



**ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC (ESCAP)**

**DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS (DESA)**

Capacity-building Workshop to Support National Policy Responses to Issues of Ageing in  
Asia and the Pacific

28 February to 1 March 2012

Bangkok

**REPORT OF THE CAPACITY-BUILDING WORKSHOP TO SUPPORT  
NATIONAL POLICY RESPONSES TO ISSUES OF AGEING  
IN ASIA AND THE PACIFIC**

## CONTENTS

I.	Background.....	1
II.	Opening session .....	1
III.	Theme I: The Madrid International Plan of Action on Ageing.....	1
IV.	Theme I: Discussion of country experiences .....	3
V.	Theme II: Policy evaluation and mainstreaming .....	7
VI.	Theme III: Gathering information on ageing from country-based surveys .....	9
VII.	Theme IV: Evidence-informed policies on Ageing .....	10
VIII.	Theme V: Stakeholder coordination and planning session.....	11
IX.	Theme VI: Country-level coordination planning and key next steps .....	11
X.	Workshop closing .....	12
Annex I: List of participants .....		13

## **I. BACKGROUND**

1. The Capacity-building Workshop to Support National Policy Responses to Issues of Ageing in Asia and the Pacific, jointly organized by UNDESA and ESCAP, was held from 28 February to 1 March 2012 in the United Nations Conference Centre, Bangkok.
2. The Workshop was attended by Government representatives, civil society representatives and international organizations from Bangladesh, Cambodia, Lao People's Democratic Republic, Maldives, Myanmar, Nepal, Papua New Guinea, Sri Lanka, Thailand, Viet Nam, HelpAge International, UNFPA and WHO. The list of participants is attached as Annex 1.

## **II. OPENING SESSION**

3. Mr. Donovan Storey, Chief, Social Policy and Population Section, Social Development Division, ESCAP, welcomed participants and partners to the workshop. He noted the dramatic demographic shift being experienced in the Asia-Pacific region with rapidly ageing populations, particularly the feminization of ageing. Population ageing has profound and far-reaching implications due to the lack of social protection and the lack of specific health-care provision in Asia and the Pacific. Timely policy interventions are thus essential. ESCAP is supporting the review and appraisal process of the Madrid International Plan of Action on Ageing (MIPAA) to promote, inter alia, mainstreaming of ageing into national development plans.
4. Mr. Oleg Serezhin, Social Affairs Officer, Technical Cooperation Unit, Division for Social Policy and Development, UNDESA, stated that the workshop would provide practical tools and training for participants. He hoped that a network of practitioners would be established as a result of the workshop.
5. Mr. Robert Venne, Social Affairs Officer, Focal Point on Ageing, Division for Social Policy and Development, UNDESA, which is responsible for the review and appraisal of the MIPAA, noted the significant increase of older population in the Asia-Pacific region and the need to develop appropriate policies and programmes on ageing.

## **III. THEME I: THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING**

6. Mr. Venne presented the key components and principal concepts of the Madrid International Plan of Action on Ageing. It was noted that MIPAA shifted the focus of ageing from developed countries to the entire world. It linked ageing to social and economic development and human rights. The presentation reviewed the national, regional and international actions that should be taken in the implementation of MIPAA.
7. Papua New Guinea noted the importance of political commitment and asked how the United Nations could support national governments. UNDESA responded that the UN could advocate on ageing issues and provide technical assistance to countries. Opportunities also exist for governments to attend high-level meetings in Asia and the Pacific region, which can result in increased political will. Myanmar asked which UN agency took primary responsibility for ageing issues at the country level. UNDESA responded that there is no particular agency although UNFPA and WHO have done considerable work on ageing. UNDESA acts as the global focal point on ageing-related issues and can also provide support.

8. Mr. Storey presented on the Madrid International Plan of Action on Ageing in the regional context. There are clear trends towards increased ageing of populations in the Asia and Pacific region, including countries with very youthful populations such as Papua New Guinea and Lao People's Democratic Republic. Most countries would experience a 300-400 per cent increase in the number of older persons over the next 40 years. Regional actions on ageing led by ESCAP began with the Macao Declaration in 1998. In recent years since the first review and appraisal of MIPAA, there have been a number of activities related to ageing, particularly around health promotion and active ageing in Asia and the Pacific. This has been in response to increasing interest in member States in the region on the issue of ageing.

9. Asia-Pacific MIPAA+10 Review activities are taking place at the national, regional and global level. A key part of the Review is the Regional Survey on Ageing to compile data and experiences on the implementation of MIPAA. The Secretariat took the opportunity to clarify that the responses to the ESCAP survey on ageing were official responses from national Governments, thus the surveys had been sent to the current seat of Government.

10. Thirty responses have been received by ESCAP. Survey results indicate a great diversity of governmental responses to MIPAA implementation. Most countries indicated specific institutional arrangements as a response to MIPAA. Over half of the responses identified specific policies and plans on ageing, and several countries have introduced age-specific legislation. Countries reported a multipronged approach for income security and well-being through social protection and health services, but there was a lack of identifiable programmes for older persons. Greater attention to gender issues was recognized as an on-going need. There are some examples of retrofitting urban environments to meet the needs of older persons. However, there are fewer specific examples of policies to support "ageing in place" and the training and portability of qualifications for old age caregivers.

11. Ms. Meredith Wyse, Strategic Development Manager, HelpAge International (HAI), East Asia/Pacific Regional Development Centre, presented on the role of civil society in the implementation and monitoring of MIPAA, focusing on HelpAge International and older persons' associations (OPAs). Ms. Wyse noted there had been a rapid growth in OPAs in the region. For instance, since 2007, OPAs have grown from 169 to 638 in Viet Nam, and from zero to 105 to Malaysia. One of the challenges is how to replicate and learn from successful OPA arrangements.

12. Civil society had supported development of national policies on ageing (Cambodia, Lao PDR and Myanmar), regional policy (ASEAN Strategic Framework), mainstreaming in social protection, national surveys on ageing, and disaster response and emergencies. In advancing health and well-being into old age, civil society had raised issues of active and healthy ageing, mainstreaming of ageing in HIV and AIDS national strategic plans, as well as national policies on homecare.

13. Three key activities of the HelpAge network in monitoring for the MIPAA+10 Review are: overview of policies, legislation, research and institutional arrangements on ageing; mobilization of older persons through the grassroots campaign *Age Demands Action*; and bottom-up participatory research exercises on what older persons think about MIPAA implementation ("Voices of Older Persons"), which would be reflected in the World's Older Persons Report

14. WHO added that several recent publications are relevant to the relative lack of specific response around gender issues and the health of older women.

15. Thailand added that the International Federation of Ageing had come up with a proposal on a UN convention on ageing. The United Nations open-ended working group in New York is considering various approaches to strengthen the rights of older persons. There is some resistance to developing a specific human rights instrument for older persons given the multitude of existing conventions covering many groups.

#### **IV. THEME I: DISCUSSION OF COUNTRY EXPERIENCES**

16. Bangladesh provided an overview of the assistance given to older persons. Bangladesh had 82 safety net programmes, although not all solely benefitted older persons. The largest programme administered by the Ministry for Social Welfare was old age pensions. Nationally, ninety million Takas are distributed to women beginning at age 62 and to men beginning at 65. Every month they each receive 300 Takas (previously it was 150 Takas). In addition to providing essential income support the Government believed that this payment elevated older persons' position in society. It has brought about changes in intergenerational relations in society especially for older women. About 2.5 million persons were covered by the program.

17. There were several laws and regulations that touched upon older persons in Bangladesh. Article 15 of the Constitution directly addresses the rights of older persons. Additionally, there are six laws, rules and regulations that governed the Ministry of Social Welfare, in the distribution of old age allowances, disability allowances, and capacitation grants.

18. Civil society organizations for older persons had existed in Bangladesh since 1989. OPAs became a powerful mechanism to mobilise older persons, to sensitize caregivers, and to generate support from the wider community. There were about 1,000 OPAs operating in Bangladesh. The OPAs were self-sufficient.

19. Myanmar hosted a sub-regional workshop on ageing policy to share international practices and policies in May 2011. The draft Myanmar National Plan of Action on Ageing was discussed and experts provided suggestions on the policy and strategy. The Strategy on the Myanmar National Plan of Action on Ageing included areas of income security, health, natural disasters and emergencies, care, home and environment, education and advocacy, implementation systems and monitoring and evaluation.

20. Myanmar did not have a social security net nor pension scheme. However, the country did have several programmes that targeted older persons, which were as follows:

- Seventy homes for the aged (2,300 persons covered);
- ROK-ASEAN home care programme for older persons, which took into account national sensitivities and culture;
- Older persons self-help groups that covered 25 villages and two wards in Dagon (East) Township, which benefitted about 20,000 older persons and their families through fund-raising, livelihood, income generation ventures, health, home care and disaster risk reduction;
- Economic Vulnerability through an Equitable/Inclusive Approach to Livelihoods (REVEAL), which targeted the dry zone, the most vulnerable region of the country;
- The national health care project for older persons which in 90 townships offered four types of services—health promotion, prevention, curative and rehabilitation. The project established older persons clinics that provided free medical care for older persons through medical check-ups, medicines and nutrition;

- The country had also celebrated the International Day of Older Persons from 1999 to 2012, which included *Age Demands Action* from 2009 to 2011.

21. Finally, the national focal point on ageing informed the Workshop that, after the regional preparatory meeting on MIPAA Review was held in November 2011 in Beijing, it was noted that there was a big gap in terms of the existing policies in Myanmar and those required by MIPAA. Greater efforts had been made to address the gap, including developing the National Plan of Action, developing a National Committee on Ageing, and instituting a pension system.

22. Viet Nam has developed legislation to promote and protect the rights of older persons. The 2000 Viet Nam Ordinance on the Elderly was replaced by the Law on the Elderly in 2009. The Law provided for the rights of and obligation to older persons, including the responsibilities of families, the State and society in taking care of, attending to, and including the voices of older persons. The Vietnam Elderly Association was also mandated for by legislation. There is also a booklet of laws and guidelines for implementation of the law for older persons.

23. Several laws in Viet Nam addressed different aspects of MIPAA. Decree No. 13 of the Government, on assessing target groups of social protection, provided older persons from 80 years old without access to a pension and social insurance, and older persons from 60 years old who were poor and had no existing form of support, with a monthly allowance. These recipients also received free health insurance. The law also provides for funeral assistance from the government. Additionally, Ordinance No. 35 deregulated the responsibility of health care for the elderly from the central to local level. Older adults were provided with free annual health check-ups. The policy on spiritual life for older persons reduced the fees for services to encourage tourism, cultural and sports activities of older persons through clubs in various forms and programmes. Ordinance No. 71 reduced the fee for older persons' use of public transportation. Furthermore the State's policy to assist the construction of housing for poor people prioritized older persons, although social organizations also mobilized funds for building houses for poor older persons. The new 2012-2020 national programme of action for older persons will begin in June 2012. However, several challenges remained to MIPAA implementation in Viet Nam, such as limited awareness of ageing issues by leaders and the general population, poverty, particularly in rural areas, and changes in traditional values.

24. With over fourteen million members, the Viet Nam Women's Union was mandated to protect women's rights, including older persons' rights. Based on the National Plan of Action for Older Persons, the Women's Union issued its own plan with specific activities and targets for the period from 2006-2010. Activities by the Women's Union included increased awareness on issues relating to older persons; events to communicate and increase community awareness in cooperation with other organizations; income generation activities for older persons; training classes for older women; provision of credit to older women and the creation of credit savings groups; and organized health activities. The Women's Union also mobilized entrepreneurs, companies and women's associations to donate cash and organize visits to older persons.

25. Article 35(b) of the Constitution of the Maldives stated that older persons and disadvantaged persons were entitled to protection and special assistance from the family, the community and the State. The Strategic Action Plan 2009-2013 was formulated to serve as the principal planning document to guide the transformation of previous social safety net programmes into a comprehensive social protection system, ensuring fiscal sustainability. This comprehensive system included the provision for health insurance for

all those older than 65 years, and the provision of a universal pension to all citizens above the age of 65 irrespective of occupation and contribution to the system. The Strategy for Active and Healthy Ageing was being finalized and will serve as a basis for future action plans.

26. Institutional care facilities for older persons were provided at the Home for People with Special Needs, which also provided services to people with psychological and physical disabilities. Work was underway to establish separate homes for older persons in partnership with the private sector. At the programme level, the Maldives had worked to educate the public through media to love and care for older persons, conducted awareness programmes in the atolls at community level, and celebrated the annual international day for older persons focusing on the rights of older persons. Only one NGO existed, Age Care Maldives, which provided health services and home visits for a fee.

27. Urgent concerns and steps identified in the Maldives were the need to strengthen capacity within the government, a lack of NGOs working on older persons, and limited specific research on older adults. The awareness of ageing needed to be raised, a clearly defined national policy for older persons needed to be developed, more research needed to be conducted, older persons homes and aftercare programmes needed to be established and partnerships with civil society needed to be forged. Intergenerational households were on the decline, reducing financial and physical support to older persons.

28. Nepal identified a need for old age care facilities, as existing ones are operated primarily by NGOs. Care homes lacked health professionals. NGOs and the private sector were increasing the number of old age care homes, but there was a need for quality control. The Government introduced the Universal Pension System in 1994, which was a non-contributory social pension for all aged 70 years and over and all widows.

29. The 2002 Policy for Senior Citizens contained five components on social and financial security, health services, participation, education and entertainment. In 2004 implementation guidelines for the social security programme and in 2005 implementation guidelines for senior citizen health treatment services were prepared. The 2006 Senior Citizens National Work Plan defined activities, implementing agencies, coordination mechanisms, etc. However, a 2010 survey found out that 90 per cent of older adults were not aware of these policies. Although the country had many good policies and programmes, they were not always implemented to their full potential benefit.

30. Policies over the period 2007-2010 included institutional legal instruments for development mainstreaming of senior citizens, the formulation of a senior citizen commission, the inclusion of senior citizen issues in school curricula, the establishment of a separate fund for senior citizen programmes, and the establishment of a database on senior citizens. The 2006 National Action Plan for Senior Citizens included indicators and deadlines. The 2008 Senior Citizens Regulations had many good provisions, but its implementation was constrained by a lack of funding, lack of human resources and frequent changes in the government.

31. Sri Lanka activities to implement MIPAA included a National Charter for Senior Citizens (2006), National Policy for Senior Citizens (2006) and legislation (2000, amended 2011) on older persons and the establishment of the National Council of Elders. The National Council of Elders promoted and protected the welfare and rights of elders. It assisted the elderly to live with self-respect, independence and dignity. Furthermore, The Protection of the Rights of Elders Act (No. 9) and National Charter for Senior Citizens were enacted to promote and protect the welfare and rights of older persons. The National Policy for Senior Citizens was developed based on the recommendations of the MIPAA+5 review and appraisal.

32. Especially in urban areas, the Sri Lanka Government provided cash assistance to day centres for the purchase of equipment and the conduct of income generation activities. The Government also had issued a special ID card for older persons to use as priority in obtaining public and private sector services for all citizens above 60 years old. The country's sponsorship scheme provided monthly financial assistance through sponsors to older persons above 70 years of age.

33. Sri Lanka conducted awareness raising and educational programmes on several issues of interest to older adults and their families. Preretirement preparedness seminars for public sector officers who are close to retirement were also held. Home-based care services were provided through trained home caregivers and conducting training programmes for home caregivers. There were 260 registered homes for the aged assisted by the Government, but the government prefers home-based care. One survey on older adults was conducted in 2003-2004, and the country had contracted another survey. Based on the results of the first survey a Family Policy for Sri Lanka was developed, which had been recently provisionally approved.

34. Papua New Guinea only began showing developing policy frameworks for ageing persons in 1999. In 2002 the National Plan of Action on Ageing and the National Committee on Older Persons were established but the Plan was not implemented and the Committee disbanded. Following the Preparatory Meeting for the Asia-Pacific Intergovernmental Meeting on the Second Regional Review and Appraisal of the Madrid International Plan of Action on Ageing in November 2011, the country's ageing focal point established the need to review the plan of action and revive the National Committee. Papua New Guinea stated that they were seeking technical assistance on the development of ageing policies and programmes for the country to push for more ageing-specific policies and actions. Currently, disability and older persons issues are treated together, but the focal person's proposal was to separate them so that older persons' issues gain more prominence.

35. The National Committee of Older Persons for the Lao People's Democratic Republic was established by decree no. 157/PM25/10/2009 of the Prime Minister. Government policy focused on poverty reduction among older persons through income generating opportunities. Older persons' groups had been set up in 20 villages, with a total membership of 531. Although the target number of members had been surpassed, the target number of villages had not. Income generating activities targeting women included livestock banks, which older women were also able to benefit from. There were also income generation activities run by Older Persons' Associations (OPA) in the country.

36. Cambodia experienced a population boom following the 1975-1979 war. Life expectancy remained low and the population continued to be relatively young. Thus the country had been concentrating on how to derive the maximum benefit from the demographic dividend. The population was largely rural and the family formed the basis for the provision of care.

37. The Government was a signatory to various international conventions on older persons. The Ministry of Social Affairs, Veterans and Youth Rehabilitation held the responsibility for addressing issues relating to older persons. Cambodia had established a National Coordinating Committee that was mandated to coordinate the development of a National Policy and Plan of Action on the welfare of older persons. The committee was to include civil society in its work. Furthermore, the Government established detailed guidelines for the establishment of elder care institutions.



38. Urbanization, modernisation and fiscal limitations were listed as challenges to healthy ageing in the country, but Cambodia still had some time to address emerging issues. The fact that policies on older adults had already begun to emerge demonstrated the commitment of the State to addressing demographic transitions.

39. The Thai National Plan on the Elderly (2002-2021), which provides for comprehensive health and social security for older persons, was first revised in 2009. The Thai Older Persons Act of 2003 established the National Commission on the Elderly, chaired by the Prime Minister.

40. In Thailand, universal health care coverage includes prevention, promotion, treatment and rehabilitation services, including dental and eye care as well as assistive devices. Thus, medical care is free for the elderly, but providing long-term care has been a bigger challenge. There were residential care homes but not enough of them. More emphasis was needed on home-based care, as well as training and support for care-givers.

41. Since 2009, Thailand has made a basic social pension (500 baht per month) available for all older persons above 60 years, moving from targeted to universal coverage. Thailand would start to implement the National Savings Fund, a universal contributory pension scheme, in May 2012.

42. Future challenges for Thailand included expanding work opportunities for older adults, providing long-term care for older persons, and establishing aged-friendly housing and development.

## **V. THEME II: POLICY EVALUATION AND MAINSTREAMING**

43. Mr. Venne presented on mainstreaming ageing issues. The goal of mainstreaming is greater social integration of a particular group. MIPAA states that mainstreaming ageing into global agendas is essential. Ageing should be linked to other frameworks for social and economic development and human rights. The result of mainstreaming should be an increased recognition of the contribution of older adults to society.

44. Tools and techniques for successful mainstreaming include data collection and analysis; awareness raising, advocacy and education; establishing performance indicators by developing benchmarks and periodic review; incorporation of ageing in national budgets to improve equity in national resource allocation; the evaluation of current laws and mainstreaming of concerns into new legislation and policies to make sure that they adequately reflect the concerns of older persons and have the intended outcomes; national coordination and international cooperation through the coordination of actions, sharing of good practices, and capacity building.

45. Good practices included the Plurinational State of Bolivia, Mauritius and New Zealand. Mainstreaming is a technique to further the interests and well-being of older persons that could promote an equitable society for all ages.

46. Mr. Serezhin led an interactive training session on mainstreaming. He highlighted that ageing should become a concern for all sectoral ministries in addition to those ministries directly responsible for ageing. The budget is the key component as resources are needed to put programmes and plans into action. Mainstreaming is a practical strategy to promote social inclusion and action. Mainstreaming is not assigning the implementation of the various components of an action plan to only a few ministries,

inserting “older persons” into one component, or adding the words in various parts of a policy document with no corresponding activities or budgetary allocation. The benefits of mainstreaming include ensuring that policies and programmes respond to the interests and needs of older persons, optimize the use of resources and reduce social exclusion.

47. Several countries expressed the opinion that Governments and development partners were not yet sensitized to the need and the relevance of mainstreaming ageing into development plans. Bangladesh reported that mainstreaming was not yet well understood, although there are focal points on ageing in different ministries. In Viet Nam, mainstreaming has been instituted as the second step in policy formulation, although implementation was low as there was a lack of human and financial resources to support policies. National committees or councils can be useful but can also add a further layer of bureaucracy. However, if the committee falls under the auspices of a prominent person such as the Prime Minister, it can be more effective, as is the case in Cambodia and Thailand.

48. Nepal has been able to raise awareness of the issue of ageing through its policy and legislation. The weakness is in implementation due to the lack of resources as well as the lack of knowledge at the grass root level. Nepal also noted teaching of geriatric medicine that is on a user-pay basis. This is seen as a market opportunity.

49. ESCAP noted that some countries do not prioritize ageing as they have youthful populations and many competing priorities. UNDESA commented that countries need to be forward looking by preparing an ageing strategy so that they are prepared for the long-term. Cambodia stated that while they do not presently have an ageing population, there is still a need to sensitize policy makers in government. Thailand commented that countries with young populations should maximize their demographic dividend while it lasts, as the working population has now decreased markedly in Thailand. In Sri Lanka, the issue of ageing had been an issue in past elections.

50. Thailand presented on their experience on evaluating the national ageing strategy, including an examination of budgetary allocations according to age groups. The results indicated that the strategy implementation did not respond to older persons’ needs and focused too much on social welfare. Additionally, local government capacity to provide services to older adults was low, while social networks could be used more effectively to care for older adults. Among the resulting recommendations were the development of a database on older persons, increased awareness about ageing, increased savings at all ages, longer labour force engagement and increased community-based care. Health volunteers were the main mechanism for taking care of older persons at the provincial level.

51. Participants conducted a practical exercise on mainstreaming ageing. They reviewed the Tanzania Poverty Reduction Strategy Paper to assess how well ageing was addressed in the strategy according to a checklist for assessing the mainstreaming of ageing into policy and programmes. The list includes questions such as: Is age and/or older persons mentioned in the background information? Do goals reflect the needs of all ages? Are older persons included as target beneficiaries? Does the objective address the needs of all ages? Is data age disaggregated? Are older persons included in activities and budgets?

52. Responses from the practical exercises included the following: older persons are often referred to as part of ‘vulnerable groups’ without specific data; indicators need to be clear; participation of older persons as part of the policy process rather than just as recipients was noted as important; when more than one Ministry or organization is listed as implementers of activities, there is a risk of either not doing it, or duplication.

## **VI. THEME III: GATHERING INFORMATION ON AGEING FROM COUNTRY-BASED SURVEYS**

53. Mr. Serezhin made a brief presentation on gathering information on ageing as inputs to mainstreaming, national reports, action plans and road maps on older adults. Countries need data for policy makers to mainstream ageing and to adjust national policies and national strategies. Data can be collected thorough censuses, research by academics or NGOs, quantitative surveys and/or qualitative fieldwork, for example focus groups.

54. HelpAge Myanmar presented on the situation of the national integrated studies on ageing in Myanmar. The purpose of the study was to gather information on the needs of older people to design future interventions and policy development. The study consisted of a quantitative household survey of 4,080 households with an older person, with an oversample of oldest old (70 years older). The cost was approximately 50,000 USD to conduct the survey from February-July 2012.

55. Nepal presented on the Nepal Ageing Survey 2012. The study would be a mixed study design using quantitative and qualitative data collection tools, as well as participatory observations. The Nepal Ageing Survey will consist of a baseline national representative sample using a probability sampling method to cover a total of 6,000 households. The development of questionnaire and sample design was underway at the time.

56. The Viet Nam survey of older persons included economic, social and demographic indicators among 4,000 older persons. The presentation included a brief overview of characteristics of the older persons covered by the survey. To compliment this presentation, Sri Lanka noted their experience in collecting data from several different sources, such as NGO service providers.

57. Thailand conducts a national census every 10 years, and the National Survey on Older Persons had been conducted every three to five years. Thailand additionally used information from the Ministry of Public Health, the NESDB, the Ministry of Interior and academic institutions to aid in evidence-informed policy making.

58. Mr. Venne presented on the concept of the bottom-up participatory approach for the review and appraisal of MIPAA. The bottom-up approach comprised of a participatory open-ended flexible method using mainly qualitative tools, and involved a wide range of stakeholders. This approach complimented quantitative information and provided information where none exists. It also helped to establish programmatic priorities, monitor and evaluate existing programmes and provides a forum for socially excluded groups to voice their needs and concerns. It is focused on evaluating the results of policy interventions from the perspective of older persons. NGOs can play an important role in seeking inputs from the society at large and older persons in particular to feed into the policy development process. Mr. Venne followed with a presentation on the indicators for review and appraisal of MIPAA.

59. Ms. Cai Cai, Social Affairs Officer, Social Development Division, ESCAP, presented the regional preparatory process for the Second Review and Appraisal of MIPAA, including a regional survey, a preparatory meeting and an intergovernmental meeting on MIPAA review in Asia and the Pacific. A bottom-up, multi-stakeholder participatory approach had been advocated by the United Nations to complement quantitative data, which would better reflect peoples' interests and needs. Countries

would be requested to submit national review reports before the intergovernmental meeting in Bangkok in September 2012. The national review reports and the outcome of the intergovernmental meeting will feed into the global review of MIPAA.

## **VII. THEME IV: EVIDENCE-INFORMED POLICIES ON AGEING**

60. Thailand provided a brief summary of how the Thai Government formulated policy based on the data and information the country collects on older adults. The Government did not conduct measurement and evaluation activities itself, but instead hired a third party (an academic institution) to do so. The results guided the revision of the National Plan on the Elderly. The results of the National Survey on Older Persons (2008) identified priority areas for older adults and confirmed research findings from other data sources, especially the need for Long Term Care (LTC). The resulting process defined for the development of Long Term Care policies included more in-depth data collection on the subject to further inform policy.

61. The Chairman of AgeNet Thailand presented on the network of older persons' associations (OPAs) and their activities in Thailand. AgeNet is part of the Senior Citizens' Council of Thailand. The basic needs of older persons are health security, economic security and social participation. OPAs emphasized health promotion activities and advocated for non-discrimination, skill development, increasing self-confidence and promoting dignity. OPAs work closely with local administrations and government as well as other NGOs, civil society, universities and religious bodies. OPAs in Thailand also work closely together and have an annual assembly to express the voice of older people.

62. HelpAge Sri Lanka presented their work to support the Government in developing policies on ageing through data collection. HelpAge Sri Lanka conducted a feasibility study on the establishment of a social pension. Recommendations were published and formally presented to the Government. The Government announced that the public assistance programme (destitute and sick) would begin distributing 1000 rupees to the elderly above the age of 70. The feasibility study indicated that slightly more than half of payments received by older persons were spent on their grandchildren.

63. HelpAge Cambodia indicated that formal social protection for old age income security and health covered a very small share of the older population in the country. HelpAge International began establishing Older Persons Associations (OPAs) in Cambodia in 1998 in order to fill the gap in social support for older people who lived alone following the years of civil war and political instability. OPAs had proven a useful tool for providing social protection to vulnerable groups. OPAs had participated in the local planning process through the decentralization process. One part of the process was the establishment of an elected commune council that defined plans through broad-based stakeholder consultations.

## **VIII. THEME V: STAKEHOLDER COORDINATION AND PLANNING SESSION**

64. Thailand presented on older person networking and AgeNet. The older person association network was comprehensive. The chairperson of the older person association network also served as a representative in the National Senior Citizen Council.

65. The workshop divided into working groups for a discussion on the roles of Government and different stakeholders on the issues of ageing. The groups also

discussed how international, regional and subregional organizations, such as ASEAN, ESCAP and HelpAge International, could support the networking among government focal points as well as practitioners working in the area of ageing.

## **IX. THEME VI: COUNTRY-LEVEL COORDINATION PLANNING AND KEY NEXT STEPS**

66. Countries then identified the next steps they would take upon completion of the workshop. Bangladesh would strengthen the implementation of its national policy on older persons through better data collection and monitoring activities.

67. Viet Nam identified three steps, namely the following: continue to implement policies (health, family, etc.) regulated by the existing laws; complete the development of the national plan of action for older persons and carry it out by focusing on awareness raising, capacity building, mobilizing families and societies, international cooperation (including technical cooperation with ESCAP), and; develop a five year plan on MIPAA.

68. Thailand would increase income generation activities and work opportunities, improve lifelong education, train informal caregivers and prepare for long-term care, as well as strengthen capacity of local government to address ageing issues.

69. Myanmar intended to create more awareness on ageing issues among key stakeholders. The country would also arrange for visits by a technical working group to countries in the region (e.g., Philippines, Indonesia); hire a consultant to develop policies, and hold a national consultation with stakeholders; draft a short term national plan of action to include income security, health care, etc.; develop an older persons' law; set up a working group to implement MIPAA more effectively; provide social protection for older persons, and; draft a report to ESCAP on their Older Persons' Association (OPA) programme.

70. Maldives would like to establish a link to HelpAge International. The Ministry of Health and Family was the designated focal Ministry, but an official focal point in the Ministry needed to be identified. Maldives had developed a Strategy for Active and Healthy Ageing, which would enhance its implementation towards achieving the objectives of MIPAA.

71. In the short term, Laos People's Democratic Republic would prepare the MIPAA+10 national report, reconvene the national committee on ageing to both review implementation of MIPAA as well as to discuss whether there is a need to conduct a national survey on ageing.

72. Nepal planned to conduct a survey on ageing every 5 years from 2012. Community health volunteers can be expanded at the community level; geriatric hospitals are needed in Nepal as well as a population centre with an ageing unit.

73. Sri Lanka expressed the intention to implement an active assistance programme for employment and geriatric wards in public hospitals. The country also intended to strengthen monitoring and evaluation coordination with NGOs and United Nations organizations in the country, as well as ESCAP. The country needed to expand full coverage of older persons' committees in ethnic Tamil areas. There was also the need to raise awareness of line ministries for older persons, especially the Ministry of Finance. Several programmes were to be strengthened, including the foster parent programme to support older persons in need, the expansion of mobile health care systems, the expansion

of an existing network of public old age homes, as well as organizing more training and awareness creating programmes for all.

74. Cambodia would look at key institutions especially the lead agency for planning for ageing, the Ministry of Social Affairs. The country needed to explore mechanisms for mainstreaming aging, as well as to support capacity development of the Ministry, provide support to the Ministry in reviewing and implementing policy, and support the Ministry to raise awareness about the national technical working groups. Measures to be taken in the short term included the preparation of the MIPAA+10 report in consultation with different ministries and groups to collect information; the development of a policy review; and the development of a national action plan for the short and long term.

75. Papua New Guinea identified the need to focus on capacity building on ageing issues. The national focal point on ageing would prepare a formal report to the Department of Community Development and the Office of the Prime Minister to garner their attention and support.

## **X. WORKSHOP CLOSING**

76. During the closing, Mr. Serezhin congratulated the excellent work of the participants and their national efforts to address ageing issues in implementing the MIPAA, as well as the efforts of the United Nations entities and HelpAge International in the organization of the meeting. Mr. Storey reiterated his thanks to those who contributed to making the workshop successful. Countries had provided honest self-appraisals on the implementation of MIPAA and addressed ageing more broadly in their national priorities, policies and programmes. Furthermore, Ms. Cai Cai highlighted the close working relationships of representatives from governments and civil society organizations during the meeting and commended their efforts resulting in successful outcomes of the Workshop.

## **Annex I**

### **LIST OF PARTICIPANTS**

#### **EXPERTS**

Ms. Aye Myat Phyu, M&E Coordinator, HelpAge International-Myanmar, No. 10 Kanbawaza Avenue, Shwetaunggya Ward No.1, Bahan Township, Yangon, Myanmar, Tel: 951-539590, Fax: 951-537539, Email: phyu.helpage@gmail.com

Ms. Siriwan Aruntippaitune, Director, Elderly Strategy Division, Ministry of Social Development and Human Security, 618/1 Bureau of Empowerment for Older Persons, Nikom Makkasan Road, Rajthwee, Bangkok 10400, Thailand, Tel: 66-2-6517796, Fax: 66-2-6517796, Email: siriwan9999@hotmail.com

Mr. Ranjit Kumar Biswas, Secretary, Ministry of Social Welfare, Bangladesh Secretariat, Room No. 309, 3rd Floor, Building No.6, Dhaka 1000, Bangladesh, Tel: 880-2-7160452, Fax: 880-2-7168969, Email: biswasranjit1956@gmail.com, sec@msw.gov.bd

Ms. Konio Doko, Assistant Secretary, Disability and Elderly, Department for Community Development, PO Box 7354, Boroko, Papua New Guinea, Tel: 675-3010200 (Ext. 8226), 3010226, Fax: 675-3250133, Email: kdoko@dfcd.gov.pg

Mr. Joseph Garap, Specialist Medical Officer, Department of Health, Angau Hospital, PO Box 4755, Lae, Morobe Province, Papua New Guinea, Tel: 675-72752761, Fax: 675-4723015, Email: joel\_garap@yahoo.com

Mr. Krishna Murari Gautam, Chairperson, Ageing Nepal (AN), House#340, Ramchandra Marg, Battisputali, Kathmandu-9, Nepal, Tel: 977-4485827, Email: ageingnep@gmail.com

Ms. Thi Bich Huong Hoang, Director, Training Centre Population and Health, Ministry of Health, 12 Ngo Tat To Street, Dong Da District, Hanoi, Viet Nam, Tel: 84-4-37475383, Fax: 84-4-37472479, Email: Hoangthibichhuong.yte@gmail.com

Mr. Aung Tun Khaing, Deputy Director General, Department of Social Welfare, Relief and Resettlement, Ministry of Social Welfare, Relief and Resettlement, Building No. 23, Nay Pyi Taw, Myanmar, Tel: 95-67-404103, Fax: 95-67-404034, Email: a.tunkhaing@gmail.com, social-welfare@mptmail.net.mm, socialwelfare.mm@gmail.com

Mr. Abul Haseeb Khan, Director, Resource Integration Centre (RIC), House-20, Road-11 (new) 32 (old), Dhanmondi, Dhaka-1209, Bangladesh, Tel: 880-2-8118475, Mobile: 01711548790, Fax: 880-2-8114043, Email: ricdirector@yahoo.com, ahsumon2000@gmail.com

Mr. Naresh Khatiwada, Statistical Officer/Demographer, Population Division, Ministry of Health and Population, Ramshah Path, Kathmandu, Nepal, Tel: 977-1-4262987, Fax: 977-1-4262987, Email: nkhatiwada71@yahoo.com, khatiwada1271@gmail.com

Ms. Nguyen Thi Bich Lien, Head, Department of Science & International Cooperation, Training Center of Population and Health, Ministry of Health, 12 Ngo Tat To Street, Dong Da District, Hanoi, Viet Nam, Office Tel: 84-4-38437751, Fax: 84-4-37472479, Email: nguyenthibichlian.yte@hepotrace.gov.vn

Mr. P.N.S.K. Liyanawaduge, Executive Director, HelpAge Sri Lanka, No. 102, Pemananda mawatha, Rattanapitiya, Boralesgamuwa, Sri Lanka, Tel: 94-11-2803752-4, Mobile: 94-77-7747648, Fax: 94-11-2801147, Email: samanthhhelpage@sltnet.lk

Ms. Thi Kim Ngan Nguyen, Officer, International Relations Department Viet Nam Women's Union, 39 Hang Chuoi Street, Hanoi, Viet Nam, Tel: 84-4-39728042 Fax: 84-4-39721606, Email: kimngan2185@gmail.com

Ms. Thi Lan Nguyen, Director of the Office, Viet Nam National Committee on Ageing, So 2, Ngo Thi Nham, Q. Hoan Kiem, Hanoi, Viet Nam, Tel: 84-4-39447247, 84-4-39447267, Fax: 84-4-39447247/38447267, Email: nguyenthilan56@gmail.com

Ms. Annie Nut, Country Programme Manager, HelpAge International-Cambodia, Road No. 5, #152 Group 5, Ramchek IV Village, Rattanak Commune, Battambang, Cambodia, Tel: 855-12-333-059, Fax: 855-53-953-797, Email: annienut@helpageasia.org

Dr. (Mr.) Pongsiri Prathnadi, Chairman, Senior Citizen Council of Thailand, Chiang Mai, Thailand, 54/9 Singharat Road, Amphor Muang, Chiang Mai, 50200, Thailand, Tel. 66-81-021-2759, Fax: 66-53-222186, Email: pongsiri@chiangmai.ac.th

Ms. Priyanthi Rajapura, Social Service Officer, National Secretariat for Elders, Ministry of Social Services, 150 A, LHP Building, Nawala Road, Nugegoda, Sri Lanka, Tel: 94-11-2826749, Fax: 94-11-2826750, Email: dirnse@gmail.com

Mr. Premalal Rathnaweera, Director-Planning, Ministry of Social Services, 5th Floor, 'Sethsiripaya', Battaramulla, Sri Lanka, Tel: 94-11-2877129, Fax: 94-11-2877129, Email: ratnaweeralal@yahoo.com

Ms. Zulaikha Shabeen, Assistant Director, Department of Gender and Family Protection Services, Ministry of Health and Family, Roashanee Building, Soasun Magu, Male', Maldives, Tel: 960-3014420, Email: Zulaikha.shabeen@health.gov.mv, shabeenzulaikha@gmail.com

Mr. Bounneuung Sidavong, Head of Division (Elderly), Ministry of Labour and Social Welfare (MLSW), Vientiane, Lao PDR, Tel: 856-21-213006, Mobile: 856-20-54567698, Fax: 856-21-213287, Email: bounneuung08@yahoo.com

Ms. Daovone Symeuangvong, Director, Development Division, Lao Women's Union, Monthatourath Road, PO Box 59, Vientian, Lao PDR, Tel: 856-21-214300, Fax: 856-21-214300, Email: daovone18@hotmail.com

Dr. (Mr.) Nantasak Thammavat, Director, Institute of Geriatric Medicine, Department of Medical Services, Ministry of Public Health, Nonthaburi, Thailand, Tel: 66-2-5918277/5906255, Mobile: 66-81-8168420, Fax: 66-2-591-8277, Email: dr.nantasak@hotmail.com

Ms. Thi Bich Thuy Tran, Vice Director, Health Department of HRD and Training, Training Centre Population and Health, Ministry of Health, 12 Ngo Tat To Street, Dong Da District, Hanoi, Viet Nam, Tel: 84-4-37475383, Fax: 84-4-37472479, Email: tranbichthuydt@gmail.com

Mr. Thavrak Tuon, Director-General, Ministry of Planning, 386, Monivong Building, Boeng Keng Kang I, Chamkar Mon, Phnom Penh, Cambodia, Tel: 855-23-216394, 855-16-839857, Fax: 855-23-216394, Email: thavrak@gmail.com, thavrak@mop.gov.kh

Dr. (Mr.) Manoo Vathisunthorn, Committee Member, Senior Citizen Council of Thailand, Bangkok, Thailand, Tel: 66-89-179-8020, Email: manoo.v@anamai.mail.go.th



Ms. Paranee Watana, Director, Development Evaluation and Communication Office, National Economic and Social Development Board (NESDB), 962 Krung Kasem Road, Pomprab, Bangkok, Thailand, Tel: 662-628-2851, Fax: 662-281-9705, Email: paranee@nesdb.go.th

Ms. Meredith Wyse, Strategic Development Manager, HelpAge International, East Asia/Pacific Regional Development Centre (EAPRDC), 6 Soi 17, Nimmanhemin Road, Suthep, Muang, Chiang Mai 50200, Thailand, Tel: 66-53-225440, Fax: 66-53-225441, Email: meredith@helpageasia.org

---

## **UNITED NATIONS BODIES**

### **UNITED NATIONS POPULATION FUND (UNFPA)**

Mr. Christophe Lefranc, Technical Adviser, Population and Development (Data and Census), Asia and Pacific Regional Office, United Nations Building, 4th Floor, Rajdamnern Nok Avenue, Bangkok 10200, Tel: +662-6870114, Fax: +662-2802715, Email: lefranc@unfpa.org

Mr. Michael Philip Guest, Consultant on Population and Development, Asia and Pacific Regional Office, United Nations Building, 4th Floor, Rajdamnern Nok Avenue, Bangkok 10200, Tel: +662-6870164, Fax: +662-2802715, Email: guest@unfpa.org

Ms. Petra Righetti, Programme Analyst in Population and Development, Asia and Pacific Regional Office, United Nations Building, 4th Floor, Rajdamnern Nok Avenue, Bangkok 10200, Tel: +662-6870111, Fax: +662-2802715, Email: righetti@unfpa.org

Ms. Viennarat Chuangwiwat, National Programme Associate, UNFPA Country office in Thailand, United Nations Building, 12th Floor, Rajdamnern Nok Avenue, Bangkok 10200, Tel: +662-6870132, Fax: +662-28021871, Email: chuangwiwat@unfpa.org

---

## **SPECIALIZED AGENCY AND RELATED ORGANIZATIONS**

### **WORLD HEALTH ORGANIZATION (WHO)**

Ms. Anjana Bhushan, Technical Officer, Health in Development, Division for Health Sector Development, Western Pacific Regional Office, WHO Building, UN Avenue, Ermita 1000, Manila, Philippines, Tel: 63-2-528-9814, Fax: 63-2-528-9072, Email: bhushana@wpro.who.int

## **JOINT SECRETARIATS**

### **ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC (ESCAP)**

Mr. Donovan Storey	Chief, Social Policy and Population Section, Social Development Division, Bangkok
Ms. Helen Tavola	Regional Adviser, Social Development and Planning, ESCAP Pacific Office, Suva
Ms. Cai Cai	Social Affairs Officer, Social Policy and Population Section, Social Development Division, Bangkok
Ms. Maren Jimenez	Social Affairs Officer, Social Policy and Population Section, Social Development Division, Bangkok
Ms. Rebecca Carter	Social Affairs Officer, Social Policy and Population Section, Social Development Division, Bangkok

### **DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS (DESA)**

Mr. Oleg Serezhin	Social Affairs Officer, Technical Cooperation Unit, Division for Social Policy and Development, New York
Mr. Robert Venne	Social Affairs Officer, Focal Point on Ageing, Division for Social Policy and Development, New York