

**NEAT Working Group on
ASEAN Plus Three Collaboration on Active Ageing: The Time to Act**

Final Report

Bangkok

13 July 2017

1. Introduction

On 8 September 2016, the Heads of State and Government of the Member States of the Association of Southeast Asian Nations (ASEAN), the People's Republic of China, Japan, the Republic of Korea, had gathered at the 19th ASEAN Plus Three Summit in Vientiane, Lao PDR, and declared the intention to promote greater inclusion for active ageing in national policy making and action plans in response to the growing trend of ageing population in the region. It was a commitment by all states to join the global and regional movements related to active ageing; and a follow-up to the agreement proposed in 2015 in the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN which was considered to be a reaffirmation of the identification of ageing as an important post-2015 issue raised during the 6th ASEAN Plus Three Health Ministers Meeting in Hanoi, Viet Nam in September 2014. Up to the present time, various strategies and directions have been formulated, and many initiatives have been proposed by various sectors of the society in each Member State. However, limited progress has been observed on a regional basis. Thus, it is essential that the ASEAN Plus Three countries together with key international partners take measures to strengthen the collaboration in order to ensure sufficient and timely response to the active ageing phenomenon in the region.

Population ageing refers to the phenomenon of increasing proportions of older persons (aged 60 and above) in the total population. Since the middle of 20th century, many countries in the world have been facing various consequences of population ageing; and it has been increasingly clear that eventually, more and more countries will be experiencing a similar phenomenon. It has been estimated that by 2050, Asia would have at least one quarter of its population aged 60 and above; and the region would have a greater number of older persons than children under the age of 15 before the middle of the century, and nearly 60% of the world's older people would be living in Asia.

Experiences in some developed countries have demonstrated that population ageing has resulted in various impact on the society as a whole. Such experiences have raised concerns about the social, economic and health consequences of population ageing which required enormous efforts and resources to address the problems. The most important priorities are (1) to promote the well-being of older persons to be healthy, active and productive, and (2) to provide essential services for the elderly who need social, economic and health support. Proper response will be difficult if the national infrastructure is weak. Thus, learning from countries currently facing the ageing phenomenon will be an effective guide to build the capacity of countries where the ageing situation is still early.

Ageing has long been considered as an important global health issue. The first World Assembly on Ageing was organized in 1982, which led to the development of the “Vienna International Plan of Action on Ageing” with the aim to strengthen the capacities of countries to deal effectively with the ageing populations and the interaction with the rest of the society. It was recommended to address the special concerns and needs of the elderly, and to promote an appropriate international collaborative response to the issues of aging, particularly among developing countries. Since the 1982 event, many conferences and meetings were organized in many regions around the world; and declarations as well as commitment resolutions were produced including the UN Principles for Older Persons (1991), the Macao Plan of Action on Ageing for Asia and the Pacific (1999), the Madrid International Plan of Action on Ageing (2002), the Shanghai Regional Implementation Strategy on Ageing (2002), among many others. Many activities of the ASEAN Plus Three gatherings had also touched upon this issue. The significant events were the 2015 Kuala Lumpur Declaration on Ageing and the recent 19th ASEAN Plus Three Summit in Lao PDR.

Essential recommendations in the Kuala Lumpur Declaration included:

1. Promoting a shared responsibility approach in preparation for healthy, active and productive ageing;

2. Raising public awareness on the rights, issues and challenges of old age and ageing;
3. Eliminating all forms of maltreatment on the basis of old age and gender through equitable access of older persons to public services, income generation, health care services, and essential information, as well as preventive measures, legal protection, and effective support system;
4. Mainstreaming population ageing issues into public policies and national development plans, and programs;
5. Promoting the development of manpower to meet the current and future demands for health and social services for older persons;
6. Promoting age-friendly communities/cities in the region through sustainable and accessible infrastructure.

The statement from the 19th ASEAN Plus Three Summit provides useful directions to address population ageing in the region. It aims to promote a holistic approach to raise the quality of life and well-being of older persons and in addressing the multi-dimensional nature of ageing, which includes security, health, self-reliance and community participation. There are 3 broad areas of policies which include:

1. Elderly Care and Health,
2. Economic Empowerment, and
3. Supportive Environment for inclusive society.

With all the commitments and declarations, it is now time to take action. The ASEAN Member States and the Plus Three countries must join hands together to ensure that actual development processes take place to implement all the strategies proposed by the Summit as well as to foster meaningful experience sharing and closely monitor the progress so that no country will be left behind. It is now time to act!

2. Objective

To identify areas of collaboration on Active Ageing in the ASEAN Plus Three countries.

3. Presentations and Discussions in the Working Group Meeting

There were 13 experts from 12 ASEAN Plus Three member countries, 8 resource persons, and 10 observers, took part in a Working Group Meeting at Aetas Lumpini Hotel in Bangkok on 13 July 2017 (see the name list in Annex 1). Summaries of individual country presentations are as follows:

Cambodia

According to The National Ageing Policy 2017-2030, Ministry of Social Affairs, Veterans and Youth Rehabilitation is implementing data collection; research on ageing population; capacity building for social workers, geriatric specialists and caregivers; enforcing law on Older Persons on the rights, financial security, and access to health services; and developing the policies and action plans to be implemented by line ministries involved in ageing issue. The role of government under the constitution is to ensure the provision of free medical care for the poor, the role of family in taking care of the elderly, and the role of community getting support from Older People Association (OPA).

China

China has the largest elderly population in the world, with many elderly living alone, longer life expectancy, and the demand for long term care. In addition, it was significant number of elderly with dementia (with 6 times higher disability than those without dementia). These are all the challenges with regard to population ageing. The Government is implementing policies to provide health services, and expand the scope of welfare for the elderly. The sheer size of China, both in population and geography, present both big opportunities and big challenges.

Indonesia

The critical issues are on policy and practical implementation, disparities among areas (provinces, districts) due to decentralization implementation. Long-term health care has not yet included in the health safety net and health insurance system; nutrition care is still lacking. There is a need for solid evidences to build a better policy. Multi-countries standardized surveys, field visits, more regular inter-country meetings, and high level advocacy are recommended.

Japan

Importance of active ageing has been recognized in Japan since 1970s. Elderly employment measures are promoted following the public pension reform. Health promotion has been incorporated to health care and long term care. It is recommended that preventive long term care and daily life support under integrated community-based care should be provided as a policy mix of health, welfare, and community development, etc. Elderly's participation should be encouraged to enhance mutual support and social inclusion.

Laos

Currently, no social security for the elderly, only small percentage of population got old age pension. However, the Lao government has developed policies and legal framework to address some key issues related to the elderly as well as to support elderly with social protection, build benefits and promote employability for elderly and people with disabilities, and encourage them in income generation. The recommendations included promoting active ageing in employment, local and regional actors can implement to promote employability of elderly through education and training initiatives.

Malaysia

By 2035 Malaysia will reach the age population, 15% will be over 50 years. Elderly healthcare is currently provided by the government (at the public hospitals) at minimal cost. Challenges facing the care of the elderly include a shrinking role of family, lack of specialists and fragmentation of primary care services. Economic empowerment is an important policy goal, with the elderly only representing one of every three workers. Recommendations: Provide

comprehensive financial assistance and increase labour force participation of the elderly. Policy goals include efforts to provide a supportive environment for inclusive society: cultural perception, and physical access.

Myanmar

Current healthcare expenditure in Myanmar is very small at just 1%, with out-of-pocket expenditure covering 51%. Local culture encourages extended families with a commitment to taking care of the elderly. Policies in support of the elderly are not currently a priority. Recommendations: raising public awareness and provision of community based health care for the elderly should be promoted.

Philippines

The share of the population of elderly people continues to grow, with the elderly females generally outnumbering the males. There are enabling laws instituted to promote the welfare of the elderly. Free health care is provided at public hospitals and discounted at private hospitals. At present, the government provides a social pension only for older persons aged 77 years and above who are not receiving any other government or private pension. Challenges to the sector include the expansion of the senior citizen act, limited available data focused on elderly, development and improvement of service infrastructure and management of centers and institutions in an environment based on both traditional and modern institutions for future needs of aging society, and the need of social and human services.

Republic of Korea

Korea is entering aged society where the proportion of aged people (65 years and over) will be over 14% in 2018 and one of the lowest birth rate in the world. Recently, the policy uses productive and active ageing. Limitation: weak economic empowerment and weak pension system. Long term care system has been introduced but the coverage is still very low (7%). The poverty of elderly is the highest among OECD countries. Korea will take only 8 years to change from aged to super aged society. An important lesson from Korea is how to slow down the speed of ageing, through increasing fertility as well as international

migration. International migration of care providers as well as retired will be the areas for future international cooperation.

Singapore

Singapore has been anticipating the challenges of population ageing since the early 1980s and has taken steps to study its implications for various levels of society and implement policies and programs so that the elderly can continue to live in good health, enjoy opportunities for lifelong learning and employment beyond the retirement age, and remain socially integrated in their families and communities. An Action Plan for Successful Ageing (2016) sets out targets for the next 10-15 years.

Thailand

Thailand is in active aging now. Although, Thailand has already implemented universal health coverage, system governance, increasing health literacy, prevention health, expansion of intermediate care and long term care including integration with social services are urgent needs. System design and governance for pension system, measures to prolong retirement age, increase labor participation and productivity are also needed. Policy measures for improvement of environment include active aging law enforcement, increasing literacy on aging friendly cities and aging friendly home.

Viet Nam

Viet Nam entered ageing phase in 2011 with over 10% of total population being 60 years old and above. It might take less than 20 years from ageing to aged population. The National Program of Action on Older Persons 2012-20 was approved in 2012 to tackle this ageing challenge. The program focuses on community-based care and services for the ageing population to promote their roles in the family and community, to improve income, facilitate healthy activities and provide care for them. In this program, Intergenerational Self-Help Club, a volunteer-based care and counselling healthcare club for the ageing population in the community has been chosen as the model and will be widely replicated in the 2016-2020 period. An assessment on health insurance in 2014 showed the impressive insurance coverage of 78% and 86% for the ageing

population who are above 60 and 80 years old respectively.

It should be noted that, based on country presentations, definition of ageing population is different among countries. Some presentations referred ageing as persons aged 60 and above while the others considered people aged 65 and above as ageing population.

4. Policy Recommendations

Recommendations for ASEAN Plus Three collaboration:

A. General recommendations

1. Develop “Active Ageing and Innovation Center” aiming for facilitating setting standard statistics, research collaboration, regular meetings, training, and knowledge sharing;
2. Set up standard protocols for both survey and administrative data among ASEAN Plus Three countries for comparative studies;
3. Enhance regional, multilateral, and bilateral technical cooperation for active ageing policies;
4. Establish regular meetings related to active ageing policies for ASEAN Plus Three countries;
5. Promote technical cooperation at a high level of advocacy on active ageing to ASEAN and their respective governments.

B. Elderly Care and Health

1. Technical cooperation to push active aging concept into universal health coverage policy of ASEAN Plus Three countries to improve health of people;
2. Promote public education to increase literacy and appropriate self-care of ageing people;
3. Advocate and promote development and provision of health promotion and disease prevention as well as social and community services;
4. Developing appropriate policies to facilitate adequate workforce either domestic or foreign workers for supporting elderly care in ASEAN Plus Three countries.

C. Economic Empowerment

1. Expand income protection: pension, provident fund, allowance particular to self-employed and informal sector workers;
2. Promote provision of employment services (e.g., job availability, job searching, job matching, and job counseling) as well as job training for ageing population;
3. Extend retirement and pensionable age to accommodate to the extension of healthy life years;
4. Promote the role of ageing population associations in income generation.

D. Supportive Environment for Inclusive Society

1. Advocate for active role of ageing population to participate in labour market and community activities;
2. Develop policy for increasing and improving elderly-friendly cities, community, housing, and transportation so that they can age-in-place;
3. Support legislation, guideline, and enforcement on non-discrimination and rights of the ageing population;
4. Promote life-long education;
5. Advocate the important role of ageing population associations in social inclusion.

[END]

Annex 1

List of Participants

In Alphabetical Order of Country Names

NEAT Cambodia

1. Mrs. Ly Kimleang
Deputy Director of Elderly Welfare Department,
Minister of Social Welfares, Veterans and Youth Rehabilitation

NEAT China

2. Dr. WANG Zhihui
Director, Division of Elderly Health of National Center for Non-communicable Disease
Control and Prevention, Chinese Center for Disease Control and Prevention
Director, Division of Elderly Health, Chinese Center for Disease Control and Prevention

NEAT Indonesia

3. Dr. Ahmad Syafiq
Senior Lecturer,
Faculty of Public Health, Universitas Indonesia

NEAT Japan

4. Prof. ONO Taichi
National Graduate Institute for Policy Studies

NEAT Laos

5. Mr. Khamkieng CHANTHAVONG
Senior Research Fellow, Institute of Foreign Affairs
Ministry of Foreign Affairs, Laos

NEAT Malaysia

6. Dr. Muhammed bin Abdul Khalid
Chief Economist, DM Analytics Malaysia / Visiting Adjunct Fellow,
Centre for Policy Research and International Studies (CenPRIS),
Universiti Sains Malaysia

NEAT Myanmar

7. Mr. Khin Maung Nyo

Advisor, Myanmar Institute of Strategic and International Studies (ISIS)

Address: 11191

NEAT Philippines

8. Ms. Catharine Adaro

Supervising Research Specialist,

Philippine Institute for Development Studies

NEAT Korea

9. Prof. Lee Hye-kyung

Professor, Public Policy Department, Pai Chai University,

Vice President of Population Association of Korea

NEAT Singapore

10. Dr. Yap Mui Teng

Principal Research Fellow, Demography and Family

Research Cluster, Institute of Policy Studies, Lee Kuan Yew School of Public Policy

NEAT Thailand

11. Dr. Thaworn Sakulphanit

Program Director

Health Insurance System Research Office

Health Systems Research Institute

12. Dr. Wiwat Rojanapithayakorn

Director of the Center for Health Policy and Management,

Faculty of Medicine Ramathibodi Hospital, Mahidol University, and

Executive Director of AUN - Health Promotion Network (AUN-HPN)

NEAT Vietnam

13. Ms PHAM Thi Tuyet Trinh

Researcher

Viet Nam Institute for Economic and Policy Research

Resource Persons

14. Prof. Ken Nakata

Graduate School of Medicine, Osaka University

Associate Member, AUN-HPN

15. Assoc. Prof. Chisa Tabata, M.D.

Vice Director, Center for Global Health

Osaka University

16. Assist. Prof. Dr. Sirintorn Chansirikarn

Assistant Dean and Acting Director

Center for Holistic Healthcare for Elderly and Hospice Care

Faculty of Medicine Ramathibodi Hospital

Mahidol University

17. Dr Vijj Kasemsup

Lecturer, Department of Community Medicine

Assistant Dean for Quality Development

Faculty of Medicine Ramathibodi Hospital, Mahidol University

18. Assist. Prof. Dr. Sirirat Panuthai

Faculty of Nursing, Chiang Mai University

19. Assist Prof. Dr. Kanittha Volrathongchai

Faculty of Nursing, Khon Kaen University

20. Assoc. Prof. Dr. Wongsra Laohasiriwong

Faculty of Public Health

Khon Kaen University

21. Assist. Prof. Dr. Amornrat Apinunmahakul
School of Development Economics,
National Institute of Development Administration

Observers

22. Mr. Tong Terang
Deputy Bureau Chief
Ministry of Foreign Affairs and International Cooperation

23. Dr. CHEN Nahui
Research Fellow, Institute of Asian Studies,
China Foreign Affairs University
Institute of Asian Studies, China Foreign Affairs University

24. Ms. Aungsumalee Pholpark
Health Insurance System Research Office
Health Systems Research Institute

ASEAN University Network – Health Promotion Network (AUN –HPN)

25. Dr. Orasa Kovindha
AUN-HPN, Program Manager

26. Mr. Dussadee Maneesuwannarat
AUN-HPN, Program Officer

ASEAN University Network

27. Ms. Naparat Phirawattanakul
Senior Programme Officer
ASEAN University Network (AUN) Secretariat

28. Ms. Piyapat Kultanan
Programme Officer
ASEAN University Network (AUN) Secretariat
Chulalongkorn University

Mahidol University

29. Ms. Wanpimon Senapadpakorn
Director, International Relations Division
Mahidol University

30. Ms. Amara Sooknoi
International Relations Division
Mahidol University, Thailand

31. Ms. Lamdoun Pluangklang
International Relations Division
Mahidol University, Thailand