

LIMITED

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**UNITED NATIONS ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE
PACIFIC
VIETNAM WOMEN'S UNION**

National Workshop on Gender Responsive Social Protection - Health Security for the Elderly

12 – 14 March 2008
Hanoi, Viet Nam

AIDE-MEMOIRE

I. Background

Analysis by UNESCAP indicates that rising life expectancies have resulted in and will continue to see the growth of an ageing population throughout the region. At the same time, falling fertility rates are expected to result in a diminishing younger population that is available to care for the older population. In the region as a whole, currently 10 per cent of the population or nearly 0.4 million are aged 60 years or over. The rapidly ageing population and the proportion of the elderly that will make up future populations, presents countries in the region with a variety of challenges in providing for health-care and social security for an increasing proportion of older persons in their population.

The issue of health-care for the elderly is also global and is at the forefront of the global development agenda. Global initiatives such as the United Nations Second World Assembly on Ageing in Madrid in 2002 have contributed towards increasing awareness amongst Governments on issues related to population ageing.

In this regard, regional initiatives such as The Macao Plan of Action (MPA), 1999, and the outcome of the Vienna International Plan of Action on Ageing, adopted at the World Assembly on Ageing in 1982, identified immediate tasks for the Asian and Pacific region in responding to its ageing populations. The Macao Plan of Action, focusing on areas including “the delivery of essential services needed by the growing number of older persons”, provides useful guidelines. One of the seven major areas of concern relating to ageing and older persons, according to MPA, is “health and nutrition”.

The Shanghai Implementation Strategy (SIS), 2002, also identified “advancing health and well-being into old age” as one of the areas of priority. Countries of the Asian and Pacific region have agreed to set a framework within which individual countries can set their own goals and targets for achieving well-being and health in old age.

Given the fact that women far outlive men and that the number of surviving older women far outstrips that of men, responding to the needs of elderly women has emerged as an important social policy issue which needs to be addressed.

To respond to the need, ESCAP organized a regional seminar in 2006 on “Gender responsive health-care and social security for the elderly to successfully meet the challenge of feminization of ageing”. The regional meeting highlighted the fact that it is imperative for countries to explore gender responsive innovative measures for the health security of the elderly.

The national workshops, in Viet Nam and Mongolia, are a follow-up activity to the regional seminar. It is envisaged that this national workshop will: 1) provide a strategic framework to enable the host countries to examine the issue of ageing, with focus on the special health-care and social security needs of women, and 2) assist countries in the development of guidelines for gender responsive health-care policies and programmes. The outcomes of the national workshops will be shared with other countries of the region.

Organization of the Workshops

Date: 12 to 14 March 2008

Venue: Hanoi, Vietnam

II. Overall objective

The objective of this national workshop is to discuss the options for gender responsive health policies and programmes for the elderly. Some examples will be shared of other countries in the region and their policy developments. Some of the policy and programme options for responding to health-care for the elderly will cover the areas of:

I. Income response to enable access to health care

- (a) Compulsory pension scheme on the part of the public and private sectors for women who have been in the work force. Since women generally have lower wages, intermittent services and stay in the work force for a shorter period of time, women have lower or often no pensions. One suggestion is that there could be a stipulation of more of the employers' contribution for women workers.
- (b) Women in the informal sector are at a disadvantage in not having regular wages and earning income in an undocumented and unsupported sector. How to help the majority of women who are in the informal sector is an issue. Some private banks are starting pension programmes. Women can be encouraged to join pension schemes at preferential rates.
- (c) Rural women- micro-credit programmes can incorporate health funds.

II. Health services provision - which includes the following areas:

- (a) Health insurance. There could be private and public partnerships and measures such as preferable premiums for women to support their gender disadvantages in health insurance in old age.
- (b) Improve health services to meet the special needs of elderly women - including related to HIV/AIDS, disability and mental health. Poverty and rural location also disadvantage large numbers of women.
- (c) Information dissemination on old-age related diseases and education for disease prevention targeted to women.

III. Upgrading infrastructure for providing health services

- (a) The need for more primary health-care centers to serve all areas and sections of society.
- (b) Services within primary health-care centers to provide services for ageing populations, with focus on women.

- (c) The provision and use of mobile medical facilities to expand the geographical outreach of health facilities, providing services that are specifically needed for the elderly and, particularly, the poor and women. Periodic health checks that reach isolated or rural women who cannot access health centres.
- (d) Creating more institutions throughout the country, such as old age homes with provision of health-care, are options needed for all the aged and need to be gender responsive to the fact more than 60 per cent of the elderly in 25 years will be women.

IV. Allocation of resources for health care

- (a) The need for increased government spending on health-care programmes with focus on women is an issue for discussion.
- (b) Identifying partners within Government and from the private sector and non-governmental organizations is needed to increase the depth and breadth of services for the ageing provided throughout a country.
- (c) Learning from successful programmes implemented by countries in the region and adopting aspects of successful models to suit national conditions, will also be facilitated by the workshops.

III. Priority areas for gender responsive health policy and programmes

Although there are a number of areas in which policy responses are necessary, our analysis suggests that some priority areas that need the immediate attention of policymakers for a multi-sectoral response to women in ageing populations include the following:

1. Enhancing the income of women in the informal sector and in rural areas
2. Developing health insurance schemes with universal coverage
3. Meeting the special needs of - and providing adequate services to - the most vulnerable groups of women: with disabilities or HIV/AIDS, widows, the homeless and ethnic minority groups
4. Undertaking preventive measures through dissemination of information to stop harmful cultural practices that may include violence, abuse and exploitation of elderly women
5. Examining the potential of primary health-care and mobile medical services to meet the needs of rural women
6. Exploring the possibility of private sector and non-government organizations' participation in the process of providing social security and health-care to meet the needs of the elderly, particularly women.

IV. The National Workshop

Introductory statements and presentations will be made on the substantive agenda items, either by the participating government officials, experts or by the secretariat. The national host organization will co-ordinate and advise the national representatives on their participation. It is hoped that policymakers and decision makers with key roles in national decision making or implementation will attend. Each participant will participate in discussions and presentations on topic(s) related to their work focus or area. At the end of the workshop, a set of recommendations on priority areas for gender sensitive policies will be reviewed.

V. Documentation

The following documents will be made available at the workshop.

1. Provisional agenda
2. Background papers related to the items on the agenda:
 - a. Regional Overview of Gender Responsive Health-care and Social Security for the Elderly, prepared by the Gender and Development Section, ESCAP
 - b. Papers and Presentation of experts from Thailand and the Republic of Korea.
 - c. Other related papers on gender responsive policy and programmes on ageing
3. Vietnamese Participants' papers.

VI. Participation

Senior government officials and decision makers of Viet Nam and eminent experts from the Governments of Thailand and the Republic of Korea will be invited. Representatives from the United Nations system, other international organizations, and gender and women's non-governmental organizations will be invited as well. It is expected that approximately 35 people will attend the meeting.

VII. Language

Local language and English will be the working language of the meeting.

VIII. Expected results

It is expected that the outcome of the discussions would result in senior policymakers from the relevant ministries, particularly those responsible for social security, gender and health policies and each country's national machinery for women, will have knowledge and skills to formulate gender responsive health-care policies, programmes and services for the elderly, particularly addressing the needs of different categories of elderly women, including women facing disadvantages based on poverty, ethnicity, class, disability, minority status and location.

During the National Workshop, officials from various ministries, other national bodies and academic institutions will examine the existing policies and programmes of a country vis a vis the strategic options that are highlighted.

Through national overviews, work group discussions and panels, the country stakeholders will be able to identify particularly priority issues for better gender sensitive policy and programmes for the elderly that will address vulnerable groups of women, such as women in rural areas, women working in informal sectors, disabilities of ageing, HIV/AIDS risk, women as caregivers and social vulnerabilities to violence and exploitation, are other issues that will be discussed. It is hoped that senior officials and policymakers will gain knowledge of policy options available to meet women's varied health-care and social security needs in their country.

The best practices and examples of different policies, programmes and services implemented in two other countries of the region will also be shared, by the presence of experts from those countries who will share their experiences to assist the policymakers in considering the policy options and practical processes for formulating gender sensitive policies on ageing. Regional co-operation will be provided by the participation of country experts from countries such as India, the Republic of Korea, Singapore and Thailand, who will share their national policy and programme experiences.

ESCAP is aware that gender sensitive policymaking on ageing and the needs of women is not yet well established in the region. By holding these workshops, it is hoped that awareness will be raised on the need for gender responsive health policies and programmes. The workshop is also intended as an opportunity for national stakeholders to begin this discussion of the feminization of ageing, and identify health policy areas where the gender dimensions of ageing need to be addressed. The workshop is a means for broadening the view of ageing as a social and health issue, with strong gender dimensions that need to be addressed.