

FOR PARTICIPANTS ONLY

1 August 2006

ENGLISH ONLY

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC

**Report¹ of the Expert Group Meeting
on setting the Agenda of the High-level Meeting of the Regional Review of
the Implementation of the Shanghai Implementation Strategy for the
Madrid and Macao Plans of Action on Ageing**

**30 June – 1 July 2006
Shanghai, China**

¹ This report is based on the presentations and statements made during the above-mentioned Expert Group Meeting. This report is not officially edited by ESCAP.

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I. OUTCOME OF THE MEETING

1. This Expert Group Meeting (EGM) is one of the activities held in response to a request to ESCAP made on 21 October 2004 by a number of its members and associate members to organize a High-level Meeting on the Regional Review of the Implementation of the Shanghai Implementation Strategy for the Madrid and Macao Plans of Action on Ageing in Asia and the Pacific (HLM) in 2006 (later delayed to October 2007). The key objective of the EGM was to propose an agenda for the HLM and, the following was agreed to after two days of intense and productive discussions on the nexus between ageing and socio-economic development in the region. Seventeen different policy-related implications were identified. Life itself was regarded as a holistic process requiring several inputs to bring about desirable outcomes and these items reflected the key ageing elements that needed to be addressed to bring about these outcomes. The manifestations that emerged from the discussion lead to the following itemization, which are being proposed for the agenda for the upcoming HLM:

Proposed Agenda

1. Social Protection and income security of older persons
2. Gender disparity in old age
3. Access to Aged Friendly quality of Primary Health Care including traditional medicine
4. Formal and informal long-term care including home-, community- and residential Care
5. Functional health and disability
6. HIV AIDS and Older Persons
7. Geriatrics and gerontology in health and service training
8. Participation and empowerment of older persons and Older Persons Associations
9. Data, research and measurement issues of ageing
10. Resource mobilization for the implementation and monitoring of MIPAA
11. Attitudinal change towards ageing and older persons
12. Development, social quality of ageing
13. Disasters emergencies and conflict situations
14. Migration and ageing
15. Elder mistreatment, neglect and abuse
16. Partnership and collaboration
17. Care-giving

II. EXECUTIVE SUMMARY

2. Fertility has declined in most countries and areas in the Asia-Pacific region and longevity is beginning to manifest itself in ways unseen before. Longevity expert-investigations reveal a phenomenon that is likely to have a multidirectional impact on families, societies and States' budgets because it's not easily reversible. This phenomenon has policy implications.

3. A closer look at the region since the 1997 economic crisis shows strong economic gains from recent growth in terms of trade and advanced manufacturing. However, in spite of this, and in spite of the persuasive evidence that demonstrates the extent of the social impact of ageing, most Governments in the region continue to prefer economic efficiency over social equity. And the experience in many ASEAN countries show for example, Governments are adept at promoting the interests of the private sector in the rush to globalize. Hence, the challenge for the region today is to better match economic policies with investment in social development to encourage sustainable development and improve social quality. So far, the responses of most Governments and national actors in the region have focused on improving the quality of life and well-being of older persons but have not been able to ensure their continued participation and development in society.

4. Of immediate concern in the region is engaging communities in the development of the many possible social protection systems for older persons. Understanding social processes and practices are needed to implement and sustain social protection schemes. Of secondary importance, is to arrive at a better understanding of the important but changing function of families and friends in providing support and long-term care to elder persons to map out functional and primary health care needs in old age and, reduce the burden on families with work obligations.

5. When ageing is put in its sociological and demographic context, increasing dependency ratios increase putting stress on the working-force to support older persons in a sustainable way. Trends in social ageing suggest that new social demands are likely to emerge that may dominate the development agenda as the 21st century unfolds. In the past, with smaller numbers and percentages of older persons families and relatives were the primary providers of financial security and care for their loved ones for a limited number of years. This notion is disappearing fast in the face on an ever growing number of elderly persons and shrinking pool of younger generations. Clearly, the emergence of this phenomenon implies different roles for Governments to play in the region.

6. When declining fertility is coupled with increasing income insecurity in old age, and concomitant old-age illness, these three elements comprise a trend in Asia and the Pacific that sets it aside from other regions of the world. This trend is likely to result in a 'structural lag' in society – social and health services cannot keep pace with the changes of population structures and individual life styles, not to mention meeting the increasing demand for better social quality. Further, changes in family structures and the declining availability of support for older persons by child adults – due to migration, changes in employment practices, changing attitudes – are also reasons for concern and should be given more attention in planning development policies in the region.

7. The changes brought about by social ageing in the region can be exacerbated by problems related to chronic poverty, lack of age-friendly primary health care, gender disparity, rural-urban dynamics, sexual health, ability of daily life (ADL), organizational capacity of older persons, the weak role of the private sector in social security schemes, poor tracking of social quality and inadequate resources for focus groups research.

8. Everyone in society can expect to be affected by these problems, which to a large extent are mediated by local cultural specificities. The evidence shows that this is having a serious impact on society's ability to cope. As a result, many efforts and activities to better understand the sociological impact of ageing are expected, due to necessity, but unfortunately, these are likely to be speculative in nature. This is because, unlike in the richer countries, many Asian countries are preoccupied with economic growth and believe that ageing issues are not a pressing priority for development.

9. The social position of elderly persons in both developed and developing contexts was diminishing in increasingly globalized market systems and hence, to ensure their social quality, the elderly needed attention, especially those living in rural areas.

10. Equally important is participation in decision making to draw on the appropriate elements of ageing in policy development. A proven approach is focus groups research to gain a deeper and more nuanced understanding of these elements and the changing expectations of government in the delivery of services. Knowledge and training were considered crucial to this end.

11. Public officials, in response, must start planning for the future on the basis of these expectations and constantly work out whether or not older persons are satisfied with the services provided by the Government. For many countries, it would be crucial to re-examine the division of responsibilities of support to older persons between the Government, society, family and individuals.

12. The Shanghai Implementation Strategy for the Madrid and Macao Plans of Action on Ageing (SIS) consist of a set of well developed key actions and practices that if complied with can promote social inclusion of older persons and facilitate a transition from the prevailing attitudes of dependency to active ageing through the continued employment of older persons. These key actions are socially, culturally and politically acceptable but the record shows patchy compliance within countries and sub-regions.

13. Of concern to the implementation of the SIS today is the development of a comprehensive and systematic appraisal and evaluation framework to arrive at a better and more holistic understanding of life circumstances and needs of older persons in society and, to find ways to address them or cope with them.

14. Governments in the region, and civil society, are expected to prepare substantive participatory reports on the implementation of the SIS in their respective countries and areas. The reports are expected to strike a balance between the concerns raised by old age requirements—i.e., “security and dignity” and participation “with full rights”, on the one hand, and the opportunities ageing provides on the other, and to consist of thoughtful and reasoned analysis that to the extent possible reflects gender parity. The reports are due by June 2007.

15. In preparation of the above reports, Governments and stakeholders in the region are encouraged to use the United Nations Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing, the 2004 Macao Guidelines for the implementation of SIS, and the *social quality* matrix.

16. It is also recommended that the UNESCAP secretariat is consulted on the above as appropriate.

III. INTRODUCTION

17. Since the Second World Assembly on Ageing held in Madrid in 2002, the world has increasingly begun to pay closer attention to the social implications of ageing trends and the changing expectations of government in the delivery of services in society. The Asia and the Pacific region is no different.

18. Since 2003, ESCAP, the focal point of ageing in the region, has made many efforts to this end and carried out several activities that made major gains from the ongoing research of academia and accumulating experience of civil society. These gains are reflected in the ESCAP 2004 Macao Guidelines and DESA 2006 Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing.

19. The Guidelines have been piloted in Sri Lanka and China and provide the basis for review and appraisal of national efforts and activities to address ageing, and as such, can be used either by the government's ageing focal points or those involved in the review and appraisal process, especially those involved in monitoring and evaluating the delivery of social services related to ageing. The guidelines are also friendly to the needs of civil society who are active in implementing programmes and projects.

20. Pursuant to resolution E/CN.5/2006/L.2 adopted on 14 February 2006, the United Nations will hold the first cycle of the five-year review and appraisal of the implementation of Madrid International Plan of Action on Ageing (MIPAA) in the world, and the Secretary-General is requested to submit to the General Assembly "a report on major developments in the area of ageing since the Second World Assembly, which will include short regional contributions by the regional commissions."

21. In anticipation of this global review, ESCAP will organize the High-level Meeting for which substantive national and civil society inputs must be submitted by its members and associate members on the situation of ageing, respectively. The report of the High-level Meeting will form the core input of ESCAP secretariat to the global review of the implementation of MIPAA in the Asia and the Pacific region.

22. What is striking about most of the reports that have been produced to date on the ageing situation in the region is the lack of balance between the challenges posed by ageing and the opportunities it provides. Hence, it may be desirable for national focal points on ageing to strike a balance between the two possibilities so that the reports can serve as an intellectual analysis of the ageing situation in the region. The secretariat also wishes to encourage academics from fields outside the social sciences to join this exercise to address

the paucity of multi-disciplinary approaches in reporting on the ageing situation, attract a wider audience to play key roles in the implementation of commitments on ageing.

23. The text provided here reflects summaries of 18 presentations and the debate surrounding them made during the two-day EGM. The presentations are the outcome of extensive academic and civil society experience. The participants of the EGM are ageing experts specialized in a variety of fields related to social protection, health and policy development in the region. Their reasoned and nuanced debate was enriched by another meeting they attended back to back with this EGM entitled “Shanghai International Symposium on Caring for the Elderly.”

24. That meeting was attended by more than 300 experts and practitioners on ageing from 17 countries representing most regions of the world. Sixty papers were presented during this meeting. The meeting provided an opportunity to interact with others and learn about social, economic, cultural effects of globalization and their impact on ageing.

25. The lively discussion during the first day of the EGM was extensive and concerned with social processes of ageing and outcomes in urban and rural areas. The breadth and scope of the interaction encompassed social, cultural, religious political and moral lessons; sometimes surprisingly sophisticated; as Tsao Foundation’s Vice President, Susan Mende, explained during her presentation, “Doctors are general practitioners, they are not geriatricians, and we need to retrain them, as well as nurses, social workers, and therapists so as to change their approach to primary care.”

26. “The accumulation of addictions and emotional worries over the life span”, also said the Vice President of Harmony, primed latter life health declines affecting men and women differently. Everyone agreed that to protect and promote the well-being of today’s elderly individuals, rich or poor, requires a different policy approach—an approach that is multidisciplinary that considers the elderly person, not as an isolated element of society, but rather as an interested member of the whole of society needing and deserving a quality of life which is holistic in nature.

27. The above issues took centre stage. According to the participants, many of whom professionally interconnected and collaborate in programmes, these issues were sufficient enough to tighten up the diverse approaches that are being pursued by Governments and civil society actors in the region.

28. It should be noted here that the above list of issues cut across the three main themes of MIPAA—i.e., old age and development, health and long-term care, and enabling environments. These three themes are pathways to quality in life and well-being, both material and perceived, in old age.

29. The debate was structured, lively and resulted in tabulating and agreeing to a more focused list of concerns, itemized in Section I above, and in sharing extensive and well documented solutions to these concerns. These are summarized in Section (V) below.

30. Further, the EGM provided an opportunity to all the participants to express views and contrast understandings of ageing in low/middle- and high-income countries in the region. First, ageing is not seen as a universal issue with multiple impacts on development.

Instead, it is widely believed that economic growth will address its fiscal requirements. Second, ageing has brought greater burdens to most actors in society and as such, ageing should be treated as a universal phenomenon.

31. Furthermore, the EGM strengthened the interaction between government officials and national and regional actors. This is understood to bring in its wake improved collective responses to the ageing challenge in Asia and the Pacific, particularly in regard to social protection coverage, long-term care-support programmes to poor older persons, and better monitoring of the impact of inter-generational relationships on older persons.

IV. OBJECTIVES OF THE MEETING

32. The primary aim of the EGM was to place the ageing experience in Asia into the wider perspective of development policy and suggest ways and means to deal, or cope, with it in the context of rapidly ageing societies. But what are the key issues for the region in this context? To answer this question, the EGM brought 21 ageing experts to discuss the current key issues and propose an agenda for the upcoming High-level Regional Review Meeting in the hope to put more light on the challenges that face the region between 2007 and 2030—namely, the challenge to find a balance between economic growth and investment in social ageing and bring them to the attention of governments and other actors next year at the High-level Meeting. Hence, the objective of this meeting was to propose an agenda that comprises the key issues for the region.

V. PROCEEDINGS OF THE MEETING

A. Summary of opening statements

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

33. After greeting the participants, Ms Thelma Kay set out the broad parameters within which the debate of the EGM was going to take up ageing. Developing the sub-themes of the anticipated debate, she underlined the strong interest in the subject of ageing. To address concern over the ramifications of ageing, countries must strike a balance between the challenges and the opportunities provided by this phenomenon. Citing the key demographic indicators in the Asia and Pacific region, she contrasted the paucity in meeting old age social requirements with the economic gains recently achieved by most countries in the region. Not every country in the region accords the same priority to ageing and because of its varying consequences. However, since the adoption of the Shanghai Implementation Strategy for the implementation of Madrid International Plan of Action on Ageing in 2002, ESCAP seeks to engage members and associate members fruitfully. ESCAP carry's out research and training workshops to help government officials gain knowledge and skills on exploring policy options to respond to the challenges of ageing. So far, proposed policy responses promoted a mixture of formal social protection measures with informal care and intergenerational support and reciprocity. Ms Kay also highlighted the outcomes of ESCAP's efforts and activities related to helping countries better track their progress in implementing the goals and commitments of the Madrid International Plan of Action on Ageing (MIPAA). In the face of ageing that is facing most countries, the question is then to identify which opportunities exist for elderly persons to benefit from and what can governments do to ensure that these opportunities are taken advantage of, not only the few, but rather by the many. This point will be taken up during the anticipated High-level Meeting in 2007. She concluded by expressing her appreciation for everyone and in particular the generous support of the Government of Macao SAR, which made this event possible.

*Mr Xiao Caiwei, Director of International Department,
China National Committee on Ageing*

34. Speaking on the overall ageing experience of China, Mr. Xiao described the impressive economic growth of his country since the 1970's and the concomitant increase in the number of non-governmental organizations, especially those who played a key role in the provision of services to older persons. China's social structure changed dramatically since and this was a key result of the political and economic reforms instituted by the country's leadership. Under the planned economy, he said, all activities that pertained to the political, social, economic and or cultural spheres were considered the overall responsibility of the central government. As a person, the individual had a life-long affiliation with their employer, be it the public or private sector, and was entitled to numerous social benefits—i.e., old age pension, social welfare, housing, and medical care. However, since the introduction of the reforms, the role of the central government changed dramatically, and as a result, the individual became more closely associated with his/her community rather than the employer or government. This shift facilitated the remarkable growth of the private sector and civil society that the country witnessed in the last twenty years. As population ageing has become better integrated into the government's

development plan, priority for retirement systems are being placed in urban settings while rural areas benefit from family-based economic activities to support old age requirements according to their different life styles and preferences. A development that sets rural areas apart from urban settings is the huge increase in Older Persons Associations (OPAs) in the first, as compared to the second. To date, the government's statistics show that 66 per cent of urban communities have established OPAs, numbering 52,239 while 56 per cent of rural villages have organized OPA to number 372,710. These OPA play a crucial role in provided support to their communities in caring for older persons.

*Mr Sergei Zelenev, Chief, Social Integration,
Department of Economic and Social Affairs (DESA), United Nations, New York, USA*

35. Mr Sergei Zelenev introduced the “bottom-up” participatory guidelines which were drawn by DESA to assist member States in preparing for the review and appraisal of MIPAA’s domestic implementation. He convincingly pointed out the versatility of this approach to policy development, and said that it complement’s the vast majority of “top-down” approaches used in statistical research to make generalizations representative of the target population. In this approach, ageing is understood not primarily as a demographic phenomenon that is likely to transform society and that is accompanied by a health transition, but as a dialectical process in which both society at large and older persons’ cohorts play an active and visible role in society’s development. The aims and objectives of MIPAA underlie this notion: “to ensure that persons everywhere are able to age with security and dignity and to participate in their societies as citizens with full rights.”² The main benefits of this approach is that it can “generate qualitative knowledge for policy makers, supports action and promotes public awareness. In so doing, policies and programmes are improved. Governance is enhanced as social capital is developed and older persons are motivated to organize and advocate for improvements to their own well-being.” Mr. Zelenev also informed the meeting that Secretariat plans to publish the third World Ageing Situation Report in 2007 and asked the participants to contribute inputs pertaining to the report for analysis and collation through ESCAP.

B. Age structure transition and development in Asia-Pacific

*Mr Bhakta Gubhaju, Population Affairs Officer, Population and Social Integration Section,
Emerging Social Issues Division, ESCAP, Bangkok, Thailand*

36. Mr Bhakta Gubhaju began his presentation by highlighting the trends in population growth and the dynamics of the age-structures in Asia and the Pacific. He talked about the broad sub-regional projections about future trends in the region using illustrations from a selected number of countries. The contribution of age-structure dynamics to economic growth and the types of policies and enabling environments that are considered essential for the benefits of the age-structure transition to accrue were explained. He argued that such contributions deserved more attention, if not as much attention as the challenges affiliated with demographic ageing. For example, he said older persons participate in the economy and society on a daily basis which lend much support to social development. They also make contributions through intergenerational dynamics, including the care giving roles played by older persons, continuing work and education, mentoring and

² MIPAA document, para. 10.

volunteering. Gubhaju concluded by saying that such contributions in the region can be harnessed more efficiently and effectively to sustain economic growth and meet the inevitable increases in expenditures on public pensions and old age social coverage schemes.

C. Country Experiences

Empowerment of Older Persons Associations and communities

Mr Xiao Caiwie, Director, International Department, China National Committee on Ageing, Beijing, China

37. In his presentation, Mr Xiao Caiwie focused on one of the central elements of SIS—i.e., national mechanisms on ageing, especially Older Persons Associations (OPAs). Xiao explained that OPAs, as well as other sectors of civil society, had grown rapidly in numbers and enhanced their participation in the implementation of the regional and international plans of action on ageing is crucial. OPA's promises viable solutions to address the country's potential ageing consequences. The speed and pattern of the development process have unleashed unprecedented dynamics, such as the migration of younger generations from rural areas to urban areas that have weakened the economic status of older persons and families in rural areas. This trend is likely to grow due to considerable differences in provincial development levels. With an ever increasing number of younger persons living in the cities, the elderly are being forced to remain in the labor force to provide for their families. This situation is further aggravated by the fact that social protection coverage is limited and wide spread frailty. Experience in China, Mr Xiao concluded, has demonstrated that publicly or privately supported and empowered OPAs can play a significant role in helping older persons organize and generate income to improve the daily lives of older person. This position typifies opinions about addressing the challenges of ageing that imply a different, rather than reduced, role for governments in Asia and the Pacific and that, as the experience of China shows, governments are exploring different ways to meet the requirements of older persons.

Population Ageing: A Challenge to Social Welfare Organizations in Macao, SAR

Mr Steve Leung, Consultant, Social Welfare Bureau, Macao SAR, China

38. In Macao SAR, meeting the challenges of population ageing is not considered a role that solely depends on the commitments and activities of the governing body, said Mr Steve Leung. Rather, collaboration between the government and non-governmental social welfare organizations (NGO) ensures better delivery of services and products to older persons. The majority of social services are delivered through NGOs, except those that entail financial benefits. Ever since ESCAP organized the Regional Review Meeting of the Implementation of SIS, from 18 to 21 October 2004 in Macao, the Social Welfare Bureau has completed several reports on the "Long Term Care Needs Assessment of the Elderly" and "Surveys on Profiles of the Elderly in the Community". The reports outlined the type of social programmes and the budgetary increases allocated to their implementation. The programmes ranged from improving residential environments in Aged Homes to promoting positive attitudes towards ageing and older persons. Qualitative assessments were being carried out to constantly improve the services on offer as was proposed by the Consultative Committee on Social Affairs for Older Persons (CCSAOP). Mr Leung emphasized that the elderly persons' membership in the CCSAOP is robust and that all programmes planning

involves several key actors and is government-led. The success of Macao's efforts to ensure that older persons are provided with adequate social assistance and avoiding duplication is attributed to the above measures and to the recent introduction of the Quality Improvement Mechanism System.

Ageing policy and programme development in Indonesia: An update

Mr Nugroho Abiksuno, InResAge Jakarta (Indonesia Research on Ageing population network), Trisakti University, Member of National Commission for Older Persons, Republic of Indonesia

39. Mr Abiksuno Nugroho pointed the major steps taken by Indonesia to comply with her MIPAA commitments, which comprise laws, legislative regulations and the establishment of a National Commission for Older Persons, set up by Presidential decree. Social protection schemes for the marginalized and disadvantaged elderly at the community level were being introduced as a poverty alleviation priority. Referring to the wide spread attention being accorded to ageing in Indonesia as “the ageing movement”, he attributed this vitality to the formation of coalitions of various stakeholders at the national and regional levels since 1997. The current “National Plan of Action for Older Person’s Welfare Guidelines 2003” benefited from three revisions since the adoption of MIPAA in 2002. And since the enactment of Law No. 13/1998 on Older Person Welfare and Presidential Decree 93/M/2005 on the Appointment and Membership of National Commission for Older Persons for the period from 2005 to 2008, bylaws and regulations were promulgated to address the challenges facing older persons in the country. The National Commission for Older Persons (*Komisi Nasional Lanjut Usia*—know as *Komnas Lansia*) has formed several working groups to facilitate the monitoring of the implementation of the National Plan of Action for Older Person Welfare Guidelines. Older persons in most of the provinces in Indonesia benefit from social services. Currently, most nursing homes are managed by the private sector and not-for profit community/social organizations.

Expanding coverage of economic and social security through networking between public resources and neighbouring-community resources

Mr Sughan Chand Bhatia, International Longevity Centre, Pune, India

40. In his well-presented contribution, Sughan Bhatia argued that extending existing social protection models to meet the needs of the unorganized worker sector, which accounts for 92 per cent of work force, without a proper understanding of their needs would undermine their interests and de-motivate the for-profit sector through which the transactions were facilitated. This scheme also carries with it the risk of leading to savings losses. In fact this is the experience of the Mahila Samridhhi Yojana fund wherein women opened savings accounts at Post Offices with Rs. 75, which the government matched with direct cash transfers. Community-based social protection systems are far more diverse, both in scope and coverage, than those that have evolved for the organized or government-controlled sector. Bhatia cautioned against “copying” the schemes of the organize sector and handing its administration to the private financial sector. A better approach would be to conceive and institute a mechanism that acts as a bridge between such fiduciary arrangements and the government. Because these workers are unorganized, they have no bargaining power and their social security is further undermined. To address these problems, Bhatia suggested strengthening community-based, and individual-based, social

security instruments. This can be initiated by awarding all public-works contracts meant for the employment of older persons to community-based organizations that operate at the village level. This can potential cut transaction costs, increase profits and bolster social security schemes.

**Social Quality Approach in Mainstreaming Older Persons into the Community –
A Research Proposal from Malaysia**

*Ms Syed Abd Rashid Sharifah Norazizan, Institute of Gerontology, University Putra Malaysia,
Putra Jaya, Malaysia*

41. Ms Sharifah Norazizan Syed Abd Rashid's presentation addressed "Priority Direction" one of MIPAA's framework, entitled "Older Persons and Development". She focused on the benefits of enhanced social participation and integration, which she feels opened a critical research area. Taking Malaysia as her case study, Syed Abd Rashid argued that local research demonstrated that social isolation, being home bound, and lack of involvement, participation and empowerment were among the key challenges that require immediate attention in the country. In line with MIPAA, Malaysia is firmly committed to mainstreaming ageing issues in its development policies. At the centre of the debate on ageing there is a growing realization that that older persons need to be fully re-integrated into society and be recognized as an important "human resource" for development. Empowering older Malaysians and their inclusion in national development plans is the best way to move forward. If the elderly engaged more with the dynamic forces of society, attempting to adjust them to suit there needs, they would fare much better and their social quality would register noticeable improvements. Malaysian ageing researchers are making attempts to bring back the elderly in society in ways that will appeal to them, and the "bottom up participatory" approach generates the needed know-how. The Malaysian National Policy for the Elderly exemplifies the government's concern with this aim—i.e., their inclusion in society. Evidence-based policy making, and planning and management, with the judicious application of knowledge acquired from current ageing studies, can serve to optimize the use of limited resources and encourage broad-based support towards meeting the challenges of population ageing in the country. Moving towards the specifics, Sharifah said that the Social Quality perspective if applied to ageing can perhaps ensure the realization of the aims and objectives of MIPAA. To that end, she proposed a research project to elaborate the social quality approach to develop a new vision concerning sustainable elderly well-fare in Malaysia. The project would also connect Malaysia to the proposed academic consortium for social quality in Asia—known as The Asian Welfare and Environment Network of Social Quality.

Ageing in contemporary Korean society; family, labor, and social policy in later life

Ms Keong-Suk Park, Dong-A University, Republic of Korea

42. Ms Keong-Suk Park began her presentation by posing four fundamental questions to place the ageing experience in perspective. (1) Why has extended family relations, considered the bed rock of society in spite of the country's compressed development, greatly declined in recent decades? (2) Why have early retirement and delayed exit from labor concurrently occurred? (3) What are the characteristics of welfare policy for older persons, particularly as many of them consider themselves a burden on their children, a perception that is creating sympathy for them? (4) What are the characteristics of the political and economic contexts in contemporary Korean society? To answer the

aforementioned questions one should begin by examining social policy, a policy that has triggered the socio-economic inequalities in Park's opinion, and which is primarily the cause of the current wave of challenges facing older persons. Demographic ageing in Korea received a lot of attention recently and, due to the withering traditional familial values and a re-orientation in society towards individualism coupled with the expansion in the size and influence of manufacturing and capital markets. The 1990s saw a robust growth of national pensions to solve the economic concerns associated with old age. With increasing life expectancy, dependency in later life increased requiring long-term primary health care and social services to assist activities in daily life (ADL). Although a national pension scheme exists for old age, it matures in 2008 disqualifying those who became 60 and over at the time of its inception in 1988. This is likely to further exacerbate income inequality in the risk of poverty in later life. Further, the current trend is to privatize health care and social services and the experience to date showed difficulties in managing the quality and access to these set ups. Furthermore, Ms Park contrasted the concurrence of early retirement and delayed exits from the labor force, which she believed had a negative affect on the flexibility of the labor market. In short, she argued that because Korea was strongly linked to a global market, society exists in a rapidly modernizing setting that was also unequal and its reaction had been shaped by a combination of "rational concerns for efficient management and the irrational interest in excessive labor controls and age discrimination".

Women and Income Security in Asia: A regional snapshot and Singapore case study

Ms Susana Amargo Concorde, Programme Manager-Interagency Collaboration Division, TSAO Foundation

43. Ms Concorde made a contextual overview of women's income security requirements in old age highlighting Singapore's experience. She explained that longevity for women is a disguised blessing, a transformation characterized by gains and setbacks. While women can expect to live longer, and on average outlive their male counterparts by 2-8 years, with more opportunities to pursue gender parity, her lifetime experience of disadvantages puts some women in a position of concern. Poverty, she said, is the main threat facing older women and men world-wide. In rapidly ageing Asia and the Pacific, the fastest in the world, they are consistently among the poorest of the poor. A large proportion of older people in the region live below poverty line and lack basic needs such as food, water, shelter and healthcare. Furthermore this poverty is inherently gendered in old age with older women more likely to be widowed, live alone, have few assets of their own and be dependent on family members for support. Older women in Singapore enjoy a reasonable quality of life, but they are potentially vulnerable because of their total reliance on their family for financial and other support. Because of low-levels of education, low-labour participation in the past and the lack of CPF funds, older women today do not have their own source of income nor do they have any marketable skills to generate income. As Singapore's non-welfare policy emphasizes family care for older people, there is no additional safety net beyond family care (except for the Public Assistance Fund for those in extreme poverty), as older people with children are not eligible for most assistance and subsidy schemes. She concluded the presentation by saying that family let downs or upsets are redoubtable and are likely to jeopardize the well-being of older women who found themselves in this situation.

Elderly Women in Thailand: Roles and Positions

Ms Kusol Soonthorndhada, Institute for Population and Social Research Mahidol University, Bangkok, Thailand

44. In equating the population age structure shift with the increasing feminization of ageing, Ms Kusol Soonthorndhada highlighted the main policy issues, which are at the heart of the ageing phenomenon and its effects on economic growth and development in Thailand. For example, concerns regarding social security for those women who are working in the informal sector and rural females engaged in subsistence activities, long-term needs, living alone and household arrangements of widowed elderly women, illiteracy, posed vulnerability for women without family support. Current policies in Thailand appear to be particularly gender-blind in terms of the rising incidence HIVAIDs, which adversely affects elderly women in caring for their adult children and orphaned grandchildren. Comparative socio-economic studies (based on data from SET 1994 and SET 2002) showed declining labor force participation in old age, especially amongst women, and subsequent increasing reliance on children for support. Although the ageing situation in Thailand dictates a stronger response from government personnel working on ageing issues, there was not much progress achieved in capacity building and training. If policies are to be effective, Ms Kusol feels they must be informed by an understanding that women and men experience old age differently. The Second World Assembly on Aging held in Madrid in 2002 revealed to the world that ageing was a gender issue as it was a development issue, and policies, programmes, and strategies must be responsive to all its dimensions.

D. Income security in old age and reducing the risk of poverty

Options for Increased Coverage

*Mr Mukul Asher, Professor, LKY School of Public Policy National University of Singapore
(delivered on his behalf by Mr Wesumperuma from HelpAgeInternational)*

45. A major challenge facing ESCAP members and associate members is how to increase the coverage of social security systems. Mitigating against exposure to poverty risk in old age involves increasing the proportion of the current labor force as well as the current number of retirees. Mr Wesumperuma stressed that older persons social protection needs are essentially a modern phenomenon and that there is a great potential for increasing the coverage as several countries in the region have shown that. Two avenues for increasing the coverage received particular emphasis. The first concerns the partnership between asset management and/or insurance companies with Self-Help Groups (SHGs), and the second concerns targeted assistance programmes.

Income support to older poor through non-contributory cash transfers

Mr Wesumperuma, Head of Programmes, AsiaPacific HelpAge International, Chiangmai, Thailand

46. Mr Wesumperuma made a strong case for non-contributory cash-allowances which he saw as a feasible way to improve the economic and social standing of poor elderly persons. He argued persuasively that direct cash assistance to poor families played a key role in reducing national poverty levels and stimulating economic growth (the first of the multi-pillar pensions approaches advocated by the World Bank and the ILO). Little has so far taken place by way of research and policy debate in this regards in Asia. The experience

of a few countries that experimented with non-contributory income support to older poor persons, equivalent to USD 2 per month, these schemes represent a genuine national-level commitment to supporting the older poor. There is evidence from Asia and other regions that social pensions are politically acceptable, but lack progress due to the dearth of studies on the efficacy of their implementation and impact, capacity problems relating to beneficiary selection and delivery, lack of recognition of the importance and their potential wider social and economic benefits. By contrast, in Africa, the situation is slightly different as ministers and senior representatives from 13 African countries examined the case for basic social protection and concluded with “The Livingstone Call for Action”: social transfer programmes and social pensions are a feasible policy option. Where some of these issues can be dealt with, it is reasonable to expect political, bureaucratic and academic champions to pursue social pensions agendas at least in some Asian countries. Where the progress of a few programmes has been followed with initial surveys such as in India, Nepal and Bangladesh, there is evidence of variable levels of management and delivery issues as well as queries over the efficacy of the programmes in targeting the poorest. Nevertheless, where poor older people have been supported to organize themselves to claim their old age allowance as in the case of a MIPPA inspired follow up project in two districts of Bangladesh, older people’s associations have had significant influence on local government officers and service providers in improving delivery as well as had impressive social quality results in social inclusion, participation, empowerment of older people and enhancing the capacity of older people themselves to advocate for delivery improvement and coverage expansion. Several international agencies (World Bank, ILO), bilateral donors (eg. UK Department for International Development) and international non-governmental organizations (eg. HelpAge International, Save the Children-UK,) that have recently produced critiques on cash transfers, including social pensions, have shown a positive approach to the social and economic value of cash transfers as an effective strategy in combating abject poverty (*A cross section of the most recent publications of these agencies on cash transfers will be visualized*).

E. Functional Health

The World Health Organization Age Friendly Primary Health Care Centre Project and the Tsao Foundation Pilot Experience

Ms Susan Mende, Vice President Programmes, Tsao Foundation

47. This contribution epitomized the second pillar of MIPAA—i.e., “Advancing health and well-being into old age.” Susan Mende explained the interaction between rapid population ageing and health, which placed health care services at the forefront of many countries’ social and economic agendas with increasing focus on primary care. The community based Primary Health Care Centre (PHC) represents the front line of primary care. The UN Plan called on States to develop and strengthen PHC services to meet the needs of older persons. The World Health Organization (WHO) responded by undertaking the Age Friendly Primary Health Care Project to sensitize and educate PHC workers about the specific needs of their older clients. A set of WHO Age Friendly Principles for Primary Health Care Centres are developed to serve as a guide for community-based primary health care centres to modify management and clinical services, staff training and environments. This allows the care centres better fit the needs of their older patients. They address three major areas:

- Information, Education, Communication and Training
- Health Care Management Systems
- The Physical Environment

The Hua Mei Seniors Clinic of the Tsao Foundation in Singapore, a primary care clinic targeted at older persons, was chosen as the initial pilot site in Asia for testing the Age Friendly Principles and will remain a pilot site for Phase 2 of the Project – the development and testing of a toolkit of resources to use in applying the Principles.

Ageing, Functional Incapacitations and Emerging Needs for Geriatric and Long-Term Care Infrastructure: A Comparative Assessment of China and India: A Proposed research for Evolving Common Strategies on Elderly Health in the Countries of the Asia-Pacific Region Countries

Mr Moneer Alam, Professor of Economic Demography, Institute of Economic Growth, Delhi, India

48. Mr Moneer Alam proposed a project to carry out cross-sectional studies of the multidimensional aspects of health outcomes and well-being among older persons in two countries, namely India and China. The studies would utilize field surveys of selected rural and urban areas to collect the data needed for analysis. Both countries, while gaining significantly in terms of major demographic parameters coupled with growing survival chances leading to an extended life span, suffer heavily on account of the poor health of their older persons and an inadequate geriatric infrastructure. Their public health provisions also take little account of large-scale prevalence of non-senescent and disease-determined functional impairments among older persons, forcing many to rely on filial support in their activities of daily living (ADL). Evolved with in this perspective, the proposed study will examine in both the countries a sample of aging men and women to learn explicitly about their non-mortal health outcomes such as poor health, frailty and loss of physical functioning, that are likely to further impair their health as they grow older. The relationships between their current health conditions, such as grip strength, lower extremities strength, and actual disabilities as reflected through impaired activities of daily living developed over time will be studied. This study will also develop a profile of older persons from the two countries, their current state of health and well-being, their social support system, ADL/IADL statuses and use of assistive techniques. These data are expected to be extremely useful in mainstreaming ageing and creating awareness about the old age health among the public health professionals, policy makers, care providers and other stakeholders in both countries for formulating appropriate and timely policy responses. The private sector may also stand to gain considerably, as the studies will help in examining need, aptitude and the upcoming market for assistive devices and techniques.

**Home care for older people in the ASEAN member countries—
ROK-ASEAN Cooperation Project**

Mr Cho Hyunse, President, HelpAge Korea, Seoul, Republic of Korea

49. Moving closer to some of the specifics of the ageing process in Asia, Cho Hyunse took a look at the impact of the phenomenal socio-economic changes of society over the

last 20 years, such as the increasing number of nuclear families, migration, and the increasing role women are playing in the labor force, and how these factors increasingly undermined traditional caring capacities for older persons. The social impact of the growth of transnational economic activity in much of Asia means that both families and governments, particularly ASEAN members, are unable to provide adequate support to older persons. When this is coupled with the rising costs of home and institutional care, many older persons can be expected to suffer from neglect. In the face of this situation, Cho argued that volunteer-based community care services were being considered as a viable and attractive intervention to meet the care needs of older persons today. In fact, HelpAge Korea first piloted such an intervention in 1987 in Korea and the success of the project culminated in its adoption by ASEAN members in 2003. The project's success is ascribed to in part the early involvement of the Ministries of Social Welfare and of Health in each country, and partner organization and NGOs, which lead to enlisting governments' support. The project's impact was manifold: (1) It led to an awareness amongst old persons that they were no longer isolated from society, (2) Families were more able to focus on earning livelihoods and, by interacting with the volunteers, they developed caring skills, which stimulated more interest in caring for their elderly relatives, (3) Communities' sense of gratitude towards volunteers motivated the later and created more good will between them and health centres and other referral services, which strengthened community mobilization to better meet the needs of older persons, (4) Awareness about poor older persons increased amongst community population promoting more respect for the latter and paying more support through voluntary activities, and (5) Governments' participation in the project resulted in better policy recommendations on home care and the desire to expand the pilot project to other locations.

Multi-Dimensional Activities of the Harmony Initiative:

Empowering India's Senior Citizens

Ms Tina Ambani, Founder, Harmony

50. The changing face of Indian society from a traditional, pre-industrial social order to a modern, urban and industrial one has come about fairly rapidly. And, explained Ms Tina Ambani, the section of society that has been affected the most by these changes is the elderly population. The pattern of formal and informal support systems available to them today has undergone a significant transformation. The elderly population in India is the second largest in the world, next only to China. This population, which was 77 million according to the 2001 Census (7.5% of the total population), is projected to increase to 137 million by 2021 (UN, 2002). Widowed elderly females are greater in proportion (51%) as compared to males (15%). The percent of literacy is 53% among elderly males but only 20% among elderly females. It is estimated that one-third of the elderly population in India live below the poverty line. The demographic changes in Indian society and the changing family context clearly indicate that ageing issues are expected to become an important area of concern. There is a need to pay greater attention to age-related issues, to study its socio-economic implications and to promote the development of policies and programmes for dealing with a rapidly ageing society. Time is of the essence to meet these challenges and evolve appropriate and effective strategies for enhancing the quality of life of the elderly. The measures initiated by Harmony is a step in this direction. India is steeped in family tradition but the elderly are worst hit. They lack access to the most basic health care. They also suffer from abuse by the younger generation. Harmony considers older persons as an important asset in society and the organization is committed to improve their quality of life. Print, cyberspace, community-based work, social events, advocacy and policy making are

part of the activities of the organization. Harmony also conducts scientific studies, promote the discipline of gerontology, and exercise such running marathons. Looking back over the last two years, Ms Ambani said, Harmony has made quite a difference in the lives of “silvers” and today can expect to “reverse ageing”.

Advancing Health and Well-being into Old Age

Mr Siva Raju, Vice-President, Harmony, Mumbai

51. Mr Siva Raju explained that older persons are a heterogeneous group that experience the process of ageing differently. Variations in their living situation need to be viewed vis-a-vis conditional factors like age, gender, marital status, geography, educational attainment and occupational status. One form of Harmony’s efforts and activities quite distinct from that of other NGOs in India, and elsewhere in the region, is in the way ageing is understood. Most societal actors view older persons as passive receivers of care. However, the profile of the older population is undergoing a dramatic change and many older persons want to lead an active life of fulfillment for themselves, their families and the community. Therefore, policies and programmes need to be developed for their integration into the development process. Most ageing issues are closely interlinked with their earlier stages of life. Hence studies on perspectives such as lifelong development are important to understand their needs and interests. The socio-economic, psychological and health conditions of the elderly are interlinked with other dimensions of their daily lives. A holistic assessment of all these dimensions, Mr Raju concluded, is needed to better assess their living conditions.

Communities' informal care and welfare systems: A training manual

Mr Manohar Pawar and David Cox

52. Mr Manohar Pawar discussed the concept of communities' informal care and welfare systems (CICWS) and explains their importance in the contemporary context of globalization and recent developments. With the emergence of the modern state, CICWS began to weaken eroding many aspects of traditional culture, in terms of structures, values and traditions. For example, family size, cohesiveness and employment patterns often made the continuation of family-based care and welfare systems very difficult to maintain. Dangers that threaten communities' survival abound in this context and as such, there is a need to protect and enhance its traditional roles through training and, for which a manual is developed. Where formal services became available in developing countries, attitudes toward traditional informal care changed but these services are limited in scope and reach. This is compounded by international migration, displacement and internal migration, which meant that many people were physically removed from their traditional CICWS. Mr Pawar argued that there was need to balance formal and informal care systems to better meet the changing needs of older persons. Both systems offer complementary benefits; formal systems deliver services targeted at addressing specific needs; while informal systems deliver support, exercise care and at times deliver specific remedies, all within a network of caring and supporting relationships. Given these differences, it is preferable to consider the two systems as different and potentially complementary, rather than alternatives.

The Concept of Social Quality and its Implications for Social Well-being in Asia

Mr Tetsuo Ogawa, Associate Professor of Public Policy, Faculty of Law and Economics, Chiba University, Japan & Research Affiliate, the Centre of Advanced Studies for the Social Sciences, University of Oxford, United Kingdom

53. Mr Tetsuo Ogawa explained the concept of *social quality* and, its relevance to the key determinants that influenced different social, economic, and cultural policies (including media and telecommunication). One of the essential issues concerning well-being is the conditions of society and the extent to which citizens are able to participate in the social and economic life of their communities. Which conditions can potentially enhance well-being and individual achievement? To answer this question, the *social quality* approach provides new tools for comparative research and contribute to knowledge about the differences between the various societal and social models in Asian. Theoretically, *social quality* is a comprehensive conception of the quality of people's daily lives. Mr Ogawa argued that the approach would be a condition *sine qua non* (indispensable) for public policies with which to stimulate economic sustainability, well-being and social justice. That is because the theoretical underpinnings of the approach consider social quality as a function of the constant tension that exists between individual self-realization and participation in the various collective identities that constitute everyday life, which takes place within a social context comprising two well-known fields of action. On the one hand, there is the contrast between biographical and societal development (agency and social structure) and, on the other hand, there is the contrast between the world of organizations and the one comprising informal relationships (systems and life events). Thus, the *social quality* model was proposed as a goal not only for social policy, but also for economic, environmental and other relevant policies for ensuring human well-being and happiness. In theory, *social quality* is seen very much as a humanistic antidote to the utilitarian and

ubiquitous practice of equating quality of life with income or wealth. Four empirical dimensions were related to the social quality approach: (1) socio-economic security, (2) social cohesion, (3) social inclusion and (4) social empowerment. Indicators for these four dimensions and their domains have been developed and it was recommended that these be explored in Asia and the Pacific to test their applicability and the availability of data (see matrix of indicators in Annex I). In summing up his presentation, Mr Ogawa said the *social quality* approach created a new point of reference for policies based on a coherent theoretical model that transcends the familiar fragmentation between scientific disciplines and policy areas; and, thus, can provide a basis for participation in Asian countries. This can be done through, for example, enabling Governments (national and local) to employ a common framework for policy development and implementation and also to respond to the increasing demands from citizens to play a responsible role in the creation of social well-being and social quality.

F. Follow-up and implementation

MPPA+5 follow up global plan of HelpAge International

Ms Silvia Stefanoni, Director of Programmes, HelpAge International, London, UK

54. What is the significance of the Madrid International Plan of Action (MIPAA), asks Ms Silvia Stefanoni. She explained that as a norm, the instrument emerged out of global-wide concerns linked to the sustainability of families and the ability of government and communities to provide care for older relatives. Representative from 159 countries adopted this norm in April 2002 and the first global review will take place in early 2008. Countries are expected to report on their activities to meet the commitments of MIPAA and for those governments that have yet to mainstream the framework in their ageing policies, this could be an opportunity to review efforts and activities toward the progress they made in addressing ageing issues. Ms Stefanoni highlights the diminishing security base of older persons in the face of spiraling debt, hunger, isolation and destitution. Because old age brings with it reduced capacities for work and accessing health services, HelpAge International carried out several studies on the impact of social pension schemes for the poor. The studies found that with small cash allowances, the older poor are able to improve the quality of their life dramatically. Further, free primary health care is an important part of their life and well being. HAI tries to take this argument forward by promoting and facilitating dialogue between governments and donors. In South Africa for example, the introduction of social pensions allowed the poor to access basic services such as credit, health care and water. HAI is currently working with the government of Uganda on a similar scheme. The organization conducts and shares the outcome of analysis of existing schemes—known as “making cash count”, which was carried out with UNICEF and WHO. Free primary health care currently represents a key priority of the organization raising issues related to transport, insurance, quality of health care for older persons, strengthening capacity of village health workers, and alternative health. To promote compliance with MIPAA, civil society and UN agencies work collaboratively to enhance the performance of existing mechanisms and donor dialogue with governments so as to ensure that aid reaches the poorest and oldest. HAI also works with civil society to promote the bottom-up approach to monitor MIPAA. To date, HAI carried out focus groups in Bangladesh, India, Viet Nam and will produce reports in time for the upcoming HLM in Macao, SAR in 2007.

**The First Cycle of the Review and Appraisal of the Madrid International Plan
of Action on Ageing (MIPAA), 2007-2008**

*Mr Osama Rajkhan, Social Affairs Officer, Population and Social Integration Section,
Emerging Social Issues Division, UNESCAP*

55. Mr Osama Rajkhan developed the forth pillar of the SIS—i.e., “Implementation and follow-up of SIS”, which is a central theme of the EGM by proposing qualitative research methods to appraise and evaluate the implementation of strategy. He recalls the key actions related to achieving the commitments under this pillar and emphasized the role of NGOs, OPAs and other sectors of civil society in the implementation of these commitments. He argued that the indicators developed for the 2004 Macao Guidelines enabled the state and societal actors to measure the performance of ageing policies, programmes and projects, which are crucial for evaluating the implementation of SIS in region. The Guidelines also allows for much greater interaction and better consultations between government officials and NGOs, especially where political opinions differ in relation to the requirements of older age. Meeting the needs of older persons are by no means an area of uncontenscious debate but the low levels of performance in this areas results in parts from governments’ social policies. Taking the upcoming 5-year global review and appraisal of the MIPAA as an opportunity, Mr Rajkhan argued that the use of the Macao Guidelines and, the Social Quality Index presented by Mr Tetsuo Ogawa earlier, ultimately encouraged the creation of a policy environment towards ageing that strikes a balance between market and private sector priorities and spending on productive social investments such as social protection systems of older persons.

G. Conclusion

56. It is clear that population ageing, especially social ageing, implies the need for more robust government and societal interventions. The experience of Asia is instructive of the challenges and opportunities associated with poverty and long-term ill-health. A more textured response into the social and health care needs of older persons deserves a better balance between investing in productive social services and the pursuit of economic growth and efficiency to bridge the gap between policies and reality. This requires a more targeted response by governments with the active support of communities. The position of Mr. Cho from HelpAge Korea perhaps sums up this situation:

The UNDP Human Development Report 2005 estimates that in the ASEAN countries, the percentage of older persons 65 years and above will increase from 3.93 per cent to 6.44 percent by 2015. Apart from this steep growth of the older population, the increasing life expectancy impacts on the increase in the demand for social and health care provision for older people. While the traditional structures of the family and community support for older people exist, phenomenal socio-economic changes of increasing nuclear families, population migration, and women workforces are undermining traditional capacities for caring for older persons in their homes. Under the pressure of macro-economic development prerogatives, governments of the region are invariably unable to give adequate priority to elderly related issues and are becoming unable to support and meet the cost of providing welfare for older people. As a result, a large number of older people remain neglected and vulnerable in this region.

57. The ageing process in and of itself is not detrimental for traditional family relationships. However, because the role of caring for an older person with chronic long-term illnesses can burden family members, inter-sectoral social protection and long-term care interventions that include active community-participation is essential. At a primary level, this involves collaboration between NGOs personnel, government officials who possess key technical skills, and community-based elements.

58. Governments in the region register undoubted growth from transnational economic activity, which is driven by high-tech manufacturing and capital markets transactions. These gains put Governments in a better position to serve the needs of older constituents, especially those not covered by social security protections. What is needed then is advocacy and community mobilization to influence political will and secure more resources for publicly-supported programmes, such as universal social pensions in poor countries.

59. Government officials and other actors in society must carry out participatory-based research at both the national and sub-national levels to collect scientifically valid evidence to appraise and evaluate the situation of older persons. This can better enable the secretariat to monitor the implementation of the SIS in the region, and DESA to carry out the same in respect of the global implementation of MIPAA.

60. The concept of *social quality* is relevant to the evaluation and improvement of quality of public supported services. To operationalize this concept in policy development, governments must develop and test indicators for the domains relevant to its four components: socio-economic security, social inclusion, social cohesion, and empowerment (see Annex I for the matrix of indicators related to policy inputs, process, outcome and impact).

ANNEX I

Social Quality Matrix

No.	Indicator	Country	Year
1	Part of household income spent on health, clothing, food and housing (in lower and median household incomes)		
2	How certain biographical events affect the risk of poverty on household level		
3	Proportion of total population living in households receiving entitlement transfers (means-tested, cash and in-kind transfers) that allow them to live above EU poverty level		
4	Proportion of people who have certainty of keeping their home		
5	Proportion of hidden families (i.e. several families within the same household)		
6	Number of square meters per household member		
7	Proportion of population living in houses with lack of functioning basic amenities (water, sanitation and energy)		
8	People affected by criminal offences per 10,000 inhabitants		
9	Proportion living in households that are situated in neighbourhoods with above-average pollution rate (water, air and noise)		
10	Proportion of people covered by compulsory/voluntary health insurance (including qualitative exploration of what is and what is not covered by insurance system)		
11	Number of medical doctors per 10,000 inhabitants		
12	Average distance to hospital, measure in minutes, not in meters		
13	Average response time of medical ambulance		
14	Average number of hours spent on care differentiated by pain and unpaid		
15	Length of notice before employer can change terms and conditions of labour relation/contract		
16	Length of notice before termination of labour contract		

17	Proportion employed workforce with temporary, non-permanent, job Contract		
18	Proportion of workforce that is illegal		
19	Number of employees that reduce work time because of interruption (parental leave, medical assistance of relative, palliative leave) as a proportion of the employees who are entitled to these kinds of work time reductions		
20	Number of accidents (fatal/non-fatal) at work per 100,000 employed persons (if possible: per sector)		
21	Number of hours a full-time employee typically works a week (actual working week)		
22	Proportion of pupils leaving education without finishing compulsory education (early school leavers)		
23	Study fees as proportion of national mean net wage		
24	Proportion of students who, within a year of leaving school with or without certificate, are able to find employment		
25	Extent to which 'most people can be trusted'		
26	Trust in: government; elected representatives; political parties; armed forces; legal system; the media; trade unions; police; religious institutions; civil service; economic transactions		
27	Number of cases being referred to European Court of Law		
28	Importance of: family; friends; leisure; politics; respecting parents; parent's duty to children		
29	Volunteering: number of hours per week		
30	Blood donation		
31	Views on immigration, pluralism and multiculturalism		
32	Tolerance of other people's self-identity, beliefs, behaviour and lifestyle preferences		
33	Beliefs on causes of poverty: individual or structural		
34	Willingness to pay more taxes if you were sure that it would improve the situation of the poor		
35	Intergenerational: willingness to pay 1 per cent more taxes in order to improve the situation of elderly people in your country		
36	Willingness to actually do something practical for the people in your community/neighbourhood, like: picking up litter, doing some shopping for elderly/disabled/sick people in your neighbourhood, assisting neighbours/community members with filling out (tax/municipal/etc.) forms, cleaning the street/porch/doorway		

37	Division of household tasks between men and women: Do you have an understanding with your husband/spouse about the division of household tasks, raising the children, and gaining household income?		
38	Membership (active or inactive) of political, voluntary, charitable organizations or sport clubs		
39	Support received from family, neighbours and friends		
40	Frequency of contact with friends and colleagues		
41	Sense of national pride		
42	Identification with national symbols and European symbols		
43	Sense of regional/community/local identity		
44	Sense of belonging to family and kinship network		
45	Proportion of residents with citizenship		
46	Proportion having right to vote in local elections and proportion exercising it		
47	Proportion with right to a public pension (i.e. a pension organized or regulated by the government)		
48	Women's pay as a proportion of men's		
49	Proportion with right to free legal advice		
50	Proportion experiencing discrimination		
51	Proportion of ethnic minority groups elected or appointed to parliament, boards of private companies and foundations		
52	Proportion of women elected or appointed to parliament, boards of private companies and foundations		
53	Long-term unemployment (12+ months)		
54	Involuntary part-time or temporary employment		
55	Proportions with entitlement to and using public primary health care		
56	Proportion homeless, sleeping rough		
57	Average waiting time for social housing		
58	School participation rates and higher education participation rates		
59	Proportion of people in need receiving care services		
60	Average waiting time for care services (including child care)		
61	Proportion denied credit differentiated by income groups		
62	Access to financial assistance/advice in care of need		
63	Proportion of population who have access to public transport system		
64	Density of public transport system and road density		
65	Number of public sport facilities per 10,000 inhabitants		
66	Number of public and private civic and cultural facilities (e.g. cinema,		

	theatre, concerts) per 10,000 inhabitants		
67	Proportion in regular contact with neighbours		
68	Proportion in regular contact with friends		
69	Proportion feeling lonely/isolated		
70	Duration of contact with relatives (cohabitating and non-cohabitating)		
71	Informal (non-monetary) assistance received by different types of family		
72	Extent to which social mobility is knowledge-based (formal qualifications)		
73	Percentage of population literate and numerate		
74	Availability of free media		
75	Access to internet		
76	Provision of information in multiple languages on social services		
77	Availability of free advocacy, advice and guidance centers		
78	Percentage of labour force that is member of a trade union (differentiated to public and private employees)		
79	Percentage of labour force covered by a collective agreement (differentiated by public and private employees)		
80	Percentage of employed labour force receiving work-based training		
81	Percentage of labour force availing of publicly provided training (not only skills based) (Please outline costs of such training if any)		
82	Percentage of labour force participating any 'back to work scheme'		
83	Percentage of organizations operating work life balance policies		
84	Percentage of employed labour force actually making use of work/life balance measures (see indicator above)		
85	Existence of processes of consultation and direct democracy (e.g. referenda)		
86	Number of instances of public involvement in major economic decision-making (e.g. public hearings about company relocation, inward investment and plant closure)		
87	Percentage of organizations/institutions with work councils		
88	Percentage of the national and local public budget that is reserved for voluntary, not-for-profit citizenship initiatives		
89	Marches and demonstrations banned in the past 12 months as proportion of total marched and demonstrations (held and banned)		
90	Proportion of local and national budget allocated to all cultural activities		
91	Number of self-organized cultural groups and events		
92	Proportion of people experiencing different forms of personal enrichment on a regular basis		

93	Percentage of national and local budgets devoted to disabled people (physical and mental)		
94	Level of pre and post-school child care		
95	Extent of inclusiveness of housing and environmental design (e.g. places, lighting, layout)		

ANNEX II**AGENDA**

1. Opening of the meeting.
2. Age structure transition and development in Asia and the Pacific.
3. Country experiences.
4. Income security in old age and reducing the risk of poverty.
5. Functional health, health services and long-term care.
6. Implementation and follow-up: policy options.
7. Other issues.
8. Summary of the issues to be set in the proposed agenda of the High-level Regional Review Meeting.
9. Closing.

ANNEX III

PROGRAMME

FRIDAY, 30 JUNE 2006

0900-0930 hours

Item one of the Agenda

Statement on behalf of Ms. Thelma Kay, Director, Emerging Social Issues Division, UNESCAP (*read by Bhakta Gubhaju, Population Officer, ESCAP*)

Statement delivered by Mr. Xiao Caiwei, Director, International Department, China National Committee on Ageing, Beijing, China

Statement by Mr. Sergei Zelenev, Chief, Social Integration Branch, Division for Social Policy and Development, Department for Economic and Social Affairs, UN, New York

Introductory remarks by the participants

Introductory remarks by ESCAP on the objective of the meeting and expected accomplishments.

0930-10:00 hours

Item two of the Agenda

Moderator: Mr. Xiao Caiwei (*CNCA, Beijing, China*)

1. Age structure transition, ageing and development in Asia and the Pacific (*Mr. Bhakta Gubhaju, Population Officer, ESCAP*)

Comments

1000-1030 hours

Coffee break (and photo)

1030-1130 hours

Item three of the Agenda

Moderator: Ms. Susan Mende (*Vice President, Tsao Foundation, Singapore*)

2. Empowerment of Older Persons Associations and communities (*Xiao Caiwie, Director, International Department, China National Committee on Ageing, Beijing, China*)
3. Population Ageing: A Challenge to Social Welfare Organizations in Macao (*Steve Leung, Consultant, Social Welfare Bureau, Macao, China*)

Comments

1130-12:30 hours

Item four of the Agenda

Moderator: Prof. Siva Raju (*Harmony, India*)

4. Income support to older poor through non-contributory cash transfers
(Mr. Wesumperuma, Head of Programmes, AsiaPacific HelpAge International, Chiangmai, Thailand)
5. Women and Income Security in Asia: Singapore Case-study
(Ms. Susana Concorde, Tsao Foundation, Singapore)

Comments

1230-1400 hours **Lunch** (Discussion during lunch optional)

1400-1500 hours **Item five of the Agenda**

Moderator: Mr. Wesumperuma *(Head of Programmes, AsiaPacific HelpAge International, Chiangmai, Thailand)*

6. Enhancing the quality of life of India's Elderly: Activities of Harmony
(Ms. Tina Ambani, President, Harmony, Mumbai)
7. Advancing Health and Well-being into Old Age *(Dr. Siva Raju, Vice-President, Harmony, Mumbai)*

Comments

1500-1630 hours *Coffee break*

Moderator: Mr. Keong-Suk, Park *(Dong-A University, South Korea)*

8. Ageing, Functional Incapacitations and Emerging Needs for Geriatric and Long-Term Care Infrastructure *(Dr. Moneer Alam, Professor of Economics, Institute of Economic Growth, Delhi)*
9. The World Health Organization Age Friendly Primary Health Care, Centre Project and the Tsao Foundation Pilot Experience *(Susan Mende, Vice President Programmes, Tsao Foundation)*
10. Home Care Provision *(Mr. Hyunse Cho, President, HelpAge Korea)*

Comments

1630-1800 hours Discussion and comments

SATURDAY, 1 July 2006

0900-1030 hours **Item six of the Agenda**

Moderator: Ms. Silvia Stefanoni *(Director of Programmes, HelpAge International, London, UK)*

11. Ageing policy and programmes development: Indonesia Update *(Prof. Abikusno Nugrohu, MD, MS, DrPH, Associate Dean, Associate*

professor in public health and medical nutrition, Faculty of Medicine, Trisakti University, Jakarta)

12. Aging in contemporary Korean society; family, labor, and social policy in later life (*Keong-Suk, Park, Dong-A University, South Korea*)
13. The Concept of Social Quality and its Implications for Social Well-being in Asia (*Mr. Tetsuo Ogawa, Associate Professor of Public Policy, Faculty of Law and Economics, Chiba University, Japan & Research Affiliate, the Centre of Advanced Studies for the Social Sciences, University of Oxford, U.K.*).

Comments

1030-1100 hours *Coffee break*

Moderator: Mr. Steve Leung (*Social Welfare Bureau, Macao, China*)

1100-1230 hours 14. Options for Increased Coverage (*Dr. Mukul Asher, Professor, LKY School of Public Policy National University of Singapore*)(*to be delivered on his behalf*)

15. Social Quality Approach in Mainstreaming Older Persons into the Community: A Research Proposal (*Ms. Syed Abd Rashid Sharifah Norazizan, Institute of Gerontology, University Putra Malaysia, Putra Jaya, Malaysia*)

16. Elderly Women in Thailand: Roles and Positions (*Ms. Kusol Soonthorndhada Institute for Population and Social Research Mahidol University, Bangkok, Thailand*)

17. MPPA+5 follow up global plan of HelpAge International (*Ms. Silvia Anoni, Director of Programmes, HelpAge International, London, UK*)

18. The First Cycle of the Review and Appraisal of the Madrid International Plan of Action on Ageing (MIPAA), 2007-2008 (*Osama Rajkhan, Social Affairs Officer, Population and Social Integration Section, Emerging Social Issues Division, UNESCAP*)

Comments

1230-1400 hours **Lunch**

1400-1500 hours **Item seven of the Agenda**

Other and Emerging Issues
(*All participants*)

1500-1530 **Item eight of the Agenda**

Moderator: Ghazi Mujahid (*Population Affairs Officer
UNFPA, Bangkok, Thailand*)

Review Summary of the issues to be set in the Agenda of the High-level Regional Meeting to be held in Macao in 2007

Conclusion and recommendations

Adoption of the proposed Macao Agenda

(All participants)

1530-1600 hours *Coffee break*

1600-1900 hours **Item nine of the Agenda**

Closing remarks

ANNEX IVList of Participants

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