ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

Draft[1]

REGIONAL REVIEW

REPORT OF THE REGIONAL SEMINAR ON FOLLOW-UP TO

THE SHANGHAI IMPLEMENTATION STRATEGY FOR THE MADRID AND MACAO PLANS OF ACTION ON AGEING

18-21 OCTOBER 2004, MACAO, CHINA

[1] This report is based on the presentations and statements made during the aforementioned Seminar. It was compiled and edited by Mr. Osama Rajkhan; Social Affairs Officer, Population and Social Integration Section, Emerging Social Issues Division, ESCAP, with assistance provided by Ms. Lucy M. Mitchell and Ms. Yu Mi Seo, interns with PSIS. The report is not officially edited by ESCAP.

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I. RECOMMENDATIONS

1. In relation to the response of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) to population ageing and old persons issues, the following recommendations for action by governments and by ESCAP were adopted during the fourth day of the Regional Review Seminar (referred to as the Seminar from here on).

A. United Nations response

1. Government

1. Continue, in collaboration with civil society and NGOs in particular, to support the role of ESCAP as the United Nations focal point on ageing in the Asian and Pacific region.

2. Strengthen the resources for the ESCAP programme on ageing to better respond to the mounting ageing-related regional concerns and to meet requests for assistance by member countries.

3. Adopt a harmonized procedure for monitoring the progress towards achieving the goals and objectives of the Shanghai Implementation Strategy and ensure regular feed-back to ESCAP for reporting and dissemination of information to member countries.

4. Continue sensitization efforts and activities related to ageing issues, especially in the areas of social protection coverage, health and long-term care services and protection of human rights of older persons.

5. Prepare the population for old age through financial planning, especially the interest of the spouse, pre-retirement counseling and counseling regarding relationships and health care, pensions and health insurance schemes.

2. ESCAP

6. Organize, in collaboration with United Nations Programme on Ageing (UNPOA), a high-level meeting on ageing in 2006 to review the regional implementation of the Shanghai Implementation Strategy for the Macao and Madrid Plans of Action on Ageing.

7. Track the progress achieved in the implementation of Shanghai Implementation Strategy on a regular basis.

8. Develop guidelines for the effective review and appraisal of the Shanghai Implementation Strategy bearing in mind the wide variation in population situations, capabilities and priorities within (e.g., rural and urban) and among countries in the region.

9. Develop indicators for the measurement of the impact of social protection schemes and health care.

B. Social security and social protection

1. Governments

10. Promulgate or amend existing legislation to support social security and social protection of older persons, as appropriate.

11. Support the effective implementation of legislation related to abuse or neglect of older persons.

12. Promote universal or means-tested income security and social insurance schemes while ensuring effective regulation. Continue to emphasize the importance of the family and other traditional support systems and strengthen their capacities to care for older persons by providing support, while also providing institutional care, as a last resort.

13. Encourage the provision of (price-indexed) social pensions to older persons earning or below the poverty levels, as defined in specific countries.

14. Explore alternative sources of funding to develop pilot (cash transfer) means-tested/needs-based financial support programmes to the poor older persons, especially women.

15. Incorporate social protection measures for the elderly into poverty reduction strategies.

16. Provide (cash transfer) financial and social support and training to older persons who are providing care services to, among others, people living with HIV/AIDS and their dependents. Support the above with evidence-based approaches and research that is also gender-specific and takes into account country specificities.

16. Undertake studies on old age poverty to plan for the size of public transfers and its financing mechanism.

17. Optimize the use of existing data on ageing from census and surveys for planning and evaluating the adequacy of social security and social protection schemes for older persons.

18. Develop a data base on social security and social protection, comprising both qualitative and quantitative data disaggregated by age, sex and income, to use in the formulation of effective intervention strategies.

2. ESCAP

18. Continue to help member countries enhance efforts and develop activities to better meet the requirements of rapidly ageing populations, particularly in the areas that may pose potential difficulty in old age, such as income security and access to health services, long-term care and information.

19. Develop comparative ageing-related Road Maps designed on the basis of best practices and success stories in selected countries of Asia and the Pacific, and disseminate that information to member-country ageing focal points.

20. Undertake research to understand how best to combine important elements of various national social security schemes with existing traditional forms of support and care for the elderly, such as family and community networks.

21. Undertake research to understand how to better utilize existing health and long-term care systems to care for old persons, particularly for the poor or those whose traditional support systems are strained.

22. Explore ways and means for developing of comprehensive social protection strategies and facilitating the family and community to care for older persons.

23. Develop country-specific approaches of monitoring and measurements, with suitable indicators, for assessing the impact of the efforts and activities taken by member countries to meet the aims and objectives of the Shanghai Implementation Strategy.

24. Hold professional consultations on the development of measurable criteria for programme evaluation and the setting of a system of "Service Quality Standards" applicable to various social service conditions.

25. Carry out bottom-up, participatory research to appraise and review the impact of ageing-related policies and activities, so as to supplement quantitative data and data collection methods and yield to governments the benefits of bottom-up, participatory research (such as broadening the sources of information and give older persons opportunities to express their interests and needs).

26. Collect, compile, maintain databases on ageing and disseminate the information to member countries.

C. Health care

1. Governments

27. Supplement traditional medical systems with existing health care services to best utilize the local expertise and available resources.

28. Establish multi-disciplinary mechanisms involving line-ministries, NGOs, the private sector, and the UN system if needed, to tackle long-term health and care challenges, including their financing.

29. Consider increasing supply-side care provision and human resource development related to geriatrics and gerontology and other required skills in collaboration with the UN system and donors.

30. Ensure good quality home care for older persons that is adapted to the needs and skills of both the care givers and receivers.

31. Support older persons' care givers by intelligent coordination of formal and informal care services, training, practical assistance and emotional support, to improve the quality of the care provided and harmonize relations between care givers and receivers.

2. ESCAP

31. Undertake ageing-related research particularly in rural areas focusing on:
    (a) The requirements for health care, ADL disabilities[2] and long-term care for older persons; and
    (b) Health promotion and access to health care.

C. Mainstreaming ageing

2. ESCAP

32. Strengthen institutional mechanisms for mainstreaming ageing into national development frameworks through national focal points, high-level inter-ministerial advisory groups and national coordinating bodies with multi-stakeholder participation.

33. Enhance processes for supporting and implementing the mainstreaming of ageing, including conducting monitoring and evaluation of activities, and (quantitative and qualitative) research/analysis for evidence-based advocacy and policy-making.

34. Identify strategic entry points for mainstreaming ageing in key development initiatives such as Poverty Reduction Strategies Papers and Millennium Development Goals (e.g., disaggregated by age in respect of the MDGs related to eradicating poverty and hunger).

35. Assist member-countries in establishing linkages between ageing-related policies and programmes with those of the key sectors such as education, finance, health, labour, employment; and with aspects of universal design in the development of infrastructure, housing and transportation services, social welfare and life-long learning; and strengthen monitoring and good governance mechanisms.

II. EXECUTIVE SUMMARY

1. Asia is growing older at a rapid pace. On average, the high proportion of aged in the populations of most Asian countries has become apparent in just two decades, whereas it took close to two centuries for the developed countries of the world to reach that state. While not all countries in the region are affected in the same way by the demographic transition of ageing, almost all of them are facing a weakening of traditional support systems that ensured social cohesion in the past. Almost all countries face the risk of intergenerational social tension due to migration, weak or insufficient social protection schemes, and the pursuit of better economic opportunities. Consequently, governments in Asia and the Pacific region are looking hard at the ageing phenomenon, just as the older populations are looking to governments to meet their care requirements in old age.

2. In the more affluent and developed countries of the region, like Hong Kong, Japan, the Republic of Korea, Singapore and to some extent China; the rapid pace of ageing is raising economic and social concerns because of policy implications such as requirements for fiscal policy changes. Countries must thus re-evaluate their social security and health care arrangements. In developing countries like India, Indonesia, Pakistan and Thailand, the pace with which ageing is taking place is such that those countries still have a window of

[2] ADL refers to the activities of daily living

opportunity of 10 to 15 years to better prepare for addressing the challenges of the onset of population ageing. In those countries, traditional values and reciprocal family support systems have prevented fertility from declining as sharply as in the former group of countries. However, the declining capacity of the family to meet the needs of older members means that such informal support systems can not be relied upon today, and much less so in the future. Formal social security coverage reaches about 9 to 30 per cent of the elderly population in developing Asian countries, leaving the rest in a perpetual state of insecurity. While in many countries social and economic human rights protections are defined and legal remedies exist, access to legal services is practically nonexistent. Many countries provide social entitlements but access to those entitlements remains similarly unreachable by many older persons, especially those who need it the most.

3. Hence, the Seminar participants concluded that there is a need to build on existing informal support systems with formal schemes, to create a balanced and comprehensive social protection system that includes health care, human rights protection, access to entitlements and to life-long learning. To mitigate against the uncertainties associated with the family and community care systems, social security benefits and health care services to older persons should be extended and provided on the basis of needs and means.

4. To develop a better understanding of the needs and means of older persons, the impact of ageing-related efforts and activities, and the changing patterns in care demands in old age, ESCAP proposed a bottom-up appraisal and review protocol that is linked to a matrix of instrumental and outcome indicators to monitor and assess aspects of the key action areas in the Shanghai Implementation Strategy for the Macao and Madrid Plans of Action on Ageing in Asia and the Pacific (SIS).

5. A central outcome of the Seminar was the endorsement of that protocol, which was demonstrated and tested by the participating member countries during the Seminar. The protocol has advantages to both governments and civil society (for example, broadening sources of information and enabling older persons to express their needs and interests) and was acknowledged as a decision-making tool for assessing the impact of SIS in the region. The protocol took into account the common issues across the region while remaining relative to local diversity and specificities. To keep it *au current*, member-countries stressed the need to update the protocol on a regular basis with the development of "subjective" indicators to better assess the impact of social protection schemes and health care services. The use of subjective, local-specific indicators was deemed necessary to gauge ageing-related life-quality improvements over time in the region.

6. Another major outcome of the seminar related to the much-anticipated global review of the implementation of the Madrid International Plan of Action in 2007. In that connection, participating member-countries requested ESCAP to organize a High-level Regional Review Meeting on the status of the implementation of SIS, so as to enable regional input to the global review.

7. Other key outcomes were related to political and public commitments for supporting the implementation of existing social security arrangements and developing new schemes to extend coverage. In that respect, the participants were of the view that there was scope for improvement and that governments need to do more, for example by promulgating or amending existing legislation to support social security and social protection of older persons, ensuring the effective implementation of legislation related to the abuse or neglect of older persons and other social protection rights. Social protection measures for older persons should also be incorporated into the MDG analysis and poverty reduction strategies.

8. The issue of data and data collection was considered indispensable for policy-related monitoring and analysis. However, recommendations were made for optimizing the use of existing data and "traditional" data collection methods, such as census and surveys. The bottom-up participatory approach was not seen as a substitute for traditional methods but rather as a supplement, especially where data is difficult to interpret or does not exist. It was nevertheless accepted that the bottom-up participatory approach in collecting and processing data allows the distillation of local findings into policy-relevant information. It also allows for the adjustment of policies and programmes in accordance with the findings of the review and appraisal, particularly concerning the adequacy of social security, social protection schemes and health care services for older persons. To facilitate the adjustment process, it was emphasized that a database on the above would have to be developed, with data disaggregated by age, sex and income.

9. Due to the lack of adequate research in the area of health and rural ageing, it was further recommended that studies be commissioned to understand how to better utilize existing health and long-term care systems for old persons and particularly for the rural poor or those whose traditional support systems were strained. In addition, support was needed for older persons' caregivers by improving coordination between formal and informal care services and providing training, practical assistance and emotional support. More specifically, research needs to be carried out in the areas of (a) the requirements for health care, ADL (activities in daily living) disabilities and long-term care for older persons, and (b) health promotion and access to health care.

10. Lastly, it was recommended that efforts to mainstream ageing throughout the activities of line-ministries should be continued and linked to monitoring and evaluation of the implementation of SIS.

III. INTRODUCTION

11. The Population and Social Integration Section of the Emerging Social Issues Division of ESCAP organised the Regional Review Seminar in collaboration with the Social Welfare Institutes, Government of Macao Special Administrative Region, China, from 18-21 September 2004, in Macao, China.

IV. OBJECTIVES OF THE SEMINAR

12. The main objective of the Seminar was to review the status of the implementation of the Shanghai Implementation Strategy (SIS) for the Madrid and Macao Plans of Action on Ageing since 2002, given anticipated demographic transitions in the region. Another objective of the meeting was to enrich the debate on population ageing and focus attention on issues related to social security protection, including health and long-term care for older persons. To arrive at a better understanding of those issues, ESCAP commissioned the development of a regional monitoring and evaluation draft protocol that is linked to a matrix of instrumental and outcome indicators, the application of which was demonstrated during the Seminar. The draft protocol, based on the bottom-up, participatory research approach, was introduced during the Seminar. The purpose of the draft protocol was threefold: to (1) enable member countries to collect information on the processes related to SIS; (2) develop a decision-making protocol for member countries to assess their ageing policies; and, (3) offer a set of (instrumental and outcome) indicators for measurement.

13. The discussion during the Seminar was guided by several presentations on the progress achieved to date in addressing population ageing issues in the region and by a background paper entitled: "Macao 2004 Guidelines for the Review and Appraisal of the Shanghai plan of Action on Ageing: Draft Protocol". The paper was formulated with reference to the Madrid International Plan of Action on Ageing.

V. ORGANIZATION OF THE SEMINAR

A. Attendance

14. The Regional Review Seminar was attended by officials of the following ESCAP member and associate member countries: Bangladesh, China, India, Indonesia, Kazakhstan, Macao (China), Malaysia, Mongolia, Nepal, Pakistan, Philippines, Republic of Korea, Sri Lanka, Thailand and Viet Nam (see Annex I).

15. The following United Nations bodies, specialized agencies and related organizations were represented: Office of the United Nations High Commissioner for Human Rights and United Nations Population Fund in Beijing.

16. The following NGOs and other organizations were represented: Anugraha (India), HelpAge International (Thailand), National Institute of Older Persons (Indonesia), Earth Identity Project (Japan), Population Research Centre (Institute of Economic Growth, Delhi, India), Prama Foundation, Inc. (Philippines) and Yayasan Emong Lansia (HelpAge Indonesia).

B. Opening of the Seminar

By Ms. Thelma Kay, Director, Emerging Social Issues Division, ESCAP

17. In opening the meeting, Ms. Thelma Kay informed everyone that the Seminar was the culminating activity of a one-year project executed by ESCAP with a generous grant from the Government of Macao, China. The project was entitled: "Enhancing Regional Follow-up to the Shanghai Implementation Strategy for the Madrid and Macao Plans of Action on Ageing".

18. Ms. Kay was not surprised by the current and projected changes of the population age structure, which resulted from both fewer children born and people living longer. What was surprising, she said, was the rapid pace with which those changes were taking place in Asia and the Pacific and - unlike in the West - that structural change in many developing countries in the region would take place before those countries became rich. Most of the projected growth of population over age 60 would be in the Asia-Pacific region.

19. The main challenge facing the developing countries of the region was coping with ageing, although that remained surrounded with uncertainty as demographic changes and economic realities were also changing family social values. The family in the Asian context was a key pillar of support for older persons. If that support system was to remain strong enough to supplement social security and social protection schemes, where they exist, countries must take innovative steps to ensure that the elderly did not become excluded from that traditional form of care. Ms. Kay said that how societies would meet the economic requirements of the older persons and their needs for social support were important questions

facing developed and developing countries alike. She asked whether there was scope for extending the coverage of social security and health care services in Asia and the Pacific.

20. In closing, Ms. Kay hoped that the regional review of ageing-related achievements since 2002 would demonstrate to the participants of the Seminar that while many countries in the region have a window of opportunity to prepare for population ageing, there was good reason to act in an effective and timely manner, to ensure that the elderly were not excluded from a comprehensive care system that included both the family and formal social protection schemes. To better understand the nature, extent and changing patterns of the requirements of older person in the region, Ms. Kay informed the participants that ESCAP had commissioned the development of a draft protocol that consisted of a set of tools for review and appraisal of efforts and activities. Those tools, if adopted, would provide evidence-based information that could encourage policy-makers to adjust existing policies and programmes or come up with creative solutions for coping with the increasing requirements of population ageing.

By Dr. Chui Sai On, Secretary for Social Affairs and Culture, Government of Macao Special Administration Region, China

21. On behalf of the Government of Macao Special Administrative Region of the People's Republic of China, the Honorable Secretary for Social Affairs and Culture warmly welcomed the participants of the Seminar and expressed his Government's satisfaction with, and continued interest in, collaborating with ESCAP towards the implementation of the 1999 Macao Plan of Action on Ageing in Asia and the Pacific and the 2002 Madrid International Plan of Action on Ageing. He considered the Seminar an important "platform to help delegates with the implementation of the Madrid and Macao Plans of Action on Ageing." He was also confident that the joint efforts of all stakeholders in government, civil society and the private sector would lead to the achievement of the desired goals and objectives of the Plans.

22. Concerning his government's recent response to the developmental needs of population ageing, the Minister said efforts were made to collaborate with "non-governmental organizations and the aged groups to consolidate and develop elderly service provisions aimed at improving quality of life and enhancing supports to the elderly." Long-term care systems and health promotion for older persons had been prioritized as a targeted goal in the "5-year policy addresses".

C. Election of officers

23. The Seminar participants elected the following bureau:

Chairperson: Ms. Rajwant Sandhu, Joint Secretary, Ministry of Social Justice and Empowerment, New Delhi, India

Vice-Chairperson: Ms. Rhoda F. Yap, Assistant Secretary for Policy and Programs, Department of Social Welfare and Development, Quezon City, Philippines

Rapporteur: Mr. Bienvenido Rola, Adjunct Professor, Strategic Planning and Policy, Institute of Strategic Planning and Policy Studies, College of Public Affairs, University of the Philippines, Los Baños, Laguna, Philippines

D. Adoption of the agenda

24. The Seminar adopted the following Agenda:

1. Opening of the Seminar
2. Election of officers
3. Adoption of the agenda
4. Review of the progress made since the Second World Assembly on Ageing
5. Social security protection
6. Health issues and population ageing
7. Country presentations
8. Guidelines for implementation of Plans of Actions and future research
9. Adoption of recommendations
10. Other matters
11. Closing

II. PROCEEDINGS OF THE SESSIONS

A. Review of the progress made since the Second World Assembly on Ageing

Demographic dynamics and population ageing in Asia

By Mr. Bhakta Gubhaju, Population Affairs Officer, Population and Social Integration Section, Emerging Social Issues Division, ESCAP

25. Dr. Gubhaju gave an overview presentation on the fertility transition and its implications on population ageing in Asia. Countries in Asia have experienced inevitable and irreversible demographic shifts as evident in its fast growing ageing population. While the transition from the young-age population to the ageing population occurred over a much longer period in the West, the speed of ageing was much faster in the low-fertility countries of Asia. The implications of population ageing included labour force shortages, an increase in elderly dependency ratio, and the feminization of the elderly population.

26. As the Asia region contained over 60 per cent of the global population, the absolute size of the older population was a major concern. While the overall population growth rate had been declining over time, the number of older persons was increasing at at least twice that rate. In addition to the increase in numbers and proportions of older persons in the population, a gender disparity in the improvements in the life expectancy at birth was likely to result in a much higher percentage of females in the older age groups, particularly in the age group 80 years and older. Many such people were widows and more likely to be illiterate and poor.

27. As a consequence of population ageing, governments could foresee the different challenges they would be forced to address. Governments in Asia needed to recognize the urgency for formulating relevant policies for the elderly ahead of time, given timeframes of several decades for government old-age pension insurance schemes to mature and operate at full scale.

28. Dr. Gubhaju also highlighted ESCAP's response the issue of population ageing in the Asia and Pacific region, specifically in the areas of policy adoption and supporting programme implementation. He concluded by outlining future research needs in the region.

ESCAP Response to the UN Agenda on Ageing in Asia and the Pacific

By Mr. Bienvenido Rola, Resource Person, Adjunct Professor, Strategic Planning and Policy, Institute of Strategic Planning and Policy Studies, College of Public Affairs, University of the Philippines, Los Baños, Laguna, Philippines

29. As the United Nations focal point for ageing in the Asia and Pacific region, Mr. Rola said that ESCAP effectively responded to the global calls to assist member countries in formulating national plans of action on ageing, with a view to linking those plans to ones related to social and economic development. He provided a brief outline of ESCAP's response, in the context of slowly increasing interest in the topic of ageing in the region, particularly during the early 1990s:

(1) 1982: First World Assembly on Ageing (held in Vienna, Austria) adopted the International Plan of Action on Ageing, which elevated the issue of ageing to the global level. The Plan contained 62 recommendations for action in the areas of: health and nutrition; protection of elderly consumers; housing and environment; family, social welfare; income security and employment; and education. However, little was done to implement those recommendations.

(2) 1991: United Nations Principles for Older Persons. Those consisted of 18 principles that covered five categories: independence; participation; care; self-fulfillment; and dignity.

(3) 1992: Proclamation on Ageing. That Proclamation, adopted by the United Nations General Assembly, paved the way for the 1999 International Year of Older Persons and gave further impetus to the work of the UN Programme on Ageing.

(4) 1995: World Summit for Social Development. The regional commissions were invited to bear in mind the goals of the International Year of Older Persons (1999) and requested to convene regional meetings in 1998 and 1999 to develop regional plans of action on social development focusing on poverty alleviation, employment expansion and social integration. The Programme of Action of that World Summit (held in Copenhagen, Demark) marked the beginning of the conceptual framework of "a society for all ages". Viewed as the fundamental aim of social integration, it refers to a society where "… every individual, each with rights and responsibilities, has an active role to play". Consequently, ESCAP's activities focused on three areas: strengthening regional and national capacities for developing policies and programmes for the integration of older persons in existing development strategies; promoting cooperation between governments and NGOs; and preparing for the International Year of Older Persons.

(5) 1997: Regional Seminar on Government-NGO cooperation in Macao. That was preceded by a regional workshop for NGOs focusing on government-NGO cooperation for the benefit of older persons. At the seminar, a set of recommendations on measures to promote government-NGO cooperation for older persons were adopted (ST/ESCAP/1805). That seminar was followed by the Workshop in Preparation for the International Year of Older Persons (held in Beijing), which considered and revised a draft plan of action on ageing for Asia and the Pacific. That draft plan was later adopted at the ESCAP organized Regional Meeting on a Plan of action on Ageing for Asia and the Pacific (held in Macao, China). The Plan, known as the Macao Plan of Action, was subsequently endorsed by ESCAP Commission Resolution 55/4 during the Commission's 55th session (of 1999). That Plan provided a set of concise recommendations and specific guidelines, forming a framework

within which individual countries could set their own goals and targets. The Plan of Action draws on the 1982 Vienna International Plan of Action on Ageing, the 1992 Proclamation on Ageing of the United Nations, and various other internationally agreed principles. The resolution also requested the secretariat to formulate guidelines for policy implementation and to assist governments in planning attainable goals and targets.

(6) 1998: Preparations for commemorating the Year of Older Persons - Towards a Society for all Ages. ESCAP urged all members and associate members to take early and effective action to implement UN resolutions concerning older persons and make preparations of the Year.

(7) 1999: International Year of Older Persons - Towards a Society for all Ages. That year was designated by the UN General Assembly, and celebrated by national, regional and international initiatives in the areas of awareness raising, partnership formation, and networking. ESCAP convened the International Symposium on Planning Attainable Targets for Societies for All Ages (in Macao, China) late that year to provide a forum for member countries to exchange information and views on policies and target-oriented plans and programmes. Information on the preparations for the Second World Assembly on Ageing to be held in Madrid in 2002 was also exchanged.

(8) 2001: Regional Seminar on National Policies on Ageing and Follow-up to the Macao Plan of action on Ageing (held in Manila, Spain). That was part of a series of regional preparatory activities in support of the Second World Assembly on Ageing.

(9) 2002: Second World Assembly on Ageing (held in Madrid, Spain). Representatives from 159 countries developed a revised international policy document on ageing, to replace the earlier Vienna Plan of Action. The main outcome of the Assembly was the Madrid International Plan of Action on Ageing (MIPAA), the most important United Nations document on population ageing for 20 years. The MIPAA was developed to guide international policy action on ageing through the 21st century. The General Assembly endorsed the Political Declaration and MIPAA in its resolution 57 / 167 (December 2002).

(10) 2002: ESCAP conducted a regional survey of national policies and programmes on ageing to identify key priorities and actions to enhance the implementation of MIPAA, the results of which formed the basis of the Shanghai Implementation Strategy.

(11) 2002: Asia-Pacific Seminar on Regional Follow-up to the Second World Assembly on Ageing (held in Shanghai). Participants formulated a region-specific strategy for action entitled the "Shanghai Implementation Strategy: Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002 and the Macao Plan of Action on Ageing for Asia and the Pacific 1999"(known as SIS).

30. ESCAP implemented the aforementioned activities in collaboration with many entities from in and outside the UN system, governments, NGOs and the private sector.

Ageing in Asia: Tracking Progress

By Mr. Osama Rajkhan, Social Affairs Officer and Human Rights focal Point, Population and Social Integration Section, Emerging Social Issues Division, ESCAP

31. Building on the demographic facts presented previously, Mr. Rajkhan mapped out the projected demographic transition in Asia and the Pacific and focused on the consequences of the transition in the age structure of Asian societies. He emphasized priorities for attention in the region, namely: social security protection for individuals who are not covered by formal social security schemes; and the provision of sustainable health and long-term care for the ageing population.

32. He stressed that what was surprising about the ageing population in the region was the rapid pace at which it was taking place. The rapid change in the age structure would bring about a significant increase in the dependency ratio between the number of older persons and working adults - dependency in Asia that was already ready fueling intergenerational tension, exacerbating the social exclusion of older persons and suffering. Ensuring gender equality in old age was highlighted in the presentation, since women, on average, out-lived men and they continued to experience discrimination in access to social services including health care in many parts of Asia.

33. For a comparative perspective, it was pointed out that in the more affluent West, governments provided most or all of the social protections and services required in old age. That was also true in the case of Japan, where older persons benefited from universal medical and hospital insurance as well as pensions. Those schemes were funded through taxation and workers' contributions. However, in spite of their current ability to provide such coverage, most Western and rich Asian countries were concerned about the sustainability of old age social security benefits and health care schemes - longer life spans and shrinking birth rates were posing strains on pension systems and health care budgets. In the developing world, the same phenomenon conjured images of uncertainty or bleakness for older persons as most of those countries had yet to accumulate the resources needed to meet the requirements of population ageing, much less sustain them.

34. The main causes of rapid ageing in Asia were by and large attributed to successful economic development and social advancements since the 1960s, coupled with efficient family planning programmes which lowered fertility levels significantly in most countries across the region. As countries had seen rising per capita incomes, higher levels of educational attainment, and the changed role and status of women, family sizes had become smaller, intergenerational values had changed and fertility had declined. There had also been, improvements in public health care, including disease control or eradication, and nutrition, and mortality had reduced considerably. The combination of. fertility decline and increased life expectancy resulted in rapid population ageing.

35. The consequences of rapid ageing differed from one region to another. In the countries that were more developed, like Japan, Republic of Korea and Singapore, rapid ageing was associated with labor shortages, rising wages, strained pension systems and concerns about quality of post-retirement living standards. Housing and health care provision were areas that may pose particular difficulty for older persons, particularly those in lower income brackets.

36. To demonstrate the impact of effective social policy implementation on reducing fertility, Mr. Rajkhan related the experience of Singapore over the last 4 decades[3]. The

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[3] Hateley and Tan, 2003.

effectiveness of family planning programmes in Singapore was testimony to the government's ability to effect change in behavior, which saw total fertility levels fall from more than 6 children per woman in late 1950s[4] to 1.4 in 2004[5]. Ironically, the efficiency with which that success was achieved was a source of current concern about population ageing.

37. The issue of future population productivity in Asia was also touched upon during the presentation, as the phenomenon of rapid ageing would likely lead to the gradual erosion of skilled labor. Particularly in the more developed countries of the region, labor replacement was not commensurate with rates of retirement. Raising the retirement age was one solution that had been explored but its effectiveness remained to be seen. The high demand for skilled labour in the developing countries in the region, due to economic growth, had a bearing on the quality, cost, availability and turnover of skilled labour, which ultimately lead to labour shortages and rising wages.

38. In countries with widespread poverty and slower economic growth, some elderly people faced severe difficulties generating income and accessing housing, transportation and health care. They were also at risk of social isolation and abuse as the family's capacity to support them declined. Further, communicable diseases such as HIVAIDS and malaria were placing further strains on the ability of families and societies in those countries to cope with the requirements of care in old age, particularly where older persons were also caring for orphaned grandchildren. The ageing process in developing countries was further complicated with a weak ability to manage emerging shifts in disease patterns in old age, such as high blood pressure, diabetes, urinary disorders, osteo-arthritis of the joints and cardiovascular disorders[6], in addition to mental health disorders. The onset of those clinical disorders amongst the older population, which were the leading causes for death and disability, increased the burden of care significantly[7].

39. The many contributions to the Second World Assembly on Ageing in Madrid demonstrated that most countries in the world, irrespective of their development levels, would face significant policy challenges and can ill-afford to ignore them. To address those challenges, policy-makers must initiate changes in fiscal policy and current spending priorities. The caring requirements for older persons outside contributory social security schemes were likely to entail cash transfers or allowances, which would likely necessitate building effective social safety nets to prevent destitution in old age. Further, because of the projected increases in health care cost, and because the onset of certain disabling diseases can be prevented or delayed, policy-makers had the responsibility to develop programmes that educated and prepared the public for healthier active-ageing.

40. Given the sheer numbers of older persons in the region, it was a logical place to test initiatives aimed at making those older people more productive, healthier, and better integrated through social support systems. Indeed, the global norms on ageing such as the Madrid International Plan of Action on Ageing, called for developing innovative ways to cope with the needs and requirements of the elderly to ensure their continued productive and active living throughout life.

41. However, as the Madrid Plan had more of a focus on issues in developed countries, a different strategy on ageing was thought to be necessary. Countries in Asia and the Pacific were the most diverse globally, in terms of development levels and wealth. Countries in the

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[4] Yap 2000, Gubhaju and Moriki-Durand, 2003.
[5] ESCAP, 2004.
[6] Bagchi, 2003.
[7] WHO, 2001.

Region needed to realign priorities on ageing and needed the modalities of review and appraisal to be decided as soon as possible. Subsequently, the Commission for Social Development and the Economic and Social Council affirmed the need for a bottom-up approach to the review and appraisal of the Plan, through sharing of ideas, data collection and best practices.

42. Hence, ESCAP's efforts focused on regional demographic data that is critical for future social and economic initiatives aimed at improving the well-being of old persons, especially the poor. A country became "gray" or ageing when 7 per cent or more of its population were over 60 years old. Most countries in the region had upwards of 12 per cent and some developed countries in the region had already surpassed the 20 and 30 per cent marks.

43. Subsequently, ESCAP developed a comprehensive response to the regional ageing mandates from Macao and Shanghai, which consisted of several elements including a regional survey of demographic changes, documenting the rapidity with which ageing was taking place in the region and it's consequences. The response also involved documenting the various existing policy models for the care of older persons in the region and developing a participatory, bottom-up model for monitoring and evaluating the impact of ageing-related projects and activities.

44. The latter was developed because it was quickly realized that there was a need to elaborate a participatory modality that relied on the experience and interests of older persons, the existing resources in the community, the ways they are organized, their attitudes and religious beliefs, and the availability of skills at the local and national level.

45. Why elaborate such a model? Mr. Rajkhan explained that ESCAP wished to conclusively and scientifically assess the real life forces affecting older persons. To reach a better understanding of the nature, extent and changing patterns of certain social problems - which were obstacles to achieving the goals of ageing-related efforts and activities – and to better understand the skills and resources that existed, or did not exist, conceptual tools were necessary. With such understanding, it would be possible to address the problems, mitigate their negative impacts and deal with them appropriately.

46. During the year of 2004, ESCAP reviewed the status of the Plans in the region pursuant to the Guidelines of Shanghai Implementation Strategy (SIS) and developed participatory research methods and indicators that were tailor-made for the member countries in the Asia-Pacific Regions. ESCAP also developed a protocol for member countries to assess their ageing policies, offering a set of (instrumental and outcome) indicators for measurement.

47. Mr. Rajkhan suggested 6 areas that should be explored, while taking into account the experience of the region. The next steps for action by governments and civil society were suggested in related to those areas: (1) Expand social security coverage so that older persons can rely on pensions, personal savings and funded public programmes for retirement; (2) Develop post-retirement sources of income; (3) Eliminate mandatory retirement programmes; (4) Eliminate discriminatory practices against older persons, especially women; (5) Tap the experience and wisdom of older persons to ensure their continued contribution to the development of society; and (6) Protect and promote the human rights of older persons, particularly in areas that may pose difficulty in old age.

Macao 2004 Guidelines for the Review and Appraisal of the Shanghai Plan of Action on Ageing

By Mr. Alfred Chan Cheung Ming, Director of Asia-Pacific Institute of Ageing Studies, Ms. Fong Meng Soi Florence, Senior Project Officer, APIAS, and Mr. Wong Hon Yui Eric, Project Officer, APIAS, Lingnan University, Hong Kong

48. Ms. Fong and Mr. Wong presented the priority directions of MIPAA and SIS from a comparative perspective, highlighting Asia and Pacific context, and emphasizing the initial purpose of the developing the SIS.

49. Professor Chan said that the guidelines for SIS, the bottom-up participatory approach for the review and appraisal of the Plans, and the indicators for monitoring, were all developed to cater to the specificities of Asia and the Pacific. Although the MIPAA guidelines were specific and suited to reviewing and appraising the ageing situation in European countries, the SIS guidelines could still be compared with and incorporated into MIPAA, to give an overview on action on ageing in countries in both regions.

50. More specifically, he explained that the objectives of the SIS guidelines, and indicators protocol were threefold:

(1) To enable member countries to collect information on the process of SIS;
(2) To develop a protocol for member countries to assess their ageing policies; and,
(3) To offer a set of (instrumental and outcome) indicators for measurement.

51. Those guidelines were primarily aimed at national governments, to help improve the standards of living of older persons. In accordance with the SIS, officials of those governments had the primary responsibility of implementing the recommendations and monitoring implementation progress and its impact. However, the SIS also underscored the need for partnerships with civil society and the private sector in implementation of the Plan. Those Guidelines could, therefore, also be used by non-governmental organizations (NGOs), academia, the private sector, and older persons themselves, who were involved in the implementation and monitoring processes at the local and national levels.

52. The guidelines were offered as practical tools for review and appraisal. They were intended as a starting point for determining progress in implementing the SIS. In addition to providing concrete methods for assessing the progress, the guidelines also contained some examples of good practices in the regions such as from Thailand and China. The guidelines were not meant as a complete set of tools for review and appraisal, but rather as a set of general principles to which the different countries of the region could refer, while using other initiative and creativity in the process.

53. Mr. Chen acknowledged that countries in the region were diverse, and for that and other reasons, it was necessary for them to determine their priorities on ageing and quickly decide the modalities of review and appraisal. In fact, the Commission for Social Development and the Economic and Social Council had affirmed the need to have a bottom-up approach to the review and appraisal of the Plan, through the sharing of ideas, data and best practices.

54. How people think about older persons had been the subject of debate at the United Nations for some years. What did it mean to be old? In that regard, the United Nations attempted to introduce a new concept of how old age and demonstrated ways in which older persons act as agents of change. The UN stressed the need for older person to reap the

benefits of that progressive view of ageing. Thus it was argued that ageing could not be separated from other issues of social integration, gender advancement, economic stability or poverty. As societies continued to age, ageing issues would have an increasing impact on the ways in which society interacted with economic and social welfare institutions, and on the lives of families and communities.

55. The issues outlined above have led to the UN to call for A Society for All Ages – one that recognized the demographic changes that were taking place in society towards an ageing world, and the profound effects that had, and would continue to have, on society. The concept of A Society for All Ages was rooted in the Programme of Action, adopted at the World Summit for Social Development in Copenhagen in 1995. At the Summit, Member States explored the meaning of "a society for all". Viewed as the fundamental aim of social integration, it was a society where "…every individual, each with rights and responsibilities, has an active role to play". By integrating "age" into a society for all, the approach was multigenerational and holistic. "Generations invest in one another and share in the fruits of that investment, guided by the twin principles of reciprocity and equity".

56. Many countries within the Asia and Pacific region were already taking active measures to deal with the challenges of population ageing and to create a "society for all ages". The Macao Declaration and Plan of Action on Ageing for Asia and the Pacific endorsed by Governments in the region in 1999 addressed 7 areas of concern relating to ageing and older persons. They were: (a) the social position of older persons; (b) older persons and the family; (c) health and nutrition; (d) housing, transportation and the built environment; (e) older persons and the market; (f) income security, maintenance and employment; and (g) social services and the community. The Macao Plan and MIPPA provided a platform for members of the region to cooperate and share their experiences in policies and programmes to meet the challenges of ageing.

57. The results of the regional survey on ageing conducted by ESCAP in June 2002 with the support of the Government of Macao, China, revealed common trends and priorities in national policies and programmes on ageing, as well as diversities in policy development and implementation among the economies in the region. While it was generally acknowledged that ageing was a positive outcome of combined social, economic and health advances, the challenge faced by many countries in the region was to develop appropriate policies and take practical measures to transform that positive concept of ageing into reality. Countries that had already developed national policies on ageing would have to move on to a more prepared and structured strategy in dealing with population ageing over the next 30 to 50 years. A national strategy to prepare society for the challenges of ageing was essential in ensuring that the goals of active ageing were achieved. The Shanghai Implementation Strategy (SIS) aimed to provide guidelines on the implementation of commitments on ageing made under the Madrid International Plan of Action on Ageing and the Macao Plan of Action on Ageing for Asia and the Pacific.

58. The SIS comprised 4 key dimensions: (1) Older Persons and Development, (2) Advancing Health and Well-being into Old Age, (3) Ensuring Enabling and Supportive Environments and (4) Implementation and Follow up. Those 4 key aspects had been extensively discussed and acted upon in many countries in the Asia and Pacific region. Mr. Chan explained that, in general, a total of 16 key facets had been addressed under the 4 key dimensions (below).

1) Older persons and development

59. With regard to mainstreaming ageing into development policies and promoting the full integration and participation of older persons, many countries had encountered a considerable number of difficulties. The difficulties included a lack of funds, insufficient training for implementation, ineffective inter-department cooperation and staff shortages. Ageing issues should be mainstreamed into the policy agenda, so that a suitable and sustainable long-term care policy could be developed[8]. Further, creative solutions were required to prevent isolation, neglect and abuse of older persons. In the absence of more formal employment opportunities and adequate social protection/social security provision, it was important to develop alternative approaches to income security for older persons.

60. Older persons were able to provide assistance during emergency situations by assuming primary care-giving roles due to their ability to cope with difficulties and their life skills, which were useful in rehabilitation and reconstruction of communities after emergencies.

61. A major challenge facing society was how to effectively correct and change the often negative stereotypes of older people among the general population. Despite the fact that strategies formulated to promote positive images of older persons had been developed to varying degrees, the stereotyping of older people as dependent, frail, stubborn and without contribution and creativity still prevailed, especially when they are portrayed in the mass media.

62. Mr. Chan explained that measures to achieve productive ageing through the continued employment of older persons in the workforce were yet to succeed in the region. To improve income security in old age, there was evidence of greater interest in governments providing minimum subsistence benefits through non-contributory pensions for rural populations, or means-tested benefits for the poor and needy in the informal sector. There had also been suggestions about cross-generational contributions, requiring children to pay for their parents' daily expenses.

63. Since women were more vulnerable than men in old age, were more likely to lack income security and skills and to be widowed, and were often primary care givers, policy makers in the region were encouraged to adopt a gender perspective in their formulation of policies and plans of action.

II) Advancing Health and Well Being into Old Age

64. Mr. Chan reported that non-communicable diseases were most effectively managed, including from a cost perspective, through the primary health care sector. The provision and development of long-term care formed a serious challenge for many countries in the region. Long-term care systems in many parts of the region were immature and consisted of fragmented residential care and some limited official and voluntary home and community care. The majority of care for dependent older persons was provided by family members with scarce community-based resources. In addition, there had been a lack of quality assurance mechanisms and regulatory provisions in formal long term care.

[8] Leung, 2000; Ishikawa and Maeda, 2000.

III) Ensuring Enabling and Supportive Environments

65. Families remained the primary caregivers of the vast majority of older persons in region. However, the capacity of the family to provide care for elderly members was declining due to urban and rural migration, unemployment, and internal family pressures. Those family situational changes were taking place while old-age dependency and disability were increasing. In order for families and communities to continue to care for older persons, strong support from governments and other actors might be required. To enable families to effectively took care of older relatives, improved housing characterized by barrier-free and age-friendly designs were still needed.

66. The demands for better social and community services highlighted the need for more effective coordination and cooperation among agencies and government departments providing services. Some equally important aspects included the correct assessment of needs and matching of appropriate services for older persons. Other important factors included the monitoring of standards and quality of services specially targeted for older persons.

67. Supporting caregivers through training, information, psychological, economic, social and legislative mechanisms received lower priority in the region. That may lead to deprivation of services for caregivers, in many cases, elderly women and female spouses. The HIV/AIDS pandemic in several countries in the region had also added to the responsibility of caregivers. More attention was required by governments to render direct care and support to caregivers.

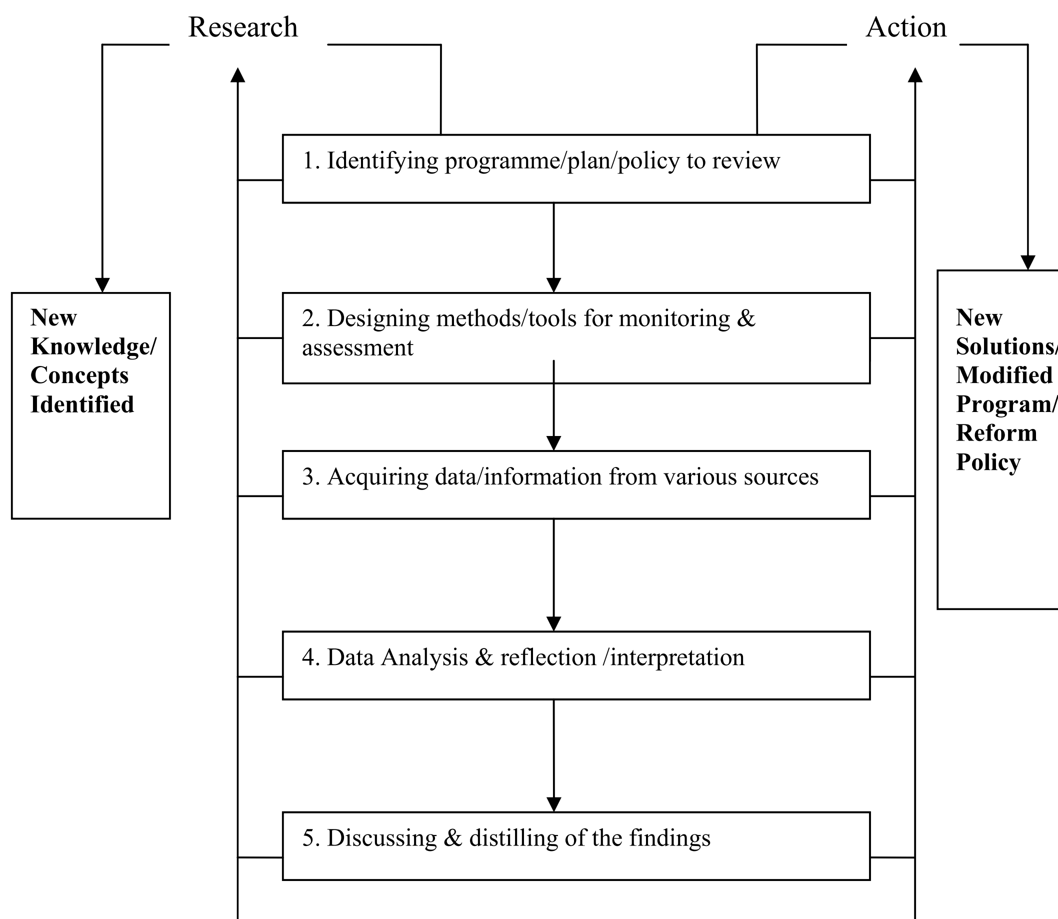
68. With regard to their human rights, it was recognized that neglect, abuse and violence against older persons takes many forms - physical, sexual, psychological, emotional and financial. The rights of older persons as an important group with common needs, interests and preferences, must also be recognized for them to receive proper goods and services.

69. Concerning follow-up and implementation, many countries in the region were found to have developed national policies, plans of action or legislation on ageing. For those countries that had not yet developed a national plan on ageing, Mr. Chan suggested that immediate action was required. However, for those that had adopted a national plan of action on ageing in response to the recommendations of the Macao and the Madrid Plans, the challenge was to implement their plans and find ways to overcome difficulties in resources, knowledge, expertise and other areas. Review and appraisal was thus a necessary process.

70. The process of review and appraisal had two main objectives: 1) To monitor and evaluate effectively and efficiently the implementation of policies and or programmes at different levels (i.e. community, district, national, regional); and 2) To refine programme and policies. It was a parallel, circular and repeated process which involved three key processes, namely the: (1) Formulation of aims; (2) Development of new and refined practices; and (3) Dissemination of results.

71. The five stages for the review and appraisal of the plans presented at the Seminar were depicted in the figure below. The framework for the review and appraisal was guided by the principles of participatory action research.

Framework of the participatory approach for review and appraisal



72. To illustrate the example, Prof. Chan applied the framework and indicator matrix (see Annex II) to the situation of ageing in China. The first step, he said, was to identify a specific programme, plan, or policy to review and appraise, and set the degree of priority given for action. That step should be followed by developing research methods and measurement tools for monitoring and evaluations. It was crucial to develop a cultural sensitive measure instruments to evaluate the outcomes of the target programme/policy plan given the diversity of mainland China. The bottom-up, participatory approach was regarded as appropriate for different categories of people, for example key informants, older people, and community partners that could all actively participate in the programme monitoring and evaluation. Thirdly, the research team must collect the relevant data through different sources. That enabled views from different parties to be transmitted to policy makers. A wider picture of the programmes or policy impacts that affected individuals and the community as a whole could thus be ascertained. Once the data was collected, the next step involved analyzing and interpreting that data and the impacts of the programmes, and then making suggestions on actions to improve the aims or implementation methods. The last step was to discuss and disseminate the findings, as well as new policy concepts, to different parties. Hence, the effectiveness and outcomes of the programmes or policy plan would be continuously improved.

73. Mr. Chan explained why the development of measurement instruments was significant and noted that many statistical databases on population transition, including social

development indicators, poverty index, health care index and quality of life indicators, were well-developed and well-recognized by the international scientific community.

74. The steps for indicator development were as follows:

i. Select currently available indicators for exploring areas, according to existing programmes use and literature;
ii. Define target groups;
iii. Select target groups to be consulted;
iv. Develop indicators with the different stakeholder groups;
v. Test those across different target groups for appraisal of the resonance and effectiveness;
vi. Prioritize the indicators offered;
vii. Carry out fieldwork to gather data for the indicators;
viii. Create lists of indicators for full evaluation use and indicators with specific resonance for different actors;
ix. Compare data, analyze and present results in a visual fashion to different stakeholder groups; and
x. Identify recommendations for the programme, plan or policy.

75. Both quantitative (instrumental) and qualitative (outcome) indicators were suggested (see Annex II), although the process of selection of indicators was, by nature, evolving. Some procedures and methods used for data collection were also explained, namely participatory methods, triangulation and Rapid Appraisal methods.

76. For the data collected to be considered credible, it was crucial for it to be upheld by the stakeholders, notably older persons and policy makers. Hence, the research team must secure the agreement of those two parties. Further, it must be upheld by data checks and the must be compatible with the categories formed by international organizations such the United Nations and other recognized agencies.

77. In developing indicators, policy makers were advised to take into account the following suggestions:

i. Negotiate with target groups;
ii. Include both quantitative and qualitative indicators, which may be simple and inexpensive);
iii. Build in reviews and appraisals at the funding application stage;
iv. Give a time frame for periodic reviews; and
v. Be culturally sensitive across programmes, districts and regions.

78. The bottom-up participatory approach appraisal and review methods could supplement other quantitative data collection methods and have many benefits for governments. For example, among other things, they could broaden the sources of information and give opportunities to older persons to express their interests and priorities.

The Human Rights of Older Persons

By Ms. Wan-Hea Lee, Regional Representative of the Office of the UN High Commissioner for Human Rights

79. The purpose of the presentation was to help the participants better reflect human rights in their deliberations, and to help them determine actions with respect to older persons from a rights perspective. The rights were guaranteed in national law as well as in the rich

body of international law emanating from the Universal Declaration of Human Rights. States in the region had been particularly protective of participation rights, and had actively promoted them by making the right to development one of the four "pillars" of human rights protection in the region.

80. The International Covenant on Economic, Social and Cultural Rights provided for the rights of all persons to an adequate standard of living, to the highest attainable standard of health, to adequate housing, to safe food and water, to participate in cultural life, and to social security. The International Covenant on Civil and Political Rights set out another set of essential rights and freedoms, including the right to assemble, the right to information, the right to privacy, and freedom of expression and opinion. The UN Committee on Economic, Social and Cultural Rights, the body which monitors implementation of the Covenant on Economic, Social and Cultural Rights, offered advice to States on how they should go about implementing the Covenant. The rights-based approach required a focus of attention on such vulnerable persons and taking special measures for their protection.

81. The rights-based approach, in contrast to the needs-based or welfare-based approach, was grounded on the principle of universality and inalienability. Welfare or charity could be given with all good intentions, but it did not equate to an entitlement, which was what human rights were. That becomes all the more important in times of severe resource constraints. For something to become an entitlement, the relationships that were necessary for the entitlement to materialize must be well set out. In other words, it must be made clear who was entitled to what, and whose duty it was to guarantee that they obtained it. That was the first characteristic of a rights-based approach: the identification of duty-bearers and rights-holders.

82. Secondly, policy-makers must consider what would happen if that relationship did not function properly. That painful question required a look at the accountability structures in place. The UN Committee on Economic, Social and Cultural Rights, the body which monitors implementation of the Covenant on Economic, Social and Cultural Rights, has offered advice to States on how they should go about implementing the Covenant. In its General Comment Number 6 on the rights of older persons, the Committee advised that States must determine the nature and scope of problems within their territories through regular monitoring, to adopt properly designed policies and programmes to meet requirements, to enact legislation when necessary and to eliminate any discriminatory legislation and to ensure the relevant budget support or, as appropriate, to request international cooperation. In the eventuality that some older persons found themselves without support, there should be channels of communication that enabled them to voice their concerns and problems, including at the individual level. There should also be channels for redress. The above thus highlighted the third key component of a rights-based approach and the need for grounding State obligations in law, both national and international.

83. Fourth and lastly, the rights-based approach required taking a conscious look at questions of vulnerability and discrimination. In every society, there were groups that were more vulnerable than the rest. They were sometimes characterized by their ethnicity, religion, geographic location, or social status. Within those groups, we would often find sub-groups that were more vulnerable than the rest. For example, it was often the women who suffer the most, for they were often denied access to education and other opportunities for economic and political participation and advancement. The Committee on Economic, Social and Cultural Rights advised States to pay particular attention to older women who may have spent all or part of their lives caring for their families without engaging in a remunerated activity that would have entitled them to an old-age pension, and they may also not be entitled to a widow's pension. They were thus often in critical situations.

84. The rights-based approach required everyone to focus their attention on such vulnerable persons and take special measures for their protection. For those who were unable to provide for their own livelihood in their advanced years, the Committee recommended the establishment of non-contributory old-age benefits or other assistance for all persons, regardless of their sex. According to the Committee, given their greater life expectancy and the fact that it was more often they who had no contributory pensions, women would be the principal beneficiaries.

85. The rights-based approach thus held far-reaching implications that, if seriously pursued, would require measures to reach out to many levels of duty-bearers. Within the Government, there were implications for policy-makers, legislators, down to the statisticians who collect data. There were implications for every public official that came into contact with the public because for accountability mechanisms to function well, the instruments of access must be open. For other duty-bearers in society, including families and care-givers, again the responsibilities must be clearly outlined. The State remained the ultimate duty-bearer, ensuring that alternatives were available for those who fall through the cracks.

86. Ms. Lee explained that while the human rights framework provided for the rights of all persons, including older persons, there was not as yet a specific international law that specifically provided for the rights of older persons. However, the Madrid and Macao Plans of Action provided a solid starting point for a discussion of their rights. In reviewing those plans, she recommended having a "clear human rights lens". She commented, for example, that the language of the plans of action need to be revisited, and the "shoulds" needed to be replaced with references to their rights. For example, statements that the elderly *should* have access to services, that Governments *should* provide for social protection, could be re-drafted to emphasise rights. The Plans must give special focus to the most vulnerable among the elderly. An international or regional instrument of that nature would be invaluable for laying out the human rights of older persons. The impact that those standards have on the lives of older persons, particularly the most vulnerable, would be maximised when the laws, policies and programmes affecting them were reviewed and implemented through a rights-based approach.

Mainstreaming Ageing: the Link between Madrid and the Millennium Development Goals

Ms. Thelma Kay and *Mr. Osama Rajkhan*

87. The relationship between population ageing and development was rather complex. Ageing demographic would no doubt have significant, multi-faceted impacts on the structure, functioning and development of societies in the region in the coming decades. Higher levels of economic growth were hoped for, and were pursued in some countries in order to, among other things, manage and minimize the fiscal implications of population ageing. However, that might not happen as exactly hoped for and indeed, economic shocks arising from the affects of globalization in the past showed that national economies cannot always plan or advance their social development path with a high degree of certainty.

88. The presenters argued a current reality where developed and affluent countries in the region already experienced the difficulties of providing adequate financial, medical and social services and support for their ageing populations. In the less affluent developing countries of the region, there would be greater struggles to address the requirements of older persons over the next 10 to 15 years.

89. Hence, they explained, it was crucial to understand how population ageing and development interact. Firstly, there were fiscal implications due to the increased demands from the needs for care during old age. Those needs resulted in general from shifts in old age dependency ratios. Secondly, migration from rural to urban centers of economic activities undermined traditional support systems and family values of reciprocity and mutual support between the generations. Thirdly, development not only brought changes in traditional values but also in the labour market, and those changes undermined the position of older persons in society. Fourthly, population ageing reduced the number of new entrants in the skilled market pool, which could affect wages and quality of labour. Finally, shifts in the structure of ageing and the accompanying decline in the growth of the population could have a profound affect on a country's pattern of economic behavior, consumption of goods and services.

90. Understanding those links could, however, lead to improved utilization of existing services, for example, health care and the use of alternative formal social security schemes to supplement family care. Such development also meant more active and healthier older persons who could free the application of savings and capital to develop new markets for goods and services that cater to the needs of the older segment of the population. All of those links required not only more focused study but also a fresh interpretation of existing realities, with a view to realizing how they impacted on society's development path in general and on the well-being of older persons in particular. Mainstreaming ageing in development was defined during the Seminar as follows: "A strategy for making elderly person's concerns and requirements an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes, in all political, economic and social aspects so that the elderly benefit equally and there suffering is not exacerbated". To mainstream ageing in development, several key components must be included in the process, including: awareness raising/advocacy/assessment of needs and setting of targets; gathering of information and distillation of local findings into policy-relevant information; adjustment of policies and programmes in accordance with the conclusions and recommendations of reviews and appraisals. Naturally, the implementation process much be accompanied by national capacity building to assist member states in implementing their national plans of action on ageing or formulating new ones. The latter would require an assessment of multiple instruments: legislative; budget monitoring across all sectors; age specific analysis of institutional capacity; training; and advocacy.

96. That process would be facilitated by carrying out situation analyses and stakeholder analyses from an ageing perspective and examining the extent to which ageing had been mainstreamed in development policies and programmes.

97. Obstacles to mainstreaming ageing in development included the lack of political will, lack of resources and awareness, lack of reliable and valid statistical information, lack of technical expertise and lack of visibility.

B. Social Security

Elderly Services in Macao

Mr. Ip Peng Kin, President, Social Welfare Institute, Macao, China

98. Mr. Ip depicted the comprehensive development of the services provided for older persons in Macao, China, from an historical perspective, beginning with the establishment of the Macao Special Administrative Region in 1999. In doing so, he highlighted four policy declarations enacted in 2001, 2002, 2003 and 2004.

99. The first addressed the need to strengthen government support, both material and emotional, for the "solitary-living elderly" through community-based services, networks and facilities. The second tackled the necessity of cultivating the image of a "caring and happy family, respecting the old and loving the child'. That policy also emphasised enhancing independent-living in old age through the provision of outreach services to the elderly. The third policy was related to improving services provided to minimize the risks of solitary-living and improving service in residential facilities through professional assistance and technical support. The last policy focused on expanding community-based support and service systems for vulnerable groups, and on assessing impacts on service users. The policy also laid emphasis on the promotion of health care systems for the elderly.

100. There were 7 essential categories of services provided by the government in Macao, China. Those were:

i. 24 Elderly Activity Centers, which catered to 4,644 users;
ii. 7 Day care Centers, which provided service to 2,312 clients;
iii. 2 Day care and Attention Centres, benefiting 336 users;
iv. 5 Elderly Hostels for 587 patrons;
v. 9 Elderly Institutions delivering services to 663 users;
vi. 4 Home Help Services that benefited 421 persons; and
vii. 1 Independent Living Service for 582 users.

101. Other services provided for the elderly in Macao included:

i. Senior Citizen Card Service;
ii. Seniors Academy;
iii. Respite Car Services;
iv. Health Promotion Program; and
v. Survey and Statistics.

102. Mr. Ip reported that the Government planned to initiate four other services in the coming years. Those were:

i. Community-based Services;
ii. Elderly Service Coordination Committee;
iii. Establishment of Service Quality Standards; and
iv. Social Survey and Research.

A Brief Introduction of the Social Security Fund

Ms. Ieong Iun Lai, Social Welfare Institute, Macao, China

103. The Social Security Fund was established in 1990 to provide social security protection to Macao's private sector labor force for cases of unemployment, illness, disability and for old age. The main functions of the fund were to collect contributions and provide benefits.

104. The Fund's revenues consisted of compulsory workers' and employers' contributions, where both parties paid into the fund at a ratio of 1 to 2 (i.e. $15 Patacas per month per worker vs. $30 per month per employer), plus the interest earned from investment of the Fund. The Fund also required informal temporary workers, including casual laborers and self-employed workers, to register. By 2003, the total number of beneficiaries was about 230,000, which was a little more than half the population of Macao.

105. The Fund provided eight general types of benefits. There were:

i. Old age pension;
ii. Disability pension;
iii. Social pension;
iv. Sickness allowance;
v. Unemployment allowance;
vi. Birth allowance;
vii. Marriage allowance; and
viii. Funeral allowance.

106. With regard to the benefits for older persons, the Old Age Pension and the Social Pension were the two types of benefits that catered to older persons. The first allowed benefits once the person reached 65 years age and 60 months of contributions. Once those two conditions were fulfilled, the person received $1,150 per month, with 13 payments per year. The other type of pension was designed to benefit the needy, who were exempt from contributing and, once they reach the age of 65, received $750 per month, also at 13 payments per year.

107. Like in other parts of the region, the family's traditional role in Macao was weakening, life-expectancy was increasing and fertility was decreasing. In addition, aged immigrants from main land China also contributed to the burgeoning number of older persons in Macao. Those factors required the Fund to play a major role in stabilizing society, particularly in times of depression. As such, the Fund would strive to strengthen the social security system in the Special Administrative Region by extending its coverage and hopefully sustaining Macao's development.

Business and Family Support Systems for Old Persons: Its Cost and Benefit to Development
Mr. Steve Leung Lai Chor, Consultant, Social Welfare Institute, Macao, China

108. Mr. Leung reiterated earlier remarks that by the turn of the century, population ageing would become a critical issue, particularly in terms of demands for social services. This would be a heavy financial burden for the government of Macao.

109. In comparison with the last decade, the elderly population (aged 65 and over) of Macao had increased from 30,000 to 35,000. Though this number was still within the universal normal distribution of ageing populations, public expenditure on elderly services increased from $20 million Patacas (1996) to $33 million (2000) and the condition would be more drastic in the coming years. The projected amount required by 2012 was triple, at $1.1 billion. Those statistics not only reflected the increasing longevity of older persons, but also the determination of the Government to expand social services coverage for senior citizens. Considering the rapid increases in expenditure in that area, there was a need for a monitoring system and quality assurance, as well as for increases in the quantity of services that were to be established in the near future.

110. The social services provided by the Government of Macao, China, were threefold: services and concessions delivered in the cooperation with the private sector; professional services carried out with NGOs; and, lastly but most importantly, policy planning, programming, financing and the monitoring of services, which were all the government's responsibility. The main thrust of the services for older persons in Macao was enhancing the positive public image of older citizens and integrating them into society through community support systems and empowering them through appropriate training and education.

111. The Government of the Special Administrative Region of Macao was grateful to ESCAP for having laid down a set of guidelines for the implementation of the Macao Plan of Action, which enlightened the scope of Macao's policy reference and gave a clear direction for the establishment of programmes for older persons.

112. Currently, the government was pursuing four major ageing-related goals:

- i. Understanding the issues and implications of population ageing;
- ii. Preparing for an ageing process that is productive and fulfilling;
- iii. Developing a national infrastructure for ageing and an enabling environment; and
- iv. Delivering essential services.

113. Several sub-systems were derived from the four fundamental goals above, namely:

- i. Research projects on support systems and the needs of the elderly;
- ii. Public education integrated-systems that promoted a positive image of older persons, carried out jointly by the government and NGOs;
- iii. Programmes of community support for the elderly; and
- iv. Evaluation of the delivery systems, to improve the quality of programs and services.

114. Mr. Leung reported that the Institute's work was on schedule and had involved collaboration with the private sector. The private sector's contribution in either the organization of services, the promotion of a positive image of the elderly or the administration of pioneering projects for older persons were very much appreciated and well-accepted by the citizens of Macao. The contributions, which were complemented by NGOs' professional services to older persons and families, were deemed necessary for building an integrated community. Therefore, the government and the private sector would continue to work together in "partnership" on many welfare programmes, rather than taking the role of "service providers" or a "funding body" as per the welfare approach.

115. Filial piety was a basic Confucian component in the Chinese culture, of which 95 per cent of the citizens in Macao belong to. Yet, due to urbanization and the break down of "stem families", the social status and welfare of older persons had become a concern for the public. However, the efforts carried out to promote a positive image of the elderly, which was initiated by the government and the private sector five years ago, had a very positive impact on the well-being of the elderly. The following were some examples:

i. Senior Citizen Card: All citizens at the age of 65 were entitled to apply to a Senior Citizen Card that was recognized by 219 private companies and public departments who offered special discounts, direct fee reductions or special service arrangements for its members. Holders of that card were entitled to a half-fee or fee exemption for many services provided by both the government and the private sector, for example for mobile phone fees and bus and ferry tickets. In 2004, there were approximately 23,000 Senior Citizen Cardholders, or 65 percent of the over-65 population.

ii. Senior Citizen Support Program by The Electricity Company of Macao (CEM): Since 2001, a special sliding-scale fee-charging system was introduced to all welfare recipients and with a further reduced price for all senior citizens. The company set up separate reception counters to service senior customers in order to minimize their waiting time in lines. Further, the staff of CEM volunteered

themselves annually in offering free wiring and electrical appliance installations for senior citizens in need.

iii. Macao Tele-communication Company (CTM): As the sole agent of the telecommunication lines in Macao, the company offered free installation services and special rates for senior citizens. Recently, it also provided free mobile phones and discount packages enabling older citizens to better maintain their interpersonal commitments and integrate socially in the community.

iv. Macao Water Supply Company Ltd: The company provided a special rate for older citizens, and established reception counters and priority services for the older customers.

116. Other programmes were developed to promote the positive public image of the elderly in Macao, including:

i. "Golden Year": An activity organized by NGOs to improve the public image of the elderly and promote volunteer community visits, planning of social services, anti-drug promotion, environmental protection, better mental health, basic law and public education programmes, to mention a few. Currently, there were 30 teams consisting of over 300 participants. They acted as volunteers in various community centers, hostels and welfare organizations.

ii. "2004 Health Series for Older Persons": A programme to promote a healthy image of older citizens in the community through a series of health training courses for the elderly themselves, and to integrate them in community activities with all age groups. It focused on the appreciation of their life-wisdom and experience, which contributed to the development of the existing community.

iii. "Senior Ambassador of the Year 2004": A joint venture of the government and the NGOs to commemorate the International Day of Older Persons. Its main objective was to encourage older citizens to practice healthy living and set up positive interpersonal relationships and to demonstrate themselves as active and industrious in the community in spite of their advanced age. A working committee composed of older citizens was organized to promote its functions and activities in future.

117. Many of the social programmes in Macao were funded by the Social Welfare Department, which also received private sector donations. The role of the Department was not only to provide financial support to fund activities but also to plan and develop programmes, ensuring participation as well as monitoring and evaluation. The Department's social workers were expected to take leading roles in the implementation of quality services and in the promotion of positive public image of services users. As such, the Department initiated several mass programmes aimed at promoting better health, life and community for all citizens of the city. The following was a sample of those initiatives:

i. International Day of Older Persons: Since 1992, the Department celebrated through various activities and conferences. In 2004, and more specifically from August to November, the Institute and NGOs co-organized activities including saloon parties, arts festivals, conferences and a sports day for the elderly.

ii. Health Promotion for Older Persons: The Department developed plans for health training programmes and public education courses on health that would use

seminars and visual media. The message of a healthy life throughout retirement was rooted in the community.

iii. Single Old Persons Support Service: A fully-subsidized programme with social workers, physiotherapists and nurses, subsidiary to home-help services, was provided to single old persons who were determined to live in their community. With the support of medical systems and family services, those citizens enjoyed their daily lives in their own homes.

iv. Open Institute for Senior Citizens: The Macau Polytechnic Institute introduced new knowledge and experimental courses on continuous education for all older citizens of Macao. Courses were multi-dimensional and focused on personal inspiration, arts, and career training, which enhanced the older age students' self-image and interest while integrating them with the community. For the past 5 years, around 2,000 senior citizens graduated from the Institute and there were another 500 set to complete their courses in the coming year.

v. Survey and Research: The Social Welfare Department employed experts and consultants to conduct periodic surveys and research on needs of older persons and the feedback from that group formed the basis for future service development. The reports of those surveys would be announced and publicized to further promote the positive image of older persons.

118. ESCAP was again commended for the provision of advisory services and technical assistance to the Social Welfare Institute. Today, Macao had a well-functioning structure for social services but was not without room for improvement. Hence, the Institute realized that it had to make more concerted efforts to secure resources, win the public's acceptance of re-employment of retired citizens and of its income generation programme for that age group. The prospects for the future were regarded as positive, as the city was historically young and was acquiring resources and experience at a very rapid pace.

Age and Security: How Social Pensions can Deliver Effective Aid to Poor Older People and their Families

Mr. Eduardo Klien, HelpAge International

119. Mr. Klien pointed out that there was a growing recognition around the world that too many older persons live in extreme poverty and ill-health and that neglecting their human rights was unacceptable. Therefore, taking action was necessary. A HelpAge International strategy for action called for: the provision of universal, non-contributory pensions that targeted women and men over 60 years of age in poor countries; the development of "pilot cash transfer programmes that include older carers of people with HIV/AIDS; and the incorporation of social protection into poverty reduction strategies.

114. For the majority of older persons in the region, meeting physical, financial, health and security needs represented potential areas of difficulty. High unemployment and landlessness were the two main reasons that underlined that difficulty, and were especially adverse in poor communities in Asia and the Pacific. Those two economic variables had profound social consequences. When the elderly or their adult children of working age were excluded from the labour force, poverty rates went up and they became dependent on welfare payments. Where social security and other such benefits were meager or did not-exist, a whole range of ill social behaviors emerged or were intensified, which lead to social disintegration and

tensions between groups and individuals. Older persons, particularly women, were particularly vulnerable to the effects of such economic problems, and those without savings, assets or the ability to generate income were among the least able to withstand economic crises.

115. However, the evidence from poor countries showed that basic "social pension" schemes, allocated in the form of cash transfers, made practical contributions to reducing social tensions. They promoted "social justice" for older persons, which in turn helped in stimulating local economic growth and reduced social ills. HelpAge's data demonstrated that old-age pensions had a downward distributive affect that went beyond improving the "life chances of children" and social, health, nutritional and emotional status of older persons[9]. With the support of the international donor community, basic social pensions in developing countries were both feasible and considered crucial for meeting the Millennium Development Goals (MDGs).

116. The social landscape of Asia and the Pacific was changing as rapidly as the proportions of older persons were. Social change in the region was affecting the traditional role the family played, in particular its ability to provide for older members. In most countries in Asia and the Pacific, caring for older persons was regarded as the primary concern of their families. Traditionally, Asian and Pacific households were generally characterized by intergenerational support and reciprocity, which ensured the provision of care for the elderly by their working children. However, the respect traditionally accorded to older generations was seen to be changing in many communities in the region, particularly the poorer ones. That was mainly due to the decreasing size of the family and migration, which were pushing working children to pursue better economic opportunities in the cities or abroad and thus leaving behind older persons. The communities that customarily supported them were struggling to meet their needs. Family values were also changing and as such, were seen to be another factor eroding traditional support systems.

117. Intergenerational support is further hampered in households and communities affected by HIV/AIDS, which was changing the role of older persons. In many cases they were acting as family providers for the orphans of their adult children. Families of older persons and children were prone to extreme poverty and hardship in life. For example, "in Thailand, older people care for two-thirds of young adults who die from HIV/AIDS and almost half of all orphans live with their grandparents." At the same time however, households with older persons were also poorer than those without – it was estimated that poverty rates are between 1 and 29 percent higher in the latter. Further, because of the cumulative social and economic effects of gender, which are compounded by poverty, disease and crises, women enter old age with much bleaker prospects than men. Such social changes necessitated increasing social pension coverage in society.

118. Those older persons who enjoyed high levels of savings, belonged to affluent families and communities, or had adequate access to social benefits and services, were seen to be relatively immune to the vagaries of economic uncertainty. To some degree such savings substituted for the lack of basic social security benefits. Such families and communities were far from the gloomy scenarios of impending breakdowns in the family support structures in some circles.

119. However, family intergenerational support and reciprocity could no longer be considered the norm in the region as household-level tension and disharmony was increasing

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[9] For the details, see "Age and Security: How Social Pensions can Deliver Effective Aid to Poor Older People and their Families," HelpAge International, 2004.

between dependent, older members of the family and working, adult children in spite of the fact that the elderly continued to contribute to the welfare of the household by providing support to the latter (for example, looking after children while mothers went to work). Non-contributory pension schemes were necessary to fill such gaps.

120. The view that older persons contributed less to the economy and therefore deserve less, or that as beneficiaries of welfare services they did not have the same economic and social rights as others, was changing. It was recognized that older persons have the same rights to benefit from development as everyone else. That recognition was evident by the fact that many organizations adopted a rights-based approach to development and were reaching common conclusions in their assessments of needs and about approaches to the provision of national development assistance.

121. Social protection was a right laid out in the Universal Declaration of Human Rights and was since reinforced in a number of international treaties and instruments. The right to social protection for older persons was the foundation of the Madrid International Plan of Action, which committed governments to promoting the right to development of older persons.

122. Contributory pension schemes covered a small percentage of the population - primarily those engaged in the formal sector, which constituted a small percentage, (sometimes as low as 9 per cent of the population), and left large proportions of society without social protection. As such, Mr. Klein and HelpAge called for the extension of social security coverage through non-contributory programmes. While there was no widespread acceptance of such schemes, some developed countries recognized the importance of extending social security coverage to the poor due to the connections between poverty, social tension and fragmentation. In addition, extending social pensions to the poor enabled greater citizen participation and improved integration of old age persons with existing social services.

C. Health issues and population ageing

Health Care Services for Elderly of Macao

By Dr. Fong Kin Kuan, Macao Health Department, Macao, China

123. Dr. Fong briefly described the ageing situation in Macao and gave a detailed picture of the government's health care policy for older persons, which utilized the full range of primary health care services, including: out-patient consultations and home visits; specialized medical care in hospitals; and government subsidized non-profit homes for the aged including day care centres.

124. In 2003, the government revenue was estimated at $63.35 billion Patacas and the average income of residents was $123,345 Patacas, which was within the range of high-income countries. Public expenditures on health care amounted to 11.2 percent of total expenditure.

125. In 2003, the population of Macao, China, was 448,945. The total deaths in that year were 1,327. The main three causes of death in Macao were diseases of the circulatory system, malignant neoplasm, and respiratory disease. Free-of-charge medical care was provided through a government run hospital, Centro de hospitalar de Conde de S. Januario, and seven strategically-located primary health centers, one of which focused on providing care for older

persons. Health care services were composed of combinations of primary, secondary and tertiary prevention aimed both at the general public and at high-risk groups.

126. Social health care services for older persons were delivered through community services, such as homes for the elderly, a day time activities centre for the elderly, boarding houses for single aged people, and home visits. The old persons health centers provided consultations, nursing care, health education and treatment services. Medical care services delivered in 2003 to persons aged 65 or above represented 87 per cent of the total consultations by medical services in Macao, and was all free of charge. The common problems were upper respiratory infection, hypertension, osteo-arthritis and DM.

127. Future plans for older persons' health care included improving nursing care services, raising professional standards through training for personnel and improving cooperation with local organizations. The aims and objectives of the planned activities were to provide better health care and social welfare for older persons in Macao, China.

Population Ageing in Asia and the Pacific: Policy Implications for Health Care and Financing Systems

By Dr. Kai Hong Phua, AB, SM (Harvard), PhD (LSE) Associate Professor of Health Policy & Management, Department of Community, Occupational & Family Medicine, Faculty of Medicine and Lee Kuan Yew School of Public Policy, National University of Singapore, Singapore

128. Dr. Phua began his presentation by explaining the complex inter-relationships between population dynamics, socio-economic development and health status. The rapid ageing of Asia's population had considerable effects on the economy and the social structure of a country. The weakening of the extended family structure would lead to growing demands for public services for the elderly and the implications were immense for social and support services including health care, housing, welfare and income security. Therefore, financing the care of the elderly, in particular the increasing costs of their health care, surfaced as a critical issue in newly industrializing economies in East Asia.

129. The ageing of the "Baby Boomers," together with the rapid fertility declines and increased longevity, made the aged a larger part of society. The ratio of elderly to the working age population i.e. the old-age dependency ratio was projected to increase dramatically after 2015, meaning drastic implications for issues concerning labor supply, financial security and the provision of social services, especially health care. The rate of population ageing was directly proportional to the rate of health care costs.

130. The health problems of the elderly were reflected in the conditions and needs of a larger proportion of older women, thus differential demands would be increasingly pronounced with the changing sex ratio among the elderly. Older females, especially because a large percentage of that group would be widows, were more likely to experience reduced income, increased poverty and enhanced risk of ill-health.

131. As improvements in life expectancy continued, there would be a greater need to raise the age of retirement, both for the financial security of the elderly and to maximize the productive capacity of a nation's population. The lack of financial security among the elderly meant that the current generation of the employed would have to bear the increasing costs of support for the elderly.

132. The health care needs of the elderly were much greater than of the rest of the population, as they were vulnerable to chronic debilitating diseases and severe disability and were more likely to need long-term care. Hence, there was an urgent need for more innovative approaches to organizing and financing health care. Depending on the level of subsidy through public programmes and the prevailing process of health care delivery, a larger safety net would have to be provided if the aged and their families did not have sufficient incomes and savings to pay for their increased medical needs, especially for chronic long-term care or catastrophic events, which were high costs.

133. Singapore embarked on a policy of health reform by restructuring its health care financing system through a scheme of compulsory savings, specifically as part of a Central Provident Fund (CPF) for the working population. The mandatory "Medisave" scheme could be used to cover dependent family members, consistent with the traditional values of filial piety and extended family support. Medisave funds accounted for nearly three-quarters of the health care financing provisions for citizens aged 55 and above. More women depended on their children's Medisave than did men, who tended to finance their own health care. However, there was a group of older citizens who had not made any financial provisions for health care due to unemployment or low income, or the due to the possibility of relying on their children's Medisave.

134. Singapore sought in the past to balance supply factors in the health sector by deliberate manpower and facilities planning, and on the demand side, by mobilizing individual savings through the Medisave scheme within the existing Central Provident Fund (CPF). That effectively balanced demand pressures with supply capacity, by rationing demand through consumer purchasing power. Reimbursement for private hospitalization was pegged to rates set by the more pervasive public hospital sector, which was subject to strong budgetary controls on the supply side.

135. Dr. Phua advised that Medisave withdrawal limits and other types of price caps had to be adjusted periodically to take account of the higher differential costs of medical care for the elderly. More fine-tuning and revisions were needed so that the issue of "balance-billing" would not become serious.

136. The Medisave scheme for basic health care coverage was augmented by a back-up "Medishield" insurance scheme for catastrophic illness. The Medishield scheme was considered as the best option for future long-term care financing, along with the "Limited Eldershield" scheme of severe disability insurance, which was introduced in 2002. That system of cost-sharing with personal medical savings has contributed to more effective health care spending, by reducing unnecessary consumption and enabling the government to meet other priorities and contribute towards better targeting of subsidized health services.

137. For the needy, or others without adequate Medisave or Medishield funds, a provision for public subsidy was supplemented from a medical endowment fund. The "Medifund" scheme was built up during periods of high economic growth and would further relieve the dependency on traditional taxation as the primary means of financing social welfare for the poor. There was still a high probability that beneficiaries might opt out of the scheme, as the state could always provide a safety net as a last resort. It fell upon the government to take steps to increase public awareness of the costs of providing old-age care. One way was to encourage large portions of women home-makers to join the scheme by allowing them to pay lower premiums.

138. The Singapore model attempted to avoid the problems of increasing the tax-burden on the productive segment of the population, including employers and employees, and did not subject social expenditure to the vagaries of economic cycles. By relying on a multi-layered health care financing system, together with varying levels of cost-sharing and subsidies in a public-private mix of health services, it was hoped that the future society, in a developed economy with a much larger proportion of older persons, would be able to withstand the increasing costs of health care and provide a sustainable degree of social security. In summary, Singapore's health system, although it continued to evolve, was ranked extremely high and had a reputation for providing high-quality services, choice and efficiency. Equity risks in the economy were covered by subsidies and safety nets.

139. The World Bank's "Policy Research Report on Averting the Old Age Crisis: Policies to Protect the Old and Promote Growth" recommended a mix of redistribution, savings and insurance systems, as pillars to support the basic functions of old age security systems. In the health sector, those three basic functions were just as applicable for financing health care as for old age security.

140. Singapore's financial system for health care was based on those considerations and the mix of financing systems was footed on the savings approach, which was more sustainable for supporting the basic functions of old age security and health care financing. It also avoided the inter-generational transfers inherent in pay-as-you-go financing through conventional taxation or social insurance. Comparable, innovative means of financing would have to be explored to guarantee the cost-effectiveness of providing other essential services for the aged.

D. Field Visit

Longevity Day Care Centre for the Elderly, Rua de Braganca, Jardins da Nova Taipa, Bloco 28, Edf. "Crisantemo", R/C e Sobreloja, Taipa, Macao

141. A field visit to the Longevity Day Care Centre for the Elderly (Centro de Cuidados Especiais Longgvidade) was organized for the participants by the Social Welfare Institute during the afternoon of the third day of the seminar. The Centre became operational in 1998.

142. The participants were briefed on the centre's activities which included providing meals, personal care, nursing care, health talks, physical exercises, rehab training, recreational activity, escort to the elderly, and day respite services. The participants then had a tour of the facilities and were able to meet with the services users and care providers, including health care providers and social workers.

E. Country presentations

Bangladesh Country Paper on Ageing
By Mr Nazrul Islam, Secretary, Ministry of Social Welfare

143. Mr. Islam explained that the proportion of older persons in Bangladesh increased by 6.2 percent in 2001 due to improved health conditions and reduced mortality rates. Recognizing that increase in ageing population was a positive outcome of development, the Government of Bangladesh was fully committed to the implementation of the Macao Declaration and Plan of Action on Ageing of 1999 and the Madrid Plan of Action on Aging

of 2002, which aimed to ensure that societies and individuals age with security and dignity while maintaining their full participation and human rights.

144. With a high priority accorded to integrating ageing issues into development policy, the Bangladesh Ministry of Social Welfare framed a National Policy on Ageing in collaboration with NGOs after the Second World Assembly on Ageing and Regional Plan of Action. The valuable contributions made by older persons, their participation in social, political and cultural activities, and their representation in the decision-making processes, would be addressed in the National Policy on Ageing.

145. Together with the expansion of a pre-existing pension programme for persons working in the public sector, the Government has implemented its "Old Age Allowance' programme since 1998. It covered more than 1 million older persons in the country and the amount of allowance was to be increased gradually.

146. To tackle the problem of poverty and vulnerability of the elderly, the Department of Social Services under the Ministry of Social Welfare and NGOs, particularly the Resource Integration Center (RIC), had also been pursuing income generation schemes and savings and credit programmes with an emphasis on high-risk and vulnerable groups such as women.

147. The Socio-Economic Development of the Aged perspective was incorporated in the National Strategy for Economic Growth, Poverty Reduction and Social Development for ensuring the inclusion of the older persons in the socio-economic development.

148. To promote positive attitudes towards ageing and older persons, October 1 was observed as "Older Persons Day" in Bangladesh through a nation-wide public awareness campaign, academic seminars and art and essay competitions. The Bangladesh Association for the Aged and the Institute of Geriatric Medicine provided prizes to persons for their services to older persons in and outside the family.

149. Community level activities were pursued by different NGOs, such as RIC, Bangladesh Women Health Coalition (BWHC), Bangladesh Rural Advancement Committee, and BAAIGM. Those NGOs were active in several areas including forming associations by older persons in the rural areas, participating in and monitoring Government services, developing a responsive health care package for older women, making the participation of older women visible in family and community, and improving primary health care facilities for older people, particularly in the rural areas. Further, the Older Citizen Monitoring Project (OCMP) was being implemented by RIC as a pilot case that would facilitate the mainstreaming and capacity-building of the Older Persons Association (OPA) in the near future.

150. The active role played by NGOs in Bangladesh helped sensitize the community, policymakers, bilateral and multilateral development partners in extending more support and creating enabling environments for the older persons and the family. The media, research institutes, and special courses taught at graduate and post-graduate levels, made further contributions to public awareness among the public and enabled policy makers adopt more realistic approaches.

151. A National Plan of Action encompassing the various issues and strategies related to ageing would soon be in place. More concerted efforts and active participation in local, regional, and international forums were required. Equitable allocation and flow of resources from the developed countries to the developing countries for improving the quality of life of

older persons were similarly essential, as without these the various programmes and activities related to the ageing population would be constrained and jeopardized.

Ageing in China Since Madrid

By Mr. Xiao Caiwei, Director, International Department, China National Committee on Ageing

152. Mr. Xiao gave an overview of the ageing population situation in China and highlighted the Government's efforts to mainstream ageing policies and programmes, as well as efforts to forge strong partnerships through international cooperation and exchanges in that area. He said that the Second World Assembly on Ageing held in Madrid in 2002 was another milestone in the development of ageing issues following the First World Assembly on Ageing held in Vienna in 1982, which had, in the case of China, led to the establishment of the China National Committee on Ageing.

153. China's expressed commitment to ageing issues was demonstrated by its high-level delegation, headed by Mr. Ismail Amat, the former State Councilor and the Executive Vice-Chairman of the China National Commission on Ageing. He attended the Second World Assembly on Ageing in Madrid as well as the ESCAP Regional Follow-up Action, which promulgated the Shanghai Implementation Strategy.

154. The Government's ageing mainstreaming activities consisted of three main elements:

a. Advocating of the aims and objectives and publicity of MIPAA, SIS and Macao Plan of Action;
b. Declaring the "Chinese New Government's" commitment to population ageing; and
c. Promoting of social awareness related to ageing issues.

155. Advocacy and publicity are carried out through the production of content for television reporting and special programmes, newspaper reports, publications and online outlets. The "Chinese New Government's commitment to ageing was given public tribute in a recent statement by Mr. Hui Liangyu, Chinese Vice-Prime Minister and President of China National Working Commission on Ageing in January 2004 in which he said:

> "We must pay much attention to the ageing of population, adopt efficient measurements, strengthen the work on ageing, solve the problems of ageing in order to contribute to the economic and social development as well as social stability."

156. To promote awareness of ageing issues in society, a TV documentary series entitled "Silent Revolution – China's Ageing Report" was co-produced by CNCA and CCTV in 2003, which was aired on CCTV beginning on 22 October 2004.

157. Ageing-related policies and programmes in China were mainstreamed via five modalities that acted as vehicles of implementation, namely:

a. The Tenth National Five Year Development Plan on Ageing (2001-2005);
b. Contributory social security programme (administered by the Ministry of Labor and Social Security) and non-contributory income security programme for the poor (administered by the Ministry of Civil Affairs);

c. The national health policy, which previously emphasized a Medical Treatment Strategy, was modified to emphasize preventive health care, including the promotion of healthier life styles (by the Ministry of Public Health) and the introduction of a Sports for All Strategy, which replaced the Competitive Sports Strategy (by the State Bureau for Sports);
d. The promotion of old women's issues and the call for gender equality in retirement (by the All China Women's Federation); and
e. The promotion of intergenerational relations through primary and secondary (by the Ministry of Education) and the establishment of the Young Volunteers' Programme for visiting and helping older persons (implemented by the All China Youth League).

158. The Government of China placed a heavy emphasis on international cooperation and exchanges of experiences. In fact, CNCA was mandated to promote international exchanges on ageing, which it had actively pursued through regional and national meetings such as ESCAP Regional Follow-up Workshop in Shanghai in 2002, ESCAP Sub-regional Workshop of Implementation of IPAOA in Beijing 2004, Congress of the International Association of University of the Third Age in Shanghai 2004, and Congress of the International Association of Older Persons (FIAPA) in Hangzhou 2004. CNCA also forged strong partnerships for cooperation with UNFPA, WHO, HelpAge International, EU and the member countries of ESCAP.

Country Paper on Ageing – India

By Ms. Rajwant Sandhu, Joint Secretary, Ministry of Social Justice and Empowerment, Delhi, India

159. Ms. Sandhu outlined the situation of older persons in India, referring to the country's projected demographic transition over the next 20 years, and said that the Government was committed to implementing the recommendations of the Madrid Plan of Action on Ageing.

160. The profile of the elderly population indicated: (a) a majority living in rural areas, thus making service delivery a challenge; (b) the feminization of the elderly population (by the year 2016, 51 percent of the elderly population would be women); (c) an increase in the number of the older–old (persons above 80 years); and (d) a large percentage of the elderly are below the poverty line (30 percent).

161. However, India also had a youthful population structure. In a population of 1004 million, 40 percent were below the age of 18 years and 50 percent were below 25 years. About 260 million persons in India were living below the poverty line and about 26.58 million were unemployed.

162. The Constitution of India did not discriminate between citizens on the basis of age. Further more, the well being of the older persons was mandated in the Constitution of India: (the State shall) "make effective provision for securing the right to work, to education and to public assistance in case of unemployment, *old age*, sickness and disablement and in other cases of underserved want within the limits of its economic development and capacity" (Article 41 of the Constitution. Emphasis added). Item 9 of the State List and Items 20, 23 and 24 of the Concurrent List (that were part of the Constitution of India) related to the provision of old age pension, social security, social insurance, economic and social planning and relief to the disabled and the unemployed. Thus the Government of India was committed to provide an enabling environment to secure the goals of economic and social security for

the elderly population. Non-governmental organizations, citizens and the community were considered partners in the campaign towards securing a society for all ages.

163. In India, parts of the Constitution that guarantee the rights of old age persons were reinforced by Section 125 of the Code of Criminal Procedure, 1973 under which every person having sufficient means was required to provide for his [sic] parents if they are unable to maintain themselves. Section 20 (1) and Section 20(3) of the Hindu Adoption and Maintenance Act, 1956 made it obligatory on the part of every Hindu to provide support for "his" aged or infirmed parents.

164. The Ministry of Social Justice and Empowerment acted as the focal point for ageing issues. It provided basic policy guidance, the roadmap for policy implementation and also coordinated with other partners, such as the other Ministries of the Central Government and the Provincial Governments, NGOs, and civil society institutions. The Ministry promulgated the National Policy for Older Persons (NPOP) wherein all aspects of life concerning the aged have been addressed. The Government of India has also identified the gaps in the implementation of the National Policy on Older Persons and new initiatives required in the context of the Madrid Plan of Action on Ageing.

165. The National Policy anticipated State support to ensure financial and food security, health care, shelter and other needs of older persons, equitable share in development, protection against abuse, exploitation and availability of services to improve the quality of their lives. The Policy promoted active and productive ageing and recognized the need for affirmative action to ensure an active, creative, productive and satisfying life, encouraged families to take care of older family members, supported voluntary and non-governmental organizations to supplement the care provided by the family; to provide care and protection to the vulnerable elderly people, to provide health care facilities; to promote research and training on ageing related issues and to train geriatric care givers and organizers of services for the elderly; and to create awareness in society on ageing related issues with a view to promoting inclusion of the senior citizens in the mainstream of national life.

166. Further, the Government set up a National Council for Older Persons (NCOP), headed by the Honorable Minister for Social Justice & Empowerment, and an Inter-Ministerial Committee headed by Secretary, Ministry of Social Justice & Empowerment, which set-up an Old Age Care Division in the National Institute of Social Defence. The Institute formulated a unique project called the "National Initiative on Care for Elderly (NICE)", which aimed to develop a team of skilled and committed geriatric professionals to plan for and provide services to older persons in a decentralized manner. In addition, the Institute conducted 3-month training programmes, a 6-months certificate course and post graduate diploma courses on old age care issues under project NICE. The students were trained in the ethical issues in geriatric care and used practical tools for addressing the problems of older persons. So far, 780 persons had been trained in that area by the NISD.

167. Furthermore, the Ministry of Social Justice & Empowerment supports programmes for the welfare of the elderly through financial assistance to NGOs under the two schemes:

(i) The "Integrated Programme for Older Persons", through which financial assistance was provided to NGOs for establishing and maintaining old age homes, day care centers, mobile "medicare" units and for providing non-institutional services to older persons; and

(ii) The Assistance to Panchayati Raj Institutions/Voluntary Organisations/Self Help Groups under which funds were provided for construction of old age homes.

168. The Government of India extended facilities and concessions for the welfare of older persons in the areas of financial security, health security, food security, concession in travel and other provisions, examples of which are provided below:

- Income tax rebate of up to Rs 20,000 ($ 425.50) or actual tax (whichever is less) is allowed to senior citizens who have attained the age of 65 years, thereby exempting annual income up to Rs 1.53 lakh ($ 3255.30) from income tax;
- For "Senior Citizens", a deduction in respect of medical insurance to a value of Rs. 15,000 ($ 319.14) if they have a taxable income;
- A Special Senior Citizens Savings Scheme with provision of higher interest was in place;
- Under the Old Age Pension Scheme, a monthly pension was given at variable rates to the destitute old. The number of persons covered under the scheme till 2001-02 was around 5.4 million. There was also a New Pension Scheme for workers of the informal sector, and a Contributory Pension Scheme was introduced during 2003-04. The scheme had been launched to cover unofficial workers so that every young worker could build up enough savings during his or her working life to serve as a shield against poverty in old age;
- Medical insurance such as the Mediclaim Policy was available for senior citizens up to 75 years of age and the Universal Health Insurance Scheme for senior citizens up to 75 years of age;
- National Programme for the eradication of blindness was a special initiative undertaken for cataract surgery under the World Bank assisted Cataract Blindness Control Project. The programme had covered 3.725 million persons in 2001-02 with a target of 4 million operations for 2002-03. It was expected that by 2007 the backlog on that account would be cleared;
- There were separate queues for older persons in hospitals for registration and clinical examination, and evening OPDs for the elderly in some government hospital of Delhi;
- Training modules on the care of the elderly were developed for doctors;
- Virtually free medical care in government hospitals for those senior citizens whose income was below the poverty line;
- Aids and appliances were free for the elderly suffering from disability if their income was less than Rs. 5000 p.m. ($ 106.38);
- Antyodaya Scheme: 15 million families with incomes below the poverty line had been covered by a Targeted Pubic Distribution System. Each eligible family was provided up to 35 kg of food grains at a highly subsidized rate. The elderly members of such families benefited from that assistance;
- Annapoorna Scheme: 10 kg/person/month of food grains was provided free to those senior citizens who remain uncovered under the old age pension scheme;
- Reservation of two seats for senior citizens in front row of the public buses; Indian Railways provided 30 percent fare concession in all trains for senior citizens aged 60 years and above; there was a 50 percent Senior Citizen discount on air fares; and separate counters for Senior Citizens for purchase/booking/cancellation of tickets;
- There were special posts for redressing the grievances of the elderly in government departments and court cases involving older persons were given early hearing;
- There was financial assistance for the construction and maintenance of old age homes, day care centers and mobile "medicare" units;
- Assistance was available for non-institutional services to strengthen coping capacity of older persons and their families;

- Legal provisions were made for protecting older persons from physical and emotional abuse and domestic violence; friendly vigil was offered by police;
- Helpline services for elderly persons had been introduced in some cities to foster a sense of security and provide urgent assistance when required; and
- A handbook had been compiled containing details of welfare schemes and facilities/concessions available for the welfare of elderly.

169. In order to promote barrier-free environment, the Architects Council of India adopted the concept of universal design in the training curricula for architects. Under the 1995 Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, public buildings and public transport systems must be barrier free as far as possible.

170. The challenge for India was to strike a balance between the legitimate aspirations and demands of the young and the rights of the aged to share in the fruits of development. The government was aware of that need. However, it was equally true that the State, with its limited resources, could not make full provisions in that regard.

Ageing, ADL Disabilities and Need for Public Health Initiatives

By Dr. Moneer Alam and Mr. M. Mukherjee, M.A., Population Research Centre, Institute of Economic Growth, Delhi, India

171. Dr. Alam presented the findings of a two-year study by himself and Mr. Mukherjee on ADL disabilities in India.[10] Based on a survey of 1000 households in Delhi with elderly co-residents, they examined the prevalence of ADL impairments in the physical and sensory two domains. Three specific issues were chosen for examination, namely:

a. Prevalence of ADL dependence among the aged by gender and socio-economic strata;
b. Some of their causal risk factors; and
c. Public health as a route to forestall some of those conditions.

172. "ADL" referred to the activities of daily living. "Senescence" was usually defined as the (non-disease based) physiological changes of ageing such as poor reflexes, sensory decline or loss of skeletal muscle causing frailty, poor endurance and functional disabilities. Senescent changes could, however, be advanced or accelerated in the presence of disease. The process of ageing in India was currently mired by disease-linked senescence. Referring to Albert et al.'s (2002) discussion on the three pathways to disability in the Editorial of the *American Journal of Public Health*, Dr. Alam described pathways to disability in greater detail in his presentation. The paper about his and Mr. Mukherjee's study, a copy of which was provided to ESCAP, described these issues further.

173. The results of the study indicated a very high prevalence of non-senescent ADL impairment in both the health domains, involving or related to frailty, disease, sedentary life styled and poor financial status amongst the aged, and especially so amongst women. Dr. Alam argued a set of public health interventions as a possible preventive mechanism. He believed that those interventions would also help to achieve the ultimate goal of healthy and active ageing in the country.

[10] The study was made possible with financial support from CIDA/SETP.

174. Functional impairments in both the health domains were judged on the basis of curtailments in the activities of daily living (ADL) by the older adults. In all, eleven ADL tasks were considered: nine from the physical domain and two from the sensory domain. The study results suggested a very high prevalence of disability in both the domains, with a very large majority of older males and females below the threshold of their ADL capacities. At the sensory level, a larger number of people had reported suffering from hearing losses rather than impaired vision.

175. Physically, more than three quarters of the sampled elderly were reported as disabled in many of the activities – particularly walking outdoors, getting-up from a sitting position or climbing stairs. The results suggested that problems of lower extremity strength became a serious health hazard for a large majority of the ageing population in India. Also, it caused acute forms of ADL dependencies. With smaller family sizes, changes in traditional values, growing migration and the incidence of intergenerational friction, sustained and full-time family support for the elderly is likely to gradually diminish. Despite many cases of good family support systems operating, the study showed significant numbers of persons with unmet needs for assistance. It was argued that the proportion of people in this situation would increase with time.

176. The gender dimension to the ADL disabilities was a significant finding from this study. Women were found to be in the worst condition, both in terms of disabilities and in missing a supportive environment. More than half of the women respondents reported being unable to cook or clean the place they lived in. Overwhelmingly, a majority of women participants in the study reported impairment in lower extremity strength and therefore were unable to walk, get-up or climb stairs. Six out of every seven women suffered from most of those difficulties. In addition, a larger number of women were faced with multiple impairments than were men.

177. Regarding the ADL disabilities, individuals' health stock (or health reserves) – proxied by the number of diseases they suffered – were identified as major risk factors, with the likelihood of severe functional impairments eventuating. Other variables included livelihoods (i.e. income status), sedentary lifestyle (lack of regular exercise) and gender, with women facing much greater likelihood of those risks manifesting in their lives. Age was the other significant factor in that context.

178. To conclude, two observations were of significance at the policy level. One issue was the poor quality of life due to a high prevalence of disabilities in later life years. The second issue related to the fact that in most cases the functional disabilities were not necessarily age-determined. Rather, gender or health related factors – disease, frailties, life style, etc were more significant factors than age, with regard to quality of life or survival into old age. It was therefore advisable to follow a public health route to prevent the disabilities by: (i) creating awareness among people about the need for preserving their health to ensure healthy ageing; (ii) setting public health goals for different segments of the older population – for example, robust, frail, demented and most-old; and (iii) implementing activity programmes that supplement drug consumption to ensure primary prevention of complex conditions.

179. In summary, it was argued that in order to change the current pathways of ageing, the public must be sensitized about improving their post-fifties' life span by adopting healthy habits. Recommended habits included cognitive engagement, physical exercise, balanced diet, moderate drinking, no smoking or chewing tobacco, and having frequent health screenings. The study also recommended providing mineral supplements to very old people,

to forestall decay in their bone mass. Similarly, statins or aspirins may be provided as part of public health measures to reduce cholesterol depositions and cardiac-related deaths.

Indonesia Country Report

By Dr. Pudji Hastuti, M.Sc., PH, Ministry of Social Affairs

180. Dr. Hastuti introduced the Government's plans and strategies for addressing population ageing and old age needs in Indonesia and highlighted the specific aims and objectives of its comprehensive programmes in that area.

181. The Government of Indonesia formulated long-term development strategies that took into consideration the changing age structure of the population, in particular the implications of population ageing for economic and social development. In response to population aging, comprehensive programmes aimed at increasing the support and contributions of the elderly were involving all sectors and levels of government, as well as non-governmental organizations, the private sector and labour unions. In addition, appropriate training programmes had been developed for caregivers such as medical and paramedical staff, residential care providers, community and social workers and family members.

182. Dr. Hastuti outlined emerging issues related to aging in Indonesia, quoting the Indonesia Central Bureau of Statistics (CBS) 2000 record of Indonesian population as 206.3 million, of which the elderly constituted 7.4 percent. The elderly population was predicted to increase to 11.2 percent by 2020. Similarly, life expectancy of the elderly was also increasing year by year. The figures showed that in 1995 life expectancy of the elderly was 63.6 years, in 2000 it was 65 years and it was predicted to be 71.1 by 2020. The CBS also noted that 78 percent of the aged population lived in rural areas, and that 52 percent of the nation's aged population were female. Education amongst the elderly population was disturbingly low. It was estimated that 10.99 million older persons were illiterate. Of those people, 80.6 percent lived in rural areas and 70.2 percent were women.

183. The social welfare of the elderly was also a concern, mostly because of the absence of social security arrangements. The statistics from 1996 showed that 4.1 million older persons, or around 30 percent of the elderly population, did not receive social security. In addition, the globalization process, urbanization and industrialization had also resulted in changes in social values within communities, particularly in relation to the structure of the family, which was changing from the extended family model to the nuclear.

184. Dr. Hastuti reflected on national commitment, stating that the Government of Indonesia was always doing its utmost to implement global and regional commitments to promote the welfare of the elderly. Such commitments had been significant in formulating policies and programs for the elderly in Indonesia. Further, the Government jointly adopted United Nations Resolution No. 045/026 in 1991 on International Year of Old Persons , which celebrated 1st October as the International Day for the Elderly. In order to implement that resolution, in 1996 Indonesia decided that May 29th was its National Day for the Elderly, to be celebrated every year. Law 13/1998 on Elderly Welfare reiterates the importance of this National Day for the Elderly.

185. The Government of Indonesia supported the implementation of international commitments on the promotion of welfare for the elderly, such as those that emanated from the World Summit on Social Development in 1995, The Second World Assembly on Ageing, Madrid 2002, and ASPAC Seminar on Regional Follow Up to the SWAA, Shanghai, 2002, to

name a few. Since 1980, Indonesia had initiated policies and activities to do with health and social welfare for the elderly. For example, in 2000, the Government developed the National Plan of Action (NPA) for Elderly Welfare in Indonesia. Responding to MIPAA, Macao Plan of Action and SIS, in 2003 Indonesia reviewed its national Plan with a view to align its aims with the former instruments. In addition, Indonesia established the National Commission on the Elderly through Presidential Decree No. 52 of 2004.

186. Policies promoting the status of the elderly, as noted in NPA 2000, focused on the following five areas:

a. Strong support for the institutionalization of the elderly;
b. Extending health and social welfare services for the elderly especially for those who are neglected, poor or no longer active;
c. Promoting equal job opportunities for the elderly;
d. Strong support to families and communities to support the elderly; and
e. Developing traditional values regarding “three generations under one roof”.

187. Seven strategies were developed to implement the above, as follows:

a. Developing and strengthening the institutions for the elderly;
b. Strengthening coordination between related government institutions and NGOs;
c. Strengthening the care for the poor, needy and neglected elderly;
d. Maintaining and strengthening family and community support for elderly people;
e. Stabilizing health service provision for the elderly;
f. Improving the economic quality life of the elderly;
g. Improving the quality of life of the elderly in terms of religious activities and self-actualization; and
h. Enhancing provision of special facilities and infrastructure for the elderly.

188. In accordance with the National Plan of Action for Elderly Welfare adopted in 2000, future social welfare programmes for older persons would focus on:

a. Well-being and social security;
b. Provision of health care services;
c. Family and community support for the elderly;
d. Quality of life and human resources development; and
e. Special facilities and infrastructures for the elderly.

189. To renew the Government’s commitment to the welfare of the older persons in Indonesia, as stipulated in NPA 2000, in 2003 the Ministry of Social Welfare launched a National Plan of Action on Ageing to cover the period from 2003-2008. In addition to the aforementioned promulgation of Presidential Decree No. 53 concerning the establishment of the National Commission for the elderly, which served as a body coordinating all national and local activities and programmes, the Government produced a Draft Government Regulation regarding the Implementation of Enhancement of Social Welfare Measures for the Elderly, as a follow-up to the Act No. 13 of 1998 regarding the Welfare of the Elderly. The Government was currently finalizing a draft of Law on the National Social Security System. Ministry of Social Affairs launched a Ministerial Decree No. 44/HUK/2004 regarding the Implementation of Permanent Social Welfare Assistance. That decree was directed at providing assistance for the neglected elderly and multiple disabled persons.

190. In 2004, Indonesia conducted a Home Care Pilot Project with the co-operation of Emong Lansia Foundation (Help Age Indonesia) and Help Age International (Republic of

Korea). The initial phase of the project was implemented in Jakarta. Existing service provision models were modified to better suit local conditions and the scope of services were broadened. Improved programmes included the:

a. Residential Care through Nursing Home;
b. Non-Residential Care through a Program of Economic activities;
c. Small Income-generating Group, Home Care or Family Care (PUSAKA);
d. Foster Care, Day Care, Integrated Service Post (POSYANDU) for the elderly;
e. Community Based Services (Karang Werdha); and
f. Economic Empowerment for the families of elderly persons.

191. In the future, as follow up to Presidential Decree No. 52, the Government planned to establish the Commission on Elderly at the provincial and district levels throughout Indonesia, with the provincial Governors acting as chairpersons for those commissions. Further, the Ministry would continue and intensify its efforts to socialize the Plan of Action in communities and broaden the scope of coverage of social security protection and accessibility for older persons. The anticipated activities were:

a. Establishing a Networking Forum on Enhancement of Social Welfare Measure for the Elderly in National and Provincial Levels;
b. Enhancing the co-operation amongst the private sector, research and educational institutions, and institutions that provided services for the elderly;
c. Improving the quality of human resources in nursing homes and home care services by conducting capacity building programs;
d. Strengthening regional co-operation with ESCAP on the various programmes and activities;
e. Establishing an Elderly Trauma Center to provide services for old people who had been abused;
f. Creating an Information System of Elderly Welfare, commencing with social mapping to update data; and
g. Launching, socializing and implementing the Law on National Social Security System.

Indonesian View

Dr. Tony Setiabundhi MD, Ph.D , Founder of HelpAge Indonesia

192. Indonesia participated in many ageing-related activities organized by regional and international organizations, including by ESCAP. Dr. Setiabundhi said that the Government of Indonesia emphasized professionalism in the delivery of services and partnerships with NGOs, and constantly strived to provide social services in the form of specifically-designed programmes to improve the older person's welfare in the country.

193. Over the next two decades, Indonesia would be fourth in world in terms of its older population. The growth rate of that segment of the population would exceed rate of growth in the nation's economy. As such, Indonesia had taken steps to prepare a "Security Welfare Program for the Older Persons" and other systematic programmes.

194. The Government of Indonesia launched a National Plan of Action on the 21st of November 2001, which among other things, addressed issues related to population ageing including living conditions, family situations and community matters. The Plan also addressed social welfare, health requirements, education and workforce issues. It also presented current policy and programs, and suggested a future policy and program framework comprising institutional designs and coordination mechanisms. The Plan was funded by a

grant from UNFPA, and for its successful implementation more coordination with the United Nations Focal Point on Ageing and NGOs would be necessary.

195. On the February 6th 2003, after the 2nd World Assembly on Ageing, a workshop was held to discuss the possibility of revising of National Plan of Action and the necessity for creating the national coordinating body. Participants were from government, the private sector and academia. It was agreed that they needed:

a. To include various NGOs and other stakeholders in the work related to older persons and ageing population;
b. To conduct macro-economic analyses of the benefits of ageing programmes for development;
c. To review the existing pension system for both government and private employees;
d. To prepare all relevant legal apparatus to support the implementation of aging programmes; and
e. To systemically promote the concept of ageing in terms of "a society for all ages" in every development program in Indonesia.

196. Several activities related to ageing were carried out recently in Indonesia. For example, the Indonesian Society of Gerontology/PERGERI presented a "Health Age Pilot Project" for underdeveloped villages. HelpAge International Regional Office acquired the data of the "Participatory Needs Assessment Program" so as to implement its programme jointly with national institutions and network organizations. A Home-Care pilot of an ASEAN-Republic of Korea project was launched in Indonesia, and training on ageing was provided to volunteers by the Indonesian Training Center (ITC on Ageing).

197. Recently, the Government of Indonesia proposed to the International Association of Gerontology to build a cadre of professionals to deal with regional concerns related to older persons. The Government was of the opinion that Asia and the Pacific region showed insufficient interest in the issue and felt that regional and international activities on ageing should be promoted more. In that regards, the Indonesian National Center for Ageing Studies was eager to host the CIGP (Collegium Internationale Geronto-Pharmacologicum) in 2006, such that it planned to organize several preparatory activities in 2005 and was trying to establish regional professional teams for organizing that international event.

The Ageing Situation in Kazakhstan

By Ms. Zhanar Kulzhanova, Third Secretary, Department of International Organizations, Ministry of Foreign Affairs, Astana, Republic of Kazakhstan

198. Ms. Kulzanova provided an overview of the situation in Kazakhstan, explaining that in the territory of 2.7 million square miles, the population was approximately 15 million and was comprised of more than 120 ethnic groups. The population pyramid in that country was not typical of the region, as there were approximately 5 million children, or 33 percent of the population around school age, and considerably less in the elderly age brackets. It was estimated that 10 percent of the Kazakhstan population were aged. The life expectancy in Kazakhstan was 71.5 for women and 60.5 for men.

199. The Government of Kazakhstan had yet to promulgate policies or implement programmes in response to the Madrid and Macao Plans of Action on Ageing, or the Shanghai Implementation Strategy that was developed in and for the Asia and Pacific region. The elderly population was catered for along with the rest of the population under the

government's general welfare policies and programmes: older persons were beneficiaries of the healthcare system operated by the Ministry of Health Care and of the pension system that was operated by the Ministry of Labour and Social Protection of the Population.

200. The pension system in Kazakhstan was a combined system, consisting of a state pension and an "accumulative" pension, akin to a retirement fund that people had contributed to during their working life. The state pension was provided to those people who had not been able to accumulate a private pension. It was hoped that in future there would be more recognition of the needs of older persons and that targeted support for that section of the population would become available. In that respect, the representative stated that "assistance from UNESCAP was required to formulate a state policy on ageing".

Review of Ageing Policy in Korea

By Professor Lee Geum-yong, Sangmyung University, Republic of Korea

201. The speed with which ageing was taking place in Korea was much faster than when compared to other countries and hence, there was an urgent need to establish social infrastructure that could adequately respond to the requirements of the population ageing.

202. The increase in the proportion of older persons was largely due to the decrease in birth rate and sustained increase in life expectancy, following socio-economic development and related improvements in public health and medical technology. The proportion of elderly persons in the population was much higher in rural areas than in urban areas. Although there was a high rate of emigration to urban areas by the younger generations, 60 percent of the older population was still living in rural areas. The average number of household members had declined and the number of one-person households in rural areas had increased during recent decades. The increased duration of the empty-nest period in the average family, and the active labor force participation of women who were usually care-givers for older persons, all meant that ageing issues had become more important.

203. The educational attainment of older persons in Korea was very low and more than 50 percent of persons 65 years and over reported their health status as poor. Chronic diseases and dementia were prevalent among older persons, and the first ten-year plan for the senile and those with dementia was implemented by the Government, encompassing counseling centers and hospitals. Older persons whose activity was restricted received care from family or non- family members in daily life.

204. The Welfare Law for Older Persons enacted in 1981 was the legal ground for the improvement of welfare for older persons and the budget for this area had been increasing. The Division of Elderly Welfare in the Ministry of Health and Social Affairs, and the Division of Elderly Health were established in 1990 and 1999 respectively. "Mid-to Long-term Development Directions for Elderly Health and Welfare in Preparation of an Aged Society in the 21st Century" was formulated by the Division of Elderly Welfare in 1999 and the Committee for Elderly Health and Welfare Policy Development was established under the Office of the Prime Minister in 2001 to develop long term goals and policy directions for the welfare of Korean older persons. The Policy Planning Committee for Long-term Care for Older Koreans was organized in 2000, and the National Long-term Care Service Plan for Older Persons was formulated based on the 2001 survey of Long-term Service needs of older persons in Korea.

205. To enhance older persons' income security in Korea, public pension programs, public assistance, and old-age allowances had been implemented for those with low incomes or incomes below minimum level. Such programs had been expanded in terms of coverage and the level of the benefit provided. The Employment Promotion Law, enacted in 1991, induced businesses to hire persons aged 55 and to have at least 3% of their employee pool from that age group. It also stipulated occupation categories to be preferentially allocated to older persons. Elderly Job Placement Centers, Elderly Employment Promotion, job placement programs and Community Senior Clubs were all in place and integrated under the Elderly Manpower Management Center in the Ministry of Heath and Welfare.

206. Increasing health insurance spending by older persons was a major concern for the Korean National Health Insurance system. On the other hand, high out-of-pocket expenditure is a heavy burden for the elderly so preventive health care, including free health examinations, were provided to older persons under the scheme entitled "National Livelihood Security". The Community Health Care Act and the Medical Care Act provided community visit nursing services from both public and private hospitals for home-based patients in need.

207. Policies for social welfare services had thus moved from traditional, family care to public, long-term care services for older persons. Although institutional care services were improved by expanding old age homes and nursing homes, the rate of institutionalization was still low in Korea, compared to other industrialized / OECD countries. Home-help service centers, daycare centers and short-term care centers were in operation with the financial support from central government. Existing community senior centers were improved under the Project Vitalizing Community Senior Center and multi-purpose senior centers were established to offer comprehensive welfare services. Opportunities for volunteer and social activities were to be expanded and elderly people would be encouraged to participate in community volunteer jobs.

208. Elderly Month (October) and the Day of the Elderly had been observed in Korea since 1997, with seminars on ageing and special awards given for filial conduct. A Senior Concession program applied to older persons aged 65 and over for a number of things, including transportation fares and admission fees for public parks and museums.

209. The Basic Act on Aged Society was about to be enacted in the end of 2004, with the goal to achieve sustainable development in an aged society. The main components of the Basic Act on Aged Society included Older Persons Welfare Act, Employment Promotion Act, Long-term Care insurance, and Elderly Market Promotion Act.

210. For further social and economic development in an aged society, the following were acknowledged as requiring further attention in Korea:

a. Active and independent aging strategies to be established.
b. Public income security should be guaranteed through the development of employment policies;
c. Long-term care service system should be established;
d. Health and social services should be integrated for efficient home/ community care; and
e. Support system for older persons in the middle and upper income brackets should be developed.

Service of Love: Caritas' Experience And Challenges

By Paul Pun, Secretary General of Caritas Macao, Macao, China

211. Mr. Pun talked about the situation of the elderly in Macao, based on experience with the basic services provided by his organization, Caritas Macao. Caritas Macao ran four homes for the elderly: two for women and two for men. Those were, respectively, the Santa Maria, with a total number of 130 residents; the Saint Francis Xavier, which housed 68 residents, 38 of which were blind and 18 needed full care; the Betania, which had 109 residents, 32 of which required full care; and Our Lady of Mt. Carmel, which was a home for 48 persons, some of which were mentally ill, 16 needed wheel chairs, and 9 had special care requirements.

212. Additionally, the NGO operated three Day Centers for 260 members, 114 of which received financial help. It also ran two Home Help Services for 161 clients; one Elderly Hostel for 85 members, one Day Care and Attention Centre (Longevity), and one Canteen for 14 older persons. In addition, an Elderly Health Committee and a Support Network for Elderly Living Alone were established.

213. When Caritas Macao first established its Elderly Homes in the late 1960s, the government was not in a position to extend substantive assistance to all needy citizens. However, the situation changed since and currently, Caritas Macao was pleased with the government's commitment to the well-being of disadvantaged groups, including older persons. The Government of Macao made good use of the various social agencies and built partnerships with NGOs, like Caritas Macao, that collectively played a crucial role in alleviating the difficulties of vulnerable groups. Currently the government subsidizes about 75 percent of Caritas Macao's total expenditures and the rest was derived from fund-raising activities, membership fees and donations from the private sector.

214. The basic requirement for admittance into Caritas Macao's services was the minimum age limit of 55 to 65 but that rule was not strictly enforced, such that younger persons needing special care were also catered for. For example, Caritas Macao also provides support to the terminally ill, mentally ill, the disabled, those persons who did not wish to be separated from their elderly parents.

215. As the mission of Caritas Macao was to promote longer and better living, home residents were encouraged to participate in social and educational activities; such as dancing, singing and literacy classes, handicrafts, volunteer services. Mr. Pun gave the example of public-speaking as an activity for residents, where they discussed different topics, including old age infirmities, home safety, fire drills, cold weather awareness, self-esteem, and awareness-raising about facing and preparing for death. Active older people were also encouraged to take part in the services provided to the inactive older persons.

216. The organization constantly strived to improve the quality of its services. In response to the changing health needs in old age, the Elderly Health Committee was established in 2001 with the responsibility of inspecting and promoting health education in social centers while demonstrating better health practices by example. Recently, members of some of the day care centers were offered the possibility of organizing their own activities at the centre they visited. That was seen as one way to transform the older persons from a passive recipient of services to an active participant responsible for her/his choices.

Malaysia's Current Policies on Ageing and Achievements

By Ms. Lai Poh Guat, Mr. Ibrahim Md. Yusof, and Mr. Sanmugam Subramaniam

217. The Government's concerns for the well-being of older persons in Malaysia was reflected in its macro socio-economic policies and plans which sought, among other things, to create an enabling environment sensitive to the needs of older persons and especially of women. The socio-economic implications of population ageing went beyond demographic data, said Ms. Guat, and the socio-economic changes experienced in Malaysia would continue to have an impact on the situation of present and future groups of older persons. Therefore, the Government felt it was necessary to fulfill not only the economic and material needs of older persons but also their psycho-social needs, including integration with society. In that context, the National Policy for Older Persons was formulated and endorsed in 1995.

218. Ageing-related plans and policies in Malaysia aimed to improve the quality of life of older persons and to integrate them into the mainstream of development. National efforts had included the adoption of:

a. Vision 2020, which provided the overall direction for future development planning and included ageing-related issues;
b. The Five-Year Development Plans, which plans gave priority to human resource development and inevitably included increased educational opportunities, better nutrition and health care and strengthening the family institution to ensure the older persons' income security and well-being;
c. The National Development Policy (NDP) (1990-2000), which placed emphasis on growth, with equity among all Malaysians to participate in mainstream socio-economic activities and development;
d. The National Social Welfare Policy (1990), which advocated greater assistance to the disabled, destitute or vulnerable and was intended to uplift the development potential of all groups within society;
e. The National Policy for Women (1989), which reaffirmed the objectives of gender equality and the unique role of women as mothers and nurturers, but also sought to eradicate poverty and integrate women in all aspects of national development as equal partners with men. This policy acknowledged women as equal contributors and beneficiaries of the development process;
f. The National Social Policy (2002), which was introduced to ensure everyone's participation and contribution towards the nation's development and to strengthen existing social support systems; and
g. The National Policy for Older Persons (1995), which emphasized the role of the family in providing care for its elderly members and considered admission to institutions as a last resort effort. At the same time, however, that policy also addressed the need to shift the policies in response to rapid socio-economic changes.

219. In accordance with the National Policy for Older Persons (NPOP), a National Advisory and Consultative Council for Older Persons was set up in 1996 under the chairmanship of the Minister of Women, Family and Community Development. Under the Ministry, the Department of Social Welfare was the secretariat for the Council, which served as the focal point for all issues related to ageing. The Council consisted of 34 members from various government agencies, NGOs, private sectors and individuals with an interest in ageing issues. A Technical Committee of the National Policy for Older Persons was formed in 1996 to work on the Plan of Action for Older Persons. Further, the National Health Council for Older Persons was established in 1997 to implement the National Policy for Older Persons. That Council was chaired by the Minister of Health, and worked closely with the National Advisory and Consultative Council for Older Persons.

220. The implementation strategies developed for realizing the NPOP were structured around facilitating the achievement of respect and dignity, self-reliance, participation, care and protection, and research and development related to older persons and ageing population issues more generally. The National Plan of Action for Older Persons was in-line with MIPAA and SIS and focused on the following areas:

i. Promoting full integration and participation of older persons;
ii. Providing social security protection and alleviating poverty in old age;
iii. Promoting positive attitudes towards ageing and older persons;
iv. Increasing opportunities for employment of older persons;
v. Recognizing gender-specific issues in ageing;
vi. Advancing health and well-being into old age and ensuring the quality of life in old age;
vii. Ensuring enabling and supportive environments, including programmes for supporting families, social services and community support, care and support for caregivers and protecting the rights of older persons; and
viii. Enhancing the participation of NGOs and civil society.

221. The facilities and services provided by government agencies and NGOs for older persons in Malaysia included:

a. Health:
   i. Comprehensive health services throughout the country;
   ii. Free orthopedic aids;
   iii. Care facilities and nursing and village home;
   iv. Promotion of healthy living;
   v. Increasing geriatric services in medical clinics and care facilities;
   vi. Health staff training in gerontology and geriatrics;
   vii. Expanded the scope of primary health care; and
   viii. Dental health facilities.
b. Transport:
   i. Fare discounts (up to 50 per cent) on air and rail travel; and
   ii. Special seats on public transport vehicles.
c. Social and recreational activities:
   i. Celebration of the National Day for Older Persons on 1 October;
   ii. Toll-free line and a Complaints Bureau for older persons under the National Central Welfare Council of Malaysia;
   iii. Special counter services and seating areas in public places;
   iv. Financial assistance for the needy;
   v. Day care and respite centers;
   vi. Tax relief on medical expenses; and
   vii. Employees provident fund.
d. Housing:
   i. Extension of public facilities such as lifts, ramps, zebra-crossing, non-speed zones, rest areas in public places, safe corners and reacreational areas in housing estates;
   ii. Ensuring homes were older persons-friendly;
   iii. Ensuring that private home developers allocate a number of units for needy older persons at reasonable rental rates;
   iv. Encouraging the establishment of more homes for the needy and inactive;

v. Enforcing the Uniform Building By-Law of 1984 to ensure access to public buildings; and
vi. Guidelines were being drawn for giving priority to older and disabled persons in low-cost apartments and reserving ground-units for them.

e. Research:
  i. A website on Older Persons with a researchable bibliography and publications on ageing issues was launched in 1998;
  ii. A data bank on older persons' needs was planned;
  iii. More analysis and research on ageing issues was being pursued; and
  iv. New areas that needed to be studied were being identified, such as the appropriate retirement age, re-training amongst retirees, the financial implications of ageing, the profile of older persons in Malaysia and the issues related to marginalization of vulnerable older persons.

f. Publicity: Focusing on making known to older persons the availability of the various activities and programmes for their benefit.

222. Socio-economic changes continue to pose challenges in the country, particularly regarding the viability and reliability of the key institution of support for the elderly, namely the family unit. The family was "under attack" for various reasons, which were seen to pose serious challenges and ultimately had a bearing on the well-being of older persons in society. Those challenges facing the family were related to:

a. Urbanization and the role and status of women;
b. Housing, enabling environments and industrialization;
c. Cohesion between generations and migration;
d. Social service networks, activities and changes in the family structure; and
e. Employment and financial security.

223. New strategies were needed to counter the aforementioned challenges. There was a need to take into account the contemporary realities in Malaysia, including:

a. Diversity among older persons;
b. Multiculturalism;
c. Capacity of service providers;
d. Human resources in the support services;
e. Tax relief for those who live with or support their elderly parents;
f. Continued employability through continued training and re-training; and
g. Generating employment opportunities for active older persons.

224. To better address those challenges in the future, it was therefore recommended that the Government continued focusing its efforts on improving and expanding the comprehensive health care system, social security coverage, protecting the rights of older persons, and creating family-friendly policies and family support systems.

Mongolia: Country Report on the Status of the Elderly

By Ms. Munkhtsetseg, Department of Foreign Relations, Ministry of Social Welfare and Labour

225. In Mongolia, the proportion of old age persons compared with the total population was low in the years between 1990 and 2000, but was projected at 8.4% in 2020 and would increase to 11% in 2025. The present estimated old age population was 15,300 and of those, 12.3 percent were considered economically active. There was a gap between rural and urban areas in terms of employment opportunities generally, but especially for older persons.

226. There had been dramatic developments in Mongolia's social protection system, and social welfare for elderly people was administered according to: the Constitution of Mongolia, 1991; the Law on Social Welfare, 1998; the Law on Social Benefits and Services for the Elderly, 1996; and the Law on Pension and Benefits, which provided a Social Insurance Fund. The 1996 state policy on development and the 1998 National Programme on Health and Social Welfare of the Elderly both encouraged the contribution of elderly to the development of the country, rationalizing the merits of work and inputs by older people, and establishing an institutional system and functions that enabled the optimal capitalization of older persons as human resources. Although retired, the older people were considered to have abundant resources to contribute to Mongolian society.

227. Social Welfare systems, according to the above laws and regulations, included the following areas: permanent custodial services for older persons; social welfare services for extremely poor older persons; benefits and services for elder heroes, including grant assistance rendered to old aged veterans of wars; and funeral grant for single older persons. Increases in social welfare funding during the late 1990's meant an increase in lump sum grants for the elderly veterans of wars and other old persons.

228. The economic activities of older aged women remained considerably low, possibly because law stipulated an earlier age of retirement for female workers than for men. Legislation to eliminate age discrimination in employment was another important step to ensuring equal employment opportunity guaranteed by the Constitution of Mongolia. By utilizing the labour and human resources of older workers, the government could ease the pressures for expenditure on public pensions and other systems. However this strategy was not only based on tax considerations, but would give older people meaning and purpose, keeping them active and engaged in society.

229. There was a Social Pension in Mongolia, which was financial assistance granted by the State to those who had no caretakers and lived in critical situations. Unemployed or disabled persons were normally eligible for that pension too, but many of the herding population and self-employed people were not covered. If such people remained outside of the pension system, poverty amongst the elderly would become a large problem in the future. Ms. Munkhtsetseg explained that, according to the Master Plan for Social Security Sector Development, "pension insurance" would be mandatory for all from 2006, but limited state budget brought to mind issues about the cost–effectiveness of this type of welfare in the social sector.

230. Care and living arrangements for old age persons were a policy concern in Mongolia. Previously institutional care was favored, however a shift towards community-based care provision was more recently emphasized. Public nursing homes funded by the State Welfare Agency under the Ministry of Social Welfare and Labour focused on the aged and disabled persons, but were criticized for the poor quality of their service and the lack of trained social workers. The community-level social centers would require extensive capacity-building in social work skills, but due to financial constraints the retraining of existing personnel was the preferred option. Many of elderly who were single and living alone rather than care facilities were doing so by choice, so the Mongolian government was supportive of their independent living, but wanted to provide them with easy access to community-based service. This was also less expensive than institutionalized care and therefore an option for older persons that the government emphasized by necessity.

231. Recognizing that the ageing population will change every sector of the society in future years, the Mongolian government will prioritize the issue and address it together with academia, business, non-profit organisations and the public.

Policies, Programmes, and Achievement on Ageing in Nepal

By Mr. Ganesh Prasad Upadhayaya, Under-secretary of Ministry of Women, Children and Social Welfare (MWCSW)

232. The Government of Nepal expressed a sincere commitment to the welfare of older persons through programmatic activities that reflected the spirit of the Madrid and Macao Plans of Action of ageing. The government's policy and operational strategy towards senior citizens passed in 2001 addressed the need for legislation to guarantee social security and protection of the senior citizens, as well as the necessary improvement of programs to promote respect for older persons in society.

233. The tenth Five Year Plan (2003 to 2007) pronounced the platform to improve the life of older persons in accordance with their needs as part of the national population and therefore entitled to development. Emphasis had been given to reinforcing dignity, respect, economic opportunities, social security and health care for the elderly, so as to bring them into the main stream of development. A national pension scheme was also launched, with the establishment of a *Senior Citizens Welfare Fund* and daycare centers for elderly people.

234. The Government of Nepal's operational strategy had meant actions related to strengthening economic security, the social security system, and improving health care facilities. Schemes to encourage excellence in nursing facilities and social recognition of older persons were soon to be launched and mechanisms would be developed to enhance the participation of older people in society. Education and recreational facilities would be provided along with information and databases on the elderly people being updated for use in policy formulation.

235. Currently, several programmes were being implemented for older persons in Nepal, as follows:

a. Senior Citizens Welfare Act, which was promulgated by the Ministry (MWCSW) as a separate act dealing with the welfare and rights of older people;
b. Senior Citizen Health Service Programme, which was initiated by the government in 2002 to provide free health care and medical facilities at the local level, for poor people over 65. However, it still needed to be made more effective throughout the country; and
c. National Plan of Action on Older People, which was proposed in collaboration with concerned NGOs, government and stakeholders for the welfare and rights of older people. It incorporated the major priorities of the Macao Plan of Action on Ageing, including economic aspects, social security aspects, health care services, education and recreational aspects, facilitation and recognition (respect), participation and monitoring information, database and research. A *Senior Citizen National Coordination Committee* was established to advise the government on policy, planning, monitoring and evaluation regarding ageing issues. Many NGO were participating and collaborating with the relevant government organizations. Annually, honor and prizes were also offered by the government to selected older persons and institutions.

236. There were several other ongoing activities as well, including the multidimensional activities of NGOs and programme-based government partnerships. Informal education programmes existed for older persons, and disabled older people were entitled to free assisting devices and artificial limbs. The MWCSW regularly conducted public awareness programs to promote positive images of elderly people in Nepalese society.
On the basis of tenth Five-Year Plan, future plans and programmes were to be addressed for the older people in development. These included the extension of health care services, setting up of geriatric wards, and a Senior Citizen Insurance Scheme. At present, pensions were made available to ex-employees of the state but not to others, unless there were urgent cases. Subsidies and concessions for basic services and facilities need to be applied as part of the National Plan of Action on Senior Citizens. In the future, a Senior Citizens bill would be enacted and senior citizen matters would be included in school curriculums.

237. Nepal's representative also pointed out the remaining issues and challenges related to ageing in his country, noting that:

a. Insufficient resources were available to fully follow the SIS or MIPAA;
b. Loneliness and isolation of the older people were the current threats to the quality of their life;
c. There had been no proper evaluation of older person's contribution in the family;
d. There was high dependency of old persons on the young for material support;
e. The private sector was yet to share conventional state roles;
f. Mainstreaming of welfare and rights issues into national development was still needed;
g. There was gender inequality in access to economic and social resources;
h. Coordination and networking among the organizations working for the welfare and rights of older people could be improved;
i. There was a lack of long-term perspective in plans on ageing;
j. There was a lack of prioritization of ageing as a development issue;
k. International technical and financial assistance in this area was not readily available;
l. Sensitizing stakeholders from higher level to grass roost level on ageing needed work;
m. There was a lack of effective and comprehensive impact evaluation of policies and programmes to do with ageing; and
n. There were needs with regard to the rehabilitation of older people, especially those affected by armed conflicts and difficult circumstances.

238. The Government of Nepal emphasized a paradigm shift from a welfare-based approach to rights-based approach to issues of the ageing population, and emphasized the importance of international collaboration and cooperation to achieve the goals of Madrid and Macao plans of action on ageing.

Pakistan Ageing Programme

By Mr. Ashraf Ali Khan, Joint Secretary, Ministry of Social Welfare and Special Education, Government of Pakistan, Islamabad, Pakistan

239. Mr. Khan outlined the situation in Pakistan, where there were 8 million persons over 60 years and the growing number of older persons was primarily due to rapid decline in mortality rates over the last few decades. He explained that the number of older persons is

becoming more and more conspicuous in Pakistan., which has contributed to an increased realization about social and economic implications of the phenomenon.

240. In Pakistan, Islamic commands related to justice (*Adl*) and doing good (*Ehsan*) were considered vital for implementation, monitoring, and evaluation of policies and programmes for the elderly. They were key principles in the establishment of a permanent, institutionalized National Coordinated Programme for the Elderly. The government also considered that family-oriented and culture-specific programmes should be designed and implemented in line with the Plans of Actions from the Macao Plan, and the Second World Assembly on Ageing at Madrid. Major areas of concern for older persons in Pakistan included health and nutrition, emotional health, family support, work participation, safety net and property, special problems of elderly women, pensions, transportation and preparation for the challenges of old age.

241. The present social security programmes for industrial sector employees, including provision of health and other welfare activities for the employees and their families, needed to be extended to include geriatric and other assistance. The scope of such schemes could be extended and also offered to the employees of government and nongovernmental organizations. The provision of financial help to surviving spouses of employees was through group insurance and a benevolent fund scheme, but those could be appropriately modified and extended to provide health and other social benefits to retirees and their dependent family members.

242. Pakistan's government had also taken initiatives for older persons in general, with an emphasis on respect and care for their needs. Apart from funding studies and providing some family support, institutionalized efforts were also being made in the following areas:

a. Employees Old Age Benefit Institution (EOBI), which was introduced as a pension for low paid workers, disabled persons and survivors/widows.
b. Under the scheme called Employees Social Security Institution, poor, retired and older persons were provided financial assistance by the Provincial Government;
c. Old People's Homes were run by the Social Welfare Department and the International Day of Older Persons was celebrated by the Government;
d. Pakistan Bait-ul-Mal (PBM) advocated policies and programs focusing on poorest of the poor through multifaceted programmes; and
e. *Zakat*, the main social welfare system based on Islamic concept of charity, was administered by the federal government. Local committees collected *Zakat* from the saving accounts of the commercial banks and *Ushr* (meaning one tenth) was levied on large agricultural production. *Zakat* funds were distributed to beneficiaries including individuals, organizations, educational institutions and so forth, while donation of *zakat* were also made directly to persons in need.

243. Since August 2004, senior citizens had received priority in terms of legal aid and been granted concessions for minor crimes. Traditional virtues of respecting and assisting aged person were being emphasized, and in keeping with Islamic principles, respect and care for senior citizens would be incorporated in school curriculums as a part of moral education in the country.

244. The availability of separate transport facilities for the elderly had been suggested but not yet acted on, much like the carrying out campaigns to motivate others to give them seating priority and fare concessions that were also being considered. There was also a need

to support parents and children to help themselves in relation to the care of their older family members. Similarly philanthropists could be utilized for fuller integration of older persons in the family and community.

Philippines – Short Discussion Paper

By Ms. Rhoda Yap, Assistant Secretary for Policy and Programs, Department of Social Welfare and Development, Quezon City, Philippines

245. Ms. Yap gave an overview of the population ageing phenomena in the Philippines and focused on the relevant national policy there, which was formulated through the efforts of various stakeholders, duty-bearers and claimants. These parties pushed for policy reform and for the development planners in the Philippines to respond to the emerging issues concerning older persons particularly. She explained that the number of older persons was growing rapidly and the government had made great efforts to enhance the well-being of its older citizens, promoting an elder-friendly society and empowering them to contribute to the national development process.

246. The Political Declaration and the International Plan of Action that emerged from the 2nd World Assembly on Ageing in Madrid in 2002 served as the blue print for the government's response to the both the opportunities and challenges of population ageing within the region. The ensuing Macao Plan of Action and Shanghai Implementation Strategy served as the blueprint for developing the Philippine's Plan of Action for Older Persons (PPAOP).

247. That Plan set guidelines for policy makers, planners, programme managers and service providers. It anticipated the institutionalization of appropriate policies, strategies, mechanisms and programmes/projects to ensure that the rights of older persons were protected, their needs and concerns were addressed and their roles as active participants in nation building were fully recognized.

248. Three major policies were developed by the Government of the Philippines:

a. Republic Act No. 9257 (Enacted on 26 February 2004): "An act granting additional benefits and privileges to senior citizens amending for the purpose republic act 7432 otherwise known as "An act to maximize the contribution of senior citizens to nation building, grant benefits and special privileges and for other purposes" and its Implementing Rules and Regulations."
b. Executive Order No. 105: "Approving and directing the implementation of the program [on the provision of group home/foster home for neglected, abandoned, abused, detached and poor older persons and persons with disabilities & its implementing rules and regulation developed on CY 2003."
c. Issuance/ Approval of Joint Circular No. 2003-01: "Implementing Guidelines for Section 29 of the General Appropriations Act for FY 2003 entitle Setting Aside One Percent of Government Agency Budget for Programs/Projects Related to Senior Citizens and the Disabled."

249. Ageing-related accomplishments, which contributed the empowering of older persons, included:

a. The creation of the National Monitoring and Coordinating Board, which was to develop a plan of action for 2005-onwards and to monitor the implementation of the government's policies;

b. The national celebration of Elderly Filipino Week (Proclamation No. 470- Declaring the 1st week of October every year as the week of older persons), as a tool to create social awareness about older persons' issues; and
c. The issuance of OSCA Identity cards, which reached 4.2 million people, or 85 percent of the elderly population in the Philippines, and provided data on the number of the elderly that benefited from the law.

250. Further, the Government developed and implemented various programmes and projects such as:

a. The Intergenerational Program, a social initiative aimed at bringing together different generations through structured activities to meet the needs of individuals and families throughout the life cycle; and
b. The Pilot Implementation of Neighborhood Support Services for Older Persons (NSSOP) in 3 regions (NCR, VI, XI) covering 17 cities and municipalities. The objective of that project was to test strategies for providing assistance to inactive older persons by involving their family, community volunteers or caregivers, and the local government units.

251. In spite of the commitments and accomplishments, Ms. Yap explained that there were many concerns that remained to be addressed, but stated that the Government would continue to make efforts and pursue activities to address the challenges of ageing in the Philippines.

Highlights of the Philippines Law on Older Persons and the Philippines Plan of Action on Older Persons: Accomplishments and Identified Gaps to Achieve Full Development

By Mr. Ramon M. Collado, President and Chief Executive Officer, and Ms. Charmaine B. San Diego, Project Director, Prama Foundation, Inc., Makati City, Philippines

252. The presenters explained that the population of the Philippines was 83.9 million, and of these, 37.2 million were employed. The number of older persons in the country was about 5.1 million.

253. Two laws in the Philippines were considered significant concerning ageing, namely:

a. Republic Act No. 9257 - An Act granting additional benefits and privileges to Senior Citizens amended for the purpose of Republic Act No. 7432, otherwise known as "An Act to maximize the contribution of Senior Citizens to nation building, grant benefits and special privileges and for other purposes"; and
b. Republic Act No. 7876 – An Act establishing a Senior Citizens Center in all Cities and Municipalities of the Philippines and according funds therefore.

254. There were other bills filed in the Congress that addressed the needs and concerns of Filipino older persons, including:

a. The Parents Support Act of 1998;
b. The Maintenance of Parents Act;
c. The Increasing of penalties for violations of RA 7432;
d. The Creation of Council or the Welfare of Senior Citizens; and
e. The Magna Carta for older persons.

255. The services provided to older persons by the Department of Social Welfare and Development, Local Government Units and other government agencies, such as the Federation of Senior Citizens Association of the Philippines, as well as NGOs, included:

a. Social and recreational services;

b. Health and personal care (physical/dental check-up, eye care, lectures on proper health and nutrition, retreats and other kind of religious services);
c. Livelihood services (employment, assistance to supplement earnings, small capital loans or grants for livelihood projects);
d. Volunteer resource service (identification/recruitment, training, mobilization of older persons for community volunteer work); and
e. Other services deemed necessary for the benefit of the older persons.

256. Programme development for older persons focused on:
a. Livelihood Development Services;
b. Self-enhancement Services;
c. Volunteer Program;
d. Assistance for the Physical Restoration of Older Persons;
e. Substitute Family Care Services;
f. Residential Care; and
g. Group Homes and after-care and follow-up services.

257. The accomplishments of the aforementioned programmes, which targeted the three main focus areas of the Madrid and Macao Plans of Action, were:
a. Older persons and development:
   i. Older persons and development:
      1. Ageing was mainstreamed into development policies and the integration and participation of older persons was fully promoted.
      2. Older persons were mobilized as volunteer partners. Furthermore, the law stipulated that each Government agency sets 1 percent of its budget aside for ageing-related programmes and activities and to date eight agencies submitted such proposals.
   ii. Older persons and the family:
      1. Strengthened information campaigns on raising society's awareness of the role of the family.
      2. Piloted neighborhood support services for older persons in three areas.
      3. Enhanced the utility of the "Integrated Day Centres for Older Persons and Children".
   iii. Social position of older persons: Increased the awareness of the role and function of older persons in community development.
   iv. Income security, maintenance and employment:
      1. Enhanced knowledge about the value of savings.
      2. Established the "Alternative Employment Program" to provide jobs for older persons.
      3. Increased retirement benefits by 10 percent.
      4. New guidelines for pension loans for pensioners were issued and conducted pre-retirement counseling.
   v. Older persons and the market:
      1. Consumer well-fare desks in all business establishments were set up to provide information on consumer rights for older persons and process complaints.
      2. Consumer rights of older persons were recognized.
      3. Volunteers were trained to handle and assist OPs queries and concerns.
b. Advancing health and well-being into old age:

i. Health and Nutrition:
   1. Capacity-building training were carried out to develop family, community and multigenerational awareness of the health and nutrition needs of OPs.
   2. Training for caregivers and community volunteers was undertaken.
   3. Geriatrics were incorporated in social work training, nursing, and medical courses.
   4. Community outreach activities and medical field visits were conducted.

c. Ensuring enabling and supportive environment:
   i. Social service and community support:
      1. ID cards were issued to older persons to avail them of benefits and privileges.
      2. The Office of the Senior Citizens Affairs was established in every city and municipality.
      3. 331 Senior Citizens Centres became operational nation-wide. Those centers served as the locus for recreational, educational, health and social programmes and facilities.
      4. Standards for older persons services were being developed.
   ii. Transportation:
      1. Safe and accessible transportation facilities were ensured.
      2. In compliance with Accessibility Law, public and private transportation providers were required to ensure adequate facilities for older persons (such as in Mass Rapid Transport, Airports).
      3. Memorandum circulars were issued directing all operators of motorized and land-based public transport services to grant 20 percent discount on fares for older persons and persons with disabilities.
   iii. Housing and enabling environments:
      1. A group home programme was implemented.
      2. Facilities were constructed and/or renovated in compliance with Accessibility law.
      3. Provision for group/foster homes for neglected, abandoned, abused, detached and poor older persons with disabilities was approved.

258. In spite of the aforementioned efforts and accomplishments, insurmountable gaps remained between policies and effective implementation. Those gaps were identified as follows:

a. A lack of awareness existed amongst the general public of the laws and Implementing Rules and Regulations (IRRs) concerning ageing and older persons which was seen to be defeating the purpose of the policies that had been created and mechanisms that were set up. Without the knowledge of peoples' rights and of services and infrastructure specifically put in place for older persons, they would not be able to benefit those services. The most effective way for creating awareness of the laws, regulations and existing services was through the print and visual media. However, media resources are costly and could drain Government's resources. Therefore, the media must assume a pro-active role in sensitizing the public to ageing issues and benefits.

b. A lack of employment opportunities for the youth meant that the population of older persons was greater than the number of social welfare contributors, which weakened the social welfare system. New jobs for youth must be created and commensurate remuneration be given to the employed labour force, which was regarded as the foundation of the country's social welfare system.
c. Migration of certified young adult care givers, especially in the medical field and support services, hindered the development of local services for older persons. This was most apparent in the area of geriatric care.
d. Providers of transportation and medicine services were unable to absorb the 20 percent discount entitled to older persons by law and if they did so they would be putting their own business at risk. That situation was more serious for smaller businesses, such as neighborhood drugstores, than for larger enterprises.
e. In spite of the Government's strong policies on the inclusion of ageing issues in the educational curriculum, and the provisions for continuing education of older persons, the lack of classrooms, teachers and textbooks obstructed implementation.

Policy Changes Strategies and Achievements for the Promotion of the Life of Elderly People in Sri Lanka

By Mr. Kumarasiri Pethanayaka , Assistant Director, Ministry of Women's Empowerment and Social Welfare

259. Mr. Pethanayaka explained that in Sri Lanka in 2001, nearly 10 percent of the total population was over 60 years of age and was estimated to rise to 20 percent in two decades. The Sri Lankan government paid serious attention to implementing development programs relating to improving living standards for the elderly, and did so by preparing national policies, strategies and action plans in line with the UNO resolution, UNDP Guidelines, and international conventions. The National Plan of Action gave priority to the specific areas emphasized at the Second World Assembly on ageing, including older person and development, health and well-being, supportive environment, and follow up activities. The Shanghai Implementation Strategy had been adopted in implementing those projects and activities and they were more practical in the Asian environment.

260. The National Plan of Action on Older Persons was drafted in line with the Macao and Madrid guidelines to achieve the following main objectives:

a. To implement policy initiatives to create a health environment for elderly persons, giving leadership with their own community, removing barriers to participation and ensuring access to the required services; and
b. To strengthen the bonds between the young and old generations.

261. The Sri Lankan government established the National Council for Elderly under the Ministry of Social Welfare, under Act No 9 of 2000. The Council consisted of the members from non-governmental organizations and elderly people and took all necessary measures in consultation with relevant Ministries, Provincial Authorities, District and Divisional Secretaries. It formulated legislative background and policies to deal with the emerging issues in the elderly population, and provided support for the younger generation. The National Secretariat for Elders was the key institution implementing the Council's decisions.

262. In terms of health and well-being of older persons, the Sri Lankan government provided funds for public assistance, special identity cards, assistive devices, and medicine at reduced prices for the elderly. About 300,000 older persons had special identity cards and thus received special benefits such as discounted medicine, higher interest on savings and priorities in public services. Free spectacles were provided for the elderly people with low incomes, as well as a nutrition program and free health services.

263. Community participation through village level committees of elders had been active in Sri Lanka. Older persons were encouraged to participate in communal, cultural, social, economic and spiritual activities. Through their interaction with the government and other institutions, the village level committees established their own funds and handled their own needs in a development oriented way. So far, 5000 village committees have been established and this was to be strengthened in future, in terms of number and areas of activities.

264. Non-governmental organizations were required to register under the Act No. 9 of 2000, to get due legal recognition and support. Under that Act, a Board was established for the determining the claims for maintenance allowance from the children of older persons.

265. Those projects were monitored through the Provincial authorities, District and Divisional Secretaries, and the information was collected by the National Secretariat through Social Service Officers. Public Awareness programs and training workshops were conducted for relevant officials, social workers and for the elderly. The Central and Provincial Departments of Social Services provided information about the daily care centers available to help the elderly. The old persons' day-care center was the place providing opportunities to participate in religious programs, exercise programs, discussions, income-generating programs and health programs. The National Secretariat granted funds for those centers operations.

266. Divisional Secretariats were dealing directly with the implementation of those activities through the Social Service officers and elderly committees at village level and monitoring was done by periodical progress review and supervision at national and district level. A community-based approach, through those elderly committees, has been very important for the implementation of those development programs in Sri Lanka.

Thailand Ageing-related Progression

By Ms. Siriwan Aruntippaaitune, Ministry of Social Development and Human Security, Bangkok, Thailand

267. Ms. Aruntippaaitune explained that in Thailand, the percentage of older persons was about 10 percent of the total population and was expected to increase, implying that the country would face emergent issues related to social services, health care costs, and intergenerational equity. Thailand's National Policy and Programme on ageing had been developed to tackle those problems.

268. The Thai Constitution: 1997 clearly indicated that the older persons will be protected and their quality of life should be promoted. The 1st National Plan for Older Persons: 1986-2001 was set as a long-term plan to make individuals' preparation for old age a lifetime process. In 1999, "The Declaration on Thailand's Older Persons" was made by the Thai government, emphasizing the dignity, value, and welfare of the older persons. Recognizing the older persons as active members of the society, the Declaration called for collaboration from all sectors to encourage older persons' potential and contribution to society.

269. The Thailand National Commission on the Elderly was set up by the Prime Minister as a national mechanism on policy and as a focal point on older persons. In 2002, the Commission was transferred under the Bureau of Empowerment for Older Persons (BEO), under the Ministry of Social Development and Human Security. The Second National Plan for Older Persons (2002-2021) was developed in 2002 as a master plan which developed 5 comprehensive strategies, namely:

a. Preparation for quality ageing;
b. Promotion well-being for older persons;
c. Social protection for older persons;
d. Management and personnel development; and
e. Research for policy, program development, monitoring and evaluation of the second National Plan for Older Persons.

270. After three years of implementation (2002-2004) through collaboration between all sectors, it was found that all strategies could improve the quality of life of vulnerable older persons in most areas of Thailand. The Revised Second National Plan for Older Persons was also soon to be published.

271. In addition, the Older Persons Act had been approved by H.M. the King Bhumiphol in 2003, enforceable from 1st January 2004. The implementation of the Act was in accordance with the Shanghai Implementation strategy and the Madrid International Plan of Action on Ageing 2002. It provided privileges to older persons in 4 areas:

a. Older Persons Rights;
b. Task and Implementation of the National Commission on the Elderly;
c. The Older Persons Fund; and
d. Tax Privileges for older persons

272. Ms. Aruntippaaitune explained that in future, the Bureau of Empowerment for Older Persons would carry on activities in following areas:

a. Facilitating government organizations and NGOs ;
b. Holding a forum for translation of the Second National Plan for Older Persons into the 5-year Action Plan;
c. Setting up a system of monitoring and evaluation of the National Plan; and
d. Initiating a “Pilot Project in order to push forward the Older Persons Act: 2003 into Action”.

273. The pilot project areas were selected and projects will be processed with the emphasis on education and dissemination of the Older Persons Act 2003. It was expected to be an initiative for developing other projects or activities for older persons in the communities, with contributions and collaboration from all sectors at the local level.

Policy on Caring for the Ageing Population in Vietnam

By Mr. Dao The Toan, Department of Social Protection, Ministry of Labor Invalids and Social Affairs, Hanoi, Viet Nam

274. The proportion of the elderly in Vietnam was 8.7 percent of the total population, with most older people living in rural areas. More than 90 percent of the elderly lived with their families but a considerable number of them were widowed. National policies on ageing population in Vietnam focused on income support, health care and other social support for the elderly.

275. Old persons without family support or income, or with disabilities, were eligible for monthly financial support and free burial service upon death. A monthly allowance was also available for elderly persons over 90 who did not have a government pension or other income support. Health care services were provided free of charge for the older persons and they were given priority at public health facilities. Home visit services were also available to those who could not go to the hospital, while persons over 90 received health insurance cards funded by the central government. Old persons were exempt from financial contributions to communal social activities, and they enjoyed priority when participating in cultural or sporting activities, as well as on seating in public transportation.

276. The Ministry of Labor, Invalid and Social Affairs (MOLISA) was responsible for state management of the economic well-being of the older persons. The Ministry of Construction tried to meet the needs of the elderly in general and specifically in providing health care facilities, while the Ministry of Health managed health care and the Ministry of Culture developed and managed funds for health care for the elderly. The Ministry of Education and Training organized regular training for the elderly and the People's Committees at all levels were responsible for providing guidelines for the implementation of policies on the elderly in their locality.

277. Vietnam's legislation required that the elderly be supported and cared for, and had their role promoted by the family, society, and government. 75 percent of elderly persons were still the main decision-makers in the family and the families bore prime responsibility of supporting the elderly. However, community care policies were also developed by the MOLISA to protect the elderly and provide health care. The funds for caring for the elderly were established and had been effectively used to date.

278. The Red Cross Center for Assisting the Elderly (RECAS) was recently set up to care for the elderly who were poor and suffered from chronic diseases and loneliness. Volunteers were trained in the center and the beneficiaries exhibited a high degree of satisfaction and good health outcomes.

279. Village Elderly Association and the Central Elderly Association were strengthened to develop various social activities for the elderly and covered more than 6 million members across the country. Vulnerable elderly people, including lonely, helpless, handicapped, and female older persons, were also provided special support from the government. They received financial support, health insurance cards and care from nursing homes, as needed

280. After the International Day for Old People in 1999, the government issued an ordinance for the elderly and produced guidelines for its implementation to related ministries. Several campaigns for fund raising and public awareness were organized and a conference of high-income elderly people was organized to raise funds for hunger-alleviation and poverty reduction.

281. The Government of Vietnam was planning to establish National Committees for the Elderly, as well as to monitor the implementation process of "Action Plan for the Elderly Until the Year 2010". The implementation of government ordinances and other guidelines relating to the older population would also be monitored and evaluated. Activities related to care and support for the elderly, especially vulnerable old people, would be set up and the campaigns amongst older persons with good incomes would promote them supporting hunger-alleviation and poverty reduction strategies more generally.

Annex I

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Annex II

Suggestions for Participatory Assessment Tools and Indicators for National Review and Appraisal of the Madrid International Plan of Action on Ageing

The table below suggests two approaches to monitoring the implementation of the Madrid International Plan of Action on Ageing (MIPAA): first, the **participatory assessment tools** (column three) for gathering qualitative information, and, second, **indicators** (column four), along with the possible **sources of data** for compiling the indicators (column five). Both the participatory assessment tools and the suggested indicators aim to assist governments in monitoring the process of reaching the *objectives* that pertain to the priority *issues* within the three priority *directions* of MIPAA.

The participatory assessment tools are the central and most essential component of the bottom-up approach to national and local review and appraisal exercises. Their use allows a different type of information to emerge, which may be more *qualitative* in nature, to complement *quantitative* monitoring. The bottom-up approach intends to provide direct feedback from individuals and groups about the achievement of specific objectives.

The proposed indicators are formulated on the basis of actions as recommended in MIPAA. Two types of indicators are proposed: *instrumental* and *outcome*. The *instrumental* indicators are suggested for mainly quantitative evaluation of the *availability, scope and coverage* of programmes and policies, which have been adopted to address issues of population ageing and improve the well-being of older persons. That type of indicator could be compiled on the basis of already existing statistical data, as appropriate and available. The principal sources of data are reports of government, NGOs, private sector and international organizations. The *outcome* indicators attempt to identify positive or negative changes in *the quality of life* as well as in *socio-economic conditions* and in the *health* of older persons. Both quantitative and qualitative indicators are suggested.

It should be emphasized that participatory assessment tools and indicators could be used simultaneously, or in parallel, for monitoring, review and appraisal of MIPAA.

Directions/Issues		***assessment tools for bottom-up approach***		**sug** (coll orga gende
Priority direction I: Older persons and development				
Issue 1: Active participation in society and development	**Objective 1: Recognition of the social, cultural, economic and political contribution of older persons**	*1. Focus groups*[11]	**Instrumental:** 1. Availability, scope and coverage of programmes promoting and facilitating participation of older persons in social, political, cultural and economic matters	1. Info govern sector 2. Insti
			Outcome: 1. Percentage of older persons among volunteers and/or percentage of volunteers among older persons 2. Percentage of membership of older person in a club, organization or religious institution[13] 3. Percentage of older persons reporting voted in last election[14] 4. Percentage of older persons caring for grandchildren	**1. Surv** **2. Gov** **3. organi** **4. Elec**
	Objective 2: Participation of older persons in decision-making processes at all levels	*1. Focus groups*	**Instrumental:** 1. Number of decision-making bodies with older persons participating at all levels 2. Number of organizations of older persons representing them in decision-making	1. Gov munici 2. NGO 3. Com organiz inform 4. Insti

[11] A research tool which involves intensive discussion and interviewing of small groups of people, on a given focus or issue, and usually on a number of occasions over a period of time (A Dictionary of Sociology, Oxford, 1998)
[12] Institutional analysis attempts to describe an institution on the basis of relevant statistics, finances, staff, and other information pertaining to the institution.
[13] HelpAge International, WHO, U.S. National Institute on Aging, *Indicators for the Minimum Data Set Project on Ageing: A critical review in sub-Saharan Africa,* (WHO/EIP/GPE/01.1), Geneva, 2001

			(city councils, chairs held within organizations and institutions)	
Issue 2: Work and the ageing labour force	**Objective 1: Employment opportunities for all older persons who want to work**	*1. Time use surveys* *2. Livelihood analysis*[16] *3. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of policies to increase labour market participation of older persons 2. Unemployment rate of older persons and incidence of long-term unemployment (more than one year) (ref. to MDG indicator 45)[17]	1. Gov 2. Trac 3. MD disaggr
			Outcome: 1. Employment ratio of older persons compared to general population 2. Percentage of older women in wage employment in the non-agricultural sector (ref. to MDG indicator 11) 3. Labour force participation of older persons 4. Percentage of older persons in informal sector as percentage of total employment 5. Percentage of businesses owned by older persons	1. Nati 2. Use 3. Surv 4. MD disaggr 5. Labo
Issue 3: Rural development, migration and urbanization	**Objective 1: Improving the living conditions and infrastructure in rural areas**	*1. Focus groups*	**Instrumental:** 1. Percentage of national (municipal, local) budget spent on programmes targeted towards older persons residing in rural areas 2. Availability, scope and coverage of credits provided to older persons channeled through Microcredit and/or other institutions in rural areas	1. Gov 2. NG 3. Priv inform
			Outcome: 1. Percentage of rural older persons involved in small-scale enterprises 2. Percentage of rural older persons receiving basic social services (i.e. health services, transportation, safe water)	1. Nati 2. Surv 3. Agri

	areas		programmes for older persons in rural areas (social, water, health, transport) 2. Availability, scope and coverage of programmes promoting empowerment of older persons in rural areas	3. Info cooper
			Outcome: 1. Percentage of non-institutionalized older persons receiving formal community support (health, food, care services) in rural areas[18]	1. Surv 2. Info institut 3. Info sector
	Objective 3: Integration of older migrants within their new communities	*1. Focus groups*	**Instrumental:** 1. Percentage of internal and international older migrants with or without working knowledge of local language 2. Availability, scope and coverage of programmes geared to integrating older migrants	1. Nati 2. Mob 3. Gov
			Outcome: 1. Percentage of older migrants benefiting from migrant-specific government programmes (language classes, cultural and social exchange)	1. Surv
Issue 4: Access to knowledge, education and training	**Objective 1: Equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational**	*1. Individual interviews* *2. Oral history* *3. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of programmes focusing on continuing education (training and retraining) for older persons	1. Gov 2. NGO

[18] HelpAge International, WHO, U.S. National Institute on Aging, *Indicators for the Minimum Data Set Project on Ageing: A critical review in sub-Saharan Africa,* (WHO/EIP/GPE/01.1), Geneva, 2001
[19] Mapping the internal migration of individuals in communities, provinces or at the national level.

			2. Literacy rate of older persons [21] (ref. to MDG indicator 8) 3. Ratio of literate females to males among older persons (ref. to MDG indicator 10) 4. Percentage of older persons enrolled in educational/training programmes 5. Telephone lines per 1000 older persons (ref. to MDG indicator 47) 6. Personal computers per 1000 older persons (ref. to MDG indicator 48)	disagg 3. Nati 4. Gov 5. Scho
	Objective 2: Full utilization of the potential and expertise of persons of all ages, recognizing the benefits of increased expertise with age	*1. Historical profile*[22] *2. Oral history* *3. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of programmes geared towards including older persons in mentoring/training for younger generations	1. Gov 2. NGO 3. Aca 4. Priv 5. UN
			Outcome: 1. Percentage of older persons participating in mentoring/training programmes	1. Surv 2. Scho 3. NGO 4. UN
Issue 5: Intergenerational solidarity	**Objective 1: Strengthening of solidarity through equity and reciprocity between generations**	*1. Interviews with people of different age groups* *2. Focus groups* *3. School competition on perceptions of ageing*	**Instrumental:** 1. Availability, scope and coverage of initiatives for strengthening greater inter-generational solidarity	1. Gov 2. NGO 3. Scho reports
			Outcome: 1. Percentage of older persons with a positive view of younger/older generation 2. Percentage of older persons providing support (e.g., monetary, care, etc.) to younger members of family /community/ neighbourhood) 3. Percentage of younger persons having a positive view of older persons	1. Surv 2. CBO 3. Med

[20] United Nations, *Principles and Recommendations for Population and Housing Censuses, Revision 1,* New York, 1998

		3. Focus groups	strategies of the government, such as Poverty Reduction Strategy Papers (PRSPs), which include older persons as a target group	2. Gov PRSPs
			Outcome: 1. Percentage of older persons living below national poverty line[23] 2. Percentage of older persons living below international poverty line ($1/day)[24] (ref. to MDG indicator 1)	1. Surv 2. MDG disaggr
Issue 7: Income security, social protection/social security and poverty prevention	**Objective 1: Promotion of programmes to enable all workers to acquire basic social protection/social security, including where applicable, pensions, disability insurance and health benefits**	*1. Livelihood analysis* *2. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of legislation ensuring basic social protection for all ages 2. Availability, scope and coverage of programmes of social protection such as non-contributory pensions	1. Gov
			Outcome: 1. Percentage of older persons benefiting from basic social security/protection programmes 2. Percentage of older persons using various public health services 3. Worker to retiree ratio 4. Percentage of health service users who are satisfied with received services	1. Surv 2. Gov 3. NGO
	Objective 2: Sufficient minimum income for all older persons, paying particular attention to socially and economically disadvantaged groups	*1. Livelihood analysis* *2. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of public and private programmes designed to ensure sufficient minimum income for all older persons	1. Gov 2. Priv 3. NGO
			Outcome: 1. Percentage of older persons receiving minimum income 2. Percentage of older persons able to meet their needs on minimum income provided 3. Sources of income, including labour, pensions, or family transfers	1. Surv 2. Gov 3. Priv 4. NGO

	medical care and other services during and after natural disasters and other humanitarian emergencies	*3. Oral history, including history of natural disasters*	programmes for older persons in emergency situations 2. Availability, scope and coverage of programmes of humanitarian and disaster relief agencies targeting older persons 3. Involvement of older persons in decision-making emergency situations	
			Outcome: 1. Percentage of older persons who have received appropriate assistance in an emergency situation 2. Percentage of older persons who were targeted in programmes of humanitarian and disaster relief agencies 3. Participation of older persons in decision-making structures on emergency situations	1. Surv 2. UN UNHC
	Objective 2: Enhanced contributions of older persons to the reestablishment and reconstruction of communities and the rebuilding of the social fabric following emergencies	*1.Focus groups*	**Instrumental:** 1. Availability, scope and coverage of government programmes which include contributions of older persons to deal with emergency situations	1. Gov 2. NGO
			Outcome: 1. Percentage of older persons contributing to rebuilding of society (community) after emergency situations	1. Surv 2. NGO
Priority direction II: Advancing health and well-being into old age				

life	**the risk of disease and consequently potential dependence in older age**		health/active ageing targets 2. Availability, scope and coverage of programmes promoting healthy and active ageing including reduction of behavioral risk factors and environmental risk factors at all ages but with particular attention to persons older than 50 years 3 Availability of research projects identifying risk factors at different ages 4. Availability, scope and coverage of programmes empowering older persons in promoting health or preventing and managing diseases	3. Res
			Outcome: 1. Reduction of risk factors (prevalence of smoking, physical inactivity, overweight/obesity, alcohol abuse, etc.)	1. Surv 5. Rese
	Objective 2: Development of policies to prevent ill-health among older persons	*1. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of non-communicable disease prevention programmes (including mental, vision, hearing and dental health) particularly at the primary health care level 2. Adoption of safety standards to prevent injuries at all ages 3. Availability, scope and coverage of age-friendly primary health care facilities 4. Availability, scope and coverage of programmes promoting health related quality of life and general quality of life	1. Gov 2. Trad 3. MD 4. WH 5. NG 6. Rese

			3. Disability rate 4. Chronic disease morbidity	Develo 4. Asse life[25] 5. . Epi surveil commu surveil 6. WH expecta
	Objective 3: Access to food and adequate nutrition for all older persons	*1. Focus groups*	**Instrumental:** 1. Availability of national dietary goals for all ages 2. Availability, scope and coverage of community-based balanced nutritional programmes which include persons of all ages	1. Gov 2. NGO
			Outcome: 1. Percentage of households with older persons with sustainable and accessible safe water 2. Proportion of older persons with sustainable access to an improved water source (ref. to MDG indicator 29) 3. Percentage of older persons having access to community-based balanced nutritional programmes 4. Percentage of older persons below minimum level of dietary energy consumption (ref. to MDG indicator 5) 5. Prevalence of malnutrition among older persons	1. Nati 2. Surv 3. MD disaggr
Issue 2: Universal and equal access to health-care services	**Objective 1: Elimination of social and economic inequalities based on age, gender or any other ground, including linguistic barriers, to ensure that older persons have universal and equal access to health care**	*1. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of community-based programmes for universal and equal access and utilization of health services with particular focus on discriminated groups of older persons 2. Availability, scope and coverage of programmes facilitating the use by older persons of health care services	1. Gov 2. NGO

			rehabilitation resources 2. Proportion of older population with access to affordable essential drugs (ref. to MDG indicator 46) 3. Availability of assistive devices and home based services without age limits	disagg
	Objective 2: Development and strengthening of primary health-care services to meet the needs of older persons and promote their inclusion in the process	*1. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of community-based programmes for universal and equal access to primary health care services	1. Gov 2. NGO
			Outcome: 1. Percentage of older persons having access to primary health care services	1. Surv
	Objective 3: Development of a continuum of health care to meet the needs of older persons	*1. Focus groups*	**Instrumental:** 1. Establishment of guidelines, standards and norms of health care and rehabilitation services for older persons 2. Availability, scope and coverage of community-based programmes establishing and coordinating a full range of health care services 3. Availability, scope and coverage of health care facilities with specialized care for older clients[28]	1. Gov 2. NGO
			Outcome: 1. List of all health care services ever used by older persons 2. Subjective satisfaction of the fulfillment of older persons' needs	1. Surv 2. Gov 3. NGO
	Objective 4: Involvement of older persons in the development and strengthening of primary and long-term care services	*1. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of programmes that were developed with the involvement of older persons	1. Gov 2. NGO
			Outcome: 1. Percentage of older persons having participated in the planning, implementation and evaluation of health care programmes	1. Surv

	of HIV/AIDS on the health of older persons, both for those who are infected and those who are caregivers for infected of surviving family members		statistics (both infected and care givers)	
			Outcome: 1. HIV prevalence among older persons 2. Percentage of households with older persons affected by HIV/AIDS[29] 3. Contraceptive prevalence rate among older persons (ref. to MDG indicator 19)	1. Surv 2. MD disaggr
	Objective 2: Provision of adequate information, training in caregiving skills, medical care and social support to older persons living with HIV/AIDS and their caregivers	*1. NGO information including faith-based groups* *2. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of information campaigns on HIV/AIDS targeting older persons 2. Availability, scope and coverage of training programmes in care giving skills and medical care implemented for older caregivers of HIV/AIDS patients 3. Availability, scope and coverage of programmes providing social support for older caregivers of HIV/AIDS patients	1. Gov 2. NG
			Outcome: 1. Percentage of older persons reporting to be informed about various aspects of HIV/AIDS 2. Percentage of older caregivers of HIV/AIDS patients receiving training in caregiving skills and medical care 3. Percentage of older caregivers of HIV/AIDS patients receiving social support	1. Surv
	Objective 3: Enhancement and recognition of the contribution of older persons to development in their role as caregivers for children	*1. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of community-based programmes promoting recognition of the contribution of older persons as caregivers for HIV/AIDS patients	1. Gov

			grandchildren/kin 2. Percentage of older persons caring for adult children with HIV/AIDS[31] 3. Percentage of older persons caring for grandchildren with HIV/AIDS[32]	3. NG from fa
Issue 4: Training of care providers and health professionals	**Objective 1: Provision of improved information and training for health professionals and para-professionals on the needs of older persons**	*1. Focus groups*	**Instrumental:** 1. Number of primary health care workers (doctors, nurses, physical therapists, district health workers, lab technicians, social workers et al.) trained in core competencies of geriatrics 2. Number of geriatricians in geriatric care 3. Number of health care and social care professionals with training in the care of older clients, per capita[33] 4. Number of informal caregivers trained in basic knowledge regarding the special care of older persons	1. Gov 2. Surv
			Outcome: 1. Percentage of older persons having received health care by specialized geriatric services 2. Percentage of older persons receiving informal care from trained people	1. Surv
Issue 5: Mental health needs of older persons	**Objective 1: Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons**	*1. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of programmes and services designed to develop comprehensive mental health-care services for older persons at all levels, particularly at the community level 2. Availability, scope and coverage of prevention programmes devoted to mental health	1. Gov 2. NGO

[30] HelpAge International, WHO, U.S. National Institute on Aging, *Indicators for the Minimum Data Set Project on ageing: A critical review in sub-Saharan Africa,* (WHO/EIP/GPE/01.1), Geneva, 2001
[31] HelpAge International, WHO, U.S. National Institute on Aging, *Indicators for the Minimum Data Set Project on ageing: A critical review in sub-Saharan Africa,* (WHO/EIP/GPE/01.1), Geneva, 2001

			mental health problems 2. Percentage of older persons having received mental health-care services in the last twelve months	3. WH
Issue 6: Older persons and disabilities	**Objective 1: Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities**	*1. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of programmes aiming at maintaining the highest level of functional capacity throughout the life course 2. Availability, scope and coverage of policies and programmes creating an age-friendly environment 3. Availability, scope and coverage of programmes dealing with disabilities at all ages	1. Gov 2. NG
			Outcome: 1. Number of older persons covered by programmes aimed at preventing the decline of functional capacities 2. Number of dwelling units adapted to the needs of older persons with disabilities	1. Surv 2. Rese
Priority direction III: Ensuring enabling and supportive environments				
Issue 1: Housing and the living environment	**Objective 1: Promotion of “ageing in place” in the community with due regard to individual preferences and affordable housing**	*1. Focus groups* *2. Seminars/conferences and consultation fora*	**Instrumental:** 1. Availability, scope and coverage of programmes promoting age-integrated community	1. Gov 2. NG 3. Surv 4. Priv

			living conditions as age adequate 2. Percentage of households with older persons having a toilet, bathing facilities, sewage disposal, solid waste disposal, electric lighting, improved sanitation and safe water	3. MD disaggr
	Objective 2: Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons particular those with disabilities	*1. Focus groups* *2. Seminars/conferences and consultation fora*	**Instrumental:** 1. Availability, scope and coverage of programmes promoting independent living, mobility and accessibility	1. Gov 2. NGO
			Outcome: 1. Percentage of older persons living on their own with needs and receiving support 2. Percentage of older persons with needs but not receiving support 3. Percentage of older persons receiving mobile/extramural services	1. Surv
	Objective 3: Improved availability of accessible and affordable transportation for older persons	*1. Focus groups* *2. Seminars/conferences and consultation fora*	**Instrumental:** 1. Availability, scope and coverage of programmes promoting availability of barrier-free and appropriate public and private transportation systems	1. Gov
			Outcome: 1. Percentage of older persons expressing their satisfaction with the transportation systems	1. Surv
Issue 2: Care and support for caregivers	**Objective 1: Provision of a continuum of care and services for older persons from various sources and support for caregivers**	*1. Focus groups* *2. Seminars/conferences and consultation fora*	**Instrumental:** 1. Availability, scope and coverage of programmes facilitating family and community care for older persons	1. Gov 2. NGO 3. Priva
			Outcome: 1. Percentage of older persons receiving family, community and government support 2. Percentage of family and community care-givers receiving government support 3. Percentage of care-givers expressing satisfaction with support received in their role as care-givers	1. Surv
	Objective 2: Support the caregiving role of older persons, particularly	*1. Focus groups* *2. Seminars/conferences and*	**Instrumental:** 1. Availability, scope and coverage of support	1. Gov 2. NGO

Issue 3: Neglect, abuse and violence	**Objective 1: Elimination of all forms of neglect, abuse and violence of older persons**	*1. Focus groups*	**Instrumental:** 1. Availability, scope and coverage of legislation to combat elder neglect, abuse and violence 2. Availability, scope and coverage of programmes combating neglect, abuse and violence against older persons, including programmes for awareness building among the general public and training of health and social services professionals regarding characteristics of neglect, abuse and violence against older persons 3. Availability, scope and coverage of programmes facilitating the report of neglect, abuse and violence against older persons 4. Development of tools detecting neglect, abuse and violence against older persons	1. Gov 2. NGO 3. Poli service
			Outcome: 1. Percentage of older victims reporting neglect and abuse 2. Incidences of reports by older persons of neglect, abuse and violence 3. Incidences of reports by others on neglect, abuse and violence against older persons	1. Surv 2. NGO 3.Polic hospita
	Objective 2: Creation of support services to address elder abuse	*1. Focus groups* *2. Seminars/conferences and consultation fora*	**Instrumental:** 1. Availability, scope and coverage of programmes providing support services to older victims of neglect, abuse and violence	1. Gov 2. NGO
			Outcome: 1. Percentage of older persons having sought services for victims of abuse 2. Percentage of older persons having sought services for themselves as victims of abuse	1. Surv 2. NGO

	authority, wisdom, productivity and other important contributions of older persons	*publications by older persons themselves* *2. Focus groups* *3. Seminars/conferences and consultation fora* *4. Publications by older persons* *5. Media watch programme*	campaigns on ageing 2. Availability, scope and coverage of programmes in the media to foster and promote positive images of ageing and older persons, starting from primary school level	3. Me
			Outcome: 1. Percentage of younger persons having positive attitudes towards ageing and older persons 2. Percentage of older persons having a positive perception about themselves 3. Percentage of older persons perceiving the positive attitude of younger persons towards older persons[34]	1. Surv