to respond to the challenges and opportunities of ageing. Use international frameworks to inform integrated approaches to ensuring older persons can live long, secure and healthy lives.
- Adopt life-course approaches to ageing that maximise opportunities and mitigate poorer outcomes – see box 2 on life-course approaches to ageing and box 4 on social protection to promote security, health and wellbeing across the life-course.
- Adopt gender sensitive and transformative approaches to promote gender equality at all ages, including in later life (see box 3).
- Take a whole-of-government and whole-of-society approach to ageing policy, identifying opportunities for synergy and joint action to be leveraged between national strategies and policies and mainstream ageing issues within these, including national development plans, poverty reduction strategies, disaster risk reduction plans, disability strategies, health policies and social protection plans. The legal

93 Inter-Agency for Social Protection Assessments (ISPA, no date). “Core Diagnostic Instrument”. Available at: www.ispatools.org/core-diagnostic-instrument/
and policy framework mapping will help you to identify what is relevant and where cross-over should be considered

- Ensure policies are coherent and streamlined so that they collectively contribute to the achievement of an overall goal.

**Focus issue box 2: A life-course approach to policy-making**

A life-course approach refers to the sequence, causes and consequences of events and transitions over the life-course and considers how they influence life-span development and outcomes across stages of the life cycle. Taking a life-course approach to ageing policy, recognising that behaviours, choices and the environments in which people are born, grow, live, work and age, affect every aspect of people’s lives from conception to death, can help to ensure that opportunities for maximising outcomes in later life are identified and acted upon at earlier life stages. For example, poor living conditions, malnourishment and stunting has been shown to significantly impede children’s cognitive development and to influence their educational outcomes and future job prospects. People who have suffered from malnutrition and lived in unhealthy conditions are also less likely to remain healthy when they are old and more likely to require care and support.

Investing in people from a young age can help to mitigate negative outcomes and support healthy ageing.

**Focus issue box 3: Gender sensitive and gender transformative approaches to policy making**

Promoting healthy ageing depends on transforming gender relations over a lifetime. As discussed in Section 1, how we experience later life is determined by myriad intersecting inequalities that accumulate across the life-course and are often compounded in later life by ageism. This results in ageing intensifying the disadvantages faced by many women can also disempower men. Gender relations in old age can be transformed by addressing the accumulation of economic inequalities and culturally devalued identities relating to race, class, ethnicity, gender identity, sexuality and disability.

Gender sensitisation seeks to enable older women and men equally to “be and do what they have reason to value.” Being sensitive to gender issues in older age does not address the gender-based power relations which might be present throughout the life-course. A gender sensitive lens must be complemented by a gender-transformative approach to all stages of the life-course. A gender-transformative life-course approach exposes the wider and enduring economic and social impact of such practices and adds an age-inclusive perspective to gender-based approaches.

Addressing the root causes of gender inequalities in old age requires addressing gender disparities throughout the life-course and that gender equality in old age will only be reached with equality between girls and boys and between middle-aged women and men.


96 For more on the life-cycle approach to ageing in Asia and the Pacific, see UNFPA (2020) Addressing population ageing in Asia and the Pacific Region – A life-cycle approach. Available at: : [https://asiapacific.unfpa.org/sites/default/files/pub-pdf/210927_unfpa_a_life_cycle_approach_layout.pdf](https://asiapacific.unfpa.org/sites/default/files/pub-pdf/210927_unfpa_a_life_cycle_approach_layout.pdf)

97 This box is based on material taken from Stewart, A and Lander, J (2018) Transforming gender relations in an ageing world: A policy discussion paper. Published by HelpAge international. September 2018; and Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing (United Nations publication, Sales No. E.17.II.F.17).

### Example 5: Comprehensive policy frameworks on ageing: New Zealand

<table>
<thead>
<tr>
<th>National coordinating body on ageing</th>
<th>The Office for Senior Citizens, Ministry of Social Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation to promote and protect the rights of older persons</td>
<td>Bill of Rights Act 1990 and Human Rights Act 1993: specifically addresses age discrimination</td>
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<tr>
<td></td>
<td>Health and Disability Commissioner Act 1994</td>
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<td></td>
<td>Signatory to CORPD</td>
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<td></td>
<td>Health of Older Persons Strategy (2002)</td>
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<td></td>
<td>Healthy Ageing Strategy (2016)</td>
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<tr>
<td>Social protection</td>
<td>Old age pension</td>
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<tr>
<td></td>
<td>The New Zealand Superannuation (NZS) and Retirement Income Act 1991: not dependent on contributions or the length of time in the paid workforce; not income or asset tested</td>
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<tr>
<td></td>
<td>Health insurance</td>
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<tr>
<td></td>
<td>Universal health care, Accident Compensation, Corporation (ACC): provides comprehensive, no-fault personal injury cover for all New Zealand residents and visitors to New Zealand</td>
</tr>
<tr>
<td></td>
<td>Other social protection schemes</td>
</tr>
<tr>
<td></td>
<td>Income support in the form of disability allowances, accommodation supplements, special needs grant and other forms of financial assistance are available</td>
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<tr>
<td>Participation in civic affairs and employment</td>
<td>Participation in policy / decision-making</td>
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<td></td>
<td>Voluntary Community Coordinators Programme (1999): work with the Office of Senior Citizens to provide the Government with an older persons’ perspective</td>
</tr>
<tr>
<td>Employment opportunities</td>
<td>Human Rights Act (1993)</td>
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<td></td>
<td>The Business of Ageing: Realising the economic potential of older New Zealanders (2011 – 2051)</td>
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<td></td>
<td>Employment Relations (Flexible Working Arrangements) Amendment Act (2007)</td>
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<tr>
<td>Healthy ageing</td>
<td>Policy on healthcare for older persons</td>
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<td></td>
<td>Universal Health Care with co-payments for primary healthcare and out-of-pocket payment for alternative medicines and therapies</td>
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<tr>
<td></td>
<td>New Zealand Health Strategy 2016 Future Direction – makes specific reference to ageing</td>
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<td></td>
<td>Food and Nutrition Guidelines for Healthy Older persons (2010)</td>
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<tr>
<td></td>
<td>Green Prescriptions programme: exercise referral scheme</td>
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<td></td>
<td>New Zealand Palliative Care Strategy (2001)</td>
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<tr>
<td>Training for providers of older persons’ care</td>
<td>Strengthening the Aged Care Workforce (2011)</td>
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<tr>
<td></td>
<td>Supporting nurses working in aged care</td>
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<tr>
<td></td>
<td>Review of the general practitioner’s training programme</td>
</tr>
<tr>
<td>Disability</td>
<td>New Zealand Disability Strategy and Disability Action Plan, 2019-2022</td>
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<tr>
<td></td>
<td>Health and Disability Services (Safety) Act 2001</td>
</tr>
<tr>
<td>Long-term care</td>
<td>Self-care</td>
</tr>
<tr>
<td></td>
<td>Innovative models for supporting older persons to remain at home, such as Supported Transfer and Accelerated Rehabilitation Team (START) in Waikato; and Community Rehabilitation Enablement Support Teams (CREST) in Christchurch</td>
</tr>
<tr>
<td>Mental health</td>
<td>Abuse, violence and neglect</td>
</tr>
<tr>
<td></td>
<td>Elder Abuse and Neglect Prevention Services provide information to assist healthcare professionals in</td>
</tr>
</tbody>
</table>

Dementia Services Mental Health and Addiction Services for Older persons guidelines
identifying and teaching how to deal with abuse of older persons
“SuperSeniors”: a programme that works to raise awareness on elder abuse and manages the Elder Abuse hotline The Taskforce for Action for Violence within Families

Enabling environment
Housing
Housing modifications provided for persons in need, including older persons
Mobility
SuperGold Card: free discount and concession card available to New Zealand residents aged 65 years or over. Off-peak free travel.

Monitoring of quality and standards
The Human Rights Commission enforces and applies the Bill of Rights Act 1990 and the Human Rights Act 1993
Certification and monitoring of aged residential care
Certification of health care services is available through HealthCERT
Revised home and community support services standard (2012)

Mainstreaming ageing in other policy area
Older persons are addressed in policy on gender, climate change and disaster risk reduction.

Focus issue box 4: Social protection to support security, health and wellbeing across the life-course

SDG 1.3 calls for Member States to ‘implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable’. The human right to appropriate social security and social protection throughout the life-course is well-established in international human rights law, while the ILO Social Security (Minimum Standards) Convention, 1952 (No. 102) and Social Protection Floors Recommendation 2012 (No. 202) provide an international framework for guiding the development of social protection systems and social protection floors.

The Social Security (Minimum Standards) Convention, 1952 defines the nine branches that form the core of social security and, for each branch, establishes a minimum level of protection in terms of the population covered and the benefits guaranteed, together with core financing, organisational and management principles. The Social Protection Floors Recommendation 2012 reflects the global commitment of all ILO Member States to make the right to social security a reality for all by guaranteeing at least a basic level of social security to all in the form of a nationally defined social protection floor, and to ensure a progressively wider scope and higher levels of protection.

National social protection floors should comprise at least the following four social security guarantees, as defined at the national level:

- access to essential health care, including long-term care
- basic income security for children, providing access to nutrition, education, care and any other necessary goods and services
- basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability, and
- basic income security for older persons

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100 This section is based on material taken from the ILO document (2019b) 100 years of social protection: The road to universal social protection systems and floors. Volume I: ILO Geneva. This also includes case studies on the experiences of China, India, Mongolia, Myanmar, Philippines, Tajikistan, Thailand, and Ukraine in developing social protection systems related to older persons.


www.helpage.org/download/5eb9080c0da63
In protecting people from various shocks across the life-course, social protection can support healthy ageing whilst contributing to the social, economic and environmental dimensions of sustainable development. ILO cost simulations and studies show that universal social protection floors are feasible in the majority of developing countries.

In addition to the SDG target 1.3, the importance of social protection for sustainable development is also reflected in several other goals and targets, including target 3.8 on universal health coverage (see below), target 5.4 on gender equality, goal 8 on decent work and economic growth and target 10.4 on greater equality.

In the third regional review and appraisal of the Madrid International Plan of Action on ageing in Asia and the Pacific in 2017\textsuperscript{102}, countries committed to broadening the scope of social protection to reduce poverty and income inequality for all, including for all older persons. ESCAP had recommended member States to:\textsuperscript{103}

- Develop and implement policies aimed at ensuring that all persons have adequate economic and social protection in old age
- Ensure that social protection systems cover an increasing proportion of the formal and informal working populations and that the benefit levels are adequate to provide basic income security, paying attention to socially and economically disadvantaged groups, including older women
- Improve contributory pension systems by increasing coverage, adequacy of benefits, and financial and social sustainability
- Introduce universal social pension schemes for older persons or as a minimum, schemes for older persons who are poor, and
- Ensure that older persons have universal and equal access to quality health care without suffering the financial hardship associated with paying for care

C. MIPAA priority directions and related policies and frameworks

MIPAA advocates for taking action on three thematic priority directions: Older persons and development, Advancing health and well-being into old age, and Ensuring enabling and supportive environments. In this section, each of these priority directions is considered, outlining the key issues and objectives for each taken directly from the MIPAA framework and highlighting the relevant SDGs and their targets. Links to other international and regional frameworks related to ageing and development are also made. Throughout, examples of policy approaches are outlined to highlight the range of options available. These are drawn from those recommended by the MIPAA framework, from the Decade of Healthy Ageing action plan, from those recommended by ESCAP as part of the outcomes of the 2017 regional MIPAA review process, and those adopted by countries across the Asia and Pacific region or recommended in other policy documents as referenced. They are intended to be illustrative and not comprehensive. Throughout, specific policy examples from countries in the region are also provided.

This section is designed to be used as a reference point to support policy development. Further information on turning the identification of policy objectives and goals into an action plan is given in the following section on planning for implementation.


\textsuperscript{103} Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing.
MIPAA Priority Direction 1: Older persons and development

**MIPAA issue areas:**
- Issue 1. Active participation in society and development
- Issue 2: Work and the ageing labour force
- Issue 3: Rural development, migration and urbanization
- Issue 4: Access to knowledge, education and training
- Issue 5: Intergenerational solidarity
- Issue 6: Eradication of poverty
- Issue 7: Income security, social protection/social security and poverty prevention
- Issue 8: Emergency situations

**Related SDGs:** 1 (poverty), 2 (hunger and food security), 4 (education and life-long learning), 5 (gender equality), 8 (inclusive growth), 9 (resilient infrastructure, inclusive industrialisation), 10 (inequality), 11 (cities and human settlements), 13 (climate change), 16 (inclusive societies and justice for all), 17 (inclusive data)

**Section specific frameworks:**
- Incheon Strategy to Make the Right Real for Persons with Disabilities, 2012
- Sendai Framework for Disaster Risk Reduction 2015-2030
- Global Compact for Safe, Orderly and Regular Migration, 2018
- ILO Centenary Declaration on the Future of Work, 2019

**Strategic approaches:** A life-course approach to development, comprehensive social protection at all ages and social pensions

**Issue 1: Active participation in society and development**

**Objectives included in MIPAA:**
- Recognition of the social, cultural, economic and political contribution of older persons
- Participation of older persons in decision-making processes at all levels

**Examples of policy options:**
- Supporting older person’s participation in decision-making processes at all levels and their active engagement in designing policies and services across all sectors, including through the establishment of formal mechanisms to ensure their voices are heard
- Establishing and/or supporting inclusive older person’s organisations
- Supporting civil society groups working with older persons
- Providing accessible information on older persons’ issues
- Promoting volunteering at all ages
- Promoting a wider understanding of the cultural, social and economic role and continuing contribution of older persons to society (see also ‘Images of ageing’ below)
Example 6: Older persons’ engagement in development and decision-making

Older people’s organisations have been established in many countries in the Asia-Pacific region and can support older person’s participation in development through enabling community decision-making, accessing resources, and ensuring that they are actively engaged in public policy debates and the development of their communities. Older citizen’s monitoring programmes in Bangladesh, for example, have increased older person’s awareness about the policy environment and placed older adults at the forefront of decision-making and monitoring of services and social protection.¹⁰⁴

Older people’s organisations can also play an important role in promoting older women’s engagement in community activities and in developing leadership skills. A HelpAge study in 2020 found that women made up the majority of both general members and members of the management boards of organisations in three of the four countries studied.¹⁰⁵

In recognition of their role in development, older people’s organisations have been included in government policy in China, Cambodia, Mongolia and Viet Nam.¹⁰⁶

In some countries, formal mechanisms also exist to ensure older persons have a voice in national policy formation and review. In the Cook Islands, a National Council for Older Persons, comprising older persons and other key stakeholders, acts as an advisory body and oversees the implementation and review of the National Policy on Ageing. In the Republic of Korea, the Korean Senior Citizens’ Association is represented in the Long-Term Care Committee, where older persons are consulted on issues related to the long-term care insurance.¹⁰⁷

Issue 2: Work and the ageing labour force

Objectives included in MIPAA:
- Older persons being enabled to continue with income-generating work for as long as they want and for as long as they are able to do so productively
- Increased awareness in the workplace of the benefits of maintaining an ageing work force
- Protection for older persons in informal economies
- Ending age discrimination
- Achieving age diversity and gender balance in the workplace
- Maximising the experience and skills of older workers
- Achieving goal of employment for all

Example policy options:
- Measures to increase the recruitment, retention, reemployment and productive fulfilment of older workers or specific groups that include large numbers of older persons (for example people with disabilities or long-term conditions, people with caring responsibilities, long-term unemployed or those at risk of redundancy) in the workforce – approaches include removal of mandatory retirement ages; support for retirement planning; flexible retirement options; flexible work arrangements and adaptations to work environments; better recognition of caring responsibilities; work-related health-care services which emphasise prevention, the promotion of occupational health and safety and rehabilitation; access to technology; life-long learning and training (see Issue 3 below); incentives that encourage employers to retain, train, hire, protect and reward older workers
- Considering how longer working lives can be supported and incentivised for those who can and want to work longer through the tax, social contributions and benefit systems, and reducing disincentives for working longer within these systems, particularly in pension systems
- Taking measures to address the needs and rights of older informal sector workers

¹⁰⁶ HelpAge International Asia (no date)“Older people’s associations”. Available at: www.ageingasia.org/older-peoples-association-opas/
including safe working conditions and considerations of targeted benefits

- Addressing factors affecting older women’s engagement in paid work, such as addressing the gender pay gap, limited career development and social protection due to interrupted work histories, family care expectations and their ability to build pensions and other resources for their retirement
- Promoting self-employment initiatives for older women and men without gender discrimination, including financial services and business advice
- Promoting realistic portrait of older workers’ skills and abilities tackling negative stereotypes and ageism
- Ensuring the inclusion of older persons in work programmes, schemes and benefits for people of all ages and removing age-caps
- Implementing legislation prohibiting age-discrimination in employment

Focus issue box 5: ILO Centenary Declaration on the Future of Work, 2019

The ILO Centenary Declaration on the Future of Work calls for measures to be taken to help older workers to expand their choices, optimizing their opportunities to work in good-quality, productive and healthy conditions until their retirement, and to enable active ageing. It also calls for action to ensure equal opportunities and treatment in the world of work for persons with disabilities, as well as for other persons in vulnerable situations, and for strengthening the capacities of all people to benefit from the opportunities of a changing world of work through:

- the effective realization of gender equality in opportunities and treatment;
- effective lifelong learning and quality education for all;
- universal access to comprehensive and sustainable social protection; and
- effective measures to support people through the transitions they will face throughout their working lives.

Example 7: Supporting older persons’ employment

Singapore has an extensive set of measures, including legislation and programmes, facilitating employment prospects for older persons. The Retirement and Re-employment Act was revised in 2012, and it now requires employers to offer re-employment to eligible employees after the retirement age of 62 until the age of 65. Re-employment opportunities for retired government officials and teachers are also provided in India and Samoa. The Government of Viet Nam adopted its Labour Code in 2012 which facilitates part-time and flexible work for older persons. In 2016, the Government of Fiji amended its National Employment Centre Bill to facilitate skills training and job search support for the unemployed, including retired persons with certain skills. The Government of Turkey has included specific provisions in its draft active ageing strategy to support older persons’ active participation in labour markets. While the Russian Federation’s Strategy for Action for Older Generations in the Russian Federation until 2025 includes plans for a media campaign to promote the employment and self-employment of older persons and the implementation of additional measures to prevent age discrimination in the labour market.

In the Republic of Korea, the Second Basic Employment Promotion Plan (2012-16) includes measures on strengthening support for intergenerational job sharing, expanding support for older workers to stay longer in their principal jobs, strengthening support for retirement preparation and skills development, expanding support for early reemployment and jobs for the aged, promoting social contribution and talent-sharing activities, and improving systems and infrastructure to cope with an aged society.

In Macao, China the Five-Year Development Plan of the Macao Special Administrative Region (2016-2020) includes measures to provide the middle-aged with career planning services, to ‘provide flexible working modes

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108 ILO Centenary Declaration for the Future of Work
110 World Bank (2016)
and create more favourable employment conditions for the elderly, so that they can strike a better balance between careers and retirement lives’ and to ‘commence a study of employment of the elderly and adjust the related support measures as appropriate’.

**Example 8: Changing statutory retirement ages**

Statutory retirement ages are mandated across the region. However, Australia; Macao, China; and New Zealand, for example, do not have mandatory retirement ages. Low statutory retirement ages can cause underutilisation of older persons’ potential, limit older person’s access to income and lead to lower retirement benefits, whilst they can also threaten the sustainability of pension funds as in some cases the expected retirement period may become as long as the contribution period.

Circumstances are exacerbated for women because of their longer life expectancy and, in some cases, their lower retirement age. With an earlier statutory retirement age than men, the retirement of older women in many countries in the region can last more than 25 years (and as high as 31 years in Sri Lanka). While a lower statutory retirement age for women is often meant to “reward” them by being able to retire earlier, it actually leads to greater income inequality between men and women. In defined contribution pension systems without redistribution elements, pension benefits depend only on contributions. Thus, women are deprived of the opportunity to pay in as many years as men do and are confined to receiving smaller benefits, which increases income inequality.

However, when exploring increases to statutory retirement ages or more flexible approaches it is important to consider how these will interact with people’s access to pensions. It is particularly important to ensure measures are in place to protect those who may not be able to work to older ages due to ill health or disability and who are dependent on their pension.

**Issue 3: Rural development, migration and urbanization**

**Objectives included in MIPAA:**
- Improvement of living conditions and infrastructure in rural areas
- Alleviation of the marginalisation of older persons in rural areas
- Integration of older migrants within their new communities

**Example policy options:**
- Including older persons’ needs in national and rural development plans, food security and agricultural production schemes
- Improving older farmers’ access to financial and infrastructure services and training
- Encouraging the establishment and revitalization of small-scale enterprises
- Ensuring equal access to and control of economic resources for older women
- Establishing appropriate social protection/social security measures for older persons in rural and remote areas taking particular account of the needs of the oldest old
- Ensuring equal access to basic social services for older persons in rural and remote areas
- Designing and implementing programmes and providing services to support marginalised older persons
- Developing community-based measures to address the consequences of urbanisation (see Priority Direction 3 below)
- Addressing older internal and/or international migrants’ needs explicitly in policy in line with the Global Compact for Safe, Orderly and Regular Migration
- Introducing measures targeted at older migrants, such as economic, social and health security, including the portability of social security benefits and access to services
- Integrating older internal and/or international migrants where relevant into the social, cultural, political and economic life of countries of destination and encourage respect for those migrants

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111 Macao, China (2016) The Five-Year Development Plan of the Macao Special Administrative Region (2016-2020)  

Example 9: Migration and older persons

Older persons are recognized in the Global Compact for Safe, Orderly and Regular Migration. Objective 7 on addressing and reducing vulnerabilities in migration mentions older migrants and Objective 22 on establishing mechanisms for the portability of social security entitlements and earned benefits addresses the special circumstances and needs of older migrants.

Some countries in the region have addressed the needs of older migrants in national plans on ageing, such as in Bangladesh, Philippines and Sri Lanka.  

Example 10: Mongolia – rural support systems

In Mongolia, the one-stop-shops (OSS) project has been initiated in response to the challenge of providing quality social services to people in remote areas. Each OSS is a single delivery point that enables people to access information on existing programmes and receive social services and social transfers, contributing to the extension of social protection coverage in Mongolia. In addition, mobile OSSs deliver services to the doorsteps of those who cannot travel to an OSS facility, such as older persons or herders who cannot leave their livestock.

By providing a common delivery point for all social protection and employment programmes, the OSS project enhances coordination among institutions, while reducing duplication and inefficiencies. It also bridges the division between social welfare and social insurance and fosters the creation of a comprehensive social protection system.

Issue 4: Access to knowledge, education and training

Objectives included in MIPAA:

- Equality of opportunity by offering continuing education, training and retraining as well as vocational guidance and placement services
- Full utilisation of the potential and expertise of persons of all ages, recognizing the benefits of increased experience with age

Example policy options:

- Ensuring access to basic and continuing education for people of all ages
- Action to improve levels of adult literacy, numeracy and technology, recognising the particular needs of older women
- Promoting access to technology, digital literacy and inclusion across the life-course, including in older age
- Promoting and incentivising life-long training, including for older persons and the ageing workforce (see issue 2 above)
- Promoting and supporting older volunteers

Example 11: Life-long learning

The national ageing policies of the Cook Islands and Mongolia prioritise training of retired people in new technology and business management, while the Philippines focuses more on disadvantaged groups and promotes functional literacy programmes and age-friendly non-formal education. China has “universities for the aged” in most cities and online schools for older persons, while the 12th Five Year Plan for Ageing includes multiple measures to expand and improve these, including through offering cultural, educational and sports activities for older persons and an expansion in colleges for senior citizens of various levels and types, including a commitment to increase government spending on these.

In the Republic of Korea, the Lifelong Education Act (2009) calls on the Ministry of Education to develop a comprehensive life-long education promotion plan.

113 Williamson (2015)
116 Williamson (2015)
every five years at the national level recognising the value of lifelong learning; it also recognized that lifelong learning is an effective welfare policy to eliminate polarization and it ensures basic learning rights and improves life satisfaction of people.

**Issue 5: Intergenerational solidarity**

**Objectives included in MIPAA:**
- Strengthening of solidarity through equity and reciprocity between generations
- Facilitating inter-generational engagement
- Developing initiatives promoting mutual, productive exchange between generations
- Supporting family care givers (see Priority Directions 2 and 3 below)
- Developing sustainable and intergenerational living arrangements (see Priority Direction 3)

**Example policy options:**
- Promoting understanding of ageing through education
- Introducing mechanisms to ensure existing or future policies foster solidarity between generations, promote social cohesion and do not segregate different age groups
- Introducing mechanisms to ensure existing or future policies foster solidarity between generations, promote social cohesion and do not segregate different age groups

**Example 12: Strengthening intergenerational solidarity**

Bangladesh’s National Policy on Older Persons 2014 includes ageing under educational and training curriculums in order to create mass awareness of ageing and older persons. Bangladesh’s policy also prioritises recognition of older persons’ productivity and contribution to the family, population and economics. It aims to promote the use of their skills in both public and private sectors and enable their full participation in social and economic life. (Also see the section below on ‘Images of ageing’). In Singapore, the government has worked to co-locate senior care and childcare centres in neighbourhoods to promote intergenerational harmony between older persons and young children. In schools, students also learn about the importance of intergenerational ties and older persons as a societal resource.\(^{117}\)

**Example 13: Intergenerational self-help clubs in Viet Nam**

In Viet Nam, Intergenerational self-help clubs (ISHCs) have demonstrated that they can serve as a strong mechanism for multifunctional, multi-generational, inclusive and sustainable approaches to effectively engage local communities and authorities to promote greater inclusion of vulnerable groups in development. The ISHCs are empowered to design, conduct and manage their own development activities in partnership with local communities, service providers and authorities.\(^{118}\) Having launched the model in 2006, Viet Nam now has nearly 3,000 ISHCs nationwide with a total membership of around 160,000 people. Roughly 70 percent of the members are older persons, and many are among the more vulnerable populations.\(^{119}\)

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\(^{117}\) Williamson (2015)


Issue 6: Eradication of poverty

Objectives included in MIPAA:
• Reduction of poverty among older persons

Example policy options:
• Introducing and/or progressively expanding social protection coverage (see below on income and social protection)
• Ensuring older persons are included in policies and are aware of and can access programmes for poverty reduction, considering the specific needs of older women, the oldest old, older persons with disabilities and other more marginalised groups
• Supporting older person’s access to employment and income-generation opportunities, including credit, markets and assets
• Introducing innovative programmes to empower older persons, particularly women, to increase their contributions to and benefit from development

Example 14: Including older persons in national development strategies
Older persons have been explicitly considered in national development plans in Nepal since 2007. Bhutan’s Eleventh Five Year Plan includes older persons as one group for whom an independent strategy will be delivered. A number of national plans on ageing also commit to including older persons in national development plans.¹²⁰

Example 15: Targeted interventions for older women, the oldest old and rural communities
Bangladesh’s National Policy on Older Persons 2014 aims to support older persons, especially older women, in initiating economic activities, and commits to provide special social protection to older women, alongside people with disabilities, recognising their heightened vulnerability.¹²¹

To address the changing needs of the oldest old which can include increased health-related costs, the value of Thailand’s old age allowance (a social pension) rises with every 10 years of age, reaching a maximum monthly amount by age 90.¹²²

China has a number of policies specifically addressing older persons in rural areas. These include tailored pension and social security arrangements, poverty reduction schemes and social assistance programmes, access to health care and health insurance, and social service provision.¹²³

Issue 7: Income security, social protection/social security and poverty prevention

Objectives included in MIPAA:
• Promotion of programmes to enable all workers to acquire basic social protection/social security, including where applicable, pensions, disability insurance and health benefits.
• Sufficient minimum income for all older persons, paying particular attention to socially and economically disadvantaged groups.
• Gender equality in social protection/social security systems

Example policy options:
• Introducing or expanding social protection systems and mechanisms so that they cover an increasing proportion of the population with benefit levels that are adequate to provide income security across the life-course, paying particular attention to socially and economically disadvantaged groups
• Actively promote gender equality in income security and social protection across the life-course by designing transformative interventions that target women and girls and address gender inequalities in education and the labour force, provision of care, social security and social protection

¹²⁰ Williamson (2015)
¹²¹ Williamson (2015)
¹²³ Williamson (2015)
• Introducing or expanding non-contributory pension schemes for providing broad social assistance to cover the older population (See box 7 on ‘Social pensions’)
• Improving redistribution elements in pension systems so that the systems become tools for addressing inequalities, including gender inequality
• Adopting measures to ensure the integrity, sustainability, solvency and transparency of social protection schemes, including exploring linking pension ages to life expectancy, using innovative measures to expand coverage of workers and to finance systems, conducting regular actuarial evaluations, refining the management of pension funds, providing incentives to contribute and improving collection of contributions (N.b. When considering linking pension age to life expectancy it is important to review healthy and disability free life expectancy and consider how policy will support those who are unable to work up-to pension age due to disability or health conditions)
• Establishing a comprehensive regulatory framework for social protection and social security schemes
• Providing information and advice for older persons regarding all areas of social protection/social security ensuring they know their rights and how to access benefits they are entitled to, and promoting financial literacy
• Ensuring flexibility in social protection systems to enable them to respond effectively and to older person’s needs and uphold their rights during emergencies, including but not limited to the ongoing COVID-19 pandemic

Focus issue box 6: Older women and social protection\textsuperscript{124}

Due to inequalities and discrimination throughout the life-course, women are less likely to have access to economic resources, including pensions, assets and land in later life. Women have less access to formal education and training than men, and they spend a disproportionate time in the informal economy and providing unpaid care across the life-course. This results in women having reduced earning potential across their lives and in women having substantially lower pension coverage rates and benefit levels in older age.

Only a few countries in the Asia-Pacific region have gender redistributive mechanisms to address inequalities between women and men within pension systems. Examples include those in Japan and the Republic of Korea, which also credit child-bearing break. Other countries seek to include women through voluntary coverage, but even then, women’s coverage remains low.

Special social protection measures are required to address women’s needs across the life-course. In later life, social pensions can help to redress the feminization of poverty (see box 7).

Focus issue box 7: Social pensions

In coping with the gap of contributory pension coverage in the Asia-Pacific region, social pensions have emerged as important elements of public pension policy. A social pension, also known as a non-contributory pension, can be defined as a government-provided cash transfer to older persons, where eligibility is not dependent on past contributions or earnings. Some countries in the region provide universal social pensions to all older persons older than a specified age, such as in Nepal or Thailand. In other countries, social pensions are means tested, such as in Bangladesh, or reserved for a vulnerable population group, such as widows in India. Universal schemes are the most effective way of ensuring schemes effectively reach all older persons who need them, including older women.

However, many countries or territories face the challenge of balancing coverage with benefit levels in their social pension scheme. High coverage is compensated with low benefit levels, at around 5-10 per cent of income per capita, such as in China; Hong Kong, China; Republic of Korea; and Thailand. Nevertheless, a low benefit level still helps empower older persons financially and helps them maintain their dignity. Pensions with low

\textsuperscript{124} This section is based on material taken from Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing
benefit levels provide an important foundation from which countries can progressively increase coverage and benefits. Social pensions in the region have been shown to help older persons and their households meet their basic needs and reduce poverty; improve older person’s health and increase access to healthcare; and support inclusive economic development and reduce inequalities.  

Issue 8: Emergency situations

Objectives included in MIPAA:
- Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies
- Enhanced contributions of older persons to the reestablishment and reconstruction of communities and the rebuilding of the social fabric following emergencies

Example policy options:
- Implementing policy and programmes to prepare, protect and provide assistance to older persons in emergencies, including COVID-19 and future pandemics
- Ensuring older persons’ inclusion in and contribution to relief efforts, including through their inclusion in the planning and delivering of services and support
- Ensuring appropriate services and support are available and accessible to all older persons
- Provide support to and consider the specific needs of older refugees in all areas of life, and promote their inclusion in communities and societies
- Designing guidelines for assisting older persons in disaster relief plans, including disaster preparedness, training for relief workers and availability of services and goods
- Raising awareness and adopting mechanisms to protect older persons from physical, psychological, sexual or financial abuse in emergency situations, paying particular attention to the specific risks faced by women
- Enhancing international cooperation and coordination of humanitarian assistance to countries affected by natural disasters and other humanitarian emergencies and post-conflict situations to support recovery and long-term development
- Addressing the adverse effects of climate change on older persons whilst maximising their contribution to tackling it.

Focus issue box 8: Sendai Framework for Disaster Risk Reduction 2015-2030

The Sendai Framework prioritises (i) Understanding disaster risk (ii) Strengthening disaster risk governance to manage disaster risk (iii) Investing in disaster risk reduction for resilience (iv) Enhancing disaster preparedness for effective response and to build back better. The document highlights the contribution older persons make to disaster risk reduction initiatives due to their knowledge, skills and wisdom. It calls for them to be included in the design of policies, plans and mechanisms.

Example 16: Inclusive disaster risk reduction and emergency response

Older persons are often disproportionally affected by disasters because of their physical, social and economic vulnerabilities. As a result of physical limitations, it can be more difficult to evacuate older persons during a disaster. Due to social isolation, older persons may not be alerted to a disaster. Moreover, economic vulnerabilities mean that they more likely live in accommodations easily destroyed in a disaster (floods, cyclones or earthquakes) or the accommodations do not provide adequate protection from heatwaves. Countries which include some provisions to address the specific needs of older persons in disaster risk reduction and in emergency response are typically located in areas more prone to natural disasters. Recently developed policies include the National Disaster Management Policy (Sri Lanka, 2013), the Disaster Management Policy

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(Bangladesh, 2015), the Risk Reduction Policy (Nepal, 2015) and the National Social Protection Strategic Plan (Myanmar, 2014), all of which contain specific provisions on vulnerable populations, including older persons.\textsuperscript{126} The Ten-Year Plan for Disaster Prevention and Mitigation in the Macau Special Administrative Region includes actions to strengthen facilities at older person’s homes and other institutions to protect against natural disasters and ensure the safety of older persons; to strengthen early warning systems targeted at specific areas and groups, particularly older persons; and to strengthen emergency response training to protect groups with special needs, including older persons and establish an appropriate response mechanism.\textsuperscript{127}

**Example 17: Older persons and climate change**

The Second Bangladesh National Policy for older persons includes specific measures related to older persons and climate change, including: (i) identifying the adverse effects of climate change on older persons and mitigating them (ii) considering the aspects of older persons in all the programmes of climate change and ensuring their participation and (iii) initiating the utilization of older persons’ knowledge and experiences in climate change\textsuperscript{128}.

In the Islamic Republic of Iran, the Third National Communication to UNFCCC (2017) makes reference to the increased vulnerability of older persons to heat-related disasters and higher mortality of older persons due to heat waves.\textsuperscript{129}

**MIPAA Priority Direction 2: Advancing health and wellbeing into old age**

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\textsuperscript{126} Islamic Republic of Iran. *Third National Communication United Nations Framework Convention on Climate Change (UNFCCC).* Available at: [https://unfccc.int/sites/default/files/resource/Third%20National%20communication%20IRAN.pdf](https://unfccc.int/sites/default/files/resource/Third%20National%20communication%20IRAN.pdf).


\textsuperscript{128} Williamson (2015).

Issue 1: Health promotion and well-being throughout life

Objectives included in MIPAA:
• Reduction of the cumulative effects of factors that increase the risk of disease and consequently potential dependence in older age
• Development of policies to prevent ill-health among older persons
• Access to food and adequate nutrition for all older persons

Example policy options:
• Prioritising poverty reduction and ensuring enabling and supportive environments across the life-course, identifying and addressing key social and economic factors affecting healthy ageing at all ages, including ensuring access to clean water and safe food for older persons (see Priority Direction 1 and 3)
• Developing policy and programmes to improve the physical, mental and cognitive health status of older persons, reduce disability and mortality
• Ensuring comprehensive action on NCDs through developing national strategies on healthy ageing and/or NCDs for all age groups, including older persons – considering health promotion, health education, self-care, prevention policies and information campaigns, and action on leading environmental and behavioural risks for NCDs across the life-course (including action on unhealthy diet, tobacco use, alcohol, physical inactivity and air pollution)
• Developing whole-of-government approaches to supporting health promotion, disease prevention, and healthy ageing, considering both intrinsic capacity and functional ability (see WHO Healthy Ageing Framework above), including through incentivising health and care systems to promote healthy ageing and to focus on prevention
• Addressing the impact of social isolation and mental illness on older person’s health and wellbeing (see sections below on Enabling Environments)
• Promoting women’s access to health and care services across the life-course, including their access to sexual and reproductive health services at all ages in line with SDG targeted 3.7, the Asian and Pacific Ministerial Declaration on Population and Development, 2013, and the Declaration on Advancing Gender Equality and Women’s Empowerment: Beijing +25 Review, 2015.
• Promoting research on leading causes of morbidity and mortality at all ages, including establishing the main environmental and socio-economic factors affecting healthy ageing (considering both intrinsic and functional capacity)

Example 18: Promoting healthy ageing

Many countries have developed policies to improve community health care with a view to promoting disease prevention and healthy ageing.

In Mahinda Chintana Vision 2010 in Sri Lanka, for example, a ‘patient-focussed system that provides services closer to the client and increasingly in the community’ has been designed. The aim to spend 40 per cent of the public health care budget on prevention by 2020 is also included in this document.

In the Maldives, the government has introduced a policy to decentralise primary health care, transferring public health workers, previously employed under the central Ministry of Health and Family, to their respective islands or city councils. As part of this approach, countries often have a policy that aims to promote regular health check-ups, screenings, medical examinations, monitoring and management of older person’s health to improve disease prevention, including through promoting and providing training on healthy lifestyles, self-care and the self-management of long-term conditions. This approach has also been adopted in Macao, China where the

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130 This section is based on material taken from Williamson (2015)
“My Health Depends on Me” programme assists people to manage their long-term chronic conditions and secure their personal health and quality of life.\textsuperscript{132}

The Ministry of Health of Malaysia has launched MyHealth to provide its citizens with an online portal with general health information. The Internet-based service provides health-care material and shares health alerts using a visually appealing approach. The portal also offers a directory of health centres, hospitals and clinics, data on healthy activities and events, health FAQs, and interactive quizzes on health-related issues.\textsuperscript{133}

Other countries have introduced policies to promote home care, older person’s centres, medical care centres, physical exercise clubs and older person’s clubs to improve population health. In many countries, older people’s organisations are at the centre of this activity.

\textbf{Issue 2: Universal and equal access to healthcare services}

Objectives included in MIPAA:

- Elimination of social and economic inequalities based on age, gender or any other criteria, including linguistic barriers, to ensure that older persons have universal and equal access to health care
- Development and strengthening of primary health-care services to meet the needs of older persons and promote their inclusion in the process
- Development of a continuum of health care to meet the needs of older persons
- Involvement of older persons in the development and strengthening of primary and long-term care services

Example policy options:

- Moving towards universal health coverage to ensure people of all ages, including older people, have equal access to quality health and care services that meet their needs without suffering financial hardship, in line with SDG 3.8 and including health promotion, prevention, treatment, rehabilitation, palliative care and social care (see box 9 on universal health coverage) (See Priority Direction 3: Issue 2 for long-term care)
- Re-orienting health care systems to address changing health and care needs associated with population ageing, including through providing affordable access to essential medicines, vaccines, assistive devices and technology, that are required in later life
- Addressing the barriers older persons face in accessing appropriate and quality services, including age-discrimination in health and care policy, resource allocation and service delivery
- Ensuring systems invest in and incentivise health promotion and prevention across the life-course
- Improving coordination and integration within and between health care, long-term care and social services, and other community services to ensure person-centred care
- Investing in health and care and taking measures to ensure system efficiency and sustainability, including through improving approaches to resource raising, pooling and purchasing, and incentivising prevention throughout the system – including through supporting the development of long-term care systems and services
- Developing the role of public, private and community providers in delivering services
- Recognizing and enhancing the capacity of formal and informal caregivers (see section on Care and care givers below)
- Investing in research on ageing and age-related conditions, and in effective, evidence-based health and care interventions (including vaccines, medicines, assistive devices and technologies, and social care and support)
- Ensuring health system readiness to respond to older person’s needs and uphold their rights during emergencies, including but not limited to the ongoing COVID-19 pandemic


\textsuperscript{133} United Nations Economic and Social Commission for Asia and the Pacific (2021) “Enhancing the Role of Information and Communication Technologies in Health Care for Older Persons in Asia and the Pacific”. Policy Brief, Social Development Division.
Focus issue box 9: Universal health coverage (UHC)

In its Principle 8, the Programme of Action of the International Conference on Population and Development calls on Member States to take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care.

The Asian and Pacific Ministril Declaration on Population and Development, 2013, calls on member States to adopt appropriate policies and programmes to achieve universal health coverage which is not just about health financing but required strong health systems to provide a range of quality, affordable services to address diversified health needs.

SDG 3.8 calls for countries to ‘Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all’. UHC is essential for ensuring that all people, everywhere can access the services they need without suffering financial hardship. UHC can help support healthy ageing across the life-course, while also enabling countries to make progress towards other key goals of the SDGs.

In 2019, the United Nations General Assembly adopted the Political Declaration, “Universal health coverage: moving together to build a healthier world”\(^{134}\). The Political Declaration contains a clear commitment to a ‘comprehensive approach to health and care which encompasses all aspects of promotive, preventive, curative, rehabilitative and palliative essential health services’. It also calls for member states to ‘Scale up efforts to promote healthy and active ageing, maintain and improve quality of life of older persons and to respond to the needs of the rapidly ageing population, especially the need for promotive, preventive, curative, rehabilitative and palliative care as well as specialised care and the sustainable provision of long-term care, taking into account national contexts and priorities’. Ensuring these commitments are realised will necessitate investing in age-inclusive life-course models of UHC and the building blocks necessary to delivering them. These include:

- **Service delivery** that is person-centred, addresses older person’s health and care needs holistically, and which promotes health and prevention across the life-course
- **A health and care workforce** that have the skills to respond to the needs of ageing populations
- **Information systems** that are not age-capped and that enable disaggregation by age, sex, disability and location as a minimum
- **Access to essential medicines, assistive products and technology** to address conditions common in old age and to meet the health and care needs of older women and men, including their access to vaccines
- **Financing arrangements** that ensure people of all ages can access the health and care services they need without suffering financial hardship
- **Governance and leadership arrangements** that ensure equity in access to quality health and care services at all ages, which promote solidarity in financing, and which establish the right to health and long-term care in national law with ageing and older person’s needs addressed explicitly.\(^{135}\)

Achieving UHC will also necessitate delivering gender equity, recognising the unequal burden faced by women in accessing and providing health and care across the life-course (see section below on Care and care givers). UHC should include services that meet women’s sexual and reproductive health needs at all ages.

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\(^{134}\) A/RES/74/2

\(^{135}\) These are based upon ageing-related calls for each of the WHO key health system building blocks outlined by HelpAge International in HelpAge International. (2018). “Global AgeWatch Insights: The right to health for older people, the right to be counted.” Available at: http://globalagewatch.org/reports/global-agewatch-insights-2018-report-summary-and-country-profiles/
Example 19: Thailand’s road to universal health care

Thailand implemented its universal health-care coverage scheme (UCS) in 2001, consolidating several health insurance schemes and thereby reaching a large number of previously uncovered people, particularly in the informal sector. The objective of the scheme is “to equally entitle all Thai citizens to quality health care according to their needs, regardless of their socio-economic status”. This goal is based on the universality principle: the UCS was conceived as a scheme for everybody and not as one targeted to the poor, vulnerable and disadvantaged. As a tax-financed scheme, it provides free health care at the point of service. The benefit package is comprehensive and includes general medical care and rehabilitation services, high-cost medical treatment and emergency care. As a universal scheme, it controls the cost and ensures the financial sustainability of the scheme by fixing the annual budget and putting a cap on provider payments. The scheme has encouraged the development of health infrastructure and increased access to health services. However, older persons in Thailand still face barriers to access, particularly in relation to lack of support for non-medical costs such as transportation to health and care facilities and dependence on carers to bring them to services. This is particularly the case for poorer older persons, especially over 80 living in rural areas. Policy options suggested for addressing these gaps include the promotion of access to health services for the elderly, including the provision of transport by local authorities; drawing on village health volunteers to support older persons to reach facilities; better identification and targeting of the poor to ensure access to health services by those that need it most; and the promotion of outreach and home visit services by health professionals.

Example 20: Promoting integrated health and care approaches in Singapore

In Singapore, the Tsao Foundation’s Community for Successful Aging project is an experiment in a ground-up, community-wide, multi-component, multisystem approach to optimize healthy ageing. The project uses a biopsychosocial risk screener to identify people at risk in the community and to better understand their profile and needs. The idea is that prevention results in less care needed in the future. The project focuses on the integration of the health and social aspects of care, as well as building up a network of care among all the service providers in the community. It also stresses the importance of self-care and the involvement of older persons themselves as well as the family.

Issue 3: Older persons and HIV/AIDS

Objectives included in MIPAA:

- Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and those who are caregivers for infected or surviving family members
- Provision of adequate information, training in caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers
- Enhancement and recognition of the contribution of older persons to development in their role as caregivers for children with chronic diseases, including HIV/AIDS, and as surrogate parents

Example policy options:

- Ensuring information and education on the prevention and risks of sexually transmitted infections (STIs) and diseases including HIV/AIDS include older persons, address their specific needs and are accessible
- Ensuring prevention programmes and services on STIs and HIV/AIDS include and meet the needs of older persons
- Ensuring that STIs and HIV/AIDS treatment and support strategies meet the needs of older persons
- Supporting the health and care needs of older persons ageing with HIV/AIDS and their caregivers

136 Based on material taken from 100 years of Social Protection: The road to universal social protection systems and floors. Volume I: country cases, Ortiz, Isabel; Schmitt, Valerie and Loveleen De eds. (Geneva, International Labour Organization, 2019).
138 Ibid.
139 This is based on material taken from Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing
• Reviewing and addressing the economic impact of HIV/AIDS on older persons, particularly in their role as caregivers, including to children and grandchildren

• Fostering collaboration between governmental agencies and non-governmental organizations that work with children, youth and older persons on STIs and HIV/AIDS issues

**Example 21: Address older persons and HIV/AIDS in Bangladesh**

In Bangladesh the National Policy on Older Persons 2013 includes aims to: create social awareness of HIV/AIDS through mass media, spread awareness and encourage positive knowledge and religious instruction through educational and religious institutions, encourage the youth through the older persons to grow their interest in leading a healthy life, and ensure proper treatment and rehabilitation of older persons suffering from HIV and AIDS.\(^\text{140}\)

Australia’s Eighth National HIV Strategy (2018-2022)\(^\text{141}\) highlights that ‘People with HIV in older age groups is increasing which has implications for how the healthcare system and aged care services responds to the needs of these people’ and commits to ‘the meaningful involvement of people with HIV in developing, implementing, monitoring and evaluation of HIV programs and policies’. It is also highlights ‘how central this meaningful involvement is to the partnership approach and in determining the success of this Strategy’.

**Issue 4: Training of care providers and health professionals**

**Objectives included in MIPAA:**

- Provision of improved information and training for health professionals and paraprofessionals on the needs of older persons

**Example policy option:**

- Initiating and promoting education and training programmes for health professionals at all levels, social care professionals and informal care providers in at least basic gerontology and geriatrics to respond to the needs of older persons, including mainstreaming of older persons’ needs into training of generalist health and care staff
- The introduction of minimum standards and continuing professional development on older person’s needs and age-related conditions to ensure existing workforces receive updates training
- Expanding professional education in gerontology and geriatrics, including through special efforts to expand student enrolment in geriatrics and gerontology
- Addressing health and care workforce shortages to ensure sufficient numbers to deliver services that support people across the life-course
- Addressing the needs of women of all ages in the provision of formal and informal care and delivering gender equity in care provision

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\(^\text{140}\) Williamson (2015)

Example 22: A health care workforce for ageing societies


Only a few ESCAP members and associate members (typically the more developed economies) report having health-care facilities with specific facilities for geriatric care. For instance, Hong Kong, China, has 18 health centres for older persons, and Indonesia operates Integrated Health Services Centres as well as Community Health Centres for older persons. However, region-wide, geriatric-trained personnel in health-care institutions as well as health centres for older persons are scarce.

In Turkey, the National Healthy Ageing Action Plan and Implementation Programme 2015-2020, includes a strategy for ‘starting and developing training programmes for health care professionals (including physicians, geriatricians, geriatric nurses, social workers, dietitians, psychologists, physiotherapists, occupational therapists) and caregivers serving the elderly in coordination with the relevant institutions, ensuring the periodicity of the training, training the personnel in effective communication techniques with the elderly and supporting the associated projects’. It also includes a strategy for developing certified training programmes about monitoring and care of older persons for a wide-range of health and care professionals, disseminating effective teamwork and disseminating and implementing the concept of interdisciplinary geriatric teams.

Focus issue box 10: Addressing global shortages in health workers and ensuring gender equity

The Political declaration of the high-level meeting on universal health coverage, 2019 highlights the need for Member States to take immediate steps towards addressing the global shortfall of 18 million health workers in accordance with the Global strategy on human resources for health: Workforce 2030, and addressing the growing demand for health and social sectors which calls for the creation of 40 million health worker jobs by the year 2030, taking into account local and community health needs.

The declaration also calls for Member States to provide better opportunities and working environments for women in the health and care workforce who currently represent 70 per cent of the health and social workforce. It recognises that women still often face significant barriers in taking leadership and decision making roles and calls for States to ensure their role and leadership in the health sector, with a view to increasing the meaningful representation, engagement, participation and empowerment of all women in the workforce, addressing inequalities and eliminating biases against women, including unequal remuneration.

Such measures are critical to ensuring services are equipped to support healthy ageing across the life-course and in promoting gender equity at all ages.

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142 Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing
143 Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing
145 A/RES/74/2
Issue 5: Mental health needs of older persons

Objectives included in MIPAA:

- Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons

Example policy options:

- Development of comprehensive mental, cognitive and psychosocial health and care services ranging from health promotion to prevention, treatment, rehabilitation, palliative care and social care.
- Developing effective strategies to increase the level of quality assessment and diagnosis of dementias at an early stage and the provision of comprehensive continuum of services and programmes to support persons with dementia and their carers, including provision of respite care, recognising the increased rate of dementia with age and the disproportionate burden on women of all ages in the provision of care for people with dementia, both formally and informally
- Implementing programmes focused on mental and psychosocial health promotion and prevention activity across the life-course, including in relation to isolation and loneliness (see Priority Direction 3, below)
- Integrating older person’s mental health needs into wider health and care services to ensure holistic approaches to addressing physical and mental health
- Providing ongoing training to health-care professionals in the detection and assessment of all mental disorders and of depression
- Promoting public information and awareness raising about mental, cognitive and psychosocial health conditions

Focus issue box 11: Dementia

Dementia is a syndrome that results in the progressive deterioration of cortical functioning including language, judgement, comprehension, memory, thinking and learning. The course of dementia will vary from person to person and is related to a range of factors including the subtype of dementia, physical health, lifestyle factors and the social supports of the person with the disease. As dementia advances, the person’s ability to carry out activities of daily living such as shopping or managing finances will decline, eventually resulting in the person needing assistance to undertake even simple activities. Dementia and cognitive impairment are leading causes of disability amongst older persons worldwide.

Dementia is caused by a variety of diseases. Alzheimer’s is the most common cause of dementia accounting for between 50-75 per cent of dementia cases.

A number of risk factors are associated with dementia with many of these factors acting in conjunction to increase the person’s overall risk of developing dementia. Risk factors including age, family history, stroke, diabetes, obesity, high cholesterol, hypertension and physical inactivity all share an association with dementia.

Globally, the number of people with dementia in 2013 was estimated at 44 million people, rising to 76 million in 2030 and 135 million in 2050. In the Asia-Pacific region, the number of people with dementia is estimated to increase from 23 million people in 2015 to 71 million people by the 2050.

Key challenges in the region highlighted by Alzheimer’s Disease International include limited awareness of dementia, in some cases paired with a cultural context that denies its existence or attaches stigma it; an assumption that dementia is a natural part of ageing and not a result of a disease; inadequate human and financial resources to meet the care needs of people with dementia and limited policy on dementia; as well as inadequate training for professional carers and lack of support for family carers.

147 This section is based on material taken from Alzheimer’s Disease International (2014) “Dementia in the Asia Pacific Region”. Available at www.alz.co.uk/adi/pdf/Dementia-Asia-Pacific-2014.pdf
Recommended priorities for action include:

- Provision of education and awareness
- Improving the quality of life of people with dementia
- Promoting the development of health and community care systems to deal with an increasing number of people with the disease
- Raising awareness of prevention and risk reduction strategies
- Developing national dementia action plans – the Kyoto Declaration provides a framework of possible strategies for countries to consider
- Promoting and supporting further research into the health and care systems in lower and middle income countries in the development of health policy

Example 23: Meeting older persons’ mental, cognitive and psychosocial health needs

Several countries have made recent efforts to enhance their mental health services for older persons. China adopted a National Mental Health Working Plan in 2015–2020 containing a specific provision for its older population. Singapore introduced a Community Mental Health Masterplan to improve the care for persons with mental health conditions and dementia, and agencies are also working with communities to build dementia-friendly communities, an initiative to raise awareness amongst Singaporeans, businesses and the community-at-large to be able to look out for seniors with dementia and help them home. Thailand started a project on improving the system of mental health promotion and prevention of mental health problems among older persons. Macao, China established two day-care centres for older persons with dementia in 2015 and a new dementia medical centre in 2016. Australia introduced a dementia training programme in 2016 that provides a national approach to accredited education and skill upgrading in dementia care.

Issue 6: Older persons and disabilities

Objective included in MIPAA:

- Maintenance of maximum functional capacity throughout the life-course and promotion of the full participation of older persons with disabilities

Example policy options include:

- Creating age-friendly standards and environments to help prevent the onset or worsening of physical, mental and cognitive disabilities
- Encouraging the development of housing options for older persons with physical, mental and cognitive disabilities that reduce barriers to and encourage independence, and make public spaces, transportation and other services, as well as commercial premises and services used by the general public, accessible to them
- Promote, in accordance with applicable international law, including international agreements acceded to, the accessibility for all, without discrimination, to pharmaceuticals or medical technologies, as well as their affordability for all, including more disadvantaged, marginalised or at risk groups
- Encouraging and facilitating the establishment of self-help organisations of older persons with disabilities and their caregivers
- Supporting employment for older persons with disabilities (see section on Work and Labour Force above)
- Recognise intersectionality in policy and the accumulated and compounded disadvantages that may be faced by older persons as a result

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148 Based on material taken from Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing
of their disability, sex, gender and age, as well as other characteristics

- Collect, analyse and publish age, sex and disability disaggregated data and ensure this informs policy responses

**Focus issue box 12: Incheon Strategy to “Make the Right Real” for Persons with Disabilities in the Asia and Pacific, 2012**

The Incheon Strategy provides the Asian and Pacific region, and the world, with the first set of regionally agreed disability-inclusive development goals. It comprises 10 goals, 27 targets and 62 indicators, including ensuring disability-inclusive disaster risk reduction and management. The goals are to:

- Reduce poverty and enhance work and employment prospects
- Promote participation in political processes and in decision-making
- Enhance access to the physical environment, public transportation, knowledge, information and communication
- Strengthen social protection
- Expand early intervention and education of children with disabilities
- Ensure gender equality and women’s empowerment
- Ensure disability inclusive disaster risk reduction and management
- Improve the reliability and comparability of disability data
- Accelerate the ratification and implementation of the Convention on the Rights of Persons with Disabilities and harmonization of national legislation with the Convention
- Advance sub-regional, regional and interregional cooperation

**Example 24: The New Zealand Disability Strategy**

The New Zealand Disability Strategy (2016–2026)\(^{149}\) was developed in consultation with older persons with disabilities, who comprise 65 per cent of the population living with a disability. The strategy focuses on actions in the priority areas of education, employment and economic security, health and well-being, rights, protection, justice, accessibility, attitudes, choice, control and leadership. It is based on the principles of Te Tiriti o Waitangi as the founding document of the country, the Convention on the Rights of Persons with Disabilities and ensuring persons with disabilities are involved in decision-making that impacts them. It takes a ‘whole-of-life’ and long-term approach to social investment and focuses on both specific and mainstream support and services. The document is accompanied by a Disability Action Plan and a Strategy Outcome Framework, and sets out governance and monitoring arrangements.

MIPAA Priority Direction 3: Ensuring enabling and supportive environments

MIPAA Issue Areas:
Issue 1: Housing and the living environment
Issue 2: Care and support for caregivers
Issue 3: Neglect, abuse and violence
Issue 4: Images of ageing

SDGs: 3 (healthy lives and wellbeing), 5 (gender equality), 9 (resilient infrastructure, inclusive and sustainable industrialization and innovation), 10 (inequality), 11 (cities and human settlements), 16 (inclusive societies), 17 (inclusive data)

Section-specific frameworks:
Incheon Strategy to Make the Right Real for Persons with Disabilities, 2012;
WHO age-friendly cities framework
ILO Centenary Declaration on the Future of Work, 2019
Political declaration of the high-level meeting on universal health coverage, 2019
Asian and Pacific Declaration on Advancing Gender Equality and Women’s Empowerment: Beijing+25 Review

Strategic approaches: Ensuring enabling and supportive environments for people across the life-course; integrated health and long-term care systems; age-friendly cities and communities; changing how we think, feel and act towards age and ageing.

Issue 1: Housing and the living environment

Objectives included in MIPAA:
• Promotion of “ageing in place” in the community with due regard to individual preferences and affordable housing options for older persons
• Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons in particular those with disabilities
• Improved availability of accessible and affordable transportation for older persons

Example policy options:
• Investing in age-friendly cities and communities (see box 13)
• Ensuring that older persons have a voice and can participate in decision-making processes in their local communities (see Issue 1 in Older Persons and Development)
• Developing/ensuring the availability and accessibility of essential goods, facilities and services for older persons, including those that support independent living and which promote older person’s autonomy and choice, including information systems
• Promoting multi-sector action to grow the continuum of available, accessible, acceptable, appropriate and quality housing options for older persons, including considering the need for nursing and residential facilities, sheltered housing, supported living, as appropriate. This can be promoted through approaches including: government funding, regulation, loan schemes, tax incentives among others.
• Promoting effective and accessible information, communication and technology solutions for older persons and their carers, and support to use these
• Promoting digital inclusion for people of all ages
• Developing social and recreational activities for older persons, including targeted programmes to address loneliness and isolation, recognising its impact on health and wellbeing
• Promoting opportunities for intergenerational participation (see section on Intergenerational solidarity above)
• Supporting the establishment of older person’s organisations and other mechanisms to strengthen their participation and voice in local and national development processes (see section on ‘Active participation in society and development’ above).
Focus issue box 13: Age-friendly cities and communities

An age-friendly city or community is a good place to grow old. Age-friendly cities and communities foster healthy and active ageing and, thus, enable well-being throughout life. They help people to remain independent for as long as possible, and provide care and protection when they are needed, respecting older persons’ autonomy and dignity.

The WHO Global Network of Age-friendly Cities and Communities was established in 2010 to support municipalities that wished to transform these ambitions into reality, involving older persons in the process and maximizing their opportunities at the local level.

The work is informed by the Global Age-Friendly Cities framework published in 2008 which outlines eight ‘topic areas’ which make up an age-friendly city, which are:
- Civic participation and employment
- Communication and information
- Community support and health services
- Outdoor spaces and buildings
- Transportation
- Housing
- Social Participation
- Respect and social inclusion

Example 25: Housing and communities

In China, policies promote ‘ageing in place’, including privileges in accessing public services; comprehensive activity centres; the promotion of construction of senior citizens’ lodging houses, elderly homes and nursing homes; design codes for roads, buildings, and other public places, as well as barrier-free facilities. The approach recognises the importance of creating an environment that enhances healthy ageing and resilience for all, alongside measures to support older persons who have higher levels of need.

In the Philippines, the National Action Plan on Senior Citizens (2006–2010) aims to improve coordination and cooperation among agencies providing service to older persons. All cities and municipalities have an Office for Senior Citizens Affairs (OSCA), headed by a senior citizen, and serve as a general information and liaison centre. The Republic Act No. 7876 (1994) provides for the establishment of a senior citizens centre in all municipalities. The Department for Social Welfare and Development shall provide a range of services in coordination with local governments, the Department of Health, and other government and non-government entities.

India and Thailand embrace loan schemes and/or tax incentives to encourage the construction or modification of housing and public facilities accessible by the elderly. In Sri Lanka, the Wellawaya Age- and Disabled-Friendly City project is helping to ensure accessibility by providing ramps, tactile paving and accessible toilet facilities to improve access to community centres for older persons, places of worship, and to public services.

Issue 2: Care and support for caregivers

Objectives included in MIPAA:
- Provision of a continuum of care and services for older persons from various sources and support for caregivers
- Support the caregiving role of older persons, particularly older women

Example policy options:
- Establishing and investing in comprehensive long-term care systems (see Box 14) that

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151 Williamson (2015)
promote the independence and autonomy of older persons, improve their quality of life and enable them to live in the community as long as possible and/or desired, while ensuring the availability of accessible, appropriate, acceptable and quality institutional care for those who need it

- Promoting the role of the public, private, voluntary and community sectors in the design and delivery of a continuum of care and support services
- Developing support for families and communities providing care, including through the provision of respite services, information and advice, psychological support, and economic and social measures, and taking action to promote the equal distribution of caring responsibilities between women and men, in line with SDG 5.4
- Recognising and meeting the particular needs of older caregivers with a focus on older women who are more likely than men to be providing support, and including grandparents providing care to grandchildren
- Ensuring the readiness of systems and services in the community to respond to older person’s needs and uphold their rights during emergencies, including but not limited to the ongoing COVID-19 pandemic

Focus issue box 14: Developing long-term care systems

WHO defines long-term care as ‘the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity’. Long-term care is therefore a key contributor to ensuring everyone has the opportunity to enjoy Healthy Ageing (see box 1).

The long-term-care system spans family members, friends, volunteers who provide care and support, the workforce of paid and unpaid caregivers, care coordination, community-based services and institutional care, as well as services that support caregivers and ensure the quality of the care they provide (for example by offering respite care, and providing information, education, accreditation, financing and training). It is also important to recognise that long-term care systems overlap significantly with services delivered as part of the health and social services. Integrating the design and delivery of long-term care with these services, can support holistic and person-centred care that promotes healthy ageing and delays or prevents losses in functional ability.

Key elements of long-term care systems, include:
- Service delivery
- Governance and leadership
- Workforce
- Financing systems
- Assistive devices and technologies, and home modifications
- Information systems

Focus Issue Box 15: Gender dimensions of care and support for older persons

Older women are more likely than men to have care and support needs in later life due to their higher life expectancies and higher rates of ill health and disability. However, due to the gender dimensions of care provisions, women – including older women – are also more likely than men to provide care and support, both formally and informally. This means that they are disproportionately affected by inadequacies in the availability, accessibility, acceptability and quality of care and support systems.

SDG 5.4 on gender equality calls for Member States to recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of

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152 WHO (2015)
shared responsibility within the household and the family as nationally appropriate, while the ILO Centenary Declaration on the Future of Work (2019) commits to taking action to promote a more balanced sharing of family responsibilities and investment in the care economy. Approaches adopted by Member States must take a life-course approach, recognising the significant strain placed on women in relation to both the need for and provision of care and support in later life and take measures that promote gender equality at all ages.

Example 26: Long-term care insurance system in Japan

Japan launched its long-term care insurance in 2000 in response to the increase in the number of older persons requiring long-term care causing significant strain on the physical and financial capacity of its health-care system. Japan’s long-term care insurance is a mandatory programme that provides benefits for the long-term care of older persons (as opposed to programmes that offer benefits to younger persons with disabilities). Long-term care services are delivered through an integrated system of public, private and community providers. As of January 2015, the long-term care insurance provides benefits to over five million persons 65 years and older, which is about 17 per cent of this age population. Distinctive features of the long-term care insurance include:

- The programme is public. All persons aged 40 and over contribute by paying a premium that varies according to income.
- All persons aged 65 and over can access benefits. Persons 40 and over with disabilities related to ageing, such as cerebrovascular disease, are also eligible to access benefits. Everyone, regardless of income, has the same benefits. Coverage for those over 65 begins once people turn 65 regardless of need or income.
- Benefits include institutional, home and community-based services and are accessed through a care manager. Assessment determines the beneficiary’s level of need and corresponding quantity of services. Each level of need has its own service ceiling after which individuals and families pay most costs with benefits for low income individuals. Need levels are reassessed every two years or upon request following a change in health.
- All services are subject to a 10 per cent co-payment.
- Enrolees can choose between care managers as well as service providers. This freedom of choice serves as an important way to control quality.
- The programme is administered by municipalities, which set premiums and licenses providers.
- Providers range from for-profit companies to non-profit companies. Fees for services are established by the federal government and are reviewed once every three years.

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Example 27: Community approaches to care and support

Many countries across the region have adopted home- and community-based care approaches initiated by governments, NGOs, faith-based organisations, community and voluntary groups, and the private sector, either individually or working in collaboration with each other. Services include home visits, information and advice services, education and training, day care centres, multi-purpose senior citizens centres, and respite services. In a number of settings, volunteers play a key role in delivering care and support services, in others paid care workers are employed.\textsuperscript{154}

In Viet Nam, alongside activities to promote mental and physical health, Intergenerational Self-Help Clubs (ISHCs) offer homecare services through homecare volunteers. Each ISHC has at least 10 homecare volunteers who develop case management plans and visit each client at least twice a month. This community-based care component has enabled the ISHCs to become the largest care providers in the country with more than 16,000 caregivers providing regular and ongoing care for at least 10,000 clients. The work of the volunteers can include everything from providing a friendly ear to helping with housework, taking the client out for a walk, helping with personal hygiene, or monitoring blood pressure. They also report to the ISHC any problems that they are unable to address. Paid care assistants who are retired health professionals or local collaborators train the volunteers, oversee rehabilitative exercises, share health information, and oversee medications.\textsuperscript{155}

In Turkey, the National Healthy Ageing Action Plan and Implementation Programme 2015-2020 recognises that ‘Successful aging does not only refer to a state of physical well-being, but it also refers to a complete state of wellbeing for physical, psychological, and social aspects as well’. Action on home care services is prioritised as a key strategy for supporting older persons and their families ‘to increase their functionality, to help them live independently and retain power as much as possible and to ensure their full well-being by meeting their needs in the best possible way within the framework of a sense of self-esteem of the elderly’.\textsuperscript{156} Home care is highlighted as having a critical role in covering the training of the whole family members, maintaining the social activities and hobbies and continuing the life in an environment to which individuals are accustomed. As part of the plans for home care, the Action Plan includes a strategy for ensuring the education of older persons receiving home health and care services and their families.

\section{Issue 3: Neglect, abuse and violence}

\textbf{Objectives included in MIPAA:}

- Elimination of all forms of neglect, abuse and violence of older persons
- Creation of support services to address elder abuse

\textbf{Example policy options:}

- Enacting legislation and strengthening legal efforts to tackle violence, abuse and neglect of older persons in all its forms, including financial, physical, psychological and sexual and intentional or unintentional neglect (see box 15)
- Encouraging multi-actor cooperation across all sectors to tackle violence, abuse and neglect of older persons including by developing community prevention and response initiatives
- Sensitising and educating professionals and the general public on violence, abuse and neglect of older persons and its various characteristics, risk factors and causes, including through wide-scale awareness raising and information campaigns
- Handling of elder abuse and safeguarding in the training of health and social service professionals and others working with older persons
- Encouraging professionals and the general public to report suspected elder abuse
- Establishing services and support for victims of abuse and rehabilitation arrangements for abusers

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\textsuperscript{154} Williamson (2015)


• Eliminating harmful traditional practices involving older persons, including abolishing widowhood rites that are harmful to the health and wellbeing of older women
• Raising awareness of and protect older persons from violence, abuse and neglect during emergency situations, with particular attention to the risks faced by older women
• Promoting schemes for caregivers of older persons at risk of abuse – in the form of training, information and respite care that can help reduce caregivers’ stress and enable them to manage their responsibilities better

Focus issue box 16: Elder abuse

The WHO defines elder abuse as ‘a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person’. 157 Elder abuse can take various forms such as financial, physical, psychological and sexual. It can also be the result of intentional or unintentional neglect.

Based on available evidence, WHO estimates that 1 in 6 older persons (60 years or older) experienced some form of elder abuse in 2020.158 These prevalence rates are likely to be underestimates as many cases of elder abuse are not reported. Globally the numbers of people affected are predicted to increase as many countries are experiencing rapidly ageing populations.

Studies indicate that the majority of older victims of neglect, abuse or violence are women, reflecting the gender discrimination at large in society. Perpetrators can be family members, friends or acquaintances but also can be strangers who prey on older persons or commercial organizations that defraud older clients. Isolation, cognitive decline, dementia, disability and care dependency as well as a history of interpersonal violence constitute additional risk factors for violence against older women.159

Example 28: Tackling elder abuse160

The Republic of Korea supports older persons’ protection agencies in efforts to educate the public, improve awareness on elder abuse and offer professional counselling to victims. The Government also supports a project that provides shelter for abused older persons and works to prevent the reoccurrence of abuse through family counselling. New Zealand issues Elder Abuse and Neglect Prevention Guidelines to assist health-care workers to identify, support and empower older persons experiencing abuse and provides support on risk assessments and appropriate referral options. The Government supports 27 organizations nationwide that provide older persons’ abuse and neglect prevention services, including counselling for victims, advocacy and education programmes.

In Australia, the National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023 includes five priority areas of action, focused on: Enhancing understanding, Improving community awareness and access to information, Strengthening service responses, Planning for future decision-making in later years, and Strengthening safeguards for vulnerable adults.

159 Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing
160 All good practice examples are from Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing.
Issue 4: Images of ageing

Objectives included in MIPAA:

• Enhancement of public recognition of the authority, wisdom, productivity and other important contributions of older persons

Example policy options:

• Developing and promoting a policy framework that promotes: the inclusion and participation of older persons, the contributions they make, and which upholds their dignity and rights
• Taking action to change how people think, feel and act towards age and ageing, in line with the United Nations Decade of Healthy Ageing
• Introducing legislation to ban age-based discrimination and ensuring mechanisms for its enforcement
• Modifying or repealing laws, policies or programmes that permit direct or indirect discrimination on the basis of age

Focus issue box 17: Ageism

As discussed in Section 1, WHO defines ageism as the ‘stereotyping of and discrimination against individuals or groups based on their age’. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.

The impact of ageism on individuals and societies is profound. At individual level, it affects a person’s health and wellbeing, and limits the extent to which they are able to enjoy their full human rights. At society level, it affects us all by limiting the valuable roles and contributions of older persons and eroding solidarity between generations. 161

It is important to recognise and address how ageism intersects with discrimination based on other characteristics compounding disadvantage and exclusion of older persons. This can be particularly acute where ageism intersects with discrimination and inequalities experienced as a result of a person’s sex and/or their disability status.

The United Nations Decade of Healthy Ageing commits to changing how we think, feel and act towards age and ageing as one of its four action areas.

Example 29: Promoting positive images on ageing

Many countries across the region celebrate the International Day of Older Persons, as well as promoting respect towards and a culture of caring for older persons within their policies, enhancing and celebrating older persons’ contribution to society. A number of countries specify the role of mass media and education and training curriculums in regard to this. Bangladesh’s National Policy on Older Persons 2014 addresses mass media under social and corporate responsibility to promote ageing issues in society. The policy also includes ageing within educational and training curriculums and prioritises recognition of older persons’ productivity and contribution

161 Global Report on Ageism

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to the family, population and economics. It aims to promote the use of older persons’ skills in both public and private sectors, whilst enabling their full participation in social and economic life.\footnote{Williamson (2015)}

**Example 30: Action on ageism\footnote{Examples are taken from Global Report on Ageism}**

Indonesia was found to be one of few countries to discuss ageism directly in policy in a 2015 study of 26 countries in the region. The National Commission for Older Persons is tasked with arranging intergenerational workshops for young and old activists with a view to changing images of ageing and tackling ageism. Thailand conducted research specifically looking at attitudes to older persons within the country in 2007 as part of the monitoring and evaluation framework of the Second National Long-term Plan for Older Persons (2002–2021).

In the Mazandaran Province of the Islamic Republic of Iran, an educational intervention with an intergenerational element was conducted among elementary, middle, high-school and university students. The intervention consisted of 10 workshops about human development across the life course, and it included lectures, discussions, movies and pamphlets, all focusing on issues important to ageing. The intervention also included conversations with older adults. Before the intervention, the elementary, middle and high-school students were found to be more ageist than their university counterparts. The intervention led to lower scores on the Fraboni Scale of Ageism, indicating less ageism, for all groups of students, with the largest decrease on the affective dimension of the scale. The study also found that ageism was more prominent among nursing and medical students than other types of university students.
VIII. Planning for Implementation

As discussed in section 2.5 on policy instruments, a national policy on ageing should be accompanied or combined with a national action plan or strategy outlining details of the policy goals and objectives, how they will be achieved (the actions that will be taken at local and national levels), by whom, by when and the financial and human resourcing that will be made available for implementation (including for capacity building). The document should outline the role of different stakeholders within this process, who will have ultimate responsibility for each area of action, and the overall coordination and oversight mechanisms for policy implementation. It is also important to consider how implementation of the policy goals and objectives links with other development policy processes, ensuring that action across and between policy is integrated and coherent.

Key considerations for implementation:
- What action is needed to achieve the policy goals and objectives identified?
- What are the roles of different stakeholders in policy implementation (consider local, national, public sector, private section, voluntary sector etc.)? Who is ultimately responsible for each action?
- What is the timeline for policy implementation (short-term and long-term)?
- What financial and human resources will be made available to support policy implementation, including resources for capacity building to ensure quantity, quality, and skill mix at different levels. Underpinning budgets with legislation can be helpful to ensure that sufficient resource is available.
- How will the implementing partners raise awareness of the policy goals, objectives and actions among key stakeholders and more widely?
- What mechanisms will be used to ensure coordination between different aspects of policy and oversight? (Considering horizontal and vertical coordination)
- How do the policy goals, objectives and actions relate to wider policies? (i.e. health policy, labour policy, social protection policy?)

Example 31: Implementation plans

In ageing policy documents in this region, the level of detail on implementation arrangements varies significantly. In Bangladesh responsibilities of specific ministries, departments, committees and other organisations for the implementation, monitoring, review, development and assessment of policies are outlined, as well as plans for research and surveys. The Philippines indicates specific targets, responsibilities and timeframes for review in the National Action Plan for Senior Citizens 2006–2010, including undertaking a survey every year.

In New Zealand, the Healthy Ageing Strategy includes an action plan, which breaks-down overall objectives into different goals and actions, naming the policy lead for each, key partners and timeframes. Funding, planning and service delivery arrangements are also discussed.

IX. Establishing Monitoring and Evaluation Frameworks and Processes

Monitoring and evaluation is essential to ensure that policy implementation is tracked, its outputs and outcomes are reviewed and that feedback loops are in place to ensure lessons are learned and used to improve policymaking and practice. Strong monitoring and evaluation systems are dependent on the collection and management of data and information, including both quantitative and qualitative data. For instance, New Zealand’s Health and Disability Council uses a range of methods, including surveys, focus groups, and audits, to assess the impact of policies and programs on health and disability outcomes.

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qualitative. These systems should be established ensuring clear lines of accountability and oversight for these bodies, and that the processes for them to feed-into and have influence upon policy-making is clear. Issues related to the data on ageing and older persons are discussed above and in the accompanying Draft Working Paper on Statistical indicators relevant to ageing and age-disaggregated data in Asia and the Pacific. Beyond age, sex, disability and location disaggregated data on the situation of older persons and ageing, data should be designed to effectively capture progress in all areas of ageing policy.

Monitoring and evaluation systems for policy review must be clearly outlined, including details on how often they will be conducted, the process they will adopt, how different stakeholders will be involved, the transparency and accountability mechanisms that will be in place, and how learning will be captured and fed-into policy-making and practice to ensure future improvements. MIPAA advocates for a bottom-up participatory approach to policy review to uphold older person’s right to have influence in policy that affects them and improve policy outcomes.

Key considerations for monitoring and evaluation systems

- What department or body is responsible for data collection and knowledge and information management? Who has responsibility for this function? How is accountability and oversight of this function managed? What role will this function have in policy-making and monitoring and evaluation and how will knowledge be fed into the policy-making and review process? What financial and human resources will be made available to support this function?
- Who will have responsibility for designing and conducting the monitoring and evaluation plan for the policy? Who will have oversight of this function?
- How and when will regular reviews of implementation and impact be conducted? What are the roles and responsibilities of different actors? How will key stakeholders be involved, including older persons?
- What data (both quantitative and qualitative) are needed to capture and monitor the situation of older persons?
- What data are needed to provide a baseline and monitor the impact of policies in different areas and on different groups? Data must at a minimum be disaggregated by age, sex, disability and geographical location.
- What output (what has been done/actions/budget spent) and outcome (what has been achieved/impact) measures for each policy objective/goals will be adopted? Outcomes measures should include qualitative data from older persons to assess the impact of the policy on aspects such as their wellbeing and quality of life.
- What transparency and accountability mechanisms will be in place for monitoring and evaluation, including participatory and consultative mechanisms that include key stakeholders, information on how the outcomes of monitoring and evaluation and related data will be made publicly available and widely disseminated, and mechanisms to ensure that learning is captured and fed-into policy-making and practice to ensure improvement?
- What human and financial resources will be made available to support the monitoring and evaluation process?

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167 Inter-Agency for Social Protection Assessments (ISPA, no date). “Core Diagnostic Instrument”. Available at: www.ispatools.org/core-diagnostic-instrument/
Example 22: National long-term planning for older persons

Thailand’s 2nd National Plan on the Elderly (2002–2021)\(^{168}\) includes a detailed framework for monitoring and evaluation, which is undertaken every five years by the College of Population Studies, Chulalongkorn University. In a table format, each policy measure within a thematic strategy is outlined alongside the implementation responsibilities of various institutions; indices for measuring outcomes of the policy measure; and clear targets with dates\(^{169}\). The monitoring and evaluation process both reviews progress on implementation and analyses strengths, weaknesses and challenges with learning inputted into subsequent action. The reviews are also informed by annual reports on the situation of older persons in Thailand conducted by the Foundation of Thai Gerontology Research and Development Institute and data from surveys of older persons conducted by the National Statistical Office. The third monitoring and assessment of the 2nd National Plan on the Elderly was completed in 2016.\(^{170}\)

In Turkey, the Healthy Ageing Action Plan And Implementation Program (2015-2020) includes plans to develop, implement, monitor and assess policies on healthy aging. For each target area of action, the plan outlines the current situation drawing upon a range of data before setting out the strategy, activities, output indicators and outcome indicators to measure progress, the responsible institution and organisations for the target area, and the time period for review – normally three years. To support monitoring and evaluation, the Action Plan sets out arrangements for the establishment of a national data system to monitor, evaluate and report on the progress of Turkey Healthy Aging Action Plan and Implementation Programme 2015-2020\(^{171}\).

In India, the National Action Plan for Welfare of Senior Citizens\(^{172}\) 2020 outlines institutional and resource arrangements for monitoring implementation of the plan, including regular progress reporting through a Project Management Unit, monthly monitoring through a Project Management Committee, half-yearly progress monitoring through a policy Steering Committee, and annual progress monitoring by the Ministry of Social Justice and Empowerment.

In Bangladesh, the National Policy for Older Persons 2013 highlights that older persons will be directly involved in the implementation, monitoring, review, development and assessment of policy.


\(^{169}\) Thailand, 2nd National Plan on the Elderly (2002-2021), p. 10


X. Agreeing and Finalising the Document

Each country will have its own process for agreeing and finalising policy documents (whether policy, legislation, or action plans/strategies). Whatever the document and the mechanisms in each country, some key issues need to be considered. These are outlined below.

Key considerations for agreeing and finalizing a policy:

• Mapping out the process for finalising the policy clearly at the beginning of the development process, ensuring time estimates are taken into account, leaving room for possible delays. Adopting legislation can be particularly time-consuming and will necessitate its own detailed planning process tailored to the countries legal and political structures.

• To be effective, those with responsibilities for the policy implementation need to be well informed and prepared for what happens when the policy is finalised. Plans for how this will be ensured should be built into implementation plans, as detailed above.

• The policymaking process, including the way in which data and the views of key stakeholders and the public shaped the policy, should be clearly outlined in the final policy document, alongside information on the elements informing the policy (stakeholder engagement, situation analysis, vision, principles etc.), as outlined in this document. This is critical for ensuring transparency and promoting confidence and consensus in the policy.

• The public needs to be well informed about the policy and the measures that it includes. The public consultation process and policy launch are useful opportunities to raise awareness of the policy and disseminate information. Communication should be well coordinated with the relevant government departments or other bodies and consider requirements at both national and local level.

• The policy should be launched by or endorsed at the highest possible level to show the political will underpinning it. Making clear the overlaps between the policy and wider-development processes can also help to make the case for action on ageing.

• It is helpful for key stakeholders to be actively engaged in the communication plan from the beginning and have clear roles in raising awareness and disseminating information – they are often the ones best placed to ensure all key target groups are effectively reached.

Example 33: Informing people about the policy-development process

In New Zealand, Better Later Life – He Oranga Kaumātua 2019 to 2034 strategy was published alongside a report on the strategy development process; the initial policy discussion document and a summary of submissions received as part of the consultation on this; and the draft strategy and a summary of submissions.

FINAL REMARKS

Population ageing is one of the global and regional megatrends shaping sustainable development. It is taking place at a faster rate in the Asia-Pacific region than in any other region of the world. Proactive policies and government action are needed to address the challenges and maximise the opportunities ageing presents. This will be critical for achieving the goals and targets of the 2030 Agenda for Sustainable Development. The COVID-19 pandemic has underlined the urgency in taking action now.

It is hoped that this document will provide a useful and practical resource to guide Member States in designing comprehensive policy responses to ageing that meet the needs and uphold the rights of older persons both now and in the future.

173 Consideration of passing legislation in different contexts is beyond the scope of this study but should be explored and the process mapped by each Member State early on in the policy development process.
Annex: Policy Checklist

The checklist below identifies elements of the policymaking process for developing national policy responses on ageing and older persons. More information on each of these stages is included in the main report, alongside a discussion and good practice examples.

1. Establishing institutional arrangements

Actions
✓ Individuals, government ministries and/or other bodies responsible for ageing and older persons within the country and for leading on policy and its implementation are set-out
✓ Responsibilities and functions of the above are clearly outlined alongside how coordination between them will be managed
✓ Clear lines of accountability for the above are established
✓ Older persons and key stakeholders are represented within institutional arrangements, ensuring they have voice and influence in the policy process
✓ Human and financial resources for the functioning of institutional arrangements are secured

2. Leadership and planning for the policy development process

Actions
✓ Roles and key tasks of individuals, ministries and other bodies in the policy-making process are set-out
✓ Leadership for the policy-development process is clear
✓ How coordination will be managed both across relevant institutions (horizontal coordination) and between different levels of government (vertical coordination) is established
✓ Timeline for each stage of the policy development process is set-out and agreed
✓ Funding and human resources for the policy development process are identified and agreed
✓ Plans for securing political support from the highest levels, alongside human and financial resources for policy implementation are identified

3. Engaging key stakeholders in the policy-making process

Actions
✓ Stakeholder mapping conducted considering both primary and secondary stakeholders
✓ A plan for how you will engage key stakeholders throughout the policy-making process is agreed, and mechanisms identified
✓ Responsibility for the inclusion and engagement of stakeholders throughout the process is assigned
✓ The roles of different stakeholder groups in the policy-making process are outlined
✓ Resources to support meaningful engagement of stakeholders, including more marginalised groups of older persons, are secured

4. Reviewing and mapping existing legal and policy frameworks

Actions
✓ Existing policy and legislation related to ageing, older persons and development are reviewed and mapped (with reference to MIPAA and other relevant global and regional frameworks related to ageing and development) noting lines of responsibilities for law and policy
✓ Overlaps, gaps and synergies across policy and legislation are identified
✓ Rights framework in country is mapped and gaps in relation to older persons are identified
5. Conducting situational analysis on older persons and ageing
Actions
✓ Working with stakeholders, existing data is reviewed and mapped, with information on the level of disaggregation available indicated.
✓ Data gaps/data needed to support a comprehensive situational analysis on ageing and older persons are identified in consultation with stakeholders, considering the needs of current and future generations of older persons, trends in population ageing, and both qualitative and quantitative data.
✓ Plans for obtaining missing data are identified, as possible.
✓ Human and financial resources to support the collection and analysis of the required data is identified and agreed, ensuring age, sex, gender, disability, socio-economic group and geography disaggregation as a minimum.
✓ Clear processes and principles for how data will inform policy development are agreed.
✓ All data is made publicly available.

6. Identifying policy instruments: laws, policies and action plans/strategies
Actions
✓ National policy, plan/strategy, and legislation is considered and necessary instruments are identified.
✓ How policy will be mainstreamed into population-wide development processes is considered.

7. Agreeing principles and vision for an ageing society and for older persons
Actions
✓ Principles and vision for an ageing society and for older persons are agreed in line with national, regional and international legal and policy frameworks.
✓ Definition of older person is agreed.
✓ Target group for policy is agreed.
✓ How policy will protect and promote older person’s human rights is outlined.
✓ The shared aspirations for older persons and the future of older age are agreed and outlined.
✓ How responsibility for older persons’ wellbeing will be shared among the state, the individual, the family and communities is considered.
✓ The role of different sectors in ageing policy is outlined.
✓ Ambitions for promoting intergenerational solidarity are articulated.

8. Developing strategic and holistic policy
Actions
✓ The results of the legal and policy framework mapping, the situational analysis and the vision and principles for older persons are used to support the identification of policy goals and objectives.
✓ Issues affecting older persons are considered holistically to inform integrated approaches to ageing, and are informed by national, regional and international frameworks (see below and full document).
✓ Policy adopts a life-course approach to ageing.
✓ Policy is underpinned by the commitment to nationally appropriate social protection systems and measures for all, including floors, to support security, health and wellbeing across the life-course.
✓ Policy adopts a gender sensitive and transformative approach and promotes gender equality at all ages, including in later life.
✓ Ageing policy is mainstreamed and integrated with population-wide policy, including national development plans, poverty reduction strategies, disaster risk reduction plans, disability strategies, health and care policies, and social protection plans.
✓ Policy takes a whole-of-government and whole-of-society approach to ageing, identifying opportunities for synergy and joint action to be leveraged between population-wide policy and ageing-specific policy.
✓ Policies adopted are coherent and streamlined with wider policy processes, ensuring they collectively contribute to the achievement of overall goals.
8. Planning for implementation

Actions
✓ A policy implementation plan is developed and includes:
✓ Actions needed to achieve the policy goals and objectives, and timeline for achieving them
✓ Roles of different stakeholders in policy implementation (local, national, public sector, private section, voluntary sector etc)
✓ Details of who has overall responsibility for policy implementation and accountability mechanisms
✓ Financial and human resources to be made available to support policy implementation
✓ Activity to raise awareness of the policy goals, objectives and actions
✓ Details on coordination mechanisms
✓ Methods for securing political will at highest levels
✓ Outlines additional instruments needed (legislation, regulation, guidance)
✓ Details of transparency and accountability mechanisms for policy implementation

9. Establishing monitoring and evaluation frameworks and processes

Actions
✓ Responsibility for data collection and knowledge and information management is agreed and details of how accountability and oversight of this function will be managed are outlined.
✓ A plan for the regular review of implementation and impact of policy is in place, outlining the roles and responsibilities of different actors and how stakeholders will participate
✓ The data needed to provide a baseline and to regularly monitor the impact of policy in different areas and on different groups of older persons is agreed, including specific output and outcome measures for each policy objective/goals.
✓ Transparency and accountability mechanisms are agreed for monitoring and evaluation, including participatory and consultative mechanisms that include key stakeholders, information on how the outcomes of monitoring and evaluation and related data will be made publicly available and widely disseminated, and mechanisms to ensure that learnings are captured and fed into policy-making and practice to ensure improvement.
✓ Human and financial resources to support the monitoring and evaluation process are secured.

10. Finalising and communicating policy

Actions
✓ The process for finalising the policy is agreed at the beginning of the policy development process, ensuring estimates of the time this will take are taken into account, leaving room for possible delays
✓ Those with responsibilities for the policy implementation are well informed and prepared for what happens when the policy is finalised.
✓ The policy document includes information on the policy-making process, including stakeholder engagement, the situation analysis, vision and principles design, etc.
✓ The public is well informed about the policy and the measures that it includes. Public consultation process and/or communications have raised awareness of the policy and disseminate information at all levels.
✓ Policy launched by or endorsed at the highest possible level to help secure political will
✓ Key stakeholders are actively engaged in communications planning.