



ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC (ESCAP)

DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS (DESA)

Capacity-building Workshop to Support National Policy Responses to Issues of Ageing in
Asia and the Pacific

28 February to 1 March 2012

Bangkok

**REPORT OF THE CAPACITY-BUILDING WORKSHOP TO SUPPORT
NATIONAL POLICY RESPONSES TO ISSUES OF AGEING
IN ASIA AND THE PACIFIC**

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I. BACKGROUND

1. The Capacity-building Workshop to Support National Policy Responses to Issues of Ageing in Asia and the Pacific, jointly organized by UNDESA and ESCAP, was held from 28 February to 1 March 2012 in the United Nations Conference Centre, Bangkok.

2. The Workshop was attended by Government representatives, civil society representatives and international organizations from Bangladesh, Cambodia, Lao People's Democratic Republic, Maldives, Myanmar, Nepal, Papua New Guinea, Sri Lanka, Thailand, Viet Nam, HelpAge International, UNFPA and WHO. The list of participants is attached as Annex 1.

II. OPENING SESSION

3. Mr. Donovan Storey, Chief, Social Policy and Population Section, Social Development Division, ESCAP, welcomed participants and partners to the workshop. He noted the dramatic demographic shift being experienced in the Asia-Pacific region with rapidly ageing populations, particularly the feminization of ageing. Population ageing has profound and far-reaching implications due to the lack of social protection and the lack of specific health-care provision in Asia and the Pacific. Timely policy interventions are thus essential. ESCAP is supporting the review and appraisal process of the Madrid International Plan of Action on Ageing (MIPAA) to promote, inter alia, mainstreaming of ageing into national development plans.

4. Mr. Oleg Serezhin, Social Affairs Officer, Technical Cooperation Unit, Division for Social Policy and Development, UNDESA, stated that the workshop would provide practical tools and training for participants. He hoped that a network of practitioners would be established as a result of the workshop.

5. Mr. Robert Venne, Social Affairs Officer, Focal Point on Ageing, Division for Social Policy and Development, UNDESA, which is responsible for the review and appraisal of the MIPAA, noted the significant increase of older population in the Asia-Pacific region and the need to develop appropriate policies and programmes on ageing.

III. THEME I: THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING

6. Mr. Venne presented the key components and principal concepts of the Madrid International Plan of Action on Ageing. It was noted that MIPAA shifted the focus of ageing from developed countries to the entire world. It linked ageing to social and economic development and human rights. The presentation reviewed the national, regional and international actions that should be taken in the implementation of MIPAA.

7. Papua New Guinea noted the importance of political commitment and asked how the United Nations could support national governments. UNDESA responded that the UN could advocate on ageing issues and provide technical assistance to countries. Opportunities also exist for governments to attend high-level meetings in Asia and the Pacific region, which can result in increased political will. Myanmar asked which UN agency took primary responsibility for ageing issues at the country level. UNDESA responded that there is no particular agency although UNFPA and WHO have done considerable work on ageing. UNDESA acts as the global focal point on ageing-related issues and can also provide support.

8. Mr. Storey presented on the Madrid International Plan of Action on Ageing in the regional context. There are clear trends towards increased ageing of populations in the Asia and Pacific region, including countries with very youthful populations such as Papua New Guinea and Lao People's Democratic Republic. Most countries would experience a 300-400 per cent increase in the number of older persons over the next 40 years. Regional actions on ageing led by ESCAP began with the Macao Declaration in 1998. In recent years since the first review and appraisal of MIPAA, there have been a number of activities related to ageing, particularly around health promotion and active ageing in Asia and the Pacific. This has been in response to increasing interest in member States in the region on the issue of ageing.

9. Asia-Pacific MIPAA+10 Review activities are taking place at the national, regional and global level. A key part of the Review is the Regional Survey on Ageing to compile data and experiences on the implementation of MIPAA. The Secretariat took the opportunity to clarify that the responses to the ESCAP survey on ageing were official responses from national Governments, thus the surveys had been sent to the current seat of Government.

10. Thirty responses have been received by ESCAP. Survey results indicate a great diversity of governmental responses to MIPAA implementation. Most countries indicated specific institutional arrangements as a response to MIPAA. Over half of the responses identified specific policies and plans on ageing, and several countries have introduced age-specific legislation. Countries reported a multipronged approach for income security and well-being through social protection and health services, but there was a lack of identifiable programmes for older persons. Greater attention to gender issues was recognized as an on-going need. There are some examples of retrofitting urban environments to meet the needs of older persons. However, there are fewer specific examples of policies to support "ageing in place" and the training and portability of qualifications for old age caregivers.

11. Ms. Meredith Wyse, Strategic Development Manager, HelpAge International (HAI), East Asia/Pacific Regional Development Centre, presented on the role of civil society in the implementation and monitoring of MIPAA, focusing on HelpAge International and older persons' associations (OPAs). Ms. Wyse noted there had been a rapid growth in OPAs in the region. For instance, since 2007, OPAs have grown from 169 to 638 in Viet Nam, and from zero to 105 to Malaysia. One of the challenges is how to replicate and learn from successful OPA arrangements.

12. Civil society had supported development of national policies on ageing (Cambodia, Lao PDR and Myanmar), regional policy (ASEAN Strategic Framework), mainstreaming in social protection, national surveys on ageing, and disaster response and emergencies. In advancing health and well-being into old age, civil society had raised issues of active and healthy ageing, mainstreaming of ageing in HIV and AIDS national strategic plans, as well as national policies on homecare.

13. Three key activities of the HelpAge network in monitoring for the MIPAA+10 Review are: overview of policies, legislation, research and institutional arrangements on ageing; mobilization of older persons through the grassroots campaign *Age Demands Action*; and bottom-up participatory research exercises on what older persons think about MIPAA implementation ("Voices of Older Persons"), which would be reflected in the World's Older Persons Report

14. WHO added that several recent publications are relevant to the relative lack of specific response around gender issues and the health of older women.

15. Thailand added that the International Federation of Ageing had come up with a proposal on a UN convention on ageing. The United Nations open-ended working group in New York is considering various approaches to strengthen the rights of older persons. There is some resistance to developing a specific human rights instrument for older persons given the multitude of existing conventions covering many groups.

IV. THEME I: DISCUSSION OF COUNTRY EXPERIENCES

16. Bangladesh provided an overview of the assistance given to older persons. Bangladesh had 82 safety net programmes, although not all solely benefitted older persons. The largest programme administered by the Ministry for Social Welfare was old age pensions. Nationally, ninety million Takas are distributed to women beginning at age 62 and to men beginning at 65. Every month they each receive 300 Takas (previously it was 150 Takas). In addition to providing essential income support the Government believed that this payment elevated older persons' position in society. It has brought about changes in intergenerational relations in society especially for older women. About 2.5 million persons were covered by the program.

17. There were several laws and regulations that touched upon older persons in Bangladesh. Article 15 of the Constitution directly addresses the rights of older persons. Additionally, there are six laws, rules and regulations that governed the Ministry of Social Welfare, in the distribution of old age allowances, disability allowances, and capacitation grants.

18. Civil society organizations for older persons had existed in Bangladesh since 1989. OPAs became a powerful mechanism to mobilise older persons, to sensitize caregivers, and to generate support from the wider community. There were about 1,000 OPAs operating in Bangladesh. The OPAs were self-sufficient.

19. Myanmar hosted a sub-regional workshop on ageing policy to share international practices and policies in May 2011. The draft Myanmar National Plan of Action on Ageing was discussed and experts provided suggestions on the policy and strategy. The Strategy on the Myanmar National Plan of Action on Ageing included areas of income security, health, natural disasters and emergencies, care, home and environment, education and advocacy, implementation systems and monitoring and evaluation.

20. Myanmar did not have a social security net nor pension scheme. However, the country did have several programmes that targeted older persons, which were as follows:

- Seventy homes for the aged (2,300 persons covered);
- ROK-ASEAN home care programme for older persons, which took into account national sensitivities and culture;
- Older persons self-help groups that covered 25 villages and two wards in Dagon (East) Township, which benefitted about 20,000 older persons and their families through fund-raising, livelihood, income generation ventures, health, home care and disaster risk reduction;
- Economic Vulnerability through an Equitable/Inclusive Approach to Livelihoods (REVEAL), which targeted the dry zone, the most vulnerable region of the country;
- The national health care project for older persons which in 90 townships offered four types of services—health promotion, prevention, curative and rehabilitation. The project established older persons clinics that provided free medical care for older persons through medical check-ups, medicines and nutrition;

- The country had also celebrated the International Day of Older Persons from 1999 to 2012, which included *Age Demands Action* from 2009 to 2011.

21. Finally, the national focal point on ageing informed the Workshop that, after the regional preparatory meeting on MIPAA Review was held in November 2011 in Beijing, it was noted that there was a big gap in terms of the existing policies in Myanmar and those required by MIPAA. Greater efforts had been made to address the gap, including developing the National Plan of Action, developing a National Committee on Ageing, and instituting a pension system.

22. Viet Nam has developed legislation to promote and protect the rights of older persons. The 2000 Viet Nam Ordinance on the Elderly was replaced by the Law on the Elderly in 2009. The Law provided for the rights of and obligation to older persons, including the responsibilities of families, the State and society in taking care of, attending to, and including the voices of older persons. The Vietnam Elderly Association was also mandated for by legislation. There is also a booklet of laws and guidelines for implementation of the law for older persons.

23. Several laws in Viet Nam addressed different aspects of MIPAA. Decree No. 13 of the Government, on assessing target groups of social protection, provided older persons from 80 years old without access to a pension and social insurance, and older persons from 60 years old who were poor and had no existing form of support, with a monthly allowance. These recipients also received free health insurance. The law also provides for funeral assistance from the government. Additionally, Ordinance No. 35 deregulated the responsibility of health care for the elderly from the central to local level. Older adults were provided with free annual health check-ups. The policy on spiritual life for older persons reduced the fees for services to encourage tourism, cultural and sports activities of older persons through clubs in various forms and programmes. Ordinance No. 71 reduced the fee for older persons' use of public transportation. Furthermore the State's policy to assist the construction of housing for poor people prioritized older persons, although social organizations also mobilized funds for building houses for poor older persons. The new 2012-2020 national programme of action for older persons will begin in June 2012. However, several challenges remained to MIPAA implementation in Viet Nam, such as limited awareness of ageing issues by leaders and the general population, poverty, particularly in rural areas, and changes in traditional values.

24. With over fourteen million members, the Viet Nam Women's Union was mandated to protect women's rights, including older persons' rights. Based on the National Plan of Action for Older Persons, the Women's Union issued its own plan with specific activities and targets for the period from 2006-2010. Activities by the Women's Union included increased awareness on issues relating to older persons; events to communicate and increase community awareness in cooperation with other organizations; income generation activities for older persons; training classes for older women; provision of credit to older women and the creation of credit savings groups; and organized health activities. The Women's Union also mobilized entrepreneurs, companies and women's associations to donate cash and organize visits to older persons.

25. Article 35(b) of the Constitution of the Maldives stated that older persons and disadvantaged persons were entitled to protection and special assistance from the family, the community and the State. The Strategic Action Plan 2009-2013 was formulated to serve as the principal planning document to guide the transformation of previous social safety net programmes into a comprehensive social protection system, ensuring fiscal sustainability. This comprehensive system included the provision for health insurance for

all those older than 65 years, and the provision of a universal pension to all citizens above the age of 65 irrespective of occupation and contribution to the system. The Strategy for Active and Healthy Ageing was being finalized and will serve as a basis for future action plans.

26. Institutional care facilities for older persons were provided at the Home for People with Special Needs, which also provided services to people with psychological and physical disabilities. Work was underway to establish separate homes for older persons in partnership with the private sector. At the programme level, the Maldives had worked to educate the public through media to love and care for older persons, conducted awareness programmes in the atolls at community level, and celebrated the annual international day for older persons focusing on the rights of older persons. Only one NGO existed, Age Care Maldives, which provided health services and home visits for a fee.

27. Urgent concerns and steps identified in the Maldives were the need to strengthen capacity within the government, a lack of NGOs working on older persons, and limited specific research on older adults. The awareness of ageing needed to be raised, a clearly defined national policy for older persons needed to be developed, more research needed to be conducted, older persons homes and aftercare programmes needed to be established and partnerships with civil society needed to be forged. Intergenerational households were on the decline, reducing financial and physical support to older persons.

28. Nepal identified a need for old age care facilities, as existing ones are operated primarily by NGOs. Care homes lacked health professionals. NGOs and the private sector were increasing the number of old age care homes, but there was a need for quality control. The Government introduced the Universal Pension System in 1994, which was a non-contributory social pension for all aged 70 years and over and all widows.

29. The 2002 Policy for Senior Citizens contained five components on social and financial security, health services, participation, education and entertainment. In 2004 implementation guidelines for the social security programme and in 2005 implementation guidelines for senior citizen health treatment services were prepared. The 2006 Senior Citizens National Work Plan defined activities, implementing agencies, coordination mechanisms, etc. However, a 2010 survey found out that 90 per cent of older adults were not aware of these policies. Although the country had many good policies and programmes, they were not always implemented to their full potential benefit.

30. Policies over the period 2007-2010 included institutional legal instruments for development mainstreaming of senior citizens, the formulation of a senior citizen commission, the inclusion of senior citizen issues in school curricula, the establishment of a separate fund for senior citizen programmes, and the establishment of a database on senior citizens. The 2006 National Action Plan for Senior Citizens included indicators and deadlines. The 2008 Senior Citizens Regulations had many good provisions, but its implementation was constrained by a lack of funding, lack of human resources and frequent changes in the government.

31. Sri Lanka activities to implement MIPAA included a National Charter for Senior Citizens (2006), National Policy for Senior Citizens (2006) and legislation (2000, amended 2011) on older persons and the establishment of the National Council of Elders. The National Council of Elders promoted and protected the welfare and rights of elders. It assisted the elderly to live with self-respect, independence and dignity. Furthermore, The Protection of the Rights of Elders Act (No. 9) and National Charter for Senior Citizens were enacted to promote and protect the welfare and rights of older persons. The National Policy for Senior Citizens was developed based on the recommendations of the MIPAA+5 review and appraisal.

32. Especially in urban areas, the Sri Lanka Government provided cash assistance to day centres for the purchase of equipment and the conduct of income generation activities. The Government also had issued a special ID card for older persons to use as priority in obtaining public and private sector services for all citizens above 60 years old. The country's sponsorship scheme provided monthly financial assistance through sponsors to older persons above 70 years of age.

33. Sri Lanka conducted awareness raising and educational programmes on several issues of interest to older adults and their families. Preretirement preparedness seminars for public sector officers who are close to retirement were also held. Home-based care services were provided through trained home caregivers and conducting training programmes for home caregivers. There were 260 registered homes for the aged assisted by the Government, but the government prefers home-based care. One survey on older adults was conducted in 2003-2004, and the country had contracted another survey. Based on the results of the first survey a Family Policy for Sri Lanka was developed, which had been recently provisionally approved.

34. Papua New Guinea only began showing developing policy frameworks for ageing persons in 1999. In 2002 the National Plan of Action on Ageing and the National Committee on Older Persons were established but the Plan was not implemented and the Committee disbanded. Following the Preparatory Meeting for the Asia-Pacific Intergovernmental Meeting on the Second Regional Review and Appraisal of the Madrid International Plan of Action on Ageing in November 2011, the country's ageing focal point established the need to review the plan of action and revive the National Committee. Papua New Guinea stated that they were seeking technical assistance on the development of ageing policies and programmes for the country to push for more ageing-specific policies and actions. Currently, disability and older persons issues are treated together, but the focal person's proposal was to separate them so that older persons' issues gain more prominence.

35. The National Committee of Older Persons for the Lao People's Democratic Republic was established by decree no. 157/PM25/10/2009 of the Prime Minister. Government policy focused on poverty reduction among older persons through income generating opportunities. Older persons' groups had been set up in 20 villages, with a total membership of 531. Although the target number of members had been surpassed, the target number of villages had not. Income generating activities targeting women included livestock banks, which older women were also able to benefit from. There were also income generation activities run by Older Persons' Associations (OPA) in the country.

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