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**REGIONAL STUDY ON ELDERLY CARE SERVICES IN THE
ASIA-PACIFIC REGION: CHALLENGES AND GAPS,
GOOD PRACTICES AND POLICY OPTIONS**

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I. Introduction

This paper aims to provide an overall orientation to health and social services for the elderly population in the Asia Pacific region. Noting some common characteristics of the ageing trends in the region, the present paper also proposes a framework based on a harmonization of those policy priorities with an active ageing policy framework, proposing a coherent way forward for countries in the region while still allowing adequate flexibilities.

II. Ageing Trends of the Asia-Pacific region

Increasing longevity coupled with a low fertility rate lead to an ageing population worldwide. It is estimated that the proportion of persons aged 60 years and older in the world will double from 10 to 21 per cent between 2000 and 2050 (i.e. from 600 million to 2,000 million in absolute numbers). In 2025, it is projected that 15 per cent of the world population will be aged 60 and above and the number of older persons in Asia-Pacific is estimated to triple from 419 million in 2010 to more than 1.2 billion by 2050, which means 59 per cent of the world's population aged 60 years will live in Asia and the Pacific. The population will triple from 438 million in 2010 to 1.26 billion by 2050. By that time, one in every four persons in the region will be over 60 years old. In East and North-East Asia², more than one in every three persons will be older than 60 years. This will be one of the most important demographic transformations of this century. Women constitute the majority (60.7 per cent) of the population aged 60 or older in the region and that proportion is expected to increase. By 2050, women will account for almost two thirds (65 per cent) of the older population, and women will represent more than 70 per cent of the 'oldest old' population (80 years and older). (United Nations Population Prospects 2012 Revision)

Various forces of modernization and rapid economic development over the past few decades have served to emphasize regionalization in the global economy whilst others have tended to promote diversity. Demographic transition, urbanization and economic change, have been major factors. However, the pace of demographic change and ageing varies across the Asia-Pacific. The region includes the demographically oldest country in the world, Japan, which is facing new challenges of slow or negative population growth, as well as other countries which are rapidly becoming demographically aged, such as People's Republic of China (including Hong Kong and Taiwan), the Republic of Korea and Singapore. At the same time, the region has several countries, such as Cambodia, Indonesia and Lao People's Democratic Republic, which remain predominantly youthful and whose major population policies focus on family planning and reproductive health.

Countries in the Asia-Pacific region share some general characteristics that distinguish them from the western developed economies:

The Asia-Pacific region has countries with the largest segments of older persons and the longest longevity in the world

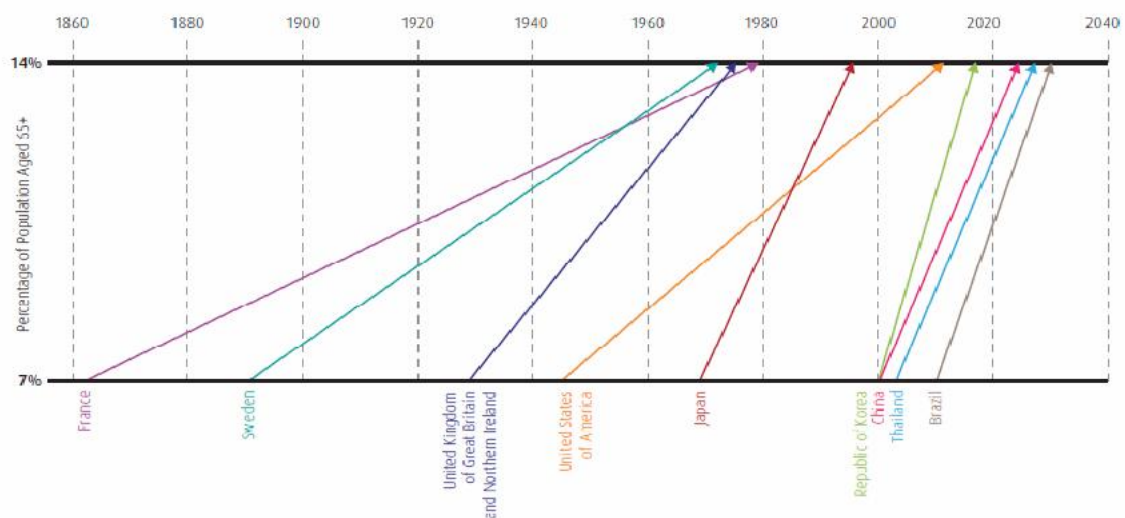
² People's Republic of China, the Democratic People's Republic of Korea, Japan, Mongolia, the Republic of Korea and the Russian Federation).

Approximately 60 per cent of the world's total older population live in the Asia-Pacific region and many will live beyond 70 years of age (the longest average life expectancies from birth are found in Japan; Hong Kong, China; and some parts of People's Republic of China). The consequence is a high demand in health care services in general as well as services specifically related to age-related health concerns, such as dementia, osteoporosis and arthritis.

The Asia-Pacific region is ageing faster than other parts of the world

Whereas it took more than 100 years for the share of France's population aged 65 or older to increase from 7 per cent to 14 per cent, countries such as People's Republic of China and Thailand will experience the same demographic shift in just over 20 years. This gives them much less time to put in place the infrastructure to address the needs of this older population. For example, accumulation of assets through prefunded public pensions, "pay as you go" mechanisms, or programs that mandate or encourage private savings for retirement or elderly health care require a long time to mature. Workforce skills development through training to assist the future strain and demands of care support systems also need time to build.

Graph 1: The speed of population ageing. Time required or expected for population aged 65 or older to increase from 7% to 14%



Source: Kinsella K, He W. *An aging world: 2008*. Washington, DC: National Institute on Aging and US Census Bureau, 2009.

The Asia-Pacific region is becoming old before becoming rich

Asia-Pacific is an extraordinarily vast and heterogeneous region whose countries span the spectrum of wealth, economic development, and urbanization. Unlike countries such as the United Kingdom and United States, whose industrialization and urbanization came earlier than population ageing, thus allowing time to accumulate adequate wealth to build the infrastructures, e.g. universal pension, training institutes, and hospitals needed for an ageing population, most parts of Asia have only witnessed steady economic growth over the second half of the century. While economic development in certain parts of the Asia Pacific has brought about

transformation at an unprecedented speed and scale, other parts of the continent have had no significant economic development. Most parts of Asia, particularly agrarian countries, still experience resource restraints for developing or strengthening the necessary “age friendly” institutions and financial systems such as pensions and capital markets, healthcare programs and regulatory systems, and may simply not be able to afford a large dependent elderly population.

The Asia-Pacific region has far more older women than older men

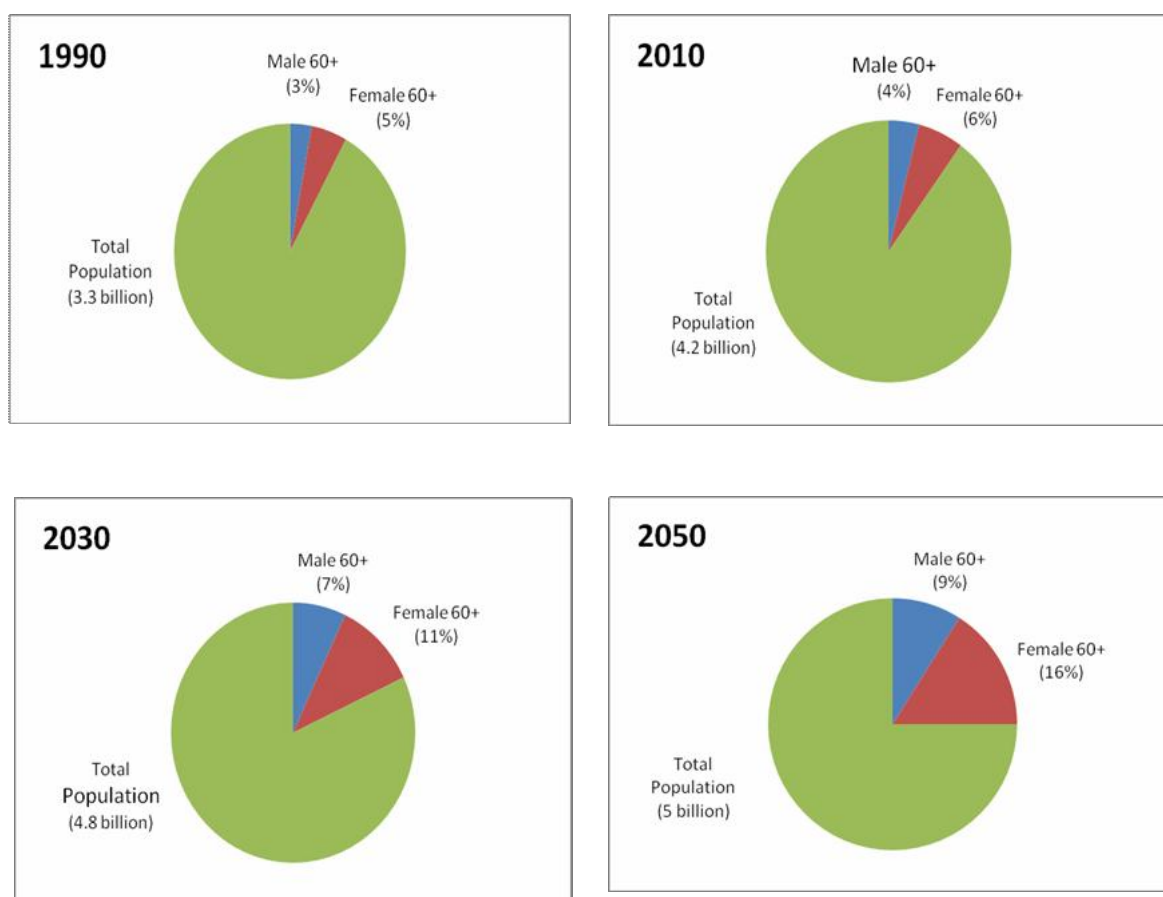
As in the rest of the world, older women outnumber older men in the Asia-Pacific, particularly in the oldest age groups. The fastest growing group among older women is the oldest-old (aged 80 or above) with women generally outliving men by 4-5 years (World Health Organization, 2011). Women constitute the majority of the older population and by 2050 women will represent 65 per cent of the population above the age of 60 in the Region.

Table 1: Numbers of years lived beyond life expectancy at 60 years of for male and female by WHO Region

Life expectancy at 60 years		
WHO Region	Male 2009 (years)	Female 2009 (years)
World	18	21
Africa	14	16
Americas	21	24
Eastern Mediterranean	16	18
Europe	19	23
South-East Asia	15	18
Western Pacific	19	22

Source: World health statistics 2011. Geneva, World Health Organization, 2011

Graph 2: Population Ageing in the ESCAP Region (1990, 2010, 2030, 2050)



Source: 2011 ESCAP Population Data Sheet

Poverty affects the lives of the majority of people across the world, in particular women and children. Traditional Asian values of patriarchal hierarchy serve to perpetuate the negative implication of being female in Asian families. As in most parts of the world, older women in Asia experience more types of vulnerability than older men. A higher proportion of older women are single or widowed, illiteracy levels are higher among older women and a lower proportion of them are remuneratively employed as they often take up traditional roles as housewives and/or are involved in informal low-wage occupations. Women's dependency on men for land and income often puts them at great financial risk when their husbands pass away. Hence, most may have no or little national retirement protection as they age. The change in contemporary family structures brought about by a drastic drop in birthrates with many Asian families now having two or fewer children, will also threaten the viability of the traditional family support system for older women. Education also plays a major role in determining a person's utilization of available services. Especially in rural areas, the isolation and lack of formal support places widows at greater risk for health and cognitive deterioration.

Cultures in the Asia-Pacific region value family and community welfare

The region's cultural heritage and contemporary cultural mosaic has been shaped under several different civilizations, belief systems and religions, including Buddhism, Christianity, Confucianism, Hinduism and Islam. A common socio-cultural characteristic in these regions is the high value placed on family integration and consensus in social relations to maintain harmony among members of groups, with an expectation of community welfare often rising above individual interests.

III. Analytical framework: An overall orientation to the provision of elderly care services

The diversities in the region call for a flexible policy directive enabling governments to address diverse needs as appropriate for each country context. However, members of ESCAP may also wish to adopt some common policy frameworks for moving forward and for inter-governmental reviews and collaborations. In the global framework the Madrid International Plan of Action on Ageing (MIPAA), there are three key priority areas: (1) Older persons and development, (2) Advancing health and well-being into old age, and; (3) Ensuring enabling supportive environment, along with 18 corresponding issues as shown in Table 2.

Table 2: Three key priority areas with 18 corresponding issues of the Madrid International Plan of Action on Ageing

Older Persons and Development	Advancing Health and Well-being Into Old Age	Ensuring Enabling and Supportive Environments
1. Active participation in society and development 2. Work and the ageing labor force 3. Rural development, migration and urbanization 4. Access to knowledge, education and training 5. Intergenerational solidarity 6. Eradication of poverty 7. Income security, social protection/social security and poverty prevention 8. Emergency situation	9. Health promotion and well-being throughout life 10. Universal and equal access to healthcare services 11. Older persons and HIV/AIDS 12. Training of care providers and health professionals 13. Mental health needs of older persons 14. Older persons and disabilities	15. Housing and the living environment 16. Care and support for caregivers 17. Neglect, abuse and violence 18. Images of ageing

Source: United Nations (2002). *Political Declaration and Madrid International Plan of Action on Ageing*. New York: United Nations.

Modified Policy Framework for Active Ageing incorporating priority areas of the Madrid International Plan of Action on Ageing

To accommodate the various contexts in Asia-Pacific a proposed Framework for Active Ageing is outlined below, drawing upon the World Health Organization (WHO) 2002 Policy Framework for Active Ageing (World Health Organization (WHO) 2002) and the Madrid International Plan of Action on Ageing.

To promote social development, improve the quality of life of older persons and sustain support systems for older persons and for services to be delivered under an articulated policy structure in a society for all ages, adjustments in policies and services will be required at all levels, including individual, organizational and societal. As a contribution to the Second United Nations World Assembly on Ageing held in 2002, in Madrid, Spain, the WHO proposed a Policy Framework for Active Ageing, developed through a broad consultation process.³ The Active Ageing policy framework also fits well with the three key priority areas contained in MIPAA.

The concept of active ageing was proposed by WHO as a framework to further assess what makes a good model for elderly care services. The Active Ageing policy framework focuses on areas such as preventing and reducing the burden of disabilities, chronic diseases and premature mortality; reducing the risk factors associated with non-communicable diseases and functional decline as individuals age, while increasing factors that protect health; enacting policies and strategies that provide a continuum of care for people with chronic illness or disabilities; providing training and education to formal and informal carers; ensuring the protection, safety and dignity of ageing individuals; and enabling people as they age to maintain their contribution to economic development, to activity in the formal and informal sectors, and to their communities and families.

There are three pillars under WHO's Active Ageing concept, with each pillar bearing a key message on for the relationship between the individual's and the state's responsibilities, acknowledging that governments play a key role in providing a conducive environment for individuals' greatest achievements. Taking into consideration the specificities of the Asia-Pacific region, a modified Policy Framework of Active Ageing is proposed that specifies the role of governments, civil society and individuals as shown in Figure 3.

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