Strengthening Family Institution: Caring For the Elderly
Prepared for the 5th ASEAN GO-NGO Forum November 2010
by
The International Council on Social Welfare

1   Part A

1. Introduction

The proportion of the world's population oldear than 60 years will reach 22 per cent over the next four decades from 11 per cent in 2009 and eight per cent in 1950. The ranks of the elderly are expanding 2.6 per cent a year, three times faster than global population as a whole, mostly because people are living longer and having fewer children. The ageing trends will affect economic growth, savings, investment, consumption, labour markets, pensions and taxation. It will also influence living arrangements, intergenerational transfers, housing demand, migration trends and the need for health-care services.

The speed of ageing in ASEAN countries varies, with Singapore and Thailand leading the way. Malaysia will achieve the "aged" nation status in 2030 when the proportion of persons aged 60 years and over reaches the 15 per cent mark. But, as a whole, the ASEAN region is projected to register a 435 per cent increase in its older persons population between 2000 and 2050 – a rise from 39.5 million to 175.8 million in less than half of a century. Rapid modernization, urbanization and industrialization among ASEAN member countries have resulted in the rise of new generations as increased life expectancy and lowered fertility converged to accelerate the demographic transition.

The rapidity of the ageing process in ASEAN member countries adds a new dimension to its policy planning, framework and national development, particularly on issues such as feminization, poverty, health, gender, income security as well as changes to family structure and living arrangements.

Specifically, there is growing concern of the long-term viability of intergenerational social support systems, which are crucial for the well-being of both the older and younger generations. Such concerns are especially acute in societies where provision of care within the family becomes increasingly difficult as family size decreases and women, who are traditionally the main caregivers, engage in employment outside the home. As people live longer, certain benefits, such as pensions, health care or old-age support, need to be paid over longer periods. Consequently, to remain sustainable, social security systems need to change. Increasing longevity will also result in rising medical costs and increasing demands for health services, since older people are typically more vulnerable to chronic diseases.

2.   Demographics[1]

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[1] Unless otherwise stated, data on demographic trends used in this document are taken from the 2008 Revision of the official United Nations world population estimates and projections (United Nations Department of Economic and Social Affairs, Population Division, 2009. 2008 Revision of the official United Nations world population estimates and projections, United Nations, 2009, http://esa.un.org/unpp/). In addition, data on labour force participation were obtained from the International Labour Organization (International Labour

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The ASEAN Countries are ageing and very rapidly. The "demographic transition" underlying population ageing is characterized by reductions in mortality, particularly at young ages, followed by reductions in fertility, and along with increasing life expectancy reshapes the age structure of the population. This is happening in most regions of the world, no less in the ASEAN region (see figure below), by shifting the relative weight of the population from younger to older groups.
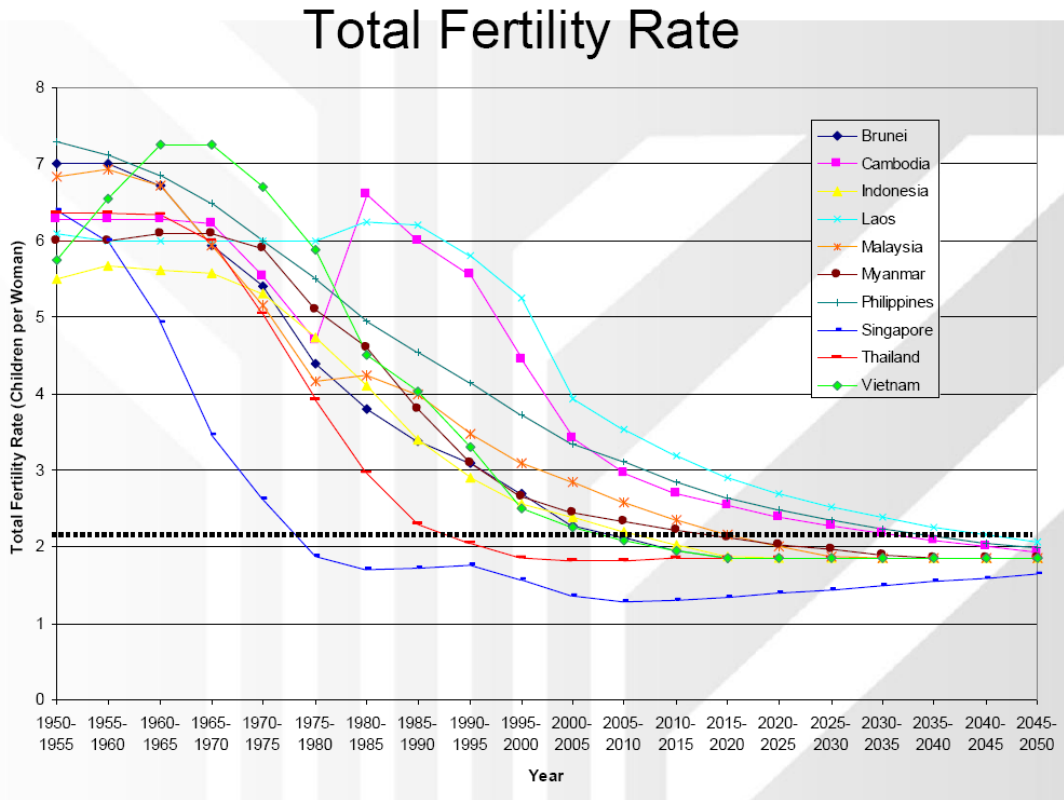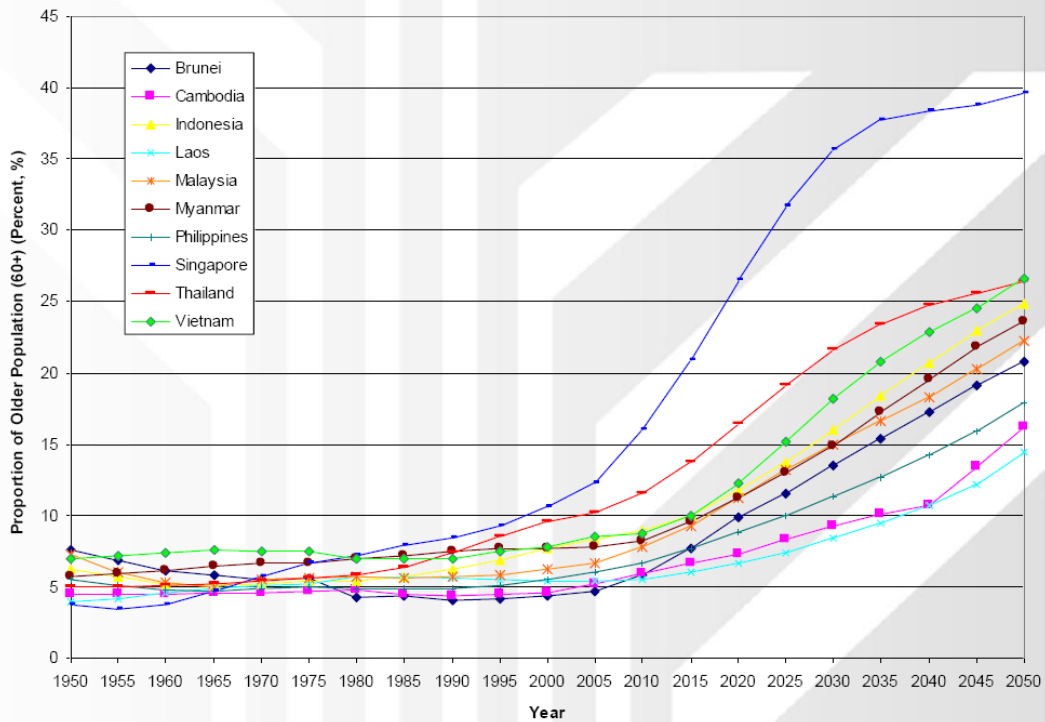
Total Fertility Rate

Source: World Population Prospects: The 2008 Revision, **United Nations Population Division, New York.**

Globally, the number of older persons has more than tripled since 1950; it will almost triple again by 2050. In 1950, there were 205 million persons aged 60 or over throughout the world. At that time, only three countries had more than 10 million people aged 60 or over: China, India and the United States. By 2009, the number of persons aged 60 or over had increased three and a half times to 737 million and there were 12 countries with more than 10 million people aged 60 or over, including China, India, the United States, Japan, the Russian Federation and Germany. By 2050, the population aged 60 or over is projected to increase again nearly threefold to reach two billion.

Looking at the figure below, none of the ASEAN countries, in 1950, had more than 10 per cent of its population above 60 years of age. In the beginning of the 21st century, only one country, namely Singapore passed the 10 per cent benchmark.
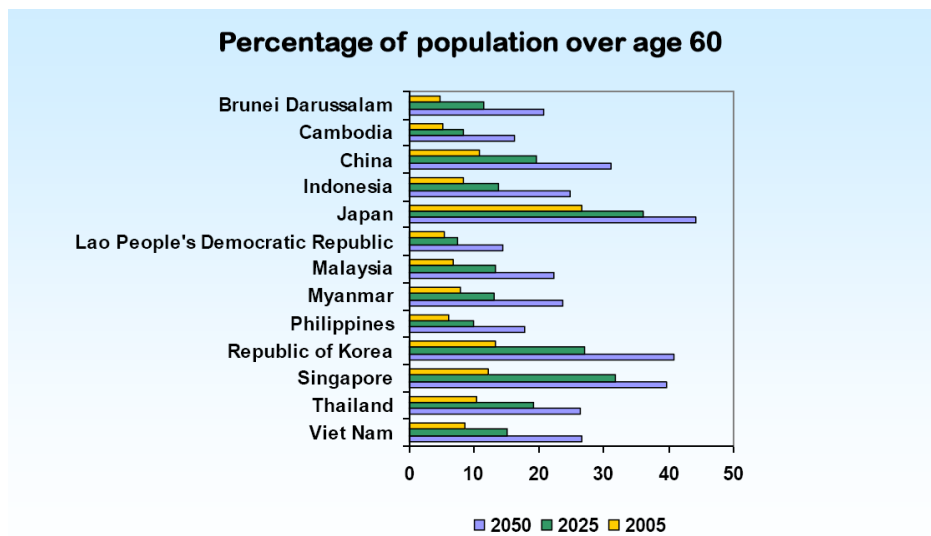
Proportion of Older Population

Source: World Population Prospects: The 2008 Revision, **United Nations Population Division, New York.**

But, by 2025 (see figure below), it is projected that, with the exception of Lao PDR and Cambodia all the other ASEAN countries will pass the 10 per cent benchmark with Singapore registering 31.7 per cent. By mid-century the 60+ in all ASEAN member countries will pass the 10 per cent benchmark with Singapore and Vietnam projected to reach 39.7 per cent and 29.5 per cent respectively.

In fact, the ASEAN region as a whole is projected to register a 435 per cent increase in its older persons population between 2000 and 2050 – a rise from 39.5 million to 175.8 million in less than half of a century.
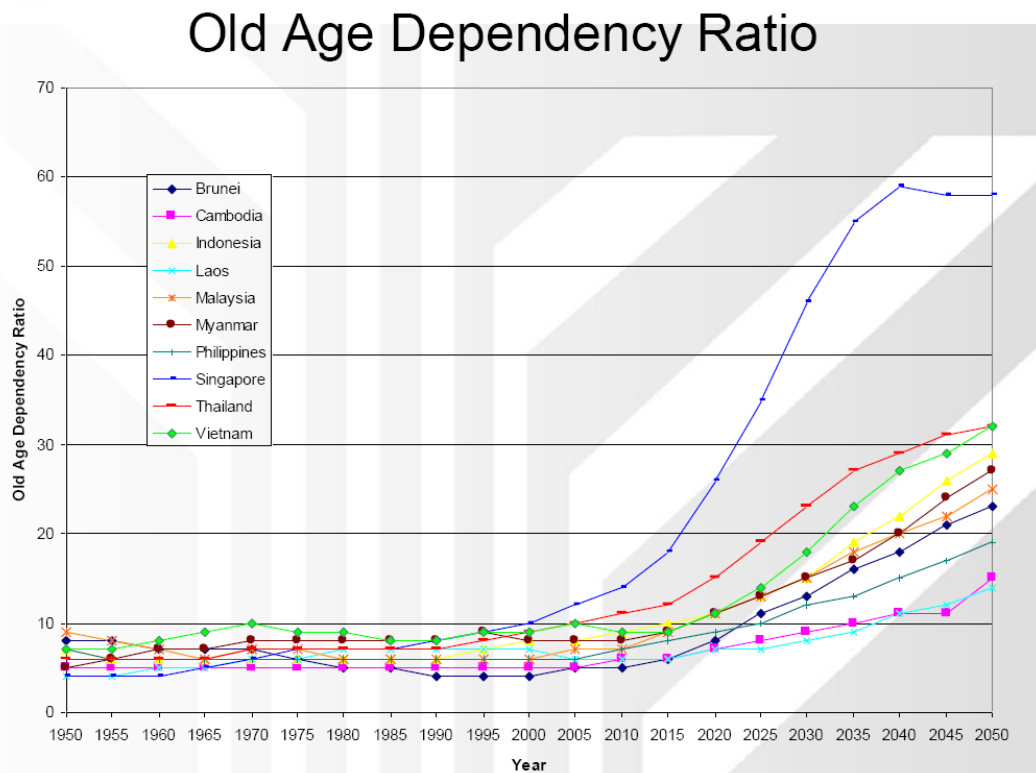

Source: World Population Prospects: The 2008 Revision, United Nations Population Division, New York.

3.   Old-age dependency ratio

One major cause of concern in the context of the rapid ageing of populations is the old-age dependency ratio. The old-age dependency ratio is the ratio of the population aged 60 or over to the population aged 15 to 59 expressed per 100 population. Although the current differences among major regions in the world, the old-age dependency ratio are expected to persist until 2050, and all major areas will experience remarkable increases in that ratio. For example, from 2009 to 2050, the ratio of persons aged 65 or over to those of working age is projected to grow from six per 100 to 11 per 100 in Africa, from 10 to 27 in Asia, from 10 to 31 in Latin America and the Caribbean, from 16 to 30 in Oceania, from 19 to 36 in Northern America and from 24 to 47 in Europe. In other words, the old-age dependency ratio will almost double in Africa, Europe, Northern America and Oceania; it will almost triple in Asia and will more than triple in Latin America and the Caribbean.

Looking at the projected figures for the ASEAN region (figure below), most member countries will see a tripling or more in terms of the old-age dependency ratio.

A decrease of the potential support ratio, which implies a rise in the old-age dependency ratio, indicates in most societies that an increasing number of beneficiaries of health and pension systems, for example, (that is, persons aged 60 years or over) have to be supported by a relatively smaller number of contributors (that is, persons of working age, usually between the ages of 15 and 59). Such a change is likely to pose heavier demands on the working-age population, whether in the form of higher taxes or other contributions, so as to maintain a stable flow of benefits to the older population. Even though there may also be a sharp decline in the youth dependency ratio, this reduction may not be sufficient to offset the increased costs related to an ageing population because the costs involved in supporting older persons are, in general, higher than those involved in supporting children and adolescents.

Old Age Dependency Ratio

Source: World Population Prospects: The 2008 Revision, United Nations Population Division, New York.

4.   Transition in the development process

The demographic transition has led to decrease in average family size[2] across the region as reflected by the slowing population growth rates. For example, the family size in Indonesia and Thailand decreased from about five in 1980s to four in 2000; and from 6.6 to five in the Philippines.[3]

The past 20 years has also seen a marked shift from the traditional extended family to the nuclear family structure. In Malaysia, for example, the proportion of extended families decreased from 28 per cent in 1980 to 20 per cent in 2000 while the proportion of nuclear families increased from 55 per cent to 65 per cent during the same time. Likewise, in Indonesia, the number of households increased considerably from 39.7 million in 1990 to 56.6 million in 2003 while the average household size decreased from 4.5 in 1990 to 3.9 in 2000 suggesting the disintegration of extended families.

Key factors contributing to this trend include rapid migration from rural to urban areas as well as international migration. In the ASEAN region, apart from internal migration, international migration particularly the outward trend is also increasing. For example, Indonesia and the Philippines have been net labour exporting countries. Consequently migration may have contributed to changes in family structure by disintegrating family cohesion; increasing female-headed households; and breaking down the traditional living arrangement and extended families.

Many countries in the region have also witnessed other cultural and social changes such as increasing age at marriage, separation/divorce, or widowhood. Age at marriage has increased in all Asian countries during the last 30 years. The highest age at marriage was experienced in Singapore (30 years for males and 25 years and above for females) where the number of nuclear family is steadily rising.

Although the incidence of divorce is quite low in the region, it is slowly but steadily increasing. At the same time, incidence of widowhood is increasing which may be associated with conflict situations and/or simply the aging process. Women live longer than men and the surviving older women are more likely to live in a single family and/or female-headed households. In 2000, nearly one in 10 households was either single or unrelated member of households in Malaysia either because of divorce or widowhood. The increasing single and/or female headed households may be associated with the fact that men, who usually tend to be the heads of households, are absent in part because of migration or because of other reasons including conflict.

All these changes in family pattern may be attributed to changes brought by modernization. With modernization, the economic environment has changed with more education and employment opportunities for young men and women. Consequently, they tend to postpone marrying as evident by rising age at marriage in almost all countries. Along with rising age at marriage, timing of family formation is also delayed. With modernization, countries adopted not only effective family planning measures but also experienced changes in individual lifestyles, attitudes and value systems such as perceived benefits and costs of having children and the direct economic, social, and opportunity costs for parents. Nonetheless, these changing attitudes and perceptions regarding children may be directly related to reduced family size. This lends support to the argument that declining family size is most likely to be attributable to broader economic, cultural, and social forces and the value society attributes to family building.

In summary, a distribution of the population by broad age categories across the region reveals that: (a) the proportion of population under age 15 is declining; (b) the

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[2] The terms household size and family size have been used interchangeably in this paper due to the lack of data pertaining to family per se.
[3] Tables on data available at: http://www.un.org/esa/socdev/family/Publications/mtscatables.pdf

proportion of youth (aged 15-24 years) has reached its peak and their numbers are expected to continue to rise until 2020; (c) the working-age adults (age 25-59 years) are increasing both in number and proportion; (d) the elderly population (age 60 and above) has doubled in number since the 1970s and could triple in this decade; and (e) an average family size is increasing but the proportion of nuclear families is rising steadily. These demographic changes can be attributed to the combined effects of several factors such as rapid socio-economic development; improved child health; family planning programmes; and changing attitudes towards marriage, children, and families.

Finally, a notable point in terms of the age structure in the changing demographics is the stage when the working-age population increases while having a smaller proportion of child and old age population. This is regarded as the phase with the greatest potential for economic growth and termed as 'the demographic window of opportunity'[4]. Most countries in the ASEAN region are in the midst of this stage. The next phase of demographic transition will be marked by rapid increase in both number and the proportion of the older population aged 60 and above.

The starting dates for entering this demographic window and benefiting from the demographic dividends vary for each country. The transition will have a demographic window where the proportion of the adult, working age population remains high. Once this has passed, the proportion of the older population will overtake that of the younger population. In the case of Singapore, the period had started in 1980; 1995 for Thailand; 2005 for Brunei, Indonesia and Vietnam; 2010 for Malaysia and Myanmar; 2015 for the Philippines; 2030 for Lao PDR and 2035 for Cambodia[5]. Each country will have three to four decades to take advantage of the demographic dividend, but they need to invest in education, skills and quality of workforce.

As a result of the rapid population ageing the ASEAN countries have little time to meet the challenges of population ageing.

Part B

1. **Specific issues related to the elderly[6]**

As mentioned earlier, because women live longer than men, women constitute the majority of older persons. Currently, the world over, women outnumber men by an estimated 66 million among those aged 60 years or over. Among those aged 80 years or over, women are nearly twice as numerous as men, and among centenarians women are between four and five times as numerous as men.

In the ASEAN region, for example, the sex ratio (males per 100 females) is 79 for Thailand, 82 for Philippines and 86 for Malaysia and Lao PDR.[7]

Because mortality rates are usually higher among men than among women, even at older ages, the older the population age group that is considered, the higher the proportion female tends to be. In most countries, older women greatly outnumber older

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[4] Bloom, D. E. , Canning, D. and Sevilla, J. (2003) The Demographic Dividend: A New Perspective on the Economic Consequence of Population Change Rand , Santa Monica

[5] Kay, Thelma (2010).Strategic Issues for Action on Population Ageing in ASEAN Countries"
http://seaca2010.files.wordpress.com/2010/07/seaca2010-thelma.pdf

[6] Unless otherwise stated, the data and information in this section are sourced from: United Nations Department of Economic and Social Affairs, Population Division, 2009. World population Ageing 2009, United Nations, New York.

[7] UN ESCAP (2005), 2005 Population Data Sheet,
http://www.unescap.org/esid/psis/population/database/data_sheet/2005/index.asp

men. The implications of this gender imbalance for public support and planning can be significant because older women typically have less education, less work experience and less access to public assistance and other private income sources than older men. Older women are also more likely to be living without a spouse, mainly because they are more likely to be widowed. Hence, they are also more likely to live alone than older men. As a result, older women are less likely than older men to receive assistance from close relatives, including spouses. In most countries, the major concern about providing adequate support to the oldest-old centres primarily on older women's need for support.

Such is the significance of this issue that the CEDAW Committee recently adopted a new General Comment (General Recommendations) at its 47th Session in October 2010 on "Older Women and Protection of their Human Rights".[8] The General Comment on Older Women extrapolates the multiple forms and intersectionality of discrimination experienced by older women and provides a comprehensive interpretation of State obligation in this context. In particular it highlights the fact that the "discrimination older women experience is often multidimensional, with age discrimination, compounding other forms of discrimination based on sex, gender, ethnic origin, disability, levels of poverty, sexual orientation and gender identity, migrant status, marital and family status, literacy and other grounds. Older women who are members of minority, ethnic or indigenous groups, or who are internally displaced or stateless often experience a disproportionate degree of discrimination. The general recommendation also provides guidance to States parties on the inclusion of older women's situation in the reporting process on the Convention and points out that discrimination experienced by older women is deeply rooted in cultural and social norms.

Older persons living alone are at greater risk of experiencing social isolation and economic deprivation, and may therefore require special support. Because of higher survivorship and lower propensities to remarry, older women are much less likely than older men to be currently married, and older women are also more likely to live alone. Globally, 80 per cent of men aged 60 years or over but under half of women in that age group are living with a spouse. An estimated 19 per cent of older women live alone, whereas just nine per cent of older men do.

The population of older persons is itself ageing. Among those aged 60 years or over, the fastest growing population is that of the oldest-old, that is, those aged 80 years or over. Their numbers are currently increasing at 4.0 per cent per year. Today, persons aged 80 years or over account for close to one in every seven older persons (60 or over). By 2050, this ratio is expected to increase to nearly one person aged 80 or over among every five older persons.

Both rural and urban populations are growing older. However, in most countries, rural areas face a double demographic burden - they have higher numbers of both children and older persons in relation to the numbers in the main working ages who are available to provide support to the young and the old. This situation results from the combination of higher fertility in the rural areas and sustained out-migration of working-age adults from rural to urban areas. Access to basic social and health services also tends to be more limited in rural than in urban areas and poverty rates are higher.

Illiteracy is still common among the older population of less developed regions. Currently, it is estimated that nearly half of all persons aged 65 or over in developing countries are illiterate. Only about 40 per cent of older women and about two thirds of older men in developing countries have basic reading and writing skills.

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[8] Committee on the Elimination of Discrimination against Women, Forty-seventh session 4 – 22 October 2010, General recommendation No. 27 on older women and protection of their human rights
http://www2.ohchr.org/english/bodies/cedaw/docs/CEDAW-C-2010-47-GC1.pdf

The rapid ageing in many countries in the region has a direct impact on health systems as increased longevity is accompanied by an increased demand for health services. Demographic changes have been accompanied by an epidemiological transition leading to an increased burden of morbidity and mortality due to non-communicable diseases, which also place a higher demand on health services. The increased number of older persons in the region, also means that new products tailored to their special needs need to be developed such as those required for home-based and community-based care. The health workforce would also need augmentation and reorientation in order to meet the changing demands of providing health-care to the increasing number of older persons. Therefore, equipping the health systems to provide adequate and affordable health-care to the ageing populations remains one of the major challenges facing the region.

Part C[9]

1.   Madrid International Plan of Action on Ageing, Macao Plan of Action on Ageing for Asia and the Pacific and Shanghai Implementation Strategy

The Madrid International Plan of Action on Ageing and the Political Declaration adopted at the Second World Assembly on Ageing in April 20022 marked a turning point in how the world addresses the key challenge of building a society for all ages. The Plan focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. It represents the first time Governments have adopted a comprehensive approach linking questions of ageing to other frameworks for social and economic development and human rights, most notably those agreed to at the United Nations conferences and summits of the 1990s.

At the regional level, many Governments in the wider Asia and the Pacific adopted the Macao Plan of Action on Ageing for Asia and the Pacific in 1999, identifying the regional challenges specifically and recommended actions to ameliorate them in a culturally accessible manner. To give impetus to the Macao Plan of Action and enhance the implementation of MIPAA, a follow-up meeting adopted a regional implementation strategy, known as Shanghai Implementation Strategy (SIS).

All ASEAN countries have committed themselves to MIPAA, the Macao Plan of Action on Ageing for Asia and the Pacific and SIS.

The enhanced attention to ageing has also created opportunities for many ASEAN Governments to involve non-governmental organizations (NGOs) and other national stakeholders in partnerships so as to face together the many challenges brought about by ageing. This involvement of civil society appears to have strengthened their role at several levels, through sensitizing public officials, the media as well as the private sector. For example, many of the countries in the region actively sought the collaboration of NGOs in preparing their national reviews and appraisals of MIPAA.

In terms of institutional arrangements, most of the ASEAN countries have established ageing coordinating mechanisms or national focal points. In Singapore, for example, the ministerial committee on ageing sits in the PM's office. In Thailand, the National Commission on the elderly, which is chaired by the Prime minister, acts as a national focal point for elderly issues. Its members comprise representatives of the public and the private sectors, including specialists, and academics and experts from educational institutes; while the Bureau of Empowerment for Older Persons acts as Secretary of the National Commission on the Elderly.

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[9] The information in Part C is sourced from the UN ESCAP Report on the Regional Survey on Ageing 2005 (www.unescap.org/esid/psis/ageing/RegionalSurveyOnAgeing2005.pdf and the Regional Review of the Implementation of MIPAA in Asia and the Pacific, 2007 (www.unescap.org/esid/psis/meetings/.../RegionalReviewofMIPAA.pdf)

More developed countries, outside of the ASEAN region, such as Japan, the Republic of Korea and New Zealand have set up a high-level government agency at the ministerial level which takes the leadership role in directing and coordinating manpower and resource in dealing with ageing issues. These ranged from high-level governmental bodies such as the Presidential Commission on Ageing in the Republic of Korea to a bureau within the ministry of social welfare or health vested with implementing a national plan, policy, programme or project. In Australia, the Government set up the Office of Aged Care Quality and Compliance, within the Department of Health and Ageing to further safeguard the rights of those receiving Australian Government-subsidised aged care. The Office is empowered with greater investigatory powers including the introduction of compulsory police checks for current and future aged care industry employees and volunteers. Countries and areas such as Hong Kong, China; Fiji and Sri Lanka have established national committees or commissions on ageing to co-ordinate the planning and development of various programmes and services for older people. Some countries have inter-agency committees to monitor and implement the policies and programmes for older people. For example, those in China and the Philippines consist of coordinating bodies, which are made up of various Government ministries and national NGOs. However, most countries in the region have no specialized agency or body to deal with ageing issues. In these cases, usually the Ministry or Department of Social Welfare has taken on the role of providing welfare services to meet the needs of older people.

A. Older persons and development

1)   Active participation of older persons in society

The extent to which countries in the ASEAN region mainstreamed ageing concerns in their development policies is mixed. The priority of economic growth meant that social issues came second or even further down the list of national priorities although, increasingly, Governments in the region are recognizing population ageing as a development issue. Difficulties encountered in mainstreaming ageing issues could be attributed to the lack of sufficient funds, inadequate training for implementation of programmes, and limited interdepartmental cooperation and staffing levels.

When the question of responsibility for older persons is raised, more often than not the persistent view in the region emphasized the role of family and community systems of care as opposed to that of formal institutions. This was mainly due to the higher priority of economic growth, with the recognition that the specific effects of population ageing and their inter-linkages with development strategies would produce challenges for society's economic development and well-being.

The desire to remain productive in old age is demonstrably strong in the region but employment opportunities for older persons are sparse and far in between. Although continued employment has proven to be rewarding and beneficial for the worker and the employer the more developed countries in the region, various obstacles exist for older persons to work in developing countries, a situation that mostly affect formal sectors of the economy.

In the informal low-income sector the concept of retirement is meaningless as the work force is usually concerned with meeting day-to-day survival and cannot afford to stop working. Hence, opportunities for increased labour market participation of older people are still in progress.

Cultural and gender factors greatly influence opportunities for active ageing and more so, when it came to productive ageing. In this respect, some Governments, such as Singapore, gave priorities to the promotion and the provision of opportunities for

continuing education and retaining mature workers beyond the compulsory retirement age. The Government has introduced innovative management strategies at the work place to facilitate old-age work. Overall, resistance of employers to hiring older workers can be contrasted with the growing desire to remain productive throughout the life span, which for a large portion of the elderly population remains inspirational.

2)   Intergenerational solidarity

As mentioned earlier, family life in the region is being profoundly transformed in the context of modernization and urbanization. In low-birth countries with high female labour-market participation, older persons will have fewer caregivers at home. Continued rural-urban migration would worsen this situation in the coming years. In rural areas, as many as 70 to 80 per cent of older persons live in traditional families and depend on them for financial support and care. For example, in Cambodia older persons rarely lived alone and mostly stayed with children or siblings. Although multigenerational households continue to be the norm in rural areas, many older persons remained in the labour force until illness or disability set in. Added years of life prolonged their dependency potential and accentuated the need for care. In certain situations, older persons themselves became volunteers and caregivers of other cohorts, like orphaned grandchildren or older bed-ridden or frail persons their age. The Department of Public Welfare of Thailand estimated in 2000 that as many as 150,000 AIDS orphans lived with grandparents.

Being "illiterate, politically inert, submissive, and extremely obedient to authority," it was difficult for poor older persons to bring about desirable change in their lives through public policy engagement. To achieve active participation in old age then required moving away from the conventional confines of social definitions and social roles for older persons to exploring how public policy can help the elderly help themselves in their place of stay.

Many older persons prefer to stay in their homes, and close to their adult children, a positive model of social ageing in place could be achieved with public policy support in the region. In other words, public policy can play a primary role in improving the quality of life of older persons by aiding the frail and enabling the healthier ones to do for themselves and stay independent to the greatest extent possible. In fact, many Governments and NGOs in the region nowadays advocate ageing-in-place as a viable policy solution for improving the ageing experience in the region.

As mentioned earlier, modernization of society, coupled with urbanization and migration, often weakens the family's ability to care for the elderly. Many countries in the region have experienced prominent shift in household structures from an extended to a nuclear form, and a shift in living arrangements of the elderly from the co-residence with children to living alone or living with a spouse only (for example, Singapore; the Philippines; Thailand). Although such structural changes are statistically evident, especially in countries such as Singapore that have completed demographic transition and high levels of socio-economic development, it remains unclear to what extent familial attitudes and values have changed over time.

Intergenerational solidarity between younger and the older persons is being promoted in most countries in the region although their outcomes vary according to prevailing generational relations in each country. Countries that had established intergenerational welfare transfer policies or programmes, especially relatively affluent economies in the region had comparable concerns: emerging adult unions and cohabitation disfavours informal care provision in old age. Governments in less affluent countries, however, continue to pursue social policies that recognize the extended-family norm and place greater emphasis on strengthening traditional support while providing basic assistance to those without family help; Cambodia, Laos and Thailand, for example.

The social and economic implications of migratory movements were also linked to intergenerational concerns. In Thailand for example, it is common for rural older persons to support working age children migrate to cities where economic opportunities are more plentiful but the increased mobility of younger persons reduce the availability of physical support to older persons. Although the migration of children contributed to their material well-being through remittances, the lack of community services hindered their emotional satisfaction due to reduced contact.

In a survey conducted in Phnom Penh, Cambodia, in 2005, the lingering outcomes of national conflicts negatively influenced intergenerational relations as the experience of older Cambodians showed. "More than two-fifths of the current generation of older [persons] in Cambodia lost at least one child during the Khmer Rouge rule during 1975-79. Close to a quarter of older women lost their husbands." Some Governments addressed these pervasive side effects of poverty with improved community services in rural area and took measures to enhance intergenerational relationships.

Traditional support systems are giving way to nuclear-family styles. To maintain the wider role of the family, some governments are beginning to take measures to strengthen family bonds. Although family structures will remain into the foreseeable future, the familiar functions of family support and care for older members are disappearing. The family as an institution is weakened by the many social and economic transformations and consequently, intergenerational transfers can become less reliable. Hence, ensuring well-being in old age can no longer be entrusted to the family as its situation of fluid and likely to become more flexible in respect of filial piety.

3)   Income security, social protection/social security, and poverty prevention

The economic and social situation of the developing countries in the region is such that only nine to 22 per cent the formal-sector retirees receive a pension or social security benefits. The rest relied on other means, which might or might not have included minimum subsistence benefits provided through means-tested schemes for the poor. It was therefore not surprising that Governments have identified poverty reduction as the biggest concern in the region.

Illiteracy and income security in old age interact in many ways in the region. The 2002 Survey of Elderly in Thailand conducted by the National Statistics Office revealed that only 50 per cent of those aged 60 or over were aware of social security for older persons, and as few as five per cent received it.

Consistent with right-based, good governance and quality of life approaches to social development, some governments are making attempts to place greater emphasis on income security and social protection in old age by moving away from needs-based approaches, which considered the older person as a passive recipient of welfare benefits to a more rights-based approach that suggested equity and opportunity throughout the life-course. For example, Malaysia's Vision 2020 provided the overall direction for future development planning and included age-related issues, such as increased educational opportunities, better nutrition and health care and strengthening family institution to supplement the older persons' income security and well-being. Malaysia's National Policy for Older Persons also uses a means-tested system to support older persons financially. The programme's benefit amounts to US$39 per month per person and currently boasts a membership of 23,800 persons.

The Government of the Philippines developed major policies in this regard since the adoption of MIPAA. Two examples are the 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" and Republic Act No. 7876 - An Act establishing a Senior Citizens Center in all Cities and Municipalities of the Philippines and according funds therefore. Additionally, a number of local governments provide social pension schemes in the Philippines, although limited in coverage compared to other countries. For example, Muntilupa City disburses US$10 per month to older person over 90 years old. However, the Government of the Philippines is studying the feasibility of a conditional cash transfer programme with the support of the World Bank.

Indonesia provides direct cash assistance in the six most populated provinces in the country. The implementation of Act No. 13 of 1988 on Older Persons' Welfare resulted in social security programme, managed by the Ministry of Social Affairs, which distributes US$33 per month given to frail and or poor older persons. The coverage of this programme is increased annually.

Both Thailand and Vietnam also utilize means-tested cash allowance schemes; US$14 per month to vulnerable persons over 60, and US$6.2 per month to those needy and over the age of 85, respectively. However, strong social security and safety nets is not the norm in the region; it is rather the exception.

In the absence of universal social security coverage, most countries in the region rely on a multi-pillar system that combines poverty relief and defined benefits plans, such as PAY-AS-YOU-GO and old age pensions, with defined contributions plans like pension funds, voluntary contribution for the private sector. These schemes are usually administered by the social welfare ministry and can reach a sizable proportion of the poor and historically disadvantaged but whether such schemes are capable of ensuring old-age security, even for the young-old cohorts, is questionable.

4)   Emergency situations

The 2004 Asian tsunami experience demonstrated the particular vulnerabilities of older persons during natural disasters. The lack of detailed data on the affected older persons and their livelihoods may have played a major factor in having their specific needs and preferences overlooked during the initial relief response and the reconstruction and rehabilitation phases afterwards. The available figures, based on the numbers of those killed and displaced and the population before the tsunami, estimates that across the four hardest-hit countries -- Indonesia, India, Sri Lanka and Thailand -- people over 60 years old accounted for almost 14 per cent of the dead, and nearly 93 per cent of all displaced.

Older persons are especially vulnerable in emergency situations, such as natural disasters and other humanitarian emergencies. They should be identified as such because they may be isolated from family and friends and less able to find food and shelter; they may also be called upon to assume primary care giving roles; and Governments and humanitarian relief agencies should recognize that older persons can make a positive contribution in coping with emergencies in promoting rehabilitation and reconstruction. This was the call of MIPAA and the facts of recent disasters in the region bear the evidence.

It is important to note, in this regard, that older people's associations (OPAs) have been established as part of community development or post-emergency reconstruction programmes in a number of countries in the region. These include Cambodia, Indonesia, Lao People's Democratic Republic, Thailand and Vietnam. Additionally, China and Vietnam promote the OPA approach at the national level and are also involved in monitoring entitlements vis-à-vis post-emergency reconstruction activities.

B.   Advancing health and well-being into old age

MIPAA calls for older persons to enjoy full entitlement and access to preventive and curative care, including rehabilitation and sexual health care. Additionally, health-care services must recognize that health promotion and disease prevention throughout life need to focus on maintaining independence, prevention and delay of disease and disability treatment, as well as on improving the quality of life of older persons who already have disabilities.

1)   Health promotion and well-being throughout life

One of the consequences of population ageing is the increased prevalence of chronic diseases. As for older people, ischemic heart disease, chronic obstructive pulmonary disease, cerebrovascular disease, and lower respiratory infections are the leading causes of death. Women bear more disabling illnesses, as they generally live longer than men.

Many chronic and non-communicable conditions are preventable or their onset can at least be delayed. Health promotion and disease prevention is a major pillar of healthy ageing. Addressing risk factors for non-communicable diseases such as tobacco use, diet and physical exercise, obesity and stress can all contribute to reduced incidence of non-communicable diseases. This will not only lead to the elderly living longer without disability and illness, but also a reduced load on health systems.

In this regard, several countries in the region have initiated various measures to promote health and well-being of older persons. These include education on health risks from unhealthy behaviours and education for older persons and the public on specific nutritional problems and needs of older persons. Vietnam, for example, has strengthened its nutrition, physical exercise and health-care education programmes for older persons. Some countries, including China; Hong Kong, China; the Democratic People's Republic of Korea; Japan; Singapore; and the Republic of Korea encourage older persons to become more active through regular exercise routines and healthy life-styles, especially for persons with chronic diseases. Environmental health education and nutritional projects have also been taken up as a matter of urgency by international agencies. The latter are for all ages rather than age-specific, although some initiatives did target older persons.

2)   Universal and equal access to health-care services

The comprehensive nature of health services required in order to satisfactorily meet the need of the elderly populations, means that the most sustainable and feasible way to achieve this would be through a system that ensures universal coverage of health services to all sections of the population, especially the elderly. Evidence from countries within the broader Asia Pacific region shows that, one of the most effective ways of ensuring access of the elderly population to comprehensive health care, is by targeting them within a system that ensures universal access to health care to the entire population.

The following countries within the Asian and Pacific region can be regarded as having achieved close to universal health-care coverage:
- Low and middle-income economies: Brunei Darussalam; Malaysia; Mongolia; Sri Lanka; and Thailand.
- High-income economies: Australia; Japan; New Zealand; Republic of Korea, Singapore; and Hong Kong, China.

Universal health coverage has been achieved by using two primary means in the region. The countries that have used predominantly tax-based funding are Brunei Darussalam,

Malaysia, New Zealand, Sri Lanka, Thailand and Hong Kong, China. The countries that have used social health insurance mechanisms to achieve universal coverage are Australia, Japan, Mongolia and Republic of Korea. Despite their best efforts, the rest of the countries in the region are some way from achieving universal health-care coverage.

3)   Training of care providers and health professionals

In times of health decline and higher dependency, the physical "day-to-day" care needs of older persons become crucial for their quality of life. With the spread of ageing-in-place and community-care programmes in the region, the elderly will increasingly stay in their familiar homes, with community support and care. These services are intended to increase well-being and prevent the need for costly institutionalization. Care-giving research on the cost-effectiveness and use of these programmes, which are generally publicly supported, "have revealed that the current modes and delivery of community support services often do not match the needs of the family and elderly members very well, or they are too expensive to be tailor-made to specific individual needs. Worse perhaps is that most of these services are provided, though unintentionally, in place of informal care. For these reasons and for older persons' preferences, advanced countries have for some time advocated the bolstering of family care."
Informal caregivers have always been people who are either family relatives, mostly spouses and daughters, or friends performing the caring tasks voluntarily. Care provided by these people is viewed as a good will and as an expected reciprocal act through which the caregivers are only making their contributions back to their family and community. The level of care provided by these people has been taken as just basic and non-professional. However, in reality these people could be trained to provide highly skilled services. Research shows that the burden of caregivers can be enormous, and often results in depression when providing care is not an option, for example in caring for an older spouse. Likewise providing education and training to caregivers has been shown to be the most effective way to reduce distress and to build up a quality reserved labour force for health and social care; as informal caregivers are mainly middle aged women who were ready to go back to paid work or to continue to volunteer for other frail ones once their caring dues are.

Sophisticated skill based assessments have been in place too in differentiating different levels of care competence. There are attempts in integrating these skills competence to formal qualifications. Among these efforts, City and Guilds in the United Kingdom has developed a full set of protocols - the National Vocational Qualification NVQ framework - in assessing care for the elderly in community. A similar pilot-venture in Hong Kong, China, is run with selected NGOs under the guidance of City and Guilds, Hong Kong, China, and the Asia Pacific Institute of Ageing Studies, Lingnan University. Singapore has developed a similar model. With such types of training and assessments, caregivers can be assessed and recognized for their skills competence, thus making it possible to do step-up training in matching them with older persons requiring higher level care but are medically stable. The vision with such a model of training and recognition is to provide a bridge for those wanting to move from informal to formal qualifications and care settings, hence making a larger supply of skilled caregivers in community ready to serve their neighbourhoods.

The future of long-term care (LTC) is a major challenge in health and social care of older persons in the region. While many countries in the region benefit from a tradition of informal care by families and friends to underpin home and community-based LTC, there is concern that changing family structures is reducing the ability of families to care for their older members. These programmes are mostly publicly financed, as in the case of Australia and Japan, although reviews on their cost-effectiveness have shown that the current modes and delivery of community support services often do not match the needs of the family and their older members adequately. Additionally, most of the community support services tend to replace informal care. This has led Governments to advocate for

the strengthening of family care. But with growing population ageing, family care and community support services will require more and higher level skills of care givers.

A major challenge in the region is the growing number of older persons, mostly women, with dementia. It is expected that these number will rise in the region over the coming decades and with it a greater need for LTC institutions. Recognizing the importance of the issue, in 2005, the Australian Government established the National Dementia Initiative with funding of $320 million over 5 years. This remains an area for which countries in the ASEAN region should make more effort to develop in the years to come.

Most countries in the ASEAN region, hence, still depend largely on families or neighbourhood to meet the needs of LTC. Some countries, such as Malaysia, Indonesia and Philippines, informal and local-government supported, community-based LTC services for older persons have begun to emerge. However, in this area as well, a lack of trained workforce is a challenging factor. Some local agencies are providing limited training and the Government has recognized the need for specialized training in geriatric care.

Despite these challenges, there is still a lack of a coherent policy for LTC in many countries in the region. In contrast, Japan and the Republic of Korea have existing policies on LTC, with the former utilising a social insurance model, which is supported by contributions by the Government and employees and benefits are typically in kind, for example, home and nursing care. Australia, Singapore and Hong Kong, China incorporate LTC in related policies, for example, in disability allowance.

In yet some other countries, especially the more developed in the region, volunteers are mobilized to expand the caring network. With proper training and recognition, volunteers represent an important and readily available human resource for home-based care. In Thailand, the Project of Community Volunteer Caregivers for the Elderly began in 2003 in eight provinces around the country, which has, as one objective, to train people in communities to act as volunteer caregivers. Similarly, in Myanmar, the ROK-ASEAN Home Care for Older People Pilot Project Phase One (2003-2006), jointly implemented by the national NGOs in two townships in the Yangon saw the training of volunteers for the caring of older persons.

Inevitably, human resources need to be augmented and trained to handle the health care needs of the elderly. Many countries do not have trained professionals to diagnose and treat illnesses more prevalent in elderly populations, such as mental and neurological illnesses. The provision of long term care for the elderly in some developed countries is also proving to be difficult due to non-availability of trained personnel. Other countries can learn from this experience, and implement policies to encourage community-based strategies and promote family provision of long-term care for the elderly.

In general, care and support for informal caregivers is likely to grow in the region and would receive policy backing. Policies that directly or indirectly affect informal care givers could be classified according to four categories: The first addressed the need to strengthen government support, both material and emotional, for those living alone - also called "solitary-living elderly"-- through community-based services, networks and facilities. The second type tackled the necessity of cultivating the image of a caring and happy multigenerational family. That policy also emphasized enhancing independent-living in old age through the provision of outreach services to the elderly. The third policy type was related to improving services provided to minimize the risks associated with living alone and improving services in residential facilities through professional and technical support. The last policy type focused on expanding community-based support and service systems for vulnerable groups, and on evaluating the impact of the services on the users. That policy also laid emphasis on the promotion of health care for the

elderly. Overall, long-term care for older persons in the region is fragmented and remains distant from older persons and the reach of regulatory mechanisms.

Another related concern in the context of rapid population ageing will produce a higher demand for international migration. With less persons of working age for every person aged 60 years and over, it is clear that there will be a demand for workers able to perform low-skilled and laborious jobs that older persons would be unable to perform. Labour shortages have already developed in the more developed economies, particularly in more physically demanding occupations, such as construction, sanitation, agriculture and manufacturing. These economies have attempted to respond to labour shortages through a variety of policies, including greater automation, attracting more women into the labour force and extending the age of retirement, but in addition all have admitted increasing numbers of foreign workers.

There is also a growing trend in the employment of migrant domestic workers to provide care for older persons. While there is no accurate data on the incidence of migrant care workers for older persons, anecdotal evidence suggests the majority of care, in a number of ASEAN countries, given not only to older persons but children and people with disability are provided by migrant domestic workers.

The very low potential support ratios and high proportions of older persons in the more developed economies of Asia will generate a great demand for caregivers and health sector workers. While the great majority of older persons do not require personal care, many of those in the highest age groups do require increased levels of care, and demands on health services increase greatly with age.

The demand for personal caregivers will increase in all countries of the region over the coming decades. The type of care required will range from unskilled domestic service to low-skilled home care service to highly skilled services in facilities and institutions catering to older persons.

Employment in the health sector will need to increase rapidly at all skill levels, from physicians to nurses, to nursing aides and to unskilled hospital cleaners and other workers. Health management is therefore a rapidly expanding occupation.

The ageing societies of Asia in general will be unable to meet this expanding demand for personal caregivers and health sector workers from their domestic labour forces, which will be greatly diminished relative to the increasing numbers of older persons. Those economies will be required to turn to foreign workers to meet much of the increased demand for personal care and health workers.

Public and private training institutions in the Philippines have recognized this increased international demand for health workers and have trained large numbers for foreign employment.

In this context, training of care-givers is extremely important. A few countries and areas in the wider Asia Pacific region, including Australia; Hong Kong, China; Macao, China; New Zealand; and Singapore, provided broad-based support to family care-givers, which typically consisted of counselling and coping, training on caring skills and respite services. Some countries, notably Singapore, have bolstered the traditional values system of caring for the older persons by way of policy initiatives, for example, making priority allocation of housing or allowing tax incentives to those children who take responsibility of the care and maintenance of parents.

Informal caregivers usually performed the care-giving tasks voluntarily. Parent care is a predictable aspect of the life-course and almost everyone could expect to become a caregiver at some stage. Filial piety, understood as the norm or expectation of what both child/adults and society owe to older relatives and/or residents, appear to remain strong

in many parts of the region. In some urban settings, however, traditional patterns of generational support and reciprocity give way to greater probabilities of different values; clearly, the traditional family structure in the region as a comprehensive institution is losing its strength over time. Consequently, when informal caregivers were thrust in this role, with little emotional or technical preparation, adverse results for both were reported.

C. Ensuring enabling and supportive environments

1)   Housing and the living environment

As mentioned earlier, modernization of society, however, coupled with urbanization, often weakens the family's ability to care for the elderly. Many countries in the region have experienced prominent shift in household structures from an extended to a nuclear form, and a shift in living arrangements of the elderly from the co-residence with children to living alone or living with a spouse only (Singapore; the Philippines; Thailand, to mention some). Although such structural changes are statistically evident, especially in countries such as Japan and Singapore that have completed demographic transition and high levels of socio-economic development, it remains unclear to what extent familial attitudes and values have changed over time.

With regard to housing environment for older persons, the overall physical environment in relatively advanced countries is increasingly becoming more age-friendly as compared to a few years ago. For example, building barrier-free housing for those with disabilities and installing suitable appliances and adaptations at home are being encouraged in many countries. At the community level, facilities (e.g., daily shopping and recreation) and services (e.g., health and social care) are being located within walking distances and access to them is made readily accessible (in Malaysia, Singapore, Thailand, for example). Some countries, including Malaysia, are also looking to ensure safe and crime-free communities for older persons, as they can be targeted are potentially exposed to abuse or mistreatment. To the extent that affordability was assured, some countries subsidize low-cost apartments or rental discounts and reserve ground units for older persons (Singapore for example).

2)   Care and support for informal caregivers
As was noted above, extended or multi-generational families remain the norm in most countries in the region, especially in rural areas. However, in the light of the changing family structure, and because of the rising incidence of neglect of older persons, low old-age labour force participation and migration of younger adults in search of better economic opportunities, experts in the region believe that traditional family support systems are becoming weaker in their ability to provide for older members. The erosion of informal support systems and social interaction in old age comes with a cost: it shifts the demand for care from the home and community to other outlets of support; publicly supported social services for instance. Although the family structure continues to be the primary source of care for older persons, its support function is declining leaving long-standing patterns of intergenerational reciprocity in question in the future.

3)   Neglect, abuse and violence
Neglect, abuse and violence against older persons takes many forms, from the physical to the psychological to the financial, and the occurrences are evident in every social, economic, ethnic and geographic sphere. Sadly, ageing comes with lowering immunity and increasing vulnerability and older victims of abuse often never fully recover from neglect, abuse and violence.

Older women tend to suffer more. They face greater risk of physical and psychological abuse due to discriminatory societal attitudes and harmful traditional and customary

practices. The abuse and violence directed at older women is often exacerbated by poverty and lack of access to legal protection.

In some cultures women are more dependent- financially and emotionally on families than men - making them more vulnerable to abuse. Elderly abuse is generally 'hidden', since older persons find it shameful to admit that they are abused and are ashamed of the stigma.

The incidents of neglect, abuse and violence against older persons were also increasingly reported prompting some Governments such as the Philippines to take legal measures to ensure older persons had access to information regarding their rights and protection. The Philippines 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.

4)   Images of ageing
Often and in many societies, older persons are unjustly portrayed as a drain on the economy with their many needs for health and support services. Public focus on ageing and the implications in terms of scale and cost of health care, pensions and other services have unfairly generated a negative image of ageing. A positive view of ageing is an integral aspect of MIPAA and SIS. It reminds all to recognize the authority, wisdom, dignity and restraint that come with a lifetime of experience.

Illiteracy, low income, disability and distance from civic centres exacerbate the problem. Although policy makers are aware of the need to expand the role of older persons in society, perceptions of the importance of older persons remained low especially in low-income countries. The picture in more developed parts of the region was different but discriminatory attitudes against older persons were reported increasingly in both developing and developed areas.

Faced with that concern, a few countries have begun to pursue the active participation of older persons in the life of the nation partially with the promotion of a positive image of ageing in society. Some countries in the region have addressed the importance of the media's recognition of the contribution of older persons to society and proactively encourage it.

Information disclosure to the public about the ageing situation improved markedly in the region. It is not uncommon nowadays to read about the major findings of a nation-wide survey in which the ageing situation featured as a major component, or study on ageing in mainstream print media and the Internet. For instance, the findings of a survey on the social trends and changing patterns of family life and older persons in Thailand were released by the Ministry of Public Health in April 2007. Similar subject-surveys were also published during the same period by the National Statistical Office of Thailand, the Institute for Population and Social Research at Mahidol University, the Health Systems Research Institute, the National Health Foundation, and the Abac Poll Research Centre of Assumption University in Bangkok. These surveys cautioned the public on the impacts of changing demographic structures in the country.

Mainstream media also appears to have become attracted to ageing issues, especially concerning retirement and pensions. In some countries, like India, seen and read media coverage of old-age issues makes anywhere from five to seven per cent of total content. Moreover, in collaboration with Government agencies, NGOs in many countries in the region launched campaigns that aimed to improve the image of older persons in society. Higher levels of awareness about ageing also appeared to have motivated an increasing number of private sector companies to support non-profit organizations which help poor people. However, their approach is welfare-based rather than a developmental approach.

Nonetheless, the private sector, like religious institutions, was playing a role which would only support development in general and offer them opportunities created by the increasing numbers of older persons; the emergence of the so called "silver market", which was expected to bring higher demands for goods and services.

Part D

Mainstreaming ageing issues, capacity building and strengthening and supporting informal care systems

Countries in the ASEAN region have, to varying extents, put in place mechanisms and programmes in line with their commitments to MIPAA, the Macau Plan and SIS. However, in a number of instances, the success of these efforts has not often met the expected results.

A serious deficiency being faced by many ASEAN countries in meeting the challenges of population ageing is the acute shortage of trained personnel at all levels. This includes all those who work with older persons namely: health professionals, formal carers, volunteers, family members as well as the older persons themselves.

Although in many ASEAN countries the need for training in the fields of geriatrics and gerontology has been recognised, this recognition has not yet been translated into action, as one would have expected. The growing needs far outweigh the efforts made so far.

Most of the people providing a service to older persons still lack the necessary training. This is the more so in rural and remote areas where the need is very pronounced.

A number of governments in these countries are thus being faced with a two-edged sword. On the one hand they are being faced with a rapid growing older population especially in the rural and remote areas. On the other hand, very often these areas lack the basic resources and trained personnel to provide these services.

It is, however, very appropriate to emphasise the fact that the ASEAN comprise nations at different levels of socio-economic development, varied family and value systems as well as contrasting political systems.

The MIPAA presented the world with a new perspective, a new agenda in which the phenomenon of ageing is to be dealt with in the twenty-first century.

In this regard, no less than 132 recommendations were made suggesting ways for governments and civil society to re-orient their policies and programmes in handling the issues of ageing.

As mentioned earlier, these recommendations for action are classified under three Priority directions:
    1. Older Persons and Development;
    2. Advancing health and well-being into old age;
    3. Ensuring enabling and supportive environments.

Each of these three priority directions, though distinct from each other, are nevertheless intrinsically united and, in fact, have the same ultimate aim namely ensuring the quality of life and well-being in old age

Although various countries are designing and implementing policies and programmes with the broad framework provided by MIPAA, there is a lack of awareness of many governments regarding this Plan of Action and its recommendations.

The challenges of population ageing in the ASEAN countries can be met in three main areas namely:
1. Mainstreaming Ageing Issues;
2. Capacity Building;
3. Strengthening and Supporting the Informal Care Systems.

Population ageing poses unique challenges to every society because, unlike other population growth variables such as the fertility and mortality rates which, to a considerable extent, can be influenced by government policies, this phenomenon is in actual fact irreversible and is not easily modified. Because of this, the attention of every government should not be aimed on whether it can change the basic process of ageing, but rather to the very issues that arise from this process.

One cannot ignore the fact that the approach to the issues generated by population ageing should not be treated in isolation. It should rather form an integral part of an over-all national development planning programme of each country. The challenges and strains of an ageing phenomenon will have to be studied as interacting with other social and economic challenges and strains associated with an accelerated development.

MIPAA identified mainstreaming ageing and the concerns of older persons into national development frameworks and poverty eradication strategies as the cornerstone for any country to implement the recommendations out foreword by the Plan itself.

Mainstreaming can be viewed as a strategy and a process as well as a multidimensional effort that should lead to a better social integration of older persons into their society thus combating any form of segregation.

It is also a holistic effort since it should also lead to the inclusion of ageing issues and concerns into all aspects of social, political, economic and cultural life.

Although some progress has been made in mainstreaming policies on ageing into national development frameworks, a lot still needs to be done and to be attained.

The report of the UN Secretary-General entitled *Follow-up to the Second World Assembly on Ageing* delivered at the sixty-first session of the General Assembly in 2006 highlights a very important fact.

The existence of national plans of action, programmes and services, although important, are not by themselves effective indicators of a country's implementation of the recommendations of the Madrid Plan.

These depend fully on the individual country's human capacity to implement and oversee these policies and programmes. Capacity building is thus aimed at strengthening the country's ability to meet these needs in various sectors.

One of the five essential elements of national capacity building highlighted in the Secretary-General's report is *Human Resource Development,* which "encompasses investment in training for the acquisition of skills in crucial areas of expertise". It is seen as the key element of any effort made at capacity-building.

MIPAA constantly reiterated, in various articles, the importance of training and of having trained personnel. Issue 4 in the Second Priority Direction, for example, is totally devoted to the training of care providers and health professionals.

However, when referring to education and training in the various aspects of ageing, there is the danger of restricting them to high levels of specialisation given at universities resulting in the production of geriatricians and gerontologists.

While not minimising this need, it is important to emphasise the fact that training should be made available at all levels and for different functions.

The same Plan, however, emphasises the fact that the need of education and training is not only limited to the health professionals and the formal carers but should be open to all and at all levels.

Moreover, because of the multi-faceted nature of ageing, the two Plans of Action emphasise the need of developing multi-disciplinary and inter-disciplinary education and training programmes.

Education in the field of ageing thus needs to be multi-sectoral in nature covering: 1) levels of specialisation for the professionals; 2) those who directly work in the field of ageing or/and with older persons; and 3) the older persons themselves.

Aware that education is a crucial basis for an active and fulfilling life, Issue 4 of the Plan's first Priority Direction deals with *access to knowledge, education and training*.

Objective 1 within this issue deals with Equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services.

Commitment 6 precisely deals with *Promoting life-long learning and adapting the educational system in order to meet the changing economic, social and demographic conditions.*

One of the measures adopted by many countries at the national level to implement the recommendations of the two International Plans of Action on Ageing, was the setting up, as a permanent body, of a National Committee on Aging.

These independent advisory bodies are composed of academics, the private sector and non-governmental organizations to address ageing issues and the concerns of older persons.

They are typically charged with the task of assisting and advising Governments in developing and implementing policies and programmes.

As a global strategy to confront the challenges of population ageing it is extremely important to strengthen and support the informal care systems. This holds true also in the ASEAN countries.

In various ASEAN countries, the traditional role played by the family as the principal provider of care for its dependent older members is still maintained. The family plays an important role in providing financial, psychological, emotional and social support. Many older persons are deeply embedded in family support networks of interdependence.

It is, however, necessary to examine the social and cultural changes, which have been shaping society at large, and the family in particular. Among the emerging trends of family changes, one notes, as previously mentioned, the reduction in family size and their dispersion, as a result of which the number of potential carers for dependent old family members is being drastically reduced.

Moreover, the changing role of women and their ever increasing participation in the labour force outside the home further diminishes their availability as care givers.

Furthermore, because of increased longevity, younger relatives, mainly daughters who used to be expected to take care of the elderly relatives especially those who are frail, are more likely to be already old themselves.

Consequently, the needs of the frail elderly can no longer be met by the family alone without the support of specialised programmes and services.

A great need has been created to encourage the maintenance of inter-generational family solidarity. On the one hand, the family is to be supported, protected and strengthened so as to enable and encourage it to continue responding to the needs of its elderly members. On the other hand, the continued involvement of the elderly members within their family should be more than encouraged.

Various governments are promoting a number of family friendly social policies and services aimed at encouraging the maintenance of family solidarity among generations with all the family members participating.

As the Shanghai Implementation Strategy points out "A life-course and inter-sectoral approach to health and well-being is the best approach to ensure that both current and future generations of older persons remain healthy and active".

Moreover, in the context of analysing progress on health, made on commitments under MIPA and suggesting ways forward, a two-track approach is required. Countries that have achieved universal coverage of health services to the entire population, thus effectively covering the elderly population also, have a different set of policy priorities to address as compared to countries which have not done so.

Some of the countries which have achieved universal coverage are facing new challenges related to financing of long term care for the elderly. Countries such as Japan and the Republic of Korea are faced with issues of declining potential support ratios and increased dependency ratios. This means that family support systems are declining and the responsibility of providing long-term care is increasingly becoming the responsibility of the state. Countries with established social health insurance systems, including Japan, have been making efforts to integrate long term care support as part of the package offered for health care. However, a shortage of health care professionals to provide such care in absence of family or community support, has led to efforts to discussions with other countries in the area for provision of workers in the care sector. This has implications for health care provision within the sending countries and on the labour market in receiving countries. The reduced proportion of people in the younger age groups has also meant an increased burden for financing social security contributions, the sustainability of which need to be addressed in the medium and long term.

In countries that have not provided universal health-care coverage, the main contribution towards providing comprehensive health-care to the elderly population in terms of their commitment under the MIPA would be to move as quickly as possible towards the goal of universal health-care. However, strong political commitment for increasing resources significantly towards the health-care sector is essential if this is to happen in a short time. In the interim, countries would need to ensure that existing health services are made accessible and affordable to the elderly population.

In order to ensure sustainability of health financing in the future, both sets of countries need to address non-demographic factors that have an impact on health expenditures such as, controlling costs of life saving drugs. The cost of medicines and rugs constitute a significant proportion of health care expenditures, and policy actions both within and

outside the health sectors, are required in order to control costs. Innovative partnerships between the private and public sector to finance research into medical technology and pharmaceuticals can have a significant impact on reducing costs of pharmaceuticals, and make them more accessible in the long term. South-south cooperation can also play an important role in ensuring access to improved   medical technologies at reduced costs. Greater integration of traditional medicine systems would provide new options for improving access to essential medicines.

CONCLUSIONS & RECOMMENDATIONS

In the face of growing social security and long-term health-care concerns, ASEAN member countries are faced with the challenge of developing long-term plans and policies, and allocating funds to deal with ageing and the requirements of old age. National focal points were created as national mechanisms to oversee the development and implementation of projects and programmes related to ageing. Programmes were designed to provide services in a variety of settings and in a number of areas - i.e., social pensions (including cash allowances), physical and mental health, long-term care, economic empowerment, participation in decision making, life-long learning, housing, mistreatment, and the media and the image of older persons.

A few countries with rapid demographic ageing and high socio-economic development are far ahead of other countries in introducing proactively certain measures, such as work after retirement and retention of skilled older workers, and reaching the older population with community-wide mass media campaigns on available support and services. Most countries may not have such strategies in place, especially those still grappling with economic growth and tackling poverty. Changing family structures and living arrangements and increasing chronic diseases are affecting older persons in both settings.

Currently, in the Asia Pacific region as a whole, mandatory retirement ages range from a high of 65 in Japan to a low of 55 in India, Indonesia, and Singapore. China, Vietnam, Pakistan, and Sri Lanka impose a lower retirement age for women than for men, despite the fact that women generally live longer than men and may spend many years in old age without employment or a spouse to provide financial support. One policy option is to raise these mandatory retirement ages or to eliminate them altogether.

A second policy option is to encourage firms to retain older workers by making employment conditions more flexible. Because wage systems in many Asian countries are based on seniority, employers may believe that older workers are receiving wages and benefits that are too high relative to their productivity. Many firms also have inflexible rules about work hours that make it impossible for older workers to retire gradually by working part time.

Employers will be more willing to hire and retain older employees if they have the flexibility to hire them on a part-time basis, to modify their responsibilities as their capabilities change, and to pay them a wage commensurate with productivity rather than seniority. Such flexible employment options will become increasingly attractive to Asian employers as the growth of the labour force slows down.

Flexible and part-time employment options may be especially attractive to women, who make up a majority of the elderly but a minority of the elderly work force. Occupational retraining programs and general educational upgrading will also allow older men and women to take up new occupations and to cope with technological change in the workplace.

Improving the flexibility of the labour market, of course, raises a danger that older workers will experience reduced responsibilities or wages for reasons unrelated to their

capability. Governments need to set up effective systems for monitoring and correcting problems related to age discrimination in the workplace.

Inadequate allocation of funds, public or private, and difficulties in acquiring expertise and knowledge have hindered the efforts of Governments to develop schemes for more effective interventions to meet the growing demands of old age. However, various attempts have been made by Governments and key national stakeholders to ensure a minimum level of social security for needy older persons, provide integrated home and community care services, empower older persons, and decrease the level of chronic diseases in old age.

Currently, income security in old age, raising public awareness about the benefits of active ageing, and generational solidarity preoccupy policy agendas on ageing in the majority of countries in the region. Countries in the region are also expected to incorporate views related to these issues into their development agenda.

Because they have a shorter time to adapt to the changes associated with the ageing of their populations, it is urgent that the governments of developing countries begin taking steps to face the challenges and make the best of the opportunities that population ageing brings.

In general, and as outlined by the Madrid International Plan of Action, older persons must be empowered to contribute to development and also share in its benefits. In all countries, the situation of women, including those who take care of older persons, must be a priority for policy action.

To accomplish this, governments, international organizations and civil society need to enact 'active ageing' policies and programmes that:

- Focus on the older poor in development and poverty reduction strategies.
- Develop a social security system with coverage that protects older persons from falling into poverty.
- Promote training to enhance capacity and build up human resources for the provision of services to older persons.
- Enable people to continue to work according to their capacity and preferences as they get older.
- Ensure equal access to basic social and health services.
- Set up formal and informal support systems to help families take care of elderly persons within the family.
- Give increased attention to promoting health and preventing disease at the community level.
- Promote and implement 'active ageing' policies and programmes, including life-long education and training.
- Support the full participation of older persons in community life.
- Build intergenerational solidarity.
- Recognize and support the care-giving services provided by grandparents, especially women, to grandchildren orphaned by AIDS and other causes.
- Eliminate all forms of discrimination based on age.
- Prevent and minimize elder abuse by training law enforcement officials, health and social service providers and others to recognize, report and respond to elder abuse.
- Counter the vulnerabilities of older women by enabling their full participation in political life and decision-making. Protect widows from theft, allow them to inherit, and provide social security to women who have no pensions or have only meagre retirement savings because they spent the bulk of their lives in unpaid caretaking work.