

**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**

**Government actions towards the implementation of the  
Madrid International Plan of Action on Ageing, 2002:  
achievements and remaining challenges**

**Note by the secretariat**

*Summary*

The present document contains an outline of progress made in the implementation of the Madrid International Plan of Action on Ageing, 2002, and highlights of the achievements and remaining challenges the Asia-Pacific region faces with regard to population ageing. The contents are based on responses to a regional survey on ageing sent to all members and associate members of the Economic and Social Commission for Asia and the Pacific. The present document is a sequel to the overview of trends in population ageing and related institutional responses in Asia and the Pacific (E/ESCAP/MIPAA/IGM.2/1).

**I. Introduction**

1. The Madrid International Plan of Action on Ageing, 2002, is the global guiding document of the United Nations on population ageing. The key objective of the Madrid Plan of Action is to build societies for people of all ages by addressing the needs of older persons and strengthening their participation in economies and societies. It focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. The 2030 Agenda for Sustainable Development complements the Plan of Action in its aims to ensure that older persons are not left behind.

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

2. The Economic and Social Commission for Asia and the Pacific (ESCAP) conducted a survey on the third review and appraisal of the Madrid International Plan of Action on Ageing in Asia and the Pacific, 2016, with the objective of compiling original information on progress in the implementation of the Plan of Action. By July 2017, the following members and associate members had submitted responses: 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 they represent 89 per cent of the population in the region. When combined with the 2012 survey results, 98 per cent of the population in the region is represented in the responses. The findings are presented herein, focusing on the period since the second review of the Plan of Action.

3. As countries with more advanced demographic ageing had already implemented most of their policies prior to the second review of the Plan of Action, in some instances in the present document, respondents that have recently accelerated the implementation of the Plan of Action receive greater attention.

## **II. Regional survey findings**

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

4. The first priority of the Plan of Action is the active integration of older persons into social and economic development. The five major areas discussed in this section of the present document are older persons and (a) participation in policymaking; (b) their needs in humanitarian and disaster relief; (c) contributory pensions; (d) non-contributory pensions; and (e) employment.

#### **1. Participation**

5. The Plan of Action includes a call for a participatory and bottom-up approach to ageing-related decision-making processes, from the formulation of relevant policies to the implementation and evaluation of programmes and projects. This includes promoting the establishment of older persons' associations and encouraging their representation in decision-making with the equal participation of women and men.

6. In the region, most members and associate members have some form of participatory measures, although the extent of stakeholder engagement varies. Some have regular and well-coordinated mechanisms, allowing older persons to systematically participate in ageing-related decision-making processes. For example, in Viet Nam, the National Committee on Ageing is consulted on law amendments and the implementation of action plans related to older persons.

7. Several members and associate members have strengthened their participatory measures since 2012. The Governments of Myanmar, Nepal and Sri Lanka involved associations for older persons in the process of formulating their national policy or action plan on ageing. The Government of Mongolia adopted the Law on Law Enforcement in 2015, which comprehensively regulates the procedure for drafting laws and regulations to include conducting discussions with the public, civil society and expert groups. In 2012, the Government of China initiated a pilot project to strengthen older persons' associations and their participation.

8. Several respondents also report holding general public consultations when designing policies or laws. However, if older persons are not specifically targeted, their voices remain unheard, especially those of older persons with mobility restrictions or poor health.

## **2. Humanitarian and disaster relief**

9. In emergencies and crises, older persons are among the most vulnerable of affected persons in need of assistance, given possible chronic illnesses, mobility issues or dementia. Older persons' needs are often overlooked in humanitarian situations and after disasters. They are often among the last in line for food, and their medical needs are often not addressed in disaster emergency kits.<sup>1</sup> Specific provisions to cater to their needs in national emergency plans and disaster relief programmes are therefore recommended.

10. As stated in the Sendai Framework for Disaster Risk Reduction 2015-2030, older persons can greatly contribute to disaster risk reduction initiatives due to their knowledge, skills and wisdom, which are invaluable assets in reducing disaster risk, and they should be included in the design of policies, plans and mechanisms.

11. Approximately half the respondents make some provision to include the specific needs of older persons in humanitarian and disaster relief. These respondents are typically located in areas more prone to natural disasters. Four such policies have been developed since the second review of the Plan of Action, in 2012, namely, the National Disaster Management Policy (Sri Lanka, 2013), the Disaster Management Policy (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. The Government of India established model rules in 2009 to ensure the provision of timely assistance and relief to older persons during natural calamities and other emergencies. The Government of Sri Lanka included older persons as a vulnerable category of people deserving priority in resource distribution in disaster situations.

12. Some respondents reported efforts to include older persons in disaster issues, but their efforts were not systematic and remained generic. Overall, more efforts to harness older persons' potential in disaster preparedness and to systematically include them in all phases of humanitarian and disaster relief programmes are needed.

## **3. Contributory pensions**

13. Pensions and other social protection measures have economic, social and health benefits for individuals and societies. They reduce old-age and household poverty and enable access to better nutrition, medical care and increasingly adequate standards of living, thereby allowing for ageing with dignity. At the national level, pensions help enhance social welfare and stimulate local economies by increasing disposable income, thus contributing to socioeconomic development.

---

<sup>1</sup> HelpAge International, "Older people in emergencies: identifying and reducing risks", May 2012. Available from [www.helpage.org/silo/files/older-people-in-emergencies--identifying-and-reducing-risks.pdf](http://www.helpage.org/silo/files/older-people-in-emergencies--identifying-and-reducing-risks.pdf).

14. Almost all respondents have some sort of pension system, but coverage remains low in many. Most report that less than half of the working-age population have access to a pension (figure I). Pension funds often only provide coverage for the public sector and the military, and in some instances the formal private sector, but not the informal sector. Given the speed of population ageing in the region, low pension coverage is a concern for economic development.<sup>2</sup>

15. As contributory pension systems are a labour-based social protection scheme, women's coverage by pension systems is significantly lower than men's (figure I). Many countries seek to include women through voluntary coverage, but even then women's coverage remains low. As most pension systems in the region are defined contribution schemes, women's benefits are also typically lower than men's due to breaks for childbirth and children's education. Only a few systems have gender redistributionary mechanisms. Examples include those in Japan and the Republic of Korea,<sup>3</sup> which also credit child-bearing breaks, which is important for gender justice and in addressing lowest-low fertility.

16. Many countries in the region provide provident funds offering a lump sum upon retirement instead of an annuity. The Government of Fiji conducted reforms in 2012 to improve the overall sustainability of pension funds and to offer the option of an annuity or a lump sum, but most older persons still opt for the lump sum. Lump sums are often used for major medical expenses, for larger consumption goods or even to rebuild houses after natural disasters, thus not fulfilling the purpose of providing income security in old age.<sup>4</sup>

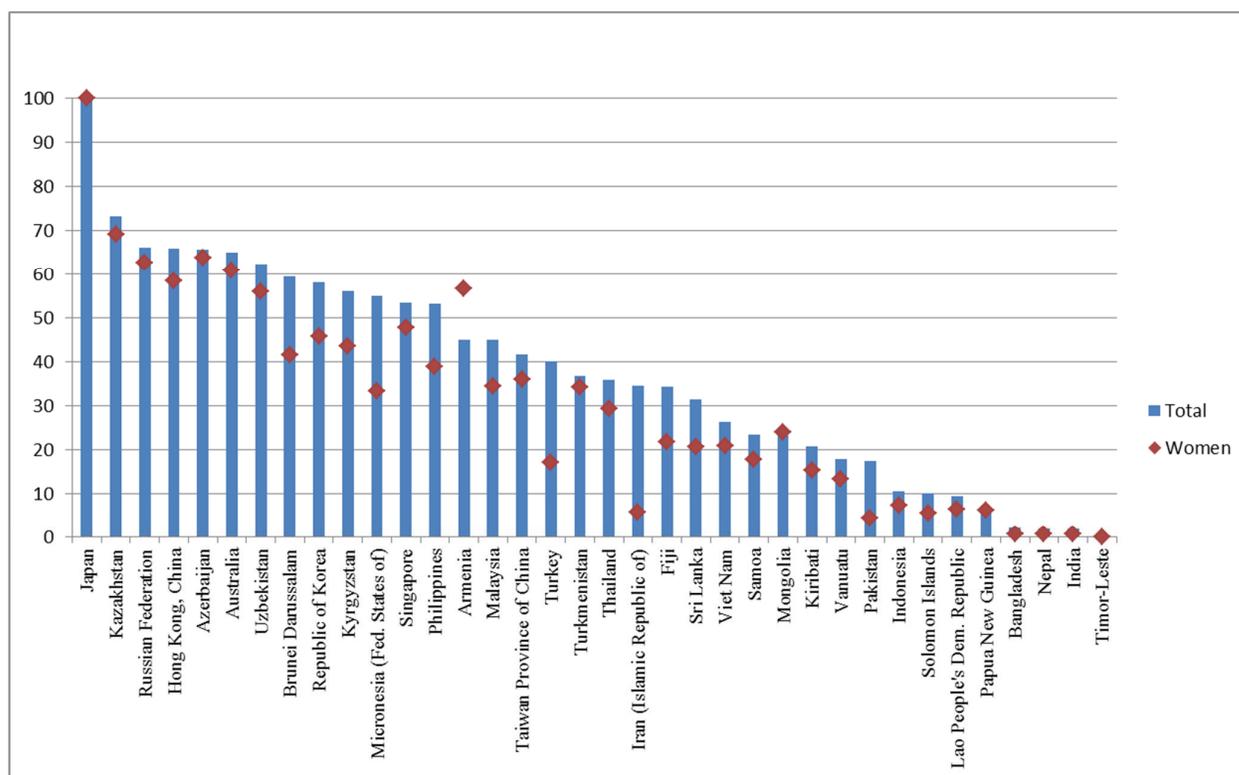
---

<sup>2</sup> International Monetary Fund, *Regional Economic Outlook: Asia and Pacific – Preparing for Choppy Seas* (Washington, D.C., 2017). Available from [www.imf.org/en/Publications/REO/APAC/Issues/2017/04/28/areo0517](http://www.imf.org/en/Publications/REO/APAC/Issues/2017/04/28/areo0517).

<sup>3</sup> Organization for Economic Cooperation and Development, Pensions at a Glance 2016 database. Available from [www.oecd-ilibrary.org/social-issues-migration-health/data/oecd-pensions-statistics/pensions-at-a-glance-edition-2016\\_369ce3d5-en](http://www.oecd-ilibrary.org/social-issues-migration-health/data/oecd-pensions-statistics/pensions-at-a-glance-edition-2016_369ce3d5-en).

<sup>4</sup> ESCAP, "Income security for older persons in Fiji", SDD-SPPS Project Working Papers Series: Income Security for Older Persons in Asia and the Pacific (Bangkok, 2016). Available from [www.unescap.org/sites/default/files/SDD%20Working%20Paper%20Ageing%20Income%20Fiji%20v1-2.pdf](http://www.unescap.org/sites/default/files/SDD%20Working%20Paper%20Ageing%20Income%20Fiji%20v1-2.pdf).

Figure I  
**Legal coverage of mandatory pension systems, percentage of the working-age population, latest available years**



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](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_245201.pdf).

17. Some respondents have been implementing reforms to increase pension coverage and improve benefit levels. The Government of China has systematically rolled out a contributory pension system, first in urban, then in rural, areas. By 2012, almost 80 per cent of the rural and urban population was covered.<sup>5</sup> Both schemes were integrated into one system in 2014, followed by the Occupational Pension System in 2015, aligning the pension insurance system of government enterprises with that of non-government enterprises. The Government of the Republic of Korea comprehensively reformed its pension system in 2015 to guarantee a basic pension to all older persons. The Government of Armenia introduced a funded (cumulative) component into its pension system for public enterprises in 2014, which will expand to private enterprises in 2017.

18. The Government of the Russian Federation is executing its three-step Strategy on Long-term Development of the Pension System (2012-2030), which includes a law that incentivizes voluntary late retirement. Persons applying for pension benefits five years after reaching the pensionable age receive a 36 per cent increase on fixed payments and a 45 per cent increase on

<sup>5</sup> Dewen Wang, "China's pension system reform", presentation made at the Regional Consultation on Strengthening Income Support for Vulnerable Groups in Asia and the Pacific, Incheon, Republic of Korea, March 2017. Available from [www.unescap.org/resources/dewen-wang-china%E2%80%99s-pension-system-reform](http://www.unescap.org/resources/dewen-wang-china%E2%80%99s-pension-system-reform).

the insurance pension, while 10 years delay increases the fixed payment and insurance pension by 211 per cent and 232 per cent, respectively. The Government of Mongolia has reinsured 587,200 persons under its Law on the Refund for Working-Year and Pension Insurance Contribution, which assumes a recalculation and refund of working-year and pension insurance contributions for persons who did not work during the economic transitional period between 1990 and 2000.

19. Recent data pertaining to pension coverage is difficult to obtain and compare. Several pension funds only report on membership, which includes both beneficiaries and contributors. There is also a paucity of sex-disaggregated data. Uniform reporting standards could improve the data situation on pensions coverage.

#### 4. Non-contributory pensions

20. Income support systems are important to alleviate old-age poverty and guarantee older persons' dignity. While almost all respondents report some scheme in place for older persons, their coverage, size and frequency barely provide the minimum subsistence level income in many countries (table 1).

21. Most countries offer means-tested social pensions, which normally apply to the poorest people or older persons or older persons with disabilities. Benefit levels are often low relative to cost of living.

Table 1  
**Social pension programmes/schemes, selected members and associate members in Asia and the Pacific, 2010-2017**

Country	Scheme	Eligibility	Monthly amount	Number of beneficiaries			Year
				Female	Male	Total	
Australia	Age pension	Means tested	Maximum fortnightly for: Each member of a couple: AUD 661.20 (USD 476) Single person: AUD 877.10 (USD 631)	1,544,131	1,249,633	2,793,764	2016
Azerbaijan	Social benefit	Pension tested	AZN 66 (USD 36)				2016
Bangladesh	Old age allowance programme	Means tested	BDT 500 (USD 6)			3,150,000	2016
China	Basic pension insurance system for urban and rural residents	Pension tested	RMB 565.66 (USD 83)				2015
Fiji	Social pension scheme	Pension tested	FJD 50 (USD 24)			280,000	2016
India	Old-age Pension Scheme of the National Assistance Programme	Means tested	INR 200 (USD 3) (>79) INR 500 (USD 8) (<79)			17 million	2010-2011

Country	Scheme	Eligibility	Monthly amount	Number of beneficiaries			Year
				Female	Male	Total	
	Pension for Retired Central Government						
Iran (Islamic Republic of)	Imam Khomeini Relief Committee					1,500,000	N/A
	State Welfare Organization					450,000	
Kyrgyzstan	Social benefit	Pension tested	USD 14.5			1,773	2016
Macao, China	Subsidy for senior citizens	Universal	MOP 8,000 (USD 1,001)			67,319	2015
Mongolia	Social welfare pension					33,900	2008
Myanmar	Pension scheme for civil servants and military and political employees						
	Age 90+ and 100+ one-off cash assistance from the Department of Social Welfare					24,970	2016
Nepal	Old age allowance	Universal				1.2 million	2016
New Zealand	New Zealand Superannuation	Universal	Fortnightly for single person living alone: NZD 900.20 (USD 625)	350,883	304,853	655,736	2016
	Veteran's Pension			4,287	4,087	8,374	
	Emergency Benefit			2,184	1,741	3,925	
	Supported Living Payment			678	653	1,331	
	Jobseeker Support, Sole Parent Support, Jobseeker Support Student Hardship			189	216	405	
	Student allowance			28	31	59	
	Total			358,249	311,581	669,830	

Country	Scheme	Eligibility	Monthly amount	Number of beneficiaries			Year
				Female	Male	Total	
Pakistan	Benazir Income Support Program  Employees' Old-Age Benefits Institution					5.4 million	2016
Philippines	Social Pension for Indigent Senior Citizens	Means tested	PHP 500 (USD 10)				2016
Republic of Korea	National Basic Livelihood Security System					1,646,000	2015
Samoa	Samoa Citizens Benefit Scheme	Universal	WST 135 (USD 54)			7,970	2010
Singapore	Silver Support Scheme  ComCare Long Term Assistance Scheme	Means tested	SGD 500 (USD 369)			140,000	2016
Sri Lanka	National Secretariat for Elders	Pension tested	LKR 2,000 to unlimited (USD 13)			386,080	2016
Thailand	Old age allowance	Universal	THB 600-1,000 (USD 17-28)			8,048,298	2016
Tonga	Social welfare scheme	Universal	TOP 65 (USD 29)				2016
Viet Nam	Social protection	Pension tested				1,598,934	2016

*Sources:* Responses to the ESCAP Survey on the Second Review and Appraisal of the Madrid International Plan of Action on Ageing in Asia and the Pacific, 2012; ESCAP, *Towards Income Security in Asia and the Pacific: A Focus on Income Support Schemes* (ST/ESCAP/2700); and Dilli Raj Khanal, "Universal social pension to old persons: Nepalese experience", presentation made at the Seminar on Old-Age Income Security and Universal Basic Income in South Asia, New Delhi, February 2017.

22. Only a few respondents provide universal social pensions, mostly with low pension values. The Governments of Nepal, Samoa and Thailand have universal social pension schemes for all persons above a certain age. The Government of New Zealand offers a universal age-based superannuation of 900.20 New Zealand dollars, irrespective of years of employment, income or asset ownership. The Government of Myanmar recently introduced a universal social pension for citizens older than 90. In China, the 2014 Old Age Allowance Policy entitles those older than 70 to a monthly allowance of 300-500 Chinese yuan (43-72 United States dollars), depending on the province and age.

23. Meanwhile, several members and associate members are making new or continued efforts to improve social protection for older persons, including support for workers in the informal sector. For example, the Government of China instituted the Provisional Measures for Social Assistance (Five Guarantees System) for the destitute in 2014. The Governments of Fiji, Sri Lanka and Tonga adopted social protection/welfare schemes for older

persons in 2012 and 2013, while the Government of Myanmar is piloting a regular (bimonthly/quarterly) cash transfer scheme for the period 2015-2018. In Mongolia, the process of introducing a multi-pillar old-age pension will extend from 2015 to 2030, and the Government of Singapore expanded social safety measures for older persons by introducing the Silver Support Scheme in 2016, which provides a quarterly cash supplement to older persons in the bottom 20 per cent income group. The Government also launched a universal ComCare Long Term Assistance scheme in 2016 targeting the most vulnerable groups, including older persons, by providing monthly cash assistance.

24. Poverty in rural areas of the Asia-Pacific region is particularly acute, given that most people are employed in informal agricultural work, without recourse to benefits under contributory pension schemes. Several respondents are addressing this challenge by implementing poverty reduction programmes in rural areas. The Government of China expanded assistance to disadvantaged older persons in rural areas with its 2011-2020 Guidelines for Rural Poverty Relief. The Government of Myanmar is implementing universal rural development projects, including sustainable rural development intervention projects during 2013-2017 that provide specific support for older persons' livelihoods. Under the 2013 federal law on pension insurance in the Russian Federation, the programme providing targeted supplementary payouts to disadvantaged older persons in rural areas is scheduled for implementation in 2020. The Government of Mongolia will also reportedly launch an innovative measure, in which the pension of agricultural workers will be calculated as 1.2 years for each year of service as of 2017. In Viet Nam, older persons in rural areas will be covered under the large-scale National Targeted Programme for Sustainable Poverty Reduction 2016-2020.

## 5. Employment

25. Increasing employment opportunities for older persons is particularly relevant for members and associate members with shrinking labour forces. In most of South and South-West Asia, the labour force participation of older persons is already high and most work out of necessity owing to a lack of other income sources.

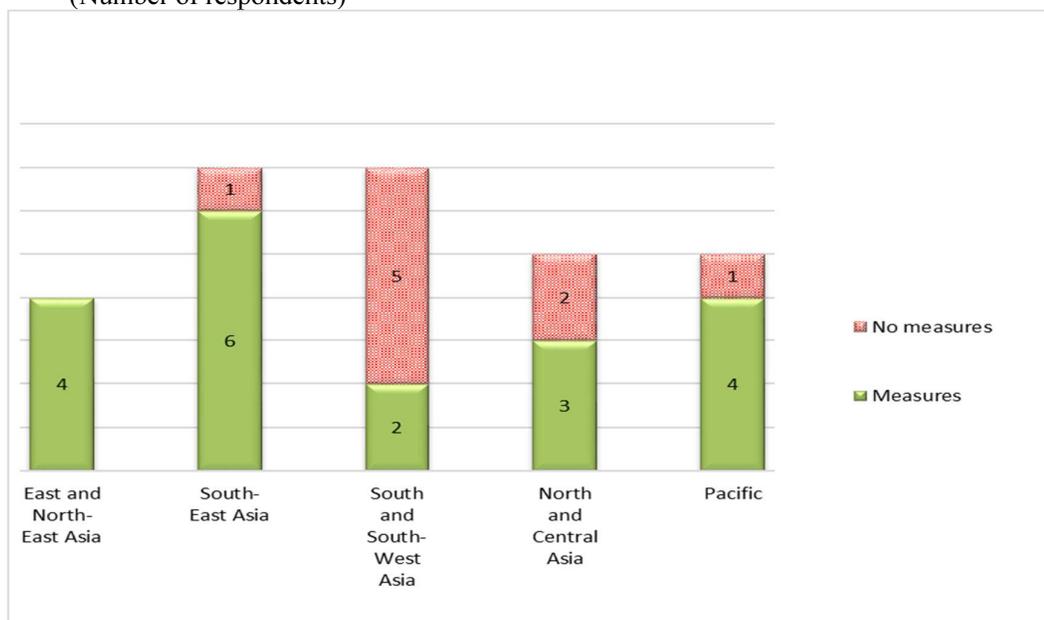
26. Consequently, it is mostly relatively affluent members and associate members with more advanced demographic ageing that provide measures to increase employment opportunities for older persons. Some lower income countries, such as the Lao People's Democratic Republic, also promote self-employment opportunities for older persons.

27. 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.

28. 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. In Macao, China, measures on issues such as employment services and vocational training,

including for older persons in the informal sector, will be launched in the period 2016-2025 (figure II).

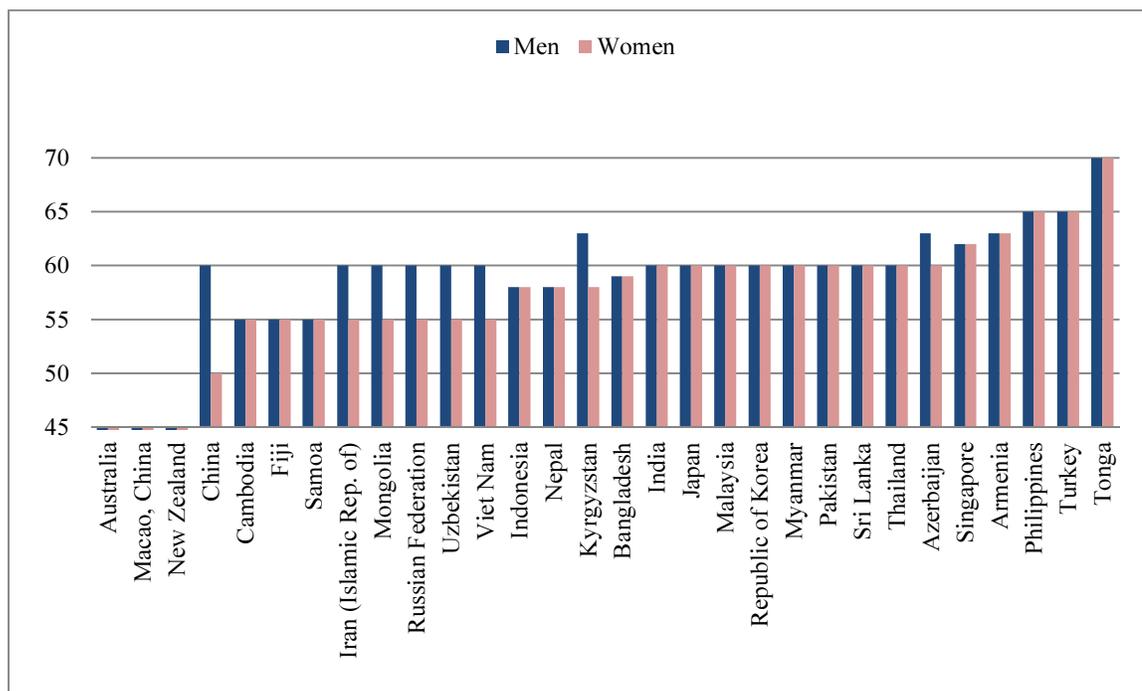
Figure II  
**Measures to increase employment opportunities**  
 (Number of respondents)



29. Statutory retirement ages are mandated across the region, except in Australia, Macao, China and New Zealand. Statutory retirement ages are as low as 55 and even lower for women than for men. Low statutory retirement ages cause underutilization of older persons' potential and low retirement benefits and threaten the sustainability of pension funds, as in some cases the expected retirement period can become as long as the contribution period. Several members and associate members in the region recently increased their retirement ages to respond to these challenges, including Indonesia, Malaysia and Singapore.

30. The Governments of Azerbaijan and the Russian Federation aim to increase the retirement age for both men and women. In the Russian Federation, the retirement age will be increased by six months annually until 2032. In Armenia, amendments to the labour code in 2015 allowed some employees reaching retirement age to continue working until the age of 65 in order to secure pension eligibility (figure III).

Figure III  
**Statutory retirement age, selected members and associate members with available data, 2016**



*Sources:* Responses to the ESCAP Survey on the Third Review and Appraisal of the Madrid International Plan of Action on Ageing in Asia and the Pacific, 2016, and Lia Alizia, Candace Anastassia Limbong and Brimanti Sari, “New implementing regulations on Indonesia’s pension and old age security programs”. Available from [www.makarim.com/en/news/detail/legal-advisory/374/new-implementing-regulations-on-indonesias-pension-and-old-age-security-programs](http://www.makarim.com/en/news/detail/legal-advisory/374/new-implementing-regulations-on-indonesias-pension-and-old-age-security-programs) (accessed 3 July 2017).

31. Many older persons must work in the informal sector owing to ageism or legislation forbidding their employment in the formal sector. Moreover, owing to limited social protections in the informal sector, such workers typically stay employed for longer periods. Reliable data on the informal sector is generally lacking. Consequently, most respondents report that data on informally employed older persons were unavailable. Available data are reported in table 2.

Table 2  
**Number of older persons employed in the informal sector, selected members with available data, 2011-2016**

<i>Country</i>	<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Year</i>
Fiji	60-64	8 957	3 957	12 914	2014
	65-69	6 078	2 691	8 769	
	70-74	1 276	546	1 822	
	75+	448	94	542	
Mongolia				73 000	2016
Myanmar	60-64	406 903	220 036		2015
	65-69	204 658	107 768		
	70-74	66 954	34 079		
	75-79	35 777	20 294		
	80-84	3 591	4 828		
	85-89	2 343	1 770		
	90+	0	547		
New Zealand	65+			111 000	2011
Samoa	55+			3 297	2012
Singapore <sup>a</sup>	65+	71 400	43 900	115 300	2015

<sup>a</sup> The statutory retirement age in Singapore is 62 for men and women.

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

32. Large and growing ageing populations in the Asia-Pacific region will require increasingly comprehensive health- and long-term care systems. By 2030, worldwide, more than 50 per cent of the disease burden in low-income countries and areas, and more than 70 per cent in middle-income countries and areas, will be due to non-communicable diseases. When limited to people over age 60, the rate of non-communicable diseases is as high as 87 per cent of the total disease burden for low-, middle-, and high-income countries.<sup>6</sup>

33. In the Plan of Action, the creation of policies and programmes that promote disease prevention, healthy living, rehabilitative and assistive care, as well as mental and long-term care services is encouraged. In line with the mandates of the World Health Organization, as well as its *Active Ageing: A Policy Framework*, the Plan of Action provides a guide for developing comprehensive policies that strengthen the health of older persons and promote healthy ageing.

34. Universal health-care access with an efficient health-care system and solid financing will be crucial in ageing and aged societies. New concepts to provide and finance long-term care models need to be developed to allow older persons to age with dignity and receive the quality care they require.

<sup>6</sup> World Health Organization, "Global Health and Aging", 2011. Available from [www.who.int/ageing/publications/global\\_health.pdf](http://www.who.int/ageing/publications/global_health.pdf).

## 1. Policies and programmes on healthy and active ageing

35. In support of the commitment in the Plan of Action to enhance the health and well-being of older persons, most respondents, in particular those in East and North-East Asia and South and South-East Asia, have established targeted policies, plans and programmes on the healthy and active ageing of older persons. Others report support to older citizens through the existing health system, including prevention of non-communicable diseases among the entire population.

36. Several members adopted new policies since the second review of the Plan of Action. The Government of Turkey adopted the universal Healthy Ageing Action Plan and Implementation Programme 2015-2020; one of its four priority areas is the improvement of the quality and accessibility of health services for older persons. Through a stakeholder-inclusive process, the Government issued an Active Ageing Strategy Document in 2016, which includes objectives for health care and age-friendly environments, as well as the monitoring and evaluation of healthy ageing policies. The Government of Sri Lanka created the National Policy on Elderly Health (2014), while the Government of the Philippines adopted the National Health-care Program for Senior Citizens (2012). The Government of Viet Nam issued Decision No. 7618/2016 on improvement of Health Care for Older People for 2017-2025. In China, older persons are covered under the universal Twelfth Five-Year Plan for Medical and Health Services, the Healthy China 2030 plan and the National Fitness Program 2016-2020.

## 2. Affordable access to primary and secondary health care

37. More than two thirds of the respondents report providing free or subsidized health care to older persons, either through public health insurance, universal free health care, or as part of schemes targeted at some social groups, including older persons. Some also provide discounted medication or health supplies.

38. For many members and associate members, the availability of health insurance is linked to social insurance packages and entitles beneficiaries to free health care and pension benefits. Some run co-payment schemes on some health services while subsidizing others. In a few, such as Macao, China and Tonga, health care is free to all citizens.

39. The major challenges respondents from across the region face are the coverage, accessibility and quality of care provided under public health services. In many parts of the region, health-care costs are largely borne by private households. Older persons often still have to make out-of-pocket payments for goods and services they are legally entitled to receive for free. This makes health care difficult to access, as older persons typically shoulder higher costs with lower incomes than working-age people. The Government of Myanmar, for example, reports that although medical services in state hospitals are free, patients still need to make contributions, for example by purchasing medication or paying for sterilization of equipment. Furthermore, the health-care services are not equally accessible to all.

40. Nevertheless, efforts to provide better health care are continuing, as several respondents reported efforts to improve the coverage, accessibility and quality of their public health-care systems. The Governments of Kyrgyzstan (2012) and Armenia (2015) expanded coverage of health insurance, while the Government of Singapore enhanced both its basic health insurance (2015) and ElderShield (2016) for severe disability insurance. The Government of

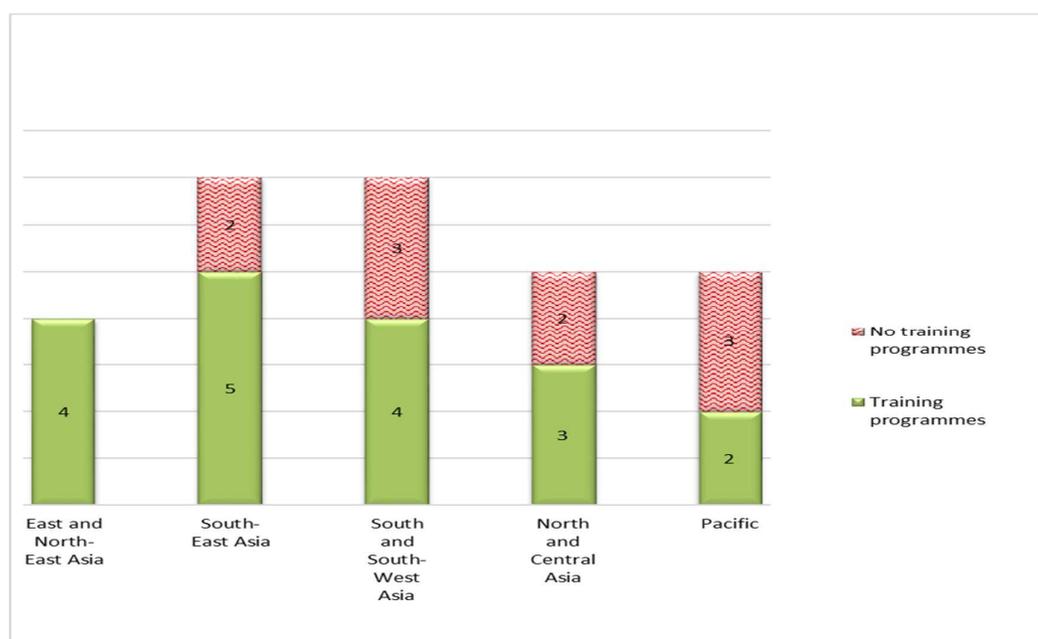
Azerbaijan adopted the Law on Medical Insurance (2016), which facilitates universal health insurance, including a comprehensive range of medical services, and is presently in its pilot implementation phase. The Government of the Republic of Korea reduced the eligibility age for its National Health Insurance from 75+ years in 2012, to 70+ years in 2015, to 65+ years in 2016. Through several initiatives, the Government of China has indicated plans to strengthen public and private health-care insurance and to enhance the quality and reach of health insurance to its rural residents. Its Law on Protection for Rights and Interests of Older Persons was revised in 2015 to give priority health-care access to older persons with financial difficulties and those without family support.

### 3. Geriatric and gerontological training programmes

41. A large and growing ageing population requires more specialized health care and a greater pool of medical personnel trained in geriatrics. In response to this challenge, most members and associate members are providing some type of geriatric and gerontological training programme, although the quality varies. While some offer university degrees in gerontology, others provide a six-month certificate course. Respondents in East and North-East Asia have quite developed geriatric training programmes. However, although some form of geriatric training programmes exist in most, expert consultations conducted by ESCAP reveal that geriatric and gerontological training opportunities are often insufficient to meet older persons' needs. Additionally, it is difficult to attract younger people to this kind of training programme (figure IV).<sup>7</sup>

Figure IV

**Availability of geriatric and gerontological training programmes**  
(Number of respondents)



<sup>7</sup> ESCAP, *Report on the Regional Expert Forum on Intergrated Care for Older Persons* (Bangkok, 2017). Available from [www.unescap.org/sites/default/files/Integrated%20Care%20-%20Nanjing%20Meeting%20Report%20%288May2017%29Final.pdf](http://www.unescap.org/sites/default/files/Integrated%20Care%20-%20Nanjing%20Meeting%20Report%20%288May2017%29Final.pdf).

42. In some countries, such as Sri Lanka (2013) and Armenia (2014), geriatrics post-graduate programmes have been introduced. In others, such as the Philippines (2014) and Thailand (2016), relevant training programmes for caregivers are now being provided. The Government of Singapore further advanced the standards for old-age care by launching a mandatory geriatric module for internal medicine specialists in 2014. The Governments of Azerbaijan and the Russian Federation indicated plans for geriatrics education to be expanded.

43. Only a few members and associate members, typically higher-income countries and areas, report that they have health-care facilities with geriatric care and were able to provide data on the number of physicians with specialized training (tables 3 and 4).

Table 3  
**Health-care facilities with geriatric care, selected members and associate members with available data, 2015-2017**

<i>Member/associate member</i>	<i>Number</i>	<i>Year</i>
Australia	285 public hospitals providing nursing home care (of 698 public hospitals)	2015
China	1,036 (total)	2015
Macao, China	1 public and 1 private hospital	2016
New Zealand	665 (total aged-care residential facilities, including health care)	2017
Republic of Korea	1,416 (total)	2016
Russian Federation	3 specialized hospitals and 4 geriatric centres	2015
Singapore	6 public general hospitals and 7 community hospitals	2015

Table 4  
**Personnel with specialized training in geriatrics care, selected members and associate members with available data, 2015-2016**

<i>Member/associate member</i>	<i>Number</i>	<i>Year</i>
Macao, China	8 physicians and 23 nurses	2016
Mongolia	24 doctors and 28 nurses (required: 49 doctors and 98 nurses)	N/A
Russian Federation	140 (total)	2015
Singapore	86 (total): 34 female and 52 male	2015

#### 4. Long-term care

44. Long-term care comprises a set of measures to support the well-being of older persons, including assistance with daily living activities at home, in community-assisted accommodation facilities and nursing homes. Seventy-four per cent of the respondents are implementing some measures to increase the quality of long-term care services for older persons through a range of initiatives, from improving the quality of care and monitoring standards to introducing innovative forms of long-term care. The majority of respondents report some sort of boarding house for older persons, although only some of them indicate measures to upgrade facilities or enhance the quality of service. Meanwhile, several respondents report efforts to expand community- and home-based care.

45. Most respondents report that the costs of long-term care are borne by private households or are integrated into the health-care systems. In Japan and the Republic of Korea, the integration of long-term care costs with health-care costs led to exploding health-care costs. As a result, both countries introduced long-term care insurance: Japan in 2000 and the Republic of Korea in 2008. In the latter, in 2010, nearly 0.3 per cent of gross domestic product was spent on long-term care.<sup>8</sup> In Thailand, patients who have had a stroke receive medical treatment and care covered by the universal health-care system.

46. Several respondents have continued to introduce initiatives to strengthen long-term care for older persons. Japan, with the highest proportion of older persons in the world, already has an advanced system of long-term care with long-term care insurance. In 2012, the Government amended the existing Long-term Care Insurance Act and introduced the Integrated Community Care System, in which older persons move between different care facilities to receive appropriate care. The Government of China amended its Law on Benefits and the Rights of Older Persons in 2012, including several references to long-term care. The law recognizes the need to develop community care services and the need for assistance of professional institutions in providing long-term care, including day care for older persons.

47. Some respondents also introduced new types of services. In Turkey, palliative care centres were launched in 2015 to treat terminally ill patients. The Government of Myanmar piloted a comprehensive programme of care entitled “Community-based Services for Older Persons in Myanmar” in 16 villages across the country. The Government of Thailand also developed a comprehensive programme of community care services.

#### 5. Measures to enhance mental health services for older persons

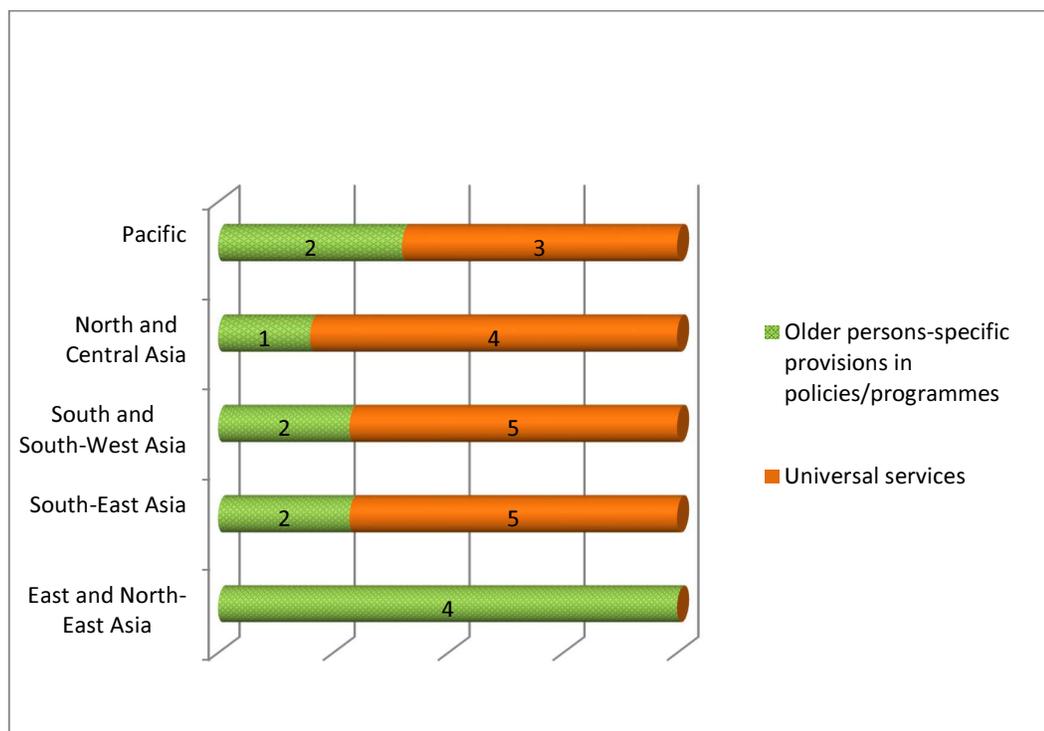
48. Given the increasing population of older persons, the incidence of age-related diseases, such as dementia and Parkinson’s disease, is growing. However, currently, less than half of the region’s countries and areas provide mental health services to older persons either through targeted policies and programmes or ageing-specific provisions in universal mental health programmes. In others, the older population must use universal mental health services, although specific ageing-related mental health counselling and care

---

<sup>8</sup> ESCAP, “Long-term care for older persons in the Republic of Korea”, SDD-SPPS Working Paper Series: Long-term care for older persons in Asia and the Pacific (Bangkok, 2015).

are not available. Overall, in most of the region, the availability and quality of mental health services are insufficient (figure V).<sup>9</sup>

Figure V  
**Measures to enhance mental health services for older persons**



49. Several members and associate members have made recent efforts to enhance mental health services for older persons. The Government of China adopted a National Mental Health Working Plan (2015-2020) containing a specific provision for its older population. The Government of Singapore introduced a Community Mental Health Master Plan to improve care for persons with mental health conditions and dementia. The Government of Thailand started a project to improve the system for mental health promotion and mental health problem prevention among older persons (2016). In Macao, China, two day-care centres for older persons with dementia were established in 2015, as well as a new dementia medical centre in 2016. In Australia, a dementia training programme was introduced in 2016 with a national approach to accredited education and upskilling personnel with regard to dementia care.

#### 6. Measures to support persons with disabilities and ensure their participation in decision-making

50. The Plan of Action encourages Governments to adopt tailored measures supporting older persons with disabilities and promoting their active engagement in related decision-making and policymaking processes. Only half of the respondents to the ESCAP surveys have targeted provisions for disabled older persons under universal plans and/or programmes on disability. Others address the issues of older persons with disabilities under existing state policies and programmes on disability.

<sup>9</sup> Albert Maramis, Nguyen Van Tuan and Harry Minas "Mental health in Southeast Asia", *The Lancet*, vol. 377, No. 9767 (25 January 2011).

51. Currently, all respondent members and associate members in East and North-East Asia have put in place such tailored measures, but examples were also reported in other subregions. Among these, the Commonwealth Continuity of Support Programme, launched in Australia in 2016, provides ongoing support to persons with disabilities who are not eligible for the National Disability Insurance Scheme. In 2013, the Government of Thailand amended the 2007 Empowerment of Persons with Disabilities Act, allowing people older than 60 to be permanently registered as persons with disabilities, entitled to legal assistance, personal assistants, reduced fees for public transportation, house modifications and other recourses.

### **C. Ensuring enabling and supportive environments**

52. The aim of promoting age-friendly environments is to ensure that older persons can make independent decisions as to whether to live independently, in a household or in care institutions. The Plan of Action encourages Governments to promote ageing in place, independent and self-sufficient living of older persons, which in turn requires age-friendly and disability-friendly housing designs and public infrastructure, as well as affordable accommodations and transportation. Some older persons who cannot live independently need care in specialized institutions or assistance living at home, which in turn requires quality long-term and/or home-based care options. This also necessitates professional training of care personnel, adequate care standards, and education and support for households looking after older family members.

53. Although changes to demographic structures, such as continued low fertility and internal migration, appear to reduce both the willingness and capacity of adults to care for their older parents or relatives, the role of the family in providing care remains vital. Families can provide emotional comfort and physical care<sup>10</sup> and achieve lower cumulative living costs for all, thus enabling access to better nutrition and health care and higher living standards.<sup>11</sup>

54. Finally, creating age-friendly environments entails promoting respect for and social inclusion of older persons and adopting adequate measures to prevent abuse, violence and discrimination against them.

#### **1. Age-friendly, affordable living and transportation**

55. Most respondents have in place some type of measures to enable a supportive living and transportation environment to facilitate access for older persons with disabilities. In many, this is limited to free or discounted public transportation, however, such public transportation may not be actually accessible for older persons. In others, measures to improve living environments include upgrading entire communities and public spaces to accommodate the needs of older citizens.

---

<sup>10</sup> Javeed Ahmad and K.C. Das, "Living arrangement of elderly and perceptions on old age support in India: evidences from a large scale survey", 2011. Available from <http://uaps2011.princeton.edu/papers/110272>.

<sup>11</sup> Aydogan Ulker, "Wealth holdings and portfolio allocation of older couples: the role of spouses' marital history", *Centre for Economic Policy Research Discussion Papers*, No. 477 (September 2004).

56. Most members and associate members also have some form of nursing homes for older people, although in some, such homes are available only to those without families. Moreover, measures to increase the quality of service and care and staff training are only present in some countries and areas.

57. In 2012, the Government of Japan established a comprehensive system of community care for older people, including housing, living support, health care and long-term care. Through this system, care for older people is centred in age-friendly homes with a system of providers catering to the needs of older persons.<sup>12</sup>

58. The Government of Malaysia introduced the Physical Planning Guideline for the Elderly in 2016, which includes standards and requirements for care homes and retirement villages and for upgrading existing residential homes to support ageing in place.

59. The Government of Turkey established an innovative housing scheme in 2012 that provides age-friendly accommodation units connected to apartment buildings or communities, as opposed to relatively isolated traditional rest homes. In 2016, the Government of the Islamic Republic of Iran started a pilot project to create age-friendly inclusive public spaces and to provide concessional use of public facilities. The Government of China issued regulations on the construction of the accessible environment initiative in 2012, aiming to promote age-friendly living conditions that maximize older persons' potential for independent living through improved public facilities and accessible transportation, as well as the adaptive reconstruction of housing and the community environment.

60. The Government of Singapore aims to transform the city into an age-friendly space through pilot projects on co-locating nursing homes and living facilities to provide a continuum of care, on the provision of innovative home-based care under the Care Close to Home pilot programme in 2014, and on building smarter homes, active ageing hubs and implementing high-technology measures to adapt public facilities and infrastructure to the home and community master plan. The Government of the Republic of Korea plans to enact the Act on Housing Security for the Elderly and provide more rental housing for older persons.

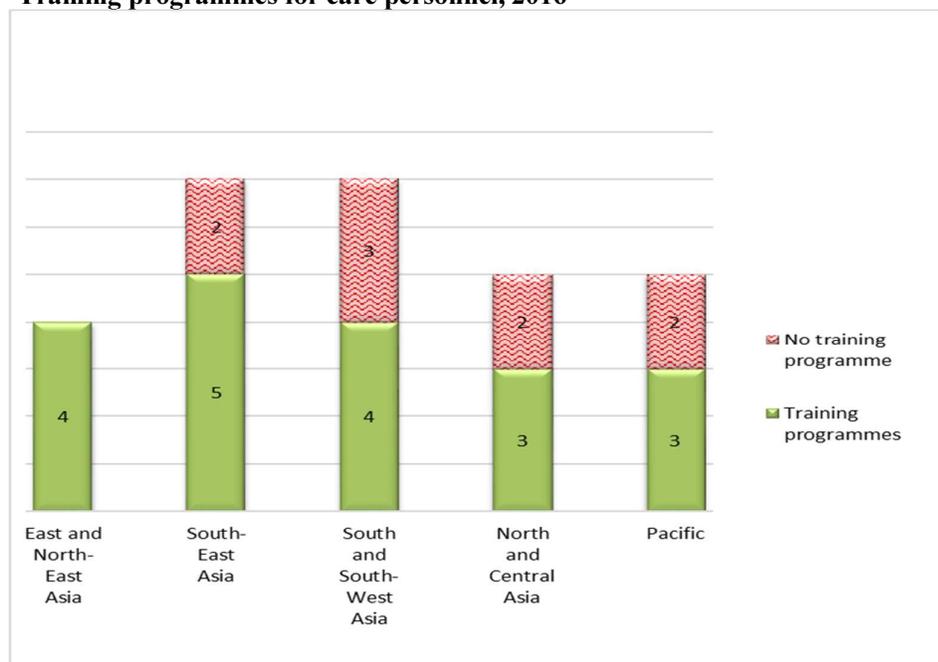
61. With the Accessible India Campaign, the Government of India seeks to create accessible cities with public buildings and public transport that is accessible to persons with disabilities and older persons.

## **2. Training programmes and accreditation systems for caregivers**

62. The quality of old-age care services is largely determined by the availability of professional care personnel. More than half of members and associate members provide some form of training programmes for caregivers, but very few have established accreditation systems, although plans are being made by some (figure VI).

<sup>12</sup> ESCAP, "Long-term care for older persons in Japan", SDD-SPPS Working Paper Series: Long-term care for older persons in Asia and the Pacific (Bangkok, 2015).

Figure VI  
Training programmes for care personnel, 2016



63. Several members and associate members accelerated their efforts to strengthen training programmes for caregivers. In the Islamic Republic of Iran and Myanmar, caregiver training programmes have been provided since 2014. The Government of Thailand implemented a substantial pilot project on long-term care for older persons and persons with disabilities and aims to form an accreditation system for long-term care within the next five years. The Government of China plans to strengthen the qualification training programme and to enforce mandatory certification for health and care staff. The Government of Fiji will enact its Minimum Standards for Residential Homes for the Elderly in 2017. The Government of Malaysia reports training 1,976 home-help volunteers since 2012.

64. Despite this progress, there continues to be a shortage of qualified caregivers throughout the region, even in countries and areas with highly developed long-term care systems, such as Japan. In Japan, it is estimated that by 2025, an additional 2 million caretakers will be required to meet demand.<sup>12</sup> For some others, the shortage of caregivers is also exacerbated by out-migration of care personnel, particularly women who work as nurses or domestic workers.<sup>13</sup>

### 3. Standards of care, monitoring mechanisms and support for family caregivers

65. Standards and monitoring mechanisms to ensure the quality of older persons' care services have been established by less than half of the respondents, and an equal proportion of respondents currently have measures in place to support families, especially older women, providing care for older persons. The Government of Australia introduced the National Aged Care Quality Indicator Programme in 2016, which is a voluntary programme that

<sup>13</sup> Department of Economic and Social Affairs of the United Nations, "The growing need for long-term care: assumptions and realities". Available from [www.un.org/esa/socdev/ageing/documents/un-ageing\\_briefing-paper\\_Long-term-care.pdf](http://www.un.org/esa/socdev/ageing/documents/un-ageing_briefing-paper_Long-term-care.pdf) (accessed 3 July 2017).

measures the quality of aged care facilities in order to assist customers' decision-making and to help service providers conduct performance self-assessments. The Australian Aged Care Quality Agency collects feedback about the quality of care received.

66. The Government of Singapore issued guidelines on palliative care and home- and centre-based care, as well as on the Enhanced Nursing Homes Standards (2015). The Government of Kyrgyzstan is currently preparing a project on the accreditation of entities that provide social services to older persons; minimum standards on providing social care were established in 2014.

67. To support family caregivers, the Government of Singapore established centre-based weekend respite care to cover family members' care duties for exceptional circumstances when they are unable to look after older persons. The Governments of China, Malaysia, the Russian Federation and Uzbekistan provide financial incentives to family members looking after older persons.

#### **4. Measures to address neglect, violence and abuse and to recognize the contributions of older persons**

68. While protection of older persons from abuse, neglect and violence is normally sanctioned under state constitutions and universal protection acts, only 41 per cent of respondents presently have targeted legislation addressing the unique vulnerabilities and protection needs of older persons. Several, including India, Singapore, Sri Lanka and Viet Nam have laws on the maintenance and welfare of parents and senior citizens, or something similar, which makes it a legal duty for offspring to support their parents. While it is reported that, for cultural reasons, few older persons take legal action against their children, such laws have some form of moral power.<sup>14</sup> The Government of Australia announced an inquiry for the Australian Law Reform Commission on Protecting the Rights of Older Australians from Abuse with a report due out in 2017. In Turkey, a specific provision was included in the National Plan of Action on Ageing, while the Government of the Islamic Republic of Iran indicated it was considering adopting an operation plan to prevent and deal with abuse of older persons.

69. Data on incidences of abuse, neglect and violence against older persons are mostly unavailable in the region. Where such data exist, intraregional differences within these numbers support the belief that such cases are underreported. Reported cases show older women are more likely to become victims (table 5).

<sup>14</sup> ESCAP, "Report on the Regional Expert Forum on Integrated Care for Older Persons" (Bangkok, 2017). Available from [www.unescap.org/sites/default/files/Integrated%20Care%20-%20Nanjing%20Meeting%20Report%20%288May2017%29Final.pdf](http://www.unescap.org/sites/default/files/Integrated%20Care%20-%20Nanjing%20Meeting%20Report%20%288May2017%29Final.pdf).

Table 5  
**Number of older persons reporting neglect, abuse or violence, selected members and associate members with available data, 2012-2016**

<i>Respondent</i>	<i>Number of reported cases</i>	<i>Abuse type ranking</i>	<i>Notes</i>	<i>Year</i>
Australia	2,862	1 – alleged or suspected unreasonable use of force: 2,422 2 – alleged or suspected unlawful sexual contact: 396 3 – (both 1 and 2): 44	Data refer to permanent residential care. Among 234,931 residents, incidence of abuse reports was 1.2 per cent.	2015
Fiji	Total: 328 Men: 185 Women: 143	1 – physical offences 2 – sexual offences 3 – negligence	Most incidences refer to abuse against people aged 60-65, followed by the group aged 66-71, and consistently decrease for each following five-year group.	2015
Myanmar	Total: 375 Men: 221 Women: 154	n/a		2015
New Zealand		n/a	In a study of people aged 50-84, 1 in 10 older persons reported some form of abuse.	2012
Republic of Korea	3,818	n/a		2015
Singapore	Total: 1,194 Men: 185 Women: 1,009	n/a	50 per cent of the incidences refer to cases of abuse against people aged 60-69, consistently decreasing for the 70-79 and 80+ year groups.	

### III. Concluding remarks and the way forward

70. Assessment of government actions with regard to the implementation of the Plan of Action shows uneven progress across the region and across priority areas of the Plan of Action.

71. The increasing awareness of population ageing is reflected in national policies or legislation on ageing or older persons. However, the scope of these policies varies. While some members and associate members focus such policies to include support to younger generations, others focus primarily on older persons. Moreover, policies are not always supplemented with action plans and monitoring mechanisms to implement them.<sup>15</sup> There are, however, some positive examples; for instance the Government of Japan is required to provide an annual report to a committee on ageing.

<sup>15</sup> Camillia Williamson, *Policy Mapping on Ageing in Asia and the Pacific: Analytical Report* (Chiang Mai, Thailand, HelpAge International, 2015). Available from <http://ageingasia.org/mapping-of-ageing-policies/>.

72. While generally it is the members and associate members with more advanced demographic ageing that have more developed ageing policies in place, several respondents, such as Myanmar, recently accelerated efforts to implement policies to address population ageing.

73. Many members and associate members are also providing access for older persons to some cash transfer schemes. While only a few provide a universal social pension, most either provide means-tested transfers to older persons or older persons have access to means-tested cash transfers. However, means-tested schemes are often prone to exclusion errors, making them often difficult for older persons to access, particularly older persons with mobility restrictions. While access to cash transfers is an important tool for the empowerment of older people, particularly older women, the benefit levels are often too small to reduce poverty.

74. While many members and associate members seek to facilitate access to health care for older persons by providing them with free access or with reduced fees for medication, the challenge to provide universal access to health care, which is crucial for ensuring healthy ageing, remains. Moreover, health systems are not adequately equipped to provide for shifting health-care needs in ageing societies, which is reflected in the limited availability of geriatric facilities.

75. Particular gaps exist with regard to gender equality and addressing the needs of older women. Only a few national policies on ageing include specific gender provisions. Women are inadequately covered by contributory pensions but are disproportionately represented among beneficiaries of means-tested cash transfer programmes for older people, demonstrating that a larger proportion of older women than men live in poverty and meet the criteria for means-tested cash transfers. Older women are also less likely to work than older men. There is a need to pay more attention to the gender aspects of population ageing and to include the needs of older women in policies to enhance gender equality and the empowerment of women.

76. The demands on society from population ageing will require building more comprehensive systems for income security for older persons, which includes expanding coverage and pension system reform. Current pension systems tend to perpetuate existing income inequalities because they typically cover the public and formal private sector only and provide benefits based on contributions, with few examples of redistributionary elements. Innovative solutions have to be found to expand coverage to the informal sector and to ensure the sustainability of pension funds.

77. Progress in providing decent employment opportunities for older persons is uneven across the region. The percentage of older persons still working is not necessarily a positive indicator for progress in this respect. In many countries and areas, older persons must work due to limited access to pension systems. In particular, older persons who worked in low-income and low-skill jobs still continue to work in old age.<sup>16</sup> However, members and associate members with more advanced demographic ageing will have to accelerate efforts to provide decent work opportunities for older persons, which includes anti-discrimination legislation and incentives for employers to employ older persons.

<sup>16</sup> World Bank Group, *Live Long and Prosper: Ageing in East Asia and Pacific* (Washington, D.C., 2016). Available from <https://openknowledge.worldbank.org/bitstream/handle/10986/23133/9781464804694.pdf>.

78. Only a few members and associate members have established policies and mechanisms to address the needs of older persons in humanitarian and disaster situations. The inclusion of older persons in the design of disaster preparedness and response policies should be ensured.

79. For almost all members and associate members, large gaps exist with regard to the provision of qualified care for older persons. While many countries and areas, particularly in South and South-West Asia, primarily depend on the family for the provision of care, with the increasing participation of women in the labour force, new approaches for the provision of long-term care must be developed, such as new schemes or financial support for family caretakers. Particular gaps exist in addressing the human resource needs for the care of older persons. Although training programmes for caregivers exist, they need to be significantly expanded. Moreover, incentives need to be created to make caregiving for older persons more attractive.

80. Reliable data with regard to the health and income status of older persons, the employment of older persons in the informal and formal sector, abuse and neglect of older persons, and other areas addressed in the Plan of Action are crucial to assess progress and to inform policymaking. Existing health and income data are often not sex- and age-disaggregated, or if some age disaggregation exists, such as in the Demographic Health Surveys, it only includes disaggregations for ages lower than 50, without including older persons.

81. Going forward, it will be important for members and associate members to develop comprehensive and integrated strategies that cut across different sectors to address population ageing. Such comprehensive strategies will have to address the needs of all age groups.

82. For strategies to be effective, adequate financial resources will have to be allocated to address population ageing and to meet the needs of older persons. Specific attention must be accorded to older women, including the need for income security and their specific health needs. Addressing issues faced by older women will have to start with women's and girls' empowerment at an early age and by ensuring income security for women at an earlier stage.

83. Strengthening preventive health care, especially for non-communicable diseases for all women and men, is crucial to ensure healthy ageing. Providing universal access to health care with health-care services that are physically accessible to older persons and persons with disabilities and that answer their specific needs will be crucial in ensuring healthy ageing and the right to health for older persons.

84. Members and associate members may wish to consider introducing or strengthening existing pension systems to address poverty in old age by systematically increasing coverage of contributory pension systems and strengthening their delivery mechanisms, as well as by considering the provision of social pensions to address extreme poverty among older persons.

85. Supporting older persons who are able to and who wish to work in the formal and informal labour market will be important in promoting income security for older persons and enhancing the contribution of older persons to economies and societies. The removal of barriers, including physical and other types of barriers, to older persons' participation in the labour market will also be important.

86. Strengthening the overall participation of older persons in society, including through older persons' associations, will be crucial to enhance their contribution to society, to improve the image of older persons and to facilitate self-support.

87. Providing adequate systems for the provision and financing of long-term care for older persons through the public and private sectors as well as civil society will be crucial. Supporting families in providing long-term care for older persons, while acknowledging unpaid care work, will be crucial.

88. Including older persons in disaster risk reduction strategies and in disaster response as well as in other humanitarian situations will be crucial to harness the potential of older persons in such situations and to ensure that the specific needs of older persons are addressed.

89. Improving statistics and data collection pertaining to population ageing and older persons, disaggregated by sex, age and other statuses – depending on country context – will be crucial to improve monitoring of the implementation of the 2030 Agenda and the Plan of Action. In this context, transparent monitoring mechanisms within Governments would also be important.

---