

**Economic and Social Commission for Asia and the Pacific**

Asia-Pacific Intergovernmental Meeting on the Third Review and
Appraisal of the Madrid International Plan of Action on Ageing

Bangkok, 12-14 September 2017

Items 2 and 3 of the provisional agenda*

**Review of progress in implementing the Madrid International
Plan of Action on Ageing, 2002, in Asia and the Pacific****Consideration of key regional issues within the framework of
the Madrid Plan of Action****Overview of trends in population ageing and related
institutional responses in Asia and the Pacific****Note by the secretariat***Summary*

The population of the Asia-Pacific region is ageing at an unprecedented pace. Owing to declining fertility rates and increased life expectancy, in 2017 the population aged 60 years and over comprised 576 million people and is estimated to increase to over 25 per cent of the total population – or 1.3 billion people – by 2050. This demographic transition has profound social, economic and political implications for nations and economies, and particularly in terms of protecting the rights and ensuring the well-being of their ageing populations.

The Madrid International Plan of Action on Ageing, 2002, is a global policy-guiding document on ageing that encompasses three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. In fulfilling its mandate, the Economic and Social Commission for Asia and the Pacific has undertaken a review every five years since the adoption of the Madrid Plan of Action in 2002 to assess the progress of its implementation in the Asia-Pacific region.

In this document, information is provided on key ageing trends in the Asia-Pacific region, as well as on institutional arrangements and policies put in place by Governments. It is supplemented by the document entitled “Government actions towards the implementation of the Madrid International Plan of Action on Ageing, 2002: achievements and remaining challenges” (E/ESCAP/MIPAA/IGM.2/2), whose focus is on actions taken across the three priority areas of the Plan of Action.

* E/ESCAP/MIPAA/IGM.2/L.1/Rev.1.

I. Introduction

1. Population ageing has been identified as one of the megatrends affecting sustainable development. It has significant impacts on economies, societies and the environment that need to be addressed.
2. Population ageing is a result of falling fertility and increased life expectancy stemming from a decrease in child, infant and maternal mortality rates, a reduction in communicable diseases and better control of non-communicable diseases. People now live longer than before, which is overall a positive outcome of development. Population ageing is a trend that cannot be stopped, but that will require adequate policies and government action to be able to maintain sustainable economic growth, eradicate poverty and address inequalities.
3. The Madrid International Plan of Action on Ageing, 2002, is the global action plan related to population ageing adopted at the Second World Assembly on Ageing in 2002. The 2030 Agenda for Sustainable Development is aligned with the Madrid Plan of Action and recognizes its three priority areas to meet the challenges of rapidly ageing societies, namely: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.
4. Since its adoption by the General Assembly in 2002, the Plan of Action has been reviewed and appraised every five years. In its resolution 2015/5, the Economic and Social Council requested the regional commissions to continue to facilitate the review and appraisal exercise at the regional level.
5. As part of this review process, the Economic and Social Commission for Asia and the Pacific (ESCAP) administered a survey of progress towards the implementation of the Plan of Action in its members and associate members. By July 2017, the following had submitted responses to the survey: Armenia; Australia; Azerbaijan; Bangladesh; Cambodia; China; Fiji; India; Iran (Islamic Republic of); Kyrgyzstan; Macao, China; Malaysia; Mongolia; Myanmar; Nepal; New Zealand; Pakistan; Philippines; Republic of Korea; Russian Federation; Samoa; Singapore; Sri Lanka; Thailand; Tonga; Turkey; Uzbekistan; and Viet Nam. Together these respondents represent 89 per cent of the population of the Asia-Pacific region.
6. Data from the survey responses has been supplemented by publicly available data from international and other sources as well as by survey responses and national reports to the first and second regional reviews of the Plan of Action.

II. Global and regional mandates

7. The 2030 Agenda for Sustainable Development is a comprehensive development agenda focused on reaching all population groups, especially those furthest behind. The Sustainable Development Goals – in particular those related to social protection, health, reducing inequalities and ending poverty (Goals 1, 3, 10 and 11) – address the rights and needs of older persons. Older persons are also mentioned under targets related to nutrition, resource use, health care, accessibility, safety and age-specific data collection and analysis.
8. In its resolution 70/164 of 17 December 2015, the General Assembly specifically identified the key role played by the Plan of Action as the only international instrument exclusively devoted to older persons and that measures towards achieving its objectives should be strengthened so as to

improve its positive impact on the promotion and protection of the human rights and dignity of older persons.

9. At the regional level, the importance of addressing the rights and needs of older persons has also been recognized. In the Bangkok statement on the Asia-Pacific review of the implementation of the Madrid International Plan of Action on Ageing, annexed to resolution 69/14, members and associate members requested the Executive Secretary to strengthen the role of the Commission in supporting them in implementing the Madrid Plan of Action, increase the regional knowledge base and public awareness on ageing, support them in formulating forward-looking policies to prepare for and adjust to the social and economic implications of ageing, and assist them in building capacity to provide comprehensive social protection systems that support populations throughout their life course, including specific forms of support for older persons. The Economic and Social Council, in its resolution 2015/5, requested regional commissions, including ESCAP, to facilitate a regional review and appraisal of implementation of the Plan of Action, which has taken place every five years since its adoption by the General Assembly in 2002.

III. Key ageing trends in Asia and the Pacific: rapid demographic ageing

10. The Asia-Pacific region is experiencing rapid demographic ageing: the percentage and the number of older persons has increased. In 2017, the Asia-Pacific region hosted nearly 576 million older persons, and that number is expected to increase to 872 million in 2030 and approximately 1.3 billion in 2050.¹

11. More countries in the Asia-Pacific region have transformed from ageing societies to aged societies. It would be virtually impossible for the population to become younger, as it would require very significant in-migration of people of a relatively young age. In Japan, 32.8 per cent of the population are currently aged 60 years and over, and this percentage is expected to increase to 37 per cent in 2030 (table 1). In 2010, there were no other members or associate members with an older population representing more than 20 per cent, in 2015 there were five, and in 2030 there will be 15. In areas with relatively high net in-migration, such as Australia and New Zealand, the percentage of older people increases less rapidly than in countries without in-migration. High out-migration of the working-age population, such as in Guam and Sri Lanka, contributes to the process of rapid demographic ageing.

¹ ESCAP calculations based on United Nations, World Population Prospects: The 2017 Revision, updated 21 June 2017. Available from <https://esa.un.org/unpd/wpp/>.

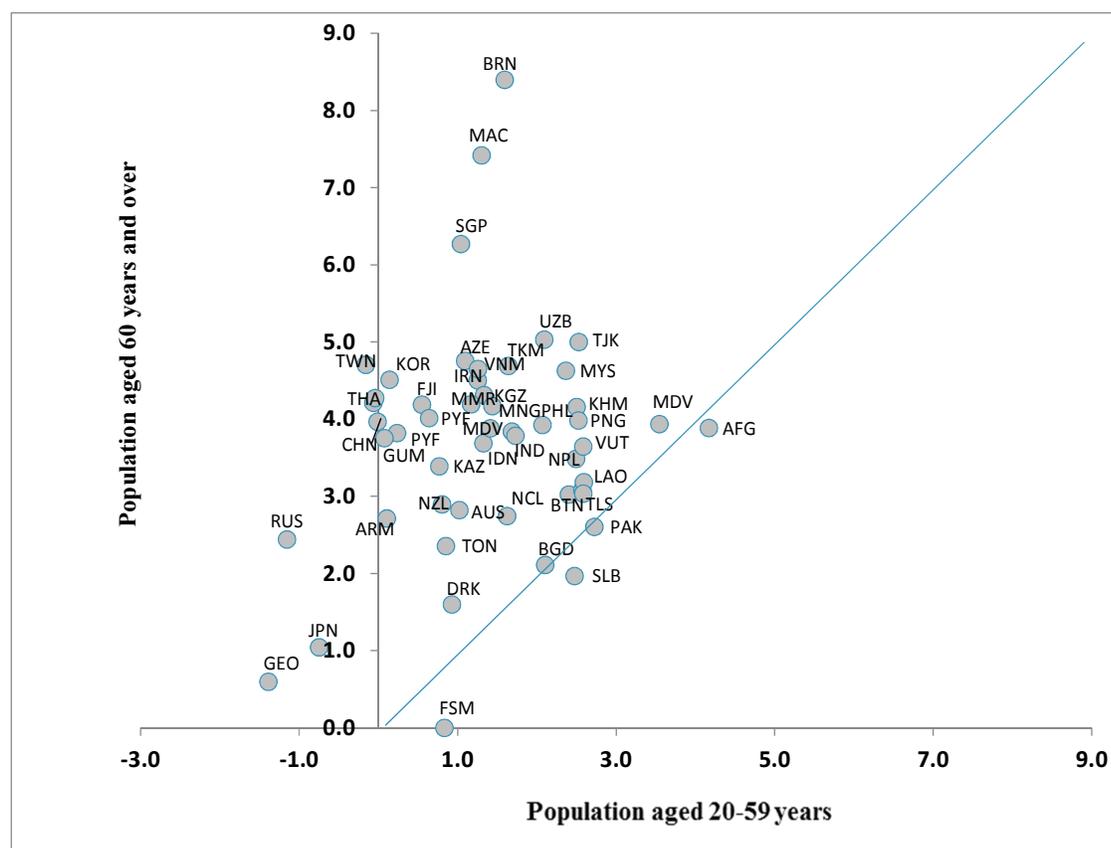
Table 1
Proportion of population aged 60 years and over; 2010, 2015 and 2030

Population aged 60 years and over (percentage)	2010	2015	2030
> 30	Japan	Japan	Japan; Hong Kong, China; Republic of Korea; Singapore; Taiwan Province of China
25-30	.	.	Thailand; New Zealand; Macao, China; China
20-25	.	Hong Kong, China; Australia; Georgia; Russian Federation; New Zealand	Georgia; Australia; Russian Federation; Armenia; Sri Lanka; Guam; Democratic People's Republic of Korea
15-20	Australia; Georgia; Hong Kong, China; New Zealand; Russian Federation; Republic of Korea	Taiwan Province of China; Republic of Korea; Singapore; Armenia; Thailand; China	New Caledonia; French Polynesia; Viet Nam; Turkey; Azerbaijan; Brunei Darussalam
10-15	Taiwan Province of China; Armenia; Singapore; New Caledonia; Thailand; Democratic People's Republic of Korea; China; Sri Lanka; Guam; Macao, China; Turkey	Macao, China; Sri Lanka; New Caledonia; Guam; Democratic People's Republic of Korea; Turkey; French Polynesia; Kazakhstan; Viet Nam	Kazakhstan; Iran (Islamic Republic of); Fiji; Malaysia; Myanmar; Indonesia; India; Samoa; Bangladesh; Uzbekistan; Kyrgyzstan; Bhutan; Mongolia; Maldives; Nepal; Turkmenistan
5-10	Kazakhstan; French Polynesia; Viet Nam; Azerbaijan; Tonga; Fiji; Malaysia; India; Myanmar; Nepal; Indonesia; Samoa; Iran (Islamic Republic of); Bangladesh; Pakistan; Philippines; Kyrgyzstan; Micronesia (Federated States of); Uzbekistan; Bhutan; Turkmenistan; Maldives; Cambodia; Vanuatu; Mongolia; Lao People's Democratic Republic; Brunei Darussalam; Kiribati; Papua New Guinea; Timor-Leste; Solomon Islands	Azerbaijan; Fiji; Malaysia; Myanmar; India; Nepal; Iran (Islamic Republic of); Indonesia; Tonga; Samoa; Micronesia (Federated States of); Philippines; Kyrgyzstan; Brunei Darussalam; Bangladesh; Uzbekistan; Bhutan; Turkmenistan; Cambodia; Pakistan; Vanuatu; Mongolia; Kiribati; Lao People's Democratic Republic; Maldives; Papua New Guinea; Timor-Leste; Solomon Islands	Kiribati; Micronesia (Federated States of); Vanuatu; Tajikistan; Lao People's Democratic Republic; Pakistan; Papua New Guinea; Solomon Islands; Timor-Leste; Afghanistan
< 5	Afghanistan; Tajikistan	Afghanistan	

Source: ESCAP compilation based on United Nations, World Population Prospects: The 2017 Revision, updated 21 June 2017. Available from <https://esa.un.org/unpd/wpp/>.

12. The older population is the fastest-growing population group in most of the Asia-Pacific region. Only in Afghanistan, Pakistan, Bangladesh and Solomon Islands is the working-age population still growing slightly faster than the older population, but the older population is growing rapidly too (figure I). In China and Thailand, the working-age population remained almost constant between 2012 and 2017, while the older population grew at an annual rate of 4.0 and 4.3 per cent respectively. Brunei Darussalam had the fastest-growing ageing population in the region between 2012 and 2017, at a rate of 8.4 per cent, while the working-age population grew at a rate of only 1.6 per cent.

Figure I
Working-age population (20-59 years) and older population (60 years and over), 2012-2017
 (Average annual rate of change in population)



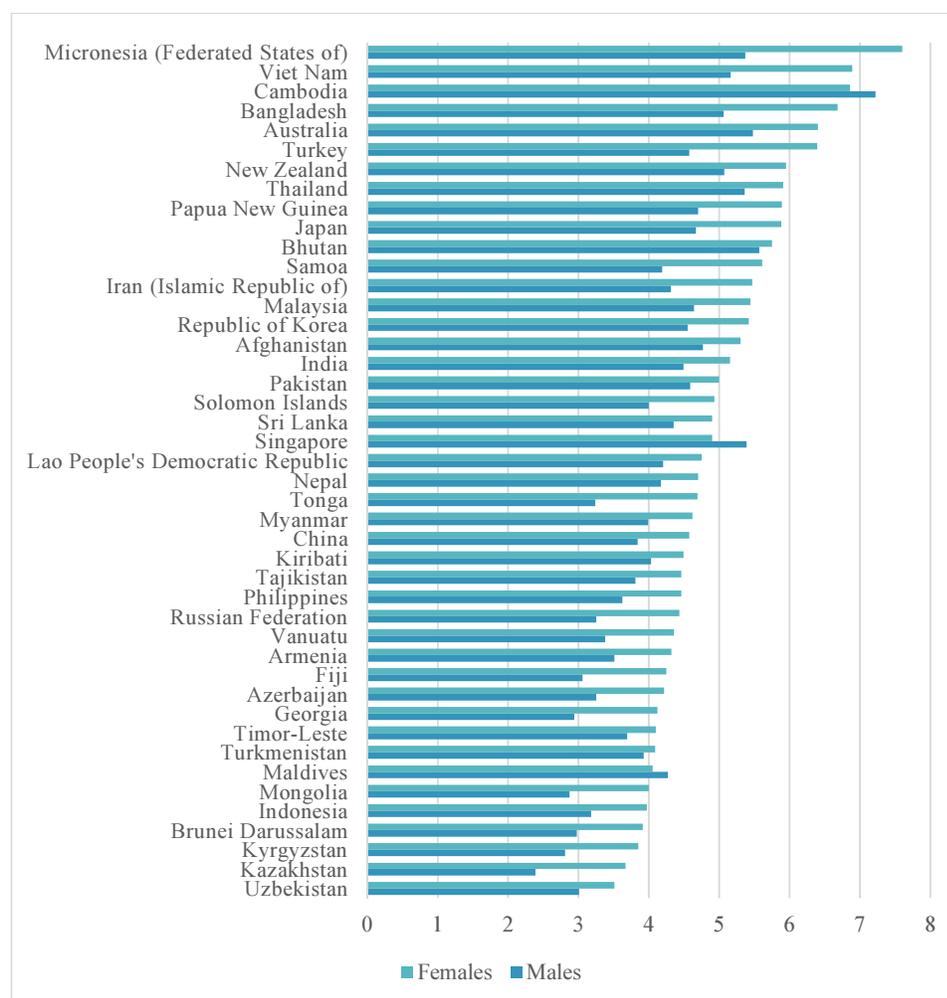
Source: World Population Prospects: The 2017 Revision (see table 1).

Abbreviations: AFG, Afghanistan; ARM, Armenia; AUS, Australia; AZE, Azerbaijan; BGD, Bangladesh; BRN, Brunei Darussalam; BTN, Bhutan; CHN, China; FJI, Fiji; FSM, Micronesia (Federated States of); GEO, Georgia; GUM, Guam; HKG, Hong Kong, China; IDN, Indonesia; IND, India; IRN, Iran (Islamic Republic of); JPN, Japan; KAZ, Kazakhstan; KGZ, Kyrgyzstan; KHM, Cambodia; KIR, Kiribati; KOR, Republic of Korea; LAO, Lao People's Democratic Republic; LKN, Sri Lanka; MAC, Macao, China; MDV, Maldives; MMR, Myanmar; MNG, Mongolia; MYS, Malaysia; NCL, New Caledonia; NPL, Nepal; NZL, New Zealand; PAK, Pakistan; PHL, Philippines; PNG, Papua New Guinea; PRK, Democratic People's Republic of Korea; PYF, French Polynesia; RUS, Russian Federation; SGP, Singapore; SLB, Solomon Islands; THA, Thailand; TJK, Tajikistan; TKM, Turkmenistan; TLS, Timor-Leste; TON, Tonga; TUR, Turkey; TWN, Taiwan Province of China; UZB, Uzbekistan; VNM, Viet Nam; VUT, Vanuatu; WSM, Samoa.

13. Not only are people now living longer, but they are also living more healthily than before. Both healthy life expectancy and life expectancy increased in most countries of the Asia-Pacific region between 2000 and 2015. However, overall life expectancy increased faster than healthy life expectancy. This means that people now live longer, but they also spend longer periods of their life with disabilities. For example, in Cambodia, in spite of increases in both overall life expectancy and healthy life expectancy, at the age of 60 years, people are expected to spend seven years with a disability, which is about 40 per cent of their remaining life. As a result of improved health care, many diseases no longer automatically lead to death, but people spend more time with chronic conditions leading to impairments.

14. Women tend to spend more years with disabilities than men (figure II). In Turkey, for instance, women at the age of 60 years are expected to spend 6.4 years of their remaining life with impairments, as compared to men, who are expected to spend only 2.3 years with impairments. In many countries, women's life expectancy at the age of 60 years grew faster than men's, but healthy life expectancy grew faster for men than for women.

Figure II
Expected length of time spent with impairments after reaching the age of 60 years by gender (difference between healthy life expectancy and life expectancy)
(Years)



Source: World Population Prospects: The 2017 Revision (see table 1).

IV. Population ageing in the Asia-Pacific Region and its impacts on economies and societies

A. Impacts on economic growth and productivity

15. This significant demographic transition has critical social, economic and political consequences for societies. Changing demographic structures also pose significant developmental challenges and have wider ramifications on economies and societies.

16. Shrinking working-age populations can negatively impact economic growth, particularly in countries that already have a large older population. Simulations reveal that in Japan, population ageing reduces annual economic growth by 1 percentage point. In China and the Republic of Korea, economic growth may be reduced by 0.5 to 0.75 of a percentage point.²

17. With ageing societies, the labour force is ageing too. While relatively older people are not necessarily less productive, it may be argued that in physically demanding professions, productivity may decrease with age. In countries with a higher share of gross domestic product (GDP) in sectors that require a large intake of physical labour, total factor productivity may decrease if no technological advancements and change in production structures are made. It is estimated that declining productivity as a result of an older workforce would reduce economic growth in China by 0.3 per cent per year.²

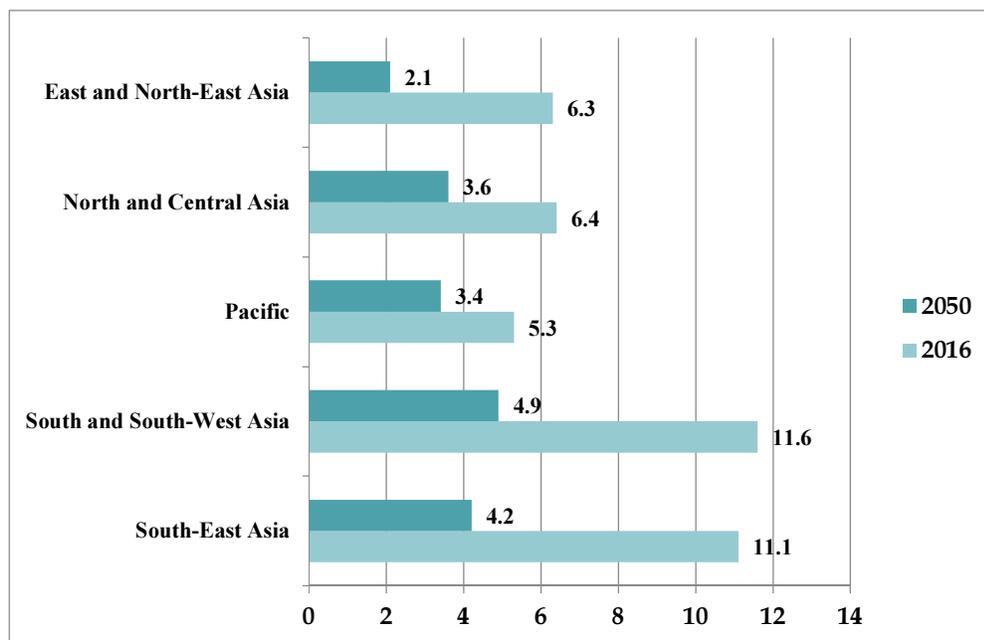
B. Impacts on the working population and social protection

18. The old-age support ratio will decrease by approximately 60 per cent, from 8.4 working-age persons for every older person currently to 3.4 by 2050.³ The most significant decrease will be in the South-East Asia subregion, where the ratio will drop from 11.1 to 4.2 working-age persons for every older person, the largest projected increase in the proportion of older persons in the region (figure III). This means that fewer persons of working age will be able to support each person older than 65 years, which will require a rethinking of traditional family support systems to become wider social protection systems, especially through the expansion of existing pension systems.

² International Monetary Fund, *Regional Economic Outlook: Asia and Pacific – Preparing for Choppy Seas* (Washington, D.C., 2017).

³ The old-age support ratio is defined here as the number of people of working age (15-64 years) divided by the number of people aged 65 years or older.

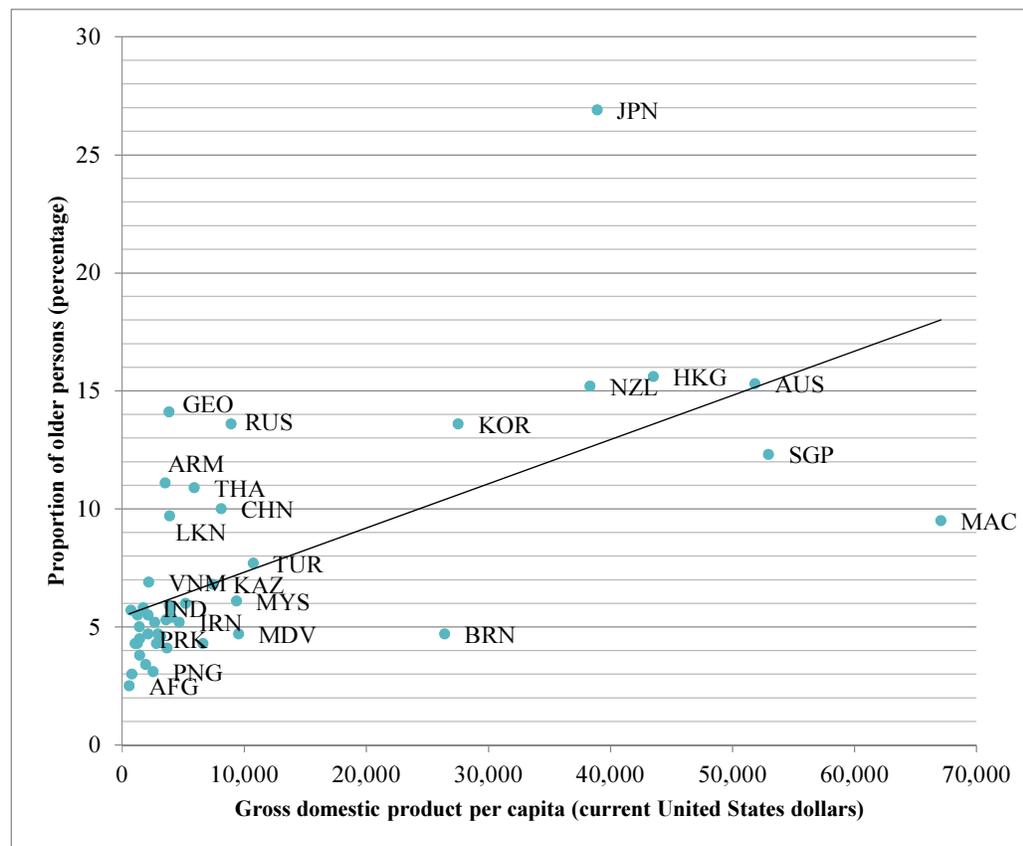
Figure III
Old-age support ratio in 2015 and 2050, by subregion



Source: ESCAP, “2016 ESCAP population data sheet”. Available from www.unescap.org/resources/2016-escap-population-data-sheet (accessed 30 June 2017).

19. Many countries in the Asia-Pacific region are going to be aged in demographic terms before they become affluent. While higher-income countries also generally tend to have a large older population, some countries have a larger proportion of older persons than their per capita income would suggest, such as Armenia, China, Georgia, the Russian Federation, Sri Lanka and Thailand (figure IV). These countries are now facing the challenge of maintaining economic growth with shrinking working-age populations. Some of these countries have already started to adopt policies to facilitate regular and orderly migration to address labour shortages.

Figure IV
Proportion of older persons and gross domestic product per capita



Source: World Population Prospects: The 2017 Revision (see table 1).

Abbreviations: AFG, Afghanistan; ARM, Armenia; AUS, Australia; BRN, Brunei Darussalam; CHN, China; GEO, Georgia; KG, Hong Kong, China; IND, India; IRN, Iran (Islamic Republic of); JPN, Japan; KAZ, Kazakhstan; KOR, Republic of Korea; LKN, Sri Lanka; MAC, Macao, China; MDV, Maldives; MYS, Malaysia; NZL, New Zealand; PNG, Papua New Guinea; PRK, Democratic People's Republic of Korea; RUS, Russian Federation; SGP, Singapore; THA, Thailand; TUR, Turkey; VNM, Viet Nam.

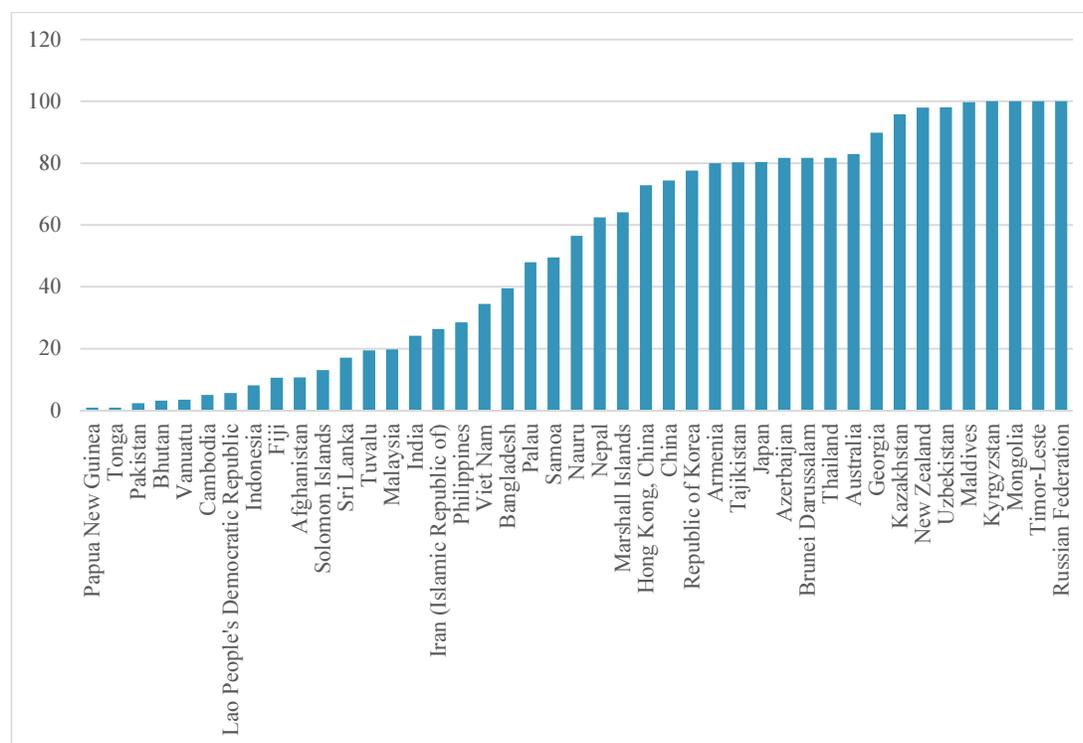
20. Many older people must work because either they do not receive a pension or the benefit levels are small. Household survey data shows that most older persons receive most of their income from work, rather than from family transfers as may be expected.⁴ In many countries in the Asia-Pacific region, currently less than half of all older people receive a pension (figure V). In the future, a lower proportion of older persons are likely to receive a pension because of low coverage rates in the working-age population resulting from a declining role of the public sector in many countries.⁵ Thus, if older people are no longer able to work, and in the absence of social protection, they are at high

⁴ World Bank Group, *Live Long and Prosper: Aging in East Asia and the Pacific* (Washington, D.C., 2016). Available from <https://openknowledge.worldbank.org/bitstream/handle/10986/23133/9781464804694.pdf>.

⁵ Data on coverage of pensions among the working-age population is presented in document E/ESCAP/MIPAA/IGM.2/2.

risk of falling into poverty. Moreover, older people who still wish to work often face discrimination, particularly in the formal sector.⁶

Figure V
Pension beneficiaries as a proportion of all older persons, most recent years
(Percentage)



Source: International Labour Organization, *World Social Protection Report 2014/15 Building Economic Recovery, Inclusive Development and Social Justice* (Geneva, 2014). Available from www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_245201.pdf.

C. Ageing, poverty and disability

21. Limited social protection further exacerbates the risk of increased poverty in ageing societies. In East and South-East Asia, poverty tends to increase with age, although old-age poverty has fallen over time. Old-age poverty is significantly higher in rural than in urban areas. In Indonesia, for instance, more than 30 per cent of older persons are poor, and the poverty rate increases with age. In the Republic of Korea, 48 per cent of current older persons live below the national poverty line, well above the overall poverty rate of 10 per cent.⁷ The reason is that many current older persons do not receive a pension, as the national pension system was introduced 1982 only. In Thailand and Mongolia, where a social pension is provided to older persons, poverty rates among older persons are very low, showing the importance of social pensions to poverty reduction.⁴ Data on poverty of older persons is

⁶ Ghazy Mujahid, "Social protection for older persons in Asia and the Pacific". Available www.unescapsdd.org/files/documents/MIPAA_Paper-Social-Protection-and-Ageing.pdf (accessed 3 July 2017).

⁷ Organization for Economic Cooperation and Development (OECD), Poverty rate, OECD Data. Available from <https://data.oecd.org/inequality/poverty-rate.htm> (accessed 3 July 2017).

particularly scarce for the Asia-Pacific region and require further efforts in data collection.

22. As many older persons will spend at least five years of their life with a disability (see figure II), the share of persons with disabilities will also increase. This will require investments in infrastructure – such as physical infrastructure and public transport – to make it accessible to persons with disabilities. Investments in social protection and infrastructure can also promote employment opportunities for persons with disabilities, including older persons who may wish to continue working.

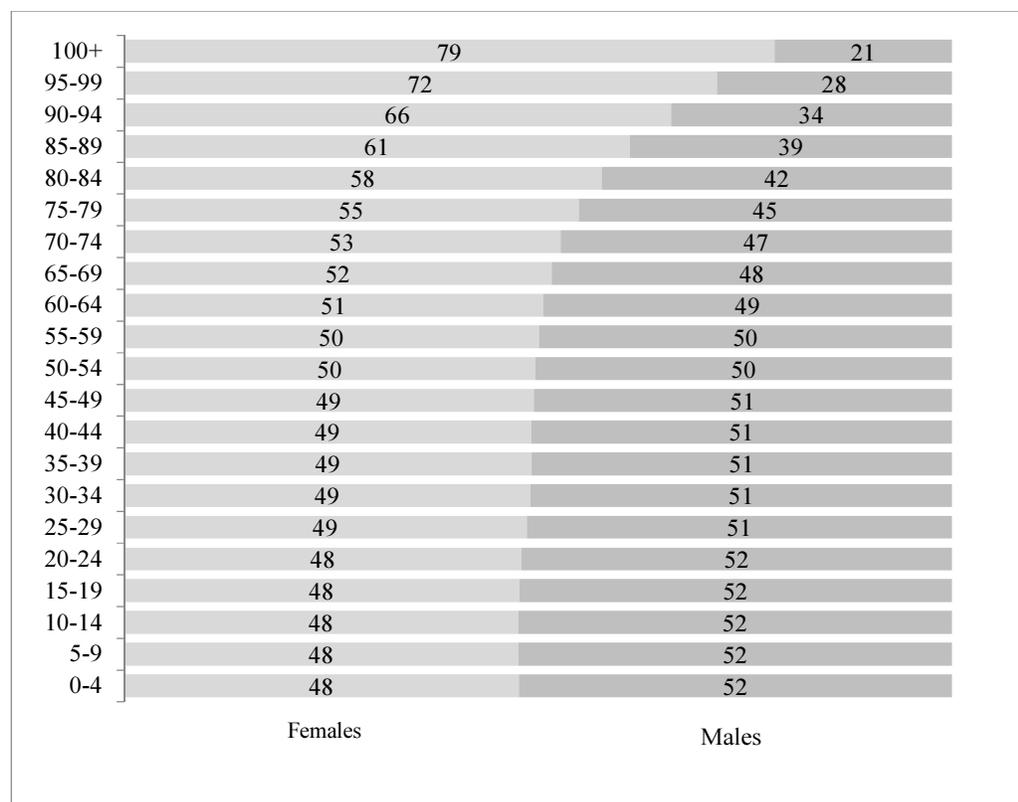
D. Gender impacts of population ageing

23. While there are slightly more men than women in age cohorts up to 55 years – partly as a result of sex selection at birth and sometimes because of higher infant mortality of girls and maternal mortality – this picture changes in older age cohorts (figure VI). While women's and girls' mortality risks are higher in lower age groups, they are higher for men in older age groups, partly resulting from risky behaviours and nutritional habits, such as tobacco and alcohol consumption. In the age group over 80 years in particular, 63 per cent of the population are women. Since in many cultures men typically marry younger women, a large proportion of women over 80 years are expected to be widowed. The old-age gender gap is particularly large in the Russian Federation, where, in 2017, 64 per cent of the population aged 60 years and over and 75 per cent of the population aged 80 years and over were women.

Figure VI

Proportion of females and males in the Asia-Pacific population by age cohort, 2016

(Percentage)



Source: World Population Prospects: The 2017 Revision (see table 1).

24. Although most older people in the Asia-Pacific region still co-reside with younger family members and in many countries that rate is not lower for women than for men,⁸ the situation of older widows who live alone requires specific attention, particularly in South Asia. Data from India shows that in 2005, 7 per cent of all older women lived alone compared to 2.4 per cent of older men. Widows and women of the poorest income quintile were more likely to be living alone.⁹

25. Life-cycle vulnerabilities of women are typically compounded in old age, particularly for widows. Older women are more likely to be poor than men: they are less likely to work, and if they do, their pay is typically lower than men's. Women are also less likely to own land than men, and in many countries they are disadvantaged in inheritance. For example, in Afghanistan, almost twice as many women than men do not own land (figure VII). The educational status of current older women is also lower than men's, as they were born in times when girls' access even to primary education was limited in many countries of the region.

26. Because of compounded disadvantages in the life course and a higher likelihood to live alone, older women are more likely to be poor than older men. Data from India, for example, show that 72 per cent of older women in both rural and urban areas are fully economically dependent, of which three quarters depend on their children.¹⁰ Out of widowed women, 49 per cent have no income of their own, and 30 per cent receive income from the Indira Gandhi National Widow Pension Scheme.¹¹ For many older women, having access to social pensions or other cash transfers is crucial for their survival and their dignity.

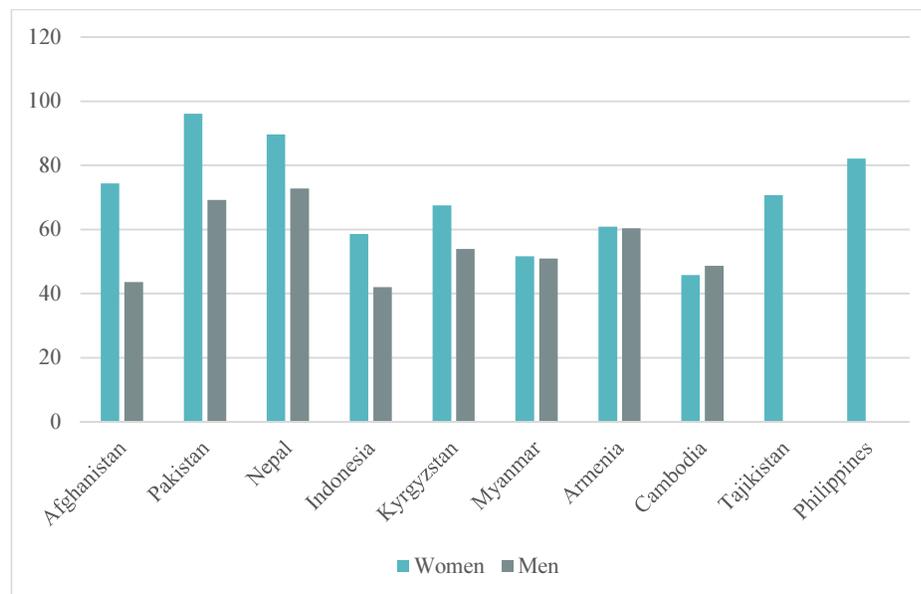
⁸ *Population Ageing and Development 2012* (United Nations publication, Sales No.12.XIII.6). Available from www.un.org/esa/population/publications/2012PopAgeingDev_Chart/2012AgeingWalchart.html.

⁹ United Nations Population Fund. "Caring for our elders: early responses – India ageing report 2017" (New Delhi, 2017). Available from <http://india.unfpa.org/en/publications/caring-our-elders-early-responses-india-ageing-report-2017>.

¹⁰ India, Ministry of Statistics and Programme Implementation, Central Statistics Office, *Elderly in India 2016* (New Delhi, 2016). Available from http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf.

¹¹ Data obtained from Aabha Chaudhary, presentation at the Symposium on Old-Age Income Security and Universal Basic Income in South Asia, New Delhi, 27 February 2017.

Figure VII
Proportion of women and men not owning land in selected countries, latest available years
 (Percentage)



Source: United States Agency for International Development, DHS Program STATcompiler. Available from www.statcompiler.com (accessed 3 July 2017).

27. In order to address the gender gap in ageing, not only do women need to be empowered throughout the course of their life, but also men-specific health issues need to be addressed to reduce the risk of women living alone in old age.

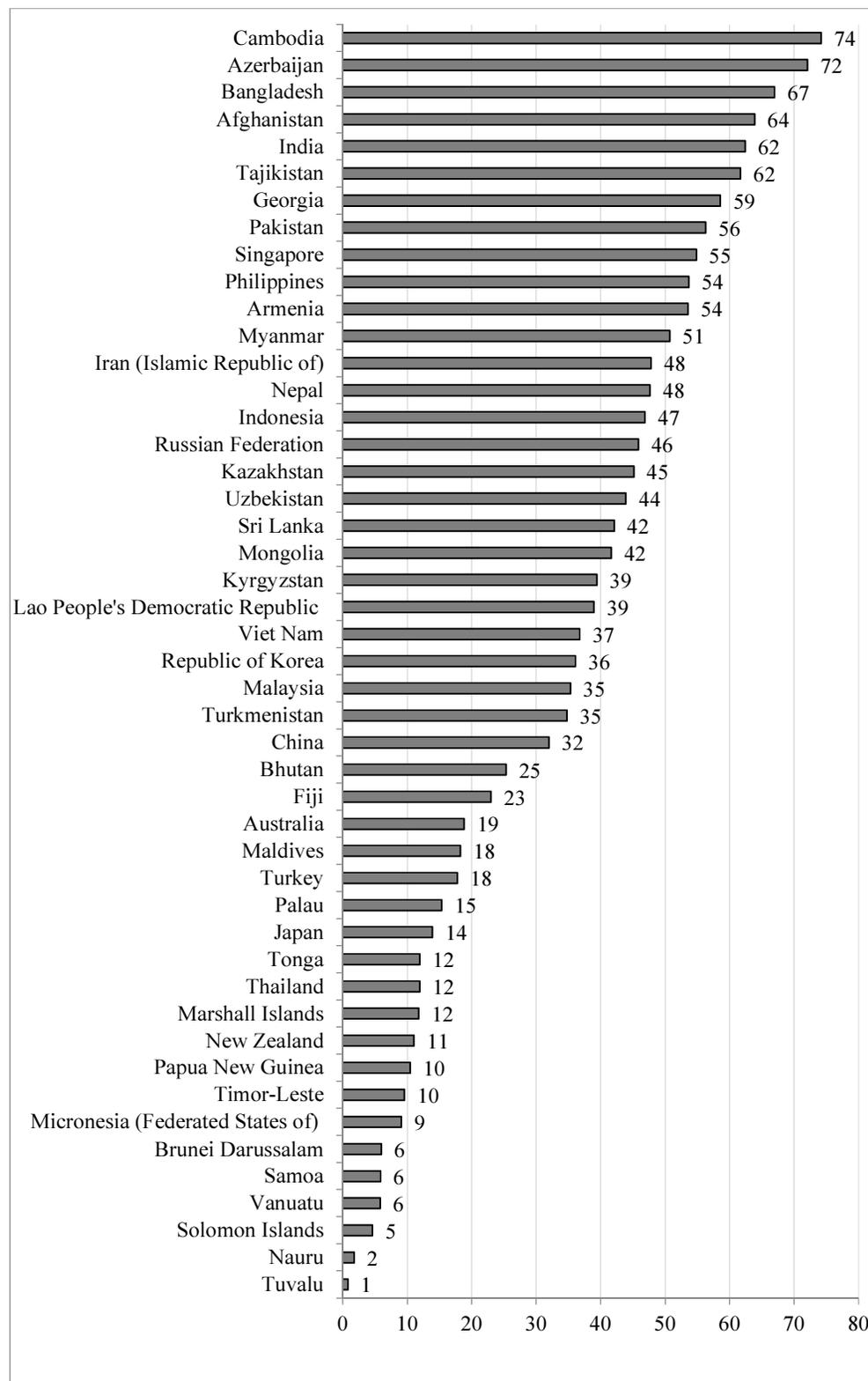
E. Impacts on health expenditure and related costs

28. As a result of the rise in non-communicable diseases among an increasing number of older persons, spending on health in countries with public provision of health care or public health insurance is likely to rise with population ageing.

29. In Asia and the Pacific, out-of-pocket expenditure tends to be very high as a proportion of total health expenditure (figure VIII). Health-care spending can therefore become a burden for households with older persons and can contribute to the risk of falling into poverty. Bangladesh, Cambodia, the Lao People's Democratic Republic and Myanmar are among countries where private expenditure on health – including out-of-pocket expenditure, which is known to contribute to poverty – has increased more than government expenditure on health.¹²

¹² Naohiro Ogawa and others, "Health expenditures and ageing in selected Asian countries", 16 October 2009. Available from www.ntaccounts.org/doc/repository/Naohiro%20Ogawa%20documento%20en%20in%20gles.pdf.

Figure VIII
Out-of-pocket health expenditure as a proportion of total health expenditure, 2014
 (Percentage)



Source: ESCAP, *Sustainable Social Development in Asia and the Pacific: Towards a People-centred Transformation* (ST/ESCAP/2782). Available from www.unescap.org/sites/default/files/publications/SDD%20SSD%20report%20v6-3.pdf.

30. Older persons tend to be in greater need of long-term care, which has implications both financially and in terms of training of sufficient health-care professionals. Especially in more developed countries, older persons also carry political weight, with their demands for health care more easily met than in less developed countries. Despite average annual per capita growth rates for various components of health-care spending being lower among OECD member countries in the period 2009-2013 relative to 2005-2009, long-term care does not appear to have been a priority area for cost-cutting after the financial crisis. This is evident from the fact that the growth rate in long-term care was 2.8 per cent during the period 2009-2013, which, among all components, is the highest and represents the smallest drop from pre-crisis levels.¹³

31. Where data are available, expenditure on long-term care is projected to increase significantly in the coming decades as societies age further, and at a rate well over double that for total health-care spending. In Australia, Japan, New Zealand, the Republic of Korea and other OECD countries, average long-term care expenditure is projected to increase by 7.7 percentage points of GDP between 2010 and 2060, while the figure for total health expenditure is 3.3 percentage points for the same period. However, for China, India, Indonesia and the Russian Federation,¹⁴ those respective figures are 2.8 and 7.3 percentage points of GDP.¹⁵

32. The case of Thailand – which, along with China, has the highest share of older persons of any developing country in East Asia and the Pacific – reveals both challenges and opportunities. Thailand faces large long-term financial burdens from health care and long-term care, as with pension spending; at the same time, the demographic shift that it is currently experiencing positions it as a provider of services to the growing population of older persons across the region.¹⁶

F. Other broader socioeconomic impacts as well as opportunities

33. Population ageing will also require reorientation in production structures, as well as more effective use of innovation and technology, which can form an opportunity for economic growth. With an increasing share of older persons in society, there will be more demand for goods and services to meet the needs of older persons, such as health care and other care services, age-friendly homes and age-friendly leisure time activities. Older persons are also more likely to have more sustainable consumption patterns, leaving lower carbon footprints through travel, and are more likely to consume products from local economies.

¹³ OECD, “Focus on health spending: OECD Health Statistics 2015”, July 2015. Available from www.oecd.org/health/health-systems/Focus-Health-Spending-2015.pdf.

¹⁴ Together with Brazil and South Africa, these countries are referred to collectively by OECD as BRIICS.

¹⁵ Christine de la Maisonnette and Joaquim Oliveira Martins, “The future of health and long-term care spending”, *OECD Journal: Economic Studies*, vol. 2014 (2015). Available from www.oecd.org/eco/growth/The-future-of-health-and-long-term-care-spending-OECD-Journal-Economic-Studies-2014.pdf.

¹⁶ World Bank Group, “Thailand economic monitor: aging society and economy”, June 2016. Available from www.worldbank.org/en/country/thailand/publication/thailand-economic-monitor-june-2016-aging-society-and-economy.

34. If an appropriate environment is created that facilitates the participation of older persons, they will be able to contribute to the economy and society and will be perceived less as a burden. There are therefore also potential opportunities to be harnessed, since older persons play critical roles in families, communities and society at large. For example, by taking over childcare, they contribute to allowing women to participate in the labour force and therefore to generating economic growth.

V. Institutional arrangements to address population ageing: government structures, legislation and national policies

35. As the impacts of population ageing cut across many sectors and need to be mainstreamed into different policies, institutional frameworks will have to be built, including national legislation, policies and plans and well-coordinated government structures that can effectively identify, prioritize and address the needs of ageing societies. It was recommended during the first regional review of the Plan of Action that such structures be built. In the survey administered by ESCAP to assess progress in implementation of the Plan of Action, members and associate members were therefore requested to describe government structures and the institutional framework that they had built in the implementation of the Plan of Action.

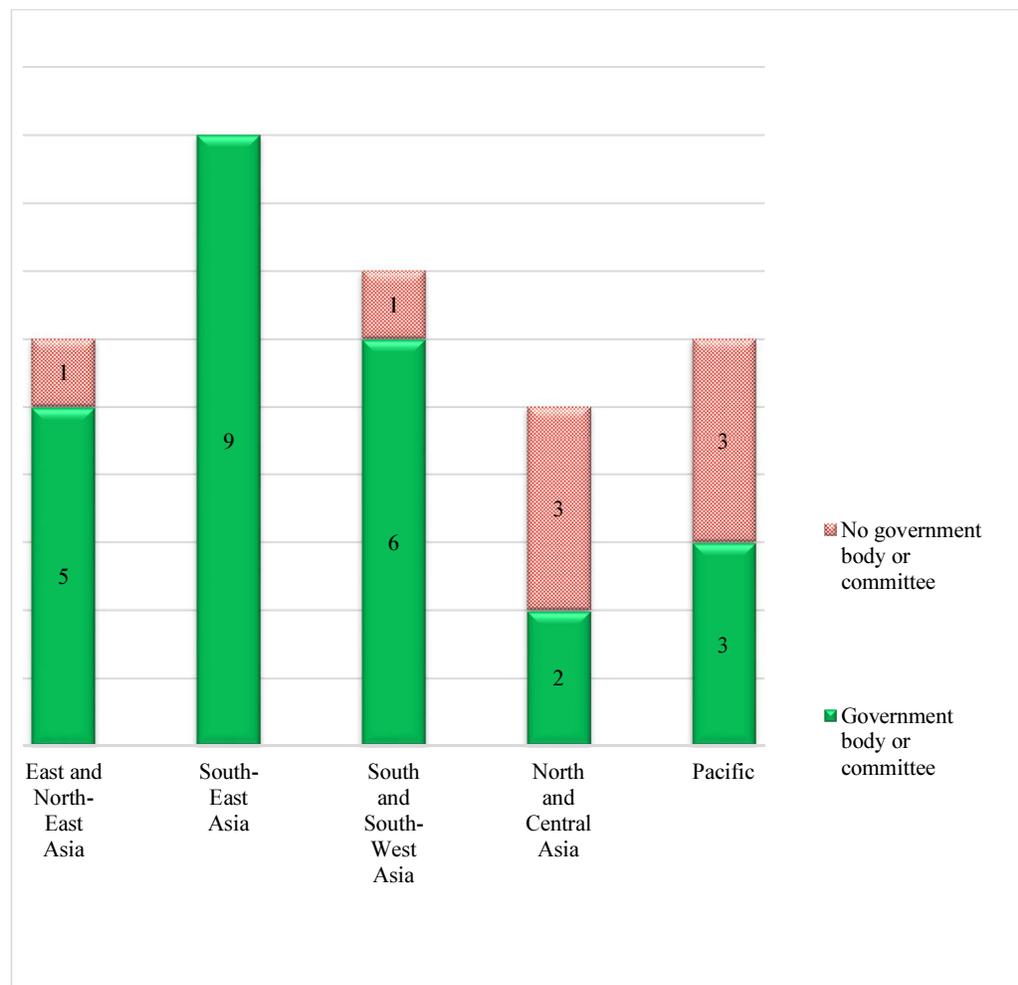
A. Government coordinating body or committee on older persons

36. Socioeconomic policies and programmes directed at older persons are normally provided by departments of social protection and welfare, labour and health. As population ageing becomes more prominent on national agendas, Governments are recognizing the need for greater coordination among these thematic sectors to achieve an increasingly effective way of delivering services to older persons. Most are appointing central government coordinating committees or councils on ageing comprised of representatives from relevant ministries (figure IX).¹⁷

37. For instance, in Macao, China, the Interdepartmental Directive Group on the Old-Age Security Mechanism has been appointed, comprising 13 government departments, to facilitate, implement and monitor national policies and programmes on ageing. Most countries had already appointed a coordinating body before the second review of the Plan of Action. Several countries, such as India, have also undertaken reforms since 2012 to strengthen the existing coordinating body. Eight countries reported the absence of a coordinating body.

¹⁷ The rest of the figures and tables in this document are based on data derived from responses to the ESCAP-administered 2016 survey on the third review and appraisal of the Plan of Action, unless indicated otherwise.

Figure IX
Government coordinating bodies or committees on older persons, by subregion, 2016
 (Number of survey respondents)

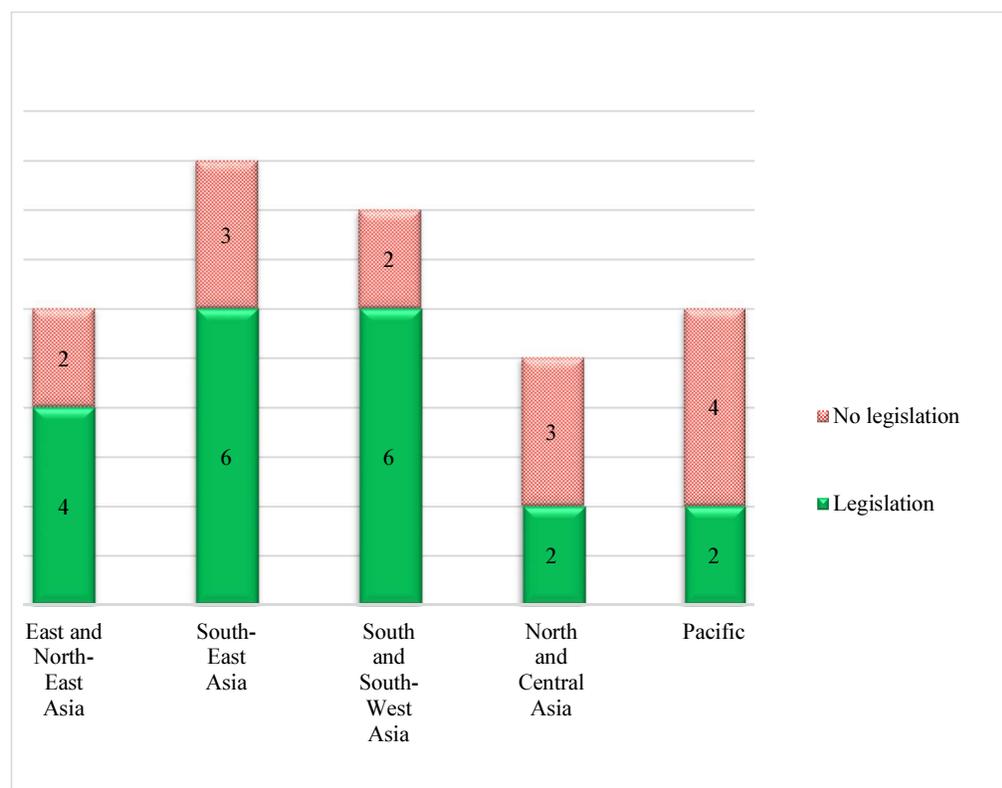


Source: Responses to the ESCAP 2012 and 2016 surveys on the review and appraisal of the Plan of Action.

B. Overarching legislation on older persons

38. Legislation is a key instrument at the disposal of Governments to meet the needs and protect the rights of older persons, in that it provides a legal framework for national action plans, policies and programmes relevant to the issue of population ageing. Around two thirds of respondents have overarching national legislation on the rights of older persons, in both developed and less developed countries across the region (figure X). Some already had such plans in place before the adoption of the Plan of Action. A few have either adopted new or amended existing legislation since the 2012 Plan of Action review (table 2). Meanwhile, almost all that do not have overarching legislation provide old-age protection and support through sectoral legislation and policies on areas such as social pension, health and long-term care.

Figure X
Overarching legislation on older persons, by subregion, 2016
 (Number of survey respondents)



Source: Responses to the ESCAP 2012 and 2016 surveys (see figure IX).

39. Several Governments reported that the right of older persons to equal treatment and non-discrimination is part and parcel of universal citizen rights stipulated at the constitutional level or in anti-discrimination legislation.

Table 2
Key legislation on ageing in selected survey respondents, 2012-2017

Country	Legislation	Focus Areas
China	2012 Revision and 2015 Amendment to the 1996 Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly	Maintenance and support by families, social security, social services, social preferential treatment, liveable environment, participation in social development, legal liability, prevention of abuse
Macao, China	Elderly Law (due to be adopted in 2017)	Rights of older persons, social participation, care mechanism for older persons, cooperation, coordination and supervision

<i>Country</i>	<i>Legislation</i>	<i>Focus Areas</i>
Mongolia	Law on the Elderly (2017)	Rights of older persons, promotion of employment, social welfare services and financial benefits
Myanmar	Elders Law (2016)	Health and well-being, social pensions, care of older persons, prevention of discrimination and abuse
Republic of Korea	2012, 2013 and 2015 Revisions to the 1981 Welfare of the Aged Act	Health and welfare, care of older persons, promotion of family systems, public recognition of older persons, promotion of employment, preferential treatment, promotion of social participation

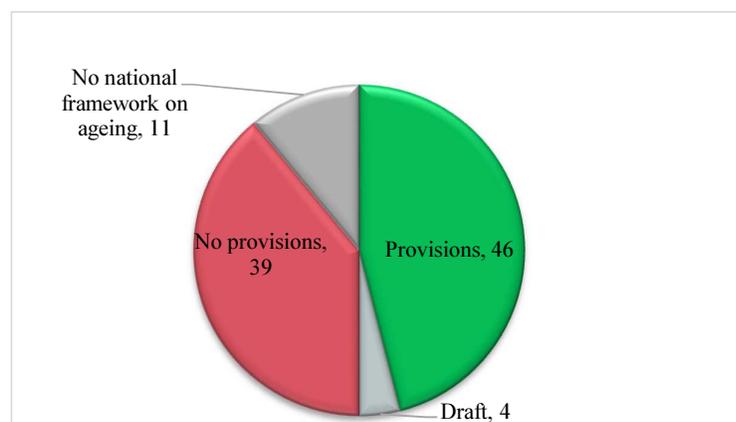
C. Gender and disability provisions in national frameworks on older persons

40. The vulnerabilities of women and persons with disabilities are often exacerbated in old age. National policies and action plans should specifically acknowledge the need for protection and care of women and persons with disabilities as potentially the most vulnerable of all older persons. Surveys indicate that specific provisions with respect to gender and disability are indicated in about half of the national frameworks on ageing in respondent countries (figure XI). Notably, such provisions already exist in legislation relating to older persons in all respondent countries from East and North-East Asia.

41. More frequently, gender and disability considerations are reflected in national constitutions, as well as universal policies and programmes on gender, disability and anti-discrimination. This suggests that while the specific needs of more vulnerable groups as a whole are recognized, the particular features of gender and disability issues in old age receive less attention. The multifaceted gender dimensions of population ageing tend to be overlooked, despite evidence that old age exacerbates existing social, cultural and economic differences between men and women.

Figure XI

Gender and disability provisions in national frameworks on older persons, 2017
(Percentage of survey respondents)



D. National policies and action plans on older persons

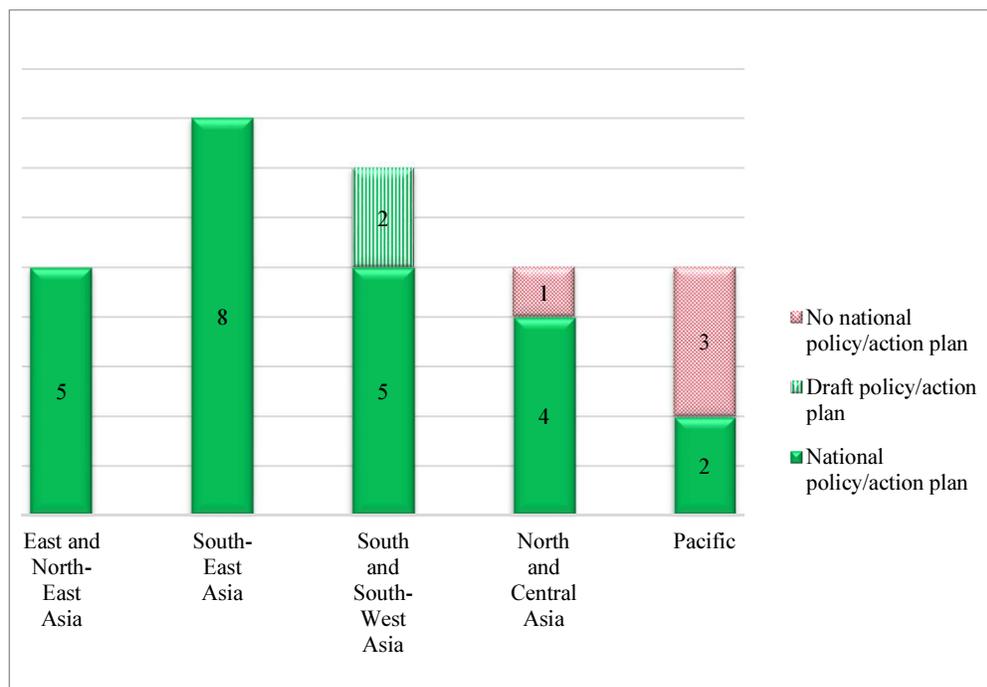
42. Since the 2012 review of the Plan of Action, many countries have adopted or revised their action plans and programmes on ageing to address the needs of older persons through sectoral policies in an increasingly coordinated and systematized way (table 3). Currently, a national policy or action plan on older persons is available in 80 per cent of respondent members and associate members, of which most are in East and North-East Asia and South-East Asia (figure XII).

43. More policy initiatives are under way: in Cambodia and Azerbaijan, the national policy and programme on older persons, respectively, are being reviewed, while in Sri Lanka the 2006 National Policy for Senior Citizens is under participatory review. In other efforts, the Policy on Senior Citizens has been drafted in Pakistan, while the Islamic Republic of Iran cooperated with the United Nations in 2016 to formulate its first Strategic Plan for the Elderly, currently due for approval by the authorized ministry. In Australia, despite the absence of a national policy and plan of action on ageing, comprehensive sectoral policies and programmes on aged care have been created.

Table 3
Key policies and action plans on ageing in selected survey respondents, 2012-2016

<i>Respondents</i>	<i>Policy/plan</i>
Armenia	Strategy on the Solution of Issues Arising from the Consequences of Population Ageing and Social Protection of the Elderly (2012); Action Plan on Implementation (2012-2016)
Bangladesh	National Policy on Older Persons (2013)
China	Twelfth Five-Year Plan of the People's Republic of China's Ageing Development (2011-2015); Thirteenth Five-Year Plan of People's Republic of China's Ageing Development (2016-2020); Plan for Constructing the System of Social Services for Older Persons (2011-2015)
Fiji	Fiji National Policy on Ageing (2011-2015)
Macao, China	Ten-year Action Plan for the Provision of Services for the Elderly (2016-2025)
Malaysia	National Policy and Plan of Action for Older Persons (developed in 1998; reviewed on 5 January 2011)
Mongolia	National Strategy on Population Ageing (2015-2030)
Myanmar	National Plan of Action on Ageing (2014)
Nepal	National Senior Citizens Action Plan (2012)
Republic of Korea	Second Basic Plan on Low Fertility and Ageing Society (2011-2015); Third Basic Plan on Low Fertility and Ageing Society (2016-2020)
Russian Federation	Strategy on Interests of the Older Generation in the Russian Federation to 2025 (2016)
Singapore	Action Plan for Successful Ageing (2015)
Turkey	Turkey Healthy Ageing Action Plan and Implementation Programme (2015-2020)
Viet Nam	National Plan of Action on Older People in the Period 2012-2020

Figure XII
National policies and action plans on older persons, by subregion, 2016
 (Number of survey respondents)



E. Monitoring frameworks

44. Most members and associate members that have established policies and programmes on ageing also have various forms of regular monitoring of their implementation. Nevertheless, only a few respondents reported that they had established comprehensive monitoring and evaluation processes that included, inter alia, independent monitoring bodies, rigorous evaluation tools or stakeholder-inclusive assessment mechanisms.

45. Among those respondents, Australia has a rigorous framework for addressing ageing and aged care needs through monitoring of the old-age pension to ensure that it provides an adequate standard of living. Moreover, the Australian Age Discrimination Commissioner, working under the Human Rights Commission, is authorized to ensure compliance with laws and policies on ageing, as well as addressing discrimination and promoting stakeholder participation, in cooperation with other commissioners. Other countries, such as Myanmar and New Zealand, have indicated commitment to enhancing their existing monitoring and evaluation processes.

F. Budgetary allocation for older persons' policies and programmes

46. Most respondents recorded at least part of the requested information about budgetary allocation for older persons, and almost all that reported the budget also indicated that it had increased since 2012 (table 4). Nonetheless, in many cases, funding specific to older persons is not distinguished within general budgets, or is spread across different government units, making it difficult to report or verify. About two thirds of respondents provided a ranking of their expenditures across different areas related to older persons. The highest share of the budget appears to have been allocated to spending on old-age pension schemes, followed by provision of access to affordable health care, with long-term care ranking third.

Table 4
Examples of budget allocations for older persons' policies and programmes

<i>Respondent member/ associate member</i>	<i>Department or area of expenditure</i>	<i>Budget allocation for ageing (percentage of total budget, or total amount)</i>	<i>Year</i>
Armenia	All social protection programmes	5.90%	2015
Australia	Department of Health	25.50%	2016-2017 (estimated)
	Department of Treasury	0.20%	
	Department of Veterans' Affairs	13.00%	
	Department of Social Services	38.90%	
Fiji	National Council of Older Persons	0.38%	2016
	Social Pension Scheme Fund	24.90%	
Malaysia	Ministry of Women, Family and Community Development	RM 56 807 590 RM 55 692 900	2015 2016
Macao, China	Social Welfare Bureau	30.10%	2015
	Social Security Fund	13.10%	
New Zealand	Total core Crown expenditure - of which:	27.00%	2016
	Social security and welfare programmes	54.00%	
	Health programmes	42.00%	

G. Implementation challenges

47. Governments were requested to specify the challenges they faced in implementing the Plan of Action. Most respondents indicated regular or occasional constraints in implementation across most of the key areas covered by the survey (table 5).

Table 5
Governments' self-reported challenges in implementing the Plan of Action

<i>Challenge</i>	<i>Answer</i> <i>(number of respondents)</i>			<i>Ranking</i>
	<i>Never</i>	<i>Sometimes</i>	<i>Always</i>	
Need for more budgetary resources	1	7	12	1
Need for more personnel dedicated to ageing issues	1	8	11	2
Need to support older persons and their organizations to engage with the bottom-up review and appraisal approach	1	11	8	2
Need for greater support from international agencies	1	11	8	3
Need for focal points within ministries	3	8	9	4
Need for greater capacity on policy development	1	12	7	4
Need to accord higher priority to the issue	1	12	7	4
Need to strengthen interministerial or interdepartmental coordination	2	8	9	5

48. Insufficient availability of financial resources continues to be the main challenge since the 2012 review. Other challenges reported by Governments include shortage of dedicated personnel, the need to strengthen interministerial coordination, and difficulty in supporting and engaging older persons and their associations in the monitoring and evaluation processes.

49. Lower-middle- and low-income countries in particular mention the shortage in human resources and limited budgetary resources as key constraints. It is generally felt that not enough attention is given to population ageing at higher government levels.

H. Collection of statistical data

50. Most respondents report that surveys or research on ageing or older persons had been undertaken since 2012. However, some also cite surveys or research undertaken by United Nations organizations, including ESCAP, or civil society, particularly HelpAge, while others have conducted comprehensive surveys. In India, for example, concerted efforts were made by the Central Statistics Office to collect data related to older persons, published in a comprehensive publication entitled *Elderly in India 2016* with detailed data on aspects such as economic independence, literacy, educational level and

perceived health status.¹⁸ In China, surveys on the living conditions of older persons in rural areas and on health and retirement are conducted regularly. In the Republic of Korea, a survey of older persons is conducted every three years. In Japan, the Government must present an annual report on the status of older persons.

51. In the survey administered by ESCAP, Governments were also requested to report on the availability of key indicators related to each priority area of the Plan of Action (tables 6 and 7). The responses indicate that in many members and associate members, challenges still remain in collecting and accessing key data: in some, age- and sex-disaggregated data are not available, while in others, data is collected by different government units and/or are not easily accessible. Data across all indicators are currently available in Australia, New Zealand, the Republic of Korea and Singapore only, although disaggregated figures were not always provided. In Japan, comprehensive data on older persons, including access to pensions and health indicators, are also collected.

Table 6
Government statistical data disaggregated by age and sex on older persons and development

<i>Indicator</i>	<i>Data available (percentage of respondents)</i>
Covered by contributory income security programme	48
Covered by non-contributory income security programme	37
Reported voting in the last election	15
Employed in the formal or informal sector	30

52. Only a few Governments have data available on the number of physicians with geriatric training, the number of health facilities providing geriatric care, the number or percentage of older persons with health insurance and the prevalence of mental ill health among older persons. Others report that they collect data on the percentage of persons with disabilities among older persons compared to persons with disabilities younger than 60 years, although without giving detailed numbers.

53. Almost all respondents report lack of availability on indicators related to the supporting environment for older persons (table 7), with the exception of Australia, New Zealand, the Republic of Korea and Singapore, which provided all or most of the figures. The indicator on which most respondents report data is neglect and abuse of older persons.

¹⁸ http://mospi.nic.in/sites/default/files/publication_reports/ElderlyinIndia_2016.pdf.

Table 7
Government data disaggregated by age and sex on older persons and enabling and supportive environments

<i>Indicator</i>	<i>Data available (percentage of respondents)</i>
Living in households with safe water, improved sanitation and access to electricity	11
Living alone and needing daily assistance	22
Reporting neglect, abuse or violence	30
Suffering from malnutrition	11

54. Limited data availability shows that further efforts need to be made to agree on key indicators to measure progress in implementation of the Plan of Action and to strengthen statistical data collection and dissemination.

VI. Concluding remarks

55. Population ageing will have profound impacts on the implementation of the 2030 Agenda for Sustainable Development. It can impact productivity and economic growth and, if not managed properly, may further increase social inequalities, particularly those related to gender, and erode gains in poverty reduction. As the impacts of population ageing cut across all sectors, a whole-of-Government response would be necessary, with adequate budget allocation, to address population ageing and strengthen the inclusion of older persons.

56. Older persons, particularly older women, are likely to be at risk of being left behind. Unless adequate policies are adopted, they are more likely to live in poverty than other age groups. High health-care costs, if borne by private households, can further exacerbate the risk of falling into poverty. Social protection, particularly with respect to providing universal access to health care and establishing income security systems for older persons, will be of particular importance. In providing universal access to health care in ageing societies, ways should be found to keep public health-care costs manageable. This will also mean investing more in preventive health care and healthy lifestyles.

57. The task of addressing the gender aspects of population ageing entails not only empowering women and girls throughout the course of their life, but also strengthening men's health by tackling gender-specific mortality risks.

58. With increasing life expectancy – which has increased to a greater extent than healthy life expectancy – a large number of older persons will require long-term care. Governments will have to start early to establish systems of long-term care for older persons, complete with the necessary financing and qualified human resources.

59. Countries will have to adopt policies to maintain economic growth with a shrinking working-age population. Such policies include increasing the technology intake in production structures, increasing women's participation in the labour force, increasing participation in the labour force of older people who are still able and willing to work and considering policies for regular and orderly migration.

60. The Plan of Action provides concrete policy actions to support countries in addressing the challenges of population ageing.