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### Country Report

*Myanmar*<sup>1</sup>

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**Country Report of Myanmar**

**submitted to the High Level Meeting on the Regional Review of the  
Implementation of the Madrid International Plan of Action on Ageing  
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**Myanmar Delegation**

**Myanmar**

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# CONTENTS

	<b>Page no.</b>
<b>I. Introduction</b>	<b>2</b>
<b>II. Trends of Ageing Population in Myanmar</b>	<b>3</b>
<b>III. Three Priorities for International Efforts identified by Global 2002 MIPAA</b>	<b>4</b>
<b>3.1 Older Persons and Development</b>	<b>4</b>
3.1.1 <i>Social Protection</i>	
3.1.2 <i>Project Profile</i>	
3.1.3 <i>Future Actions</i>	
<b>3.2 Advancing Health and Well-being into Old Age</b>	<b>7</b>
3.2.1 <i>Health Status of Older Persons</i>	
3.2.2 <i>Preventive, Primary Care and Improving Accessibility</i>	
3.2.2 <i>Long-term Care (LTC)</i>	
3.2.3 <i>Health-care Financing</i>	
<b>3.3 Ensuring Enabling and Supportive Environments</b>	<b>11</b>
3.3.1 <i>Ageing in Place</i>	
<b>IV. Conclusion</b>	<b>12</b>

## I. Introduction

1. Most of the countries in the world are rapidly ageing. It is projected that by 2050, almost 14 percent of the population of the world will be aged 60 and over. The population of Myanmar is more than 56.5 million, and 4.6 million of whom are the aged above. Therefore, one of 12 persons is an older person.
2. Because of the development of the bio-technologies, the global people come to live increasingly longer lives. At present, the increasing number of older persons across the world is a serious social problem. Many countries have a wide range of task to take care of the older persons. Hence, the United Nations is giving encouragement to all the global countries to take care of older persons by adopting five basic principles such as Independence; Participation; Care; Self-fulfillment; and Dignity, for the elder persons to lead a better and pleasant life. Therefore, all the countries pay attention to taking care of the aged while adhering to the UN-adopted five principles.
3. In carrying out development task of the social sector, the Government had laid down the plans to take care of children, disabled persons and the aged. It can be said that to take care of older persons in Myanmar is the fine tradition of social welfare service in line with the policy of the government.
4. Myanmar people have a fine tradition to take care of senior citizens like their parents. Myanmar actively participates in the international activity to create better and pleasant environments for the senior citizens with a view to preserving fine tradition and discharging duty as a member of the global family.
5. Myanmar people live in the human society with the extended family pattern. Therefore, every elderly person has the rights to receive care and respects from his family members and relatives. Senior citizens in Myanmar were held in esteem and taken care of according to the culture, customs, social norms and teachings of the Buddha. However poor their relatives are, older persons enjoy their assistance and care service from them. So, caring older persons is not reckoned to be a serious social issue in the Myanmar society.
6. In Myanmar, life expectancy today is on the rise due to better care services. With better longevity, the number of older people is burgeoning, and so is that of elderly persons who have no children or relatives to rely on. So, the proper arrangements have been made for the welfare of the growing population of the aged. Other possibility ways and means are to be sought in the drive in addition to homes for the aged.

7. While eastern Asian countries including ASEAN members are employing international home care services, Myanmar also introduced new methods of home care services that are in conformity with its people, culture and tradition for the increasing number of older people. Myanmar will not get any particular difficulties with the Home Care for Older People programme as it is mobilizing the strength of State's social forces such as USDA, MWAF, MMCWA and MRCS in the drive covering the entire nation.

## II. Trends of Ageing Population in Myanmar

8. **Proportion of Ageing Population:** In Myanmar, the proportion of the population that was aged 60 and above was slightly over 6 percent in 1973. It increases to 7 percent in 1991 and to over 8 percent in 2001. By 2050, it is projected that 21.4 percent of the population will be aged 60 and over. A greater increase is projected for females compared to males.

9. **Rising number of the Oldest Old:** At the global level, the most rapidly growing age groups is those 80 years and over. This is also seen for Myanmar. The proportion of the population who are in the oldest old age group is growing much faster than the elderly population in general. The proportion of the population in the oldest old group is projected to increase over 4 times, while the proportion of the population aged 60 and over is projected to increase less than 3 times.

10. **Increasing Life Expectancy:** In Myanmar, life expectancy today is on the rise due to better care services. In 2005, life expectancies of rural people had increased to 60.8 years (men) and 63.32 years (women), from 56.2 (men) and 60.4 (women) in 1988. In the mean time, that of urban folks had risen to 61.5 years (men) and 65.6 years (women), in comparison with 59 and 63.2 in 1988. With better longevity, the number of older people is burgeoning, and so is that of elderly persons who have no children or relatives to rely on.

11. **Old Age Dependency Ratio:** The old age dependency ratio provides an indication of the economic burden that younger generations may face in supporting the older generation. This ratio increased from 11.5 in 1973 to 13.8 in 2001 with the increment of dependency ratios for females was mostly rapidly than males. The increasing old age dependency ratio can indicate increasing burdens on the family as they attempt to support their aged members. As the number of family members in the working ages fall relative to the number of their elderly dependents, the task of supporting the elderly becomes more difficult.

12. **Marital Status for older people:** For older people, marital status plays a very important role in living conditions and well being. In most societies, never married and widowed elderly women are more vulnerable to economic distress than are males who have lost a spouse. In Myanmar, the majority of female elderly are widows, while their male counterparts are mainly married. Most widowed women live with family members, presumably their adult children. There is a small minority of elderly women who have never married and many of these women presumably live alone in old age. However as the percentage of never married of aged 20 to 24 and aged 45 to 49 is in the increasing trend after few decades there will be more both unmarried elderly men and women in Myanmar. Nevertheless women are more likely to remain single, and thus there is a need to ensure that elderly women receive adequate support to ensure their well-being in old age.

### **III. Three Priorities for International Efforts identified by Global 2002 MIPAA**

13. The global 2002 MIPAA identifies three priorities for international efforts: (a) older persons and development, (b) advancing health and well-being into old age, and (c) ensuring enabling and supportive environments. In the following, we will highlight 2-3 issues of high priority identified within each of these priority areas.

#### **3.1 Older Persons and Development**

14. Resources, both financial and human, are a major limitation in the ESCAP region, especially among developing member countries. This being the case, implementation of the Madrid Plan is generally at a rather preliminary stage across the region. Nevertheless, Myanmar like other countries has begun to establish the necessary institutional infrastructure for responding to issues of population ageing.

##### **3.1.1 Social Protections.**

15. In carrying out development task of the social sector, the Government of the Union of Myanmar had laid down the plans to take care of children, disabled persons and the aged. It can be said that to take care of older persons in Myanmar is the fine tradition of social welfare service in line with the policy of the government.

16. In fact, Myanmar is one of the first-ever countries that conducted the aged care services. In the history of Myanmar, Myanmar kings placed emphasis on taking care of older persons and patients as a fine tradition. During the Inwa period in 1156 ME, King Thalon also performed the meritorious deed by taking care of older persons. So also, King Min Don followed the tradition of his predecessors. The painting of artist Saya Mya, illustrating that three physicians are

providing health care services to the aged and patients in Mandalay City, can be seen at the western stairway of Kuthodaw Pagoda at the foot of Mandalay hill.

17. Due to the aggressive war of colonialists, there were many homeless older persons in the country in the past. At that time, Grandma Oo Zun built Mingun Home for the Aged on Sagaing hill. Therefore, the aged care service got revitalized in Myanmar in 1276 Myanmar Era. Grandma Oo Zun built more homes for the aged in Thaton in 1289 ME, in Paungde in 1291, in Hninzigon of Yangon in 1295 and in Pakokku in 1299. At present, 52 homes for the aged have been established in the entire nation, and 2190 older persons are being accommodated at the homes.

18. With better longevity, the number of older people is burgeoning, and so is that of elderly persons who have no children or relatives to rely on. So, the proper arrangements have been made for the welfare of the growing population of the aged. Other possibility ways and means are to be sought in the drive in addition to homes for the aged. Now, eastern Asian countries including ASEAN members are employing international home care services such as home care service or voluntary base services, home base care services, community-based care services, group home care services, day care services, and voluntary elderly home. Myanmar also introduced those ways and means that are in conformity with its people, culture and tradition for the increasing number of older people.

19. The phase 1 of the Home Care for Older People programme submitted by the Help Aged Korea of the Republic of Korea was launched in April 2003 in ASEAN countries. In Myanmar, local NGOs, the Social Welfare Department and the DOH jointly launched it in Insein and Hlinethaya townships in Yangon Division in April 2004. The nation will join hands with other ASEAN members to implement the phase II (2006-2009).

20. The project focuses on the way that well-trained volunteers provide home care service needy and isolated older persons for raising their health and social standards. Due to the fine tradition of caring elderly persons respectfully, Myanmar has opportunity to achieve greater success than other countries in implementing the project.

### **3.1.2 Project Profile in Pilot Areas.**

21. The ROK -ASEAN Home Care for Older People Pilot Project Phase 1 (2003-2006) was jointly implemented by the National NGOs in Insein and Hlaingtharyar townships in the Yangon City starting from 2003 April. In each township, the 30 older persons are being taken care of by 30 trained volunteers. The project was a great success, cost less and was very effective and also fruitful. It is an easy way of taking care of older persons.

22. As the ASEAN has urged that all ASEAN countries have to organize the community to participate in the programmes on social care and health care, the biggest NGOs such as Union Solidarity and Development Association, Myanmar Women Affairs Federation, Myanmar Maternal and Child Welfare Association and Myanmar Red Cross Society and an INGO World Vision participated the programmes on Home Care for the elderly.

23. Achieving success of the project and to be in line with the future plan of action of ASEAN and in harmony with Myanmar's plan of action on care of the Ageing Pilot Project Phase II (2006-2009), it is planned to extend to 52 townships throughout 10 states and divisions out of 14 states and divisions including border areas. This project is organized and supervised by Ministry of Social Welfare, Relief and Resettlement, Department of Social Welfare in collaboration with National NGOs and an INGO, World Vision (Myanmar) starting from July 2007.

24. The following tasks have been taken before the implementation was initiated:

- Preparation for the implementation of the Project Phase II in April 2006.
- Drawing of project proposal by DSW in collaboration with DOH and National YMCA and submitted to the cabinet through Ministry of Social Welfare, Relief and Resettlement and received approval from cabinet on 31 August 2006.
- Formation of the Project Advisory Committee (PAC) with members from Government Organizations, NGOs, INGOs and community volunteers.
- Organize the Technical Meeting on Home-Care for Older People Pilot Project Phase II from 4 to 5 December 2006.
- Hold the meeting on ROK-ASEAN Home Care for Older People Pilot Project Phase II (2006-2009) on 6 February 2007 participated by Help Aged Korea, Help Aged International and Committee members.
- Department of Social Welfare, YMCA and Department of Health conducted Training of Trainers (TOT) with the participants from the co-partners NGOs from 12 to 14 March 2007.
- Department of Social Welfare gave talks on Home-care for Older People Project II to the authorities concerned and NGOs in States and Divisios.
- Monitoring and giving necessary assistance
- Reporting
- Evaluation and future plans of action

### **3.1.3 Future Actions.**

25. As this programme is in harmony with Myanmar customs and tradition it will implement throughout the country. Future actions to be carried out for the home-care services for older persons include;

- To cover up to 20% of townships in Myanmar by 2009.
- To expand the project to cover the whole country after 2009.
- To form the National Committee for Older people.
- To establish a local and regional network to share experiences, to exchange programmes.
- To establish a trust fund for celebrating International Day of Older persons, caring of the aged, organizing awareness-trainings and awareness-raising programmes through mass media.
- To get compassionate and special opportunities for the persons by the involvement of well-wishers and entrepreneurs.

### **3.2 Advancing Health and Well-being into Old Age**

26. Health becomes more deteriorate as one becomes older. The type of illness that suffers by the elders may differ from that of the young ones. Therefore elderly people need more health care and this burden impact not only on the family as micro level but also on the state as macro level.

#### **3.2.1 Health Status of Older Persons.**

27. Regarding health status of older persons in Myanmar, the research base on successive censuses and Fertility and Reproductive Health Surveys reveals that about 8 percent of the economically inactive elderly people are disable or suffer ill health. That is about 1.6 million elderly are likely inactive due to minor or chronicle illnesses. Some of these elderly may have to depend for their living on such as spouses, sons or daughters, relatives and non relatives. About three percent of elderly who live alone may face difficulties in carrying out daily activities when they are incapable of self reliance due to ill health.

28. In Myanmar healthcare of the elderly project was introduced in 1993 under the National Health plan 1993- 1996. Care of the elderly involved much more than medical care. It can be provided only by a coordinated programme and requires a holistic approach. Future needs in elderly health care include adoption of a programme based on a broad conceptual model encompassing (a) services sub serving basic needs, life –enhancing services, compensation services and care services, (b) provision of primary, secondary and tertiary levels of care, (c)

rehabilitation and (d) care of the dying. Economic aspects of health care should also be taken into consideration.

29. More female elderly are likely to live alone than the male elderly. The sizable proportion of living alone female elderly is the result of increasing trend of proportion never married, and lower practice of remarriage by Myanmar women and longer life expectancy of female compare to male. This special group of elderly women may need services sub serving basic vital needs, e.g housing, money, life enhancing services e.g clubs, transport, compensating services and care services when their function is lost or when they fall into ill health or are incapacitated.

30. Specific problems that are emerging in relation to the aged population fall under the category of health care, social health and economic dependence of the aged on the family and the community. Generally, Myanmar customs, culture and social norms are conducive to coping with care of the age. This tradition is subjective to the impact of economic, social and culture revolution around the world today. These changes might lead to shift towards a less favorable scenario in which care of the elderly be perceived as an extra burden to the family. Such a negative attitude is envisaged to have emerged in many developing countries and Myanmar may be no exception.

31. From an epidemiological survey on health of the elderly of the population for 60 years and above, done in Yangon, Mandalay and Ayeyarwaddy divisions during 1989 to 1991, the most frequently reported condition were arthritis (35.9%), lung disease (24.7%), high blood pressure (17.7%) and heart condition (8.95%).

### ***3.2.2 Preventive, Primary Care and Improving Accessibility.***

32. Since health care services are provided by the Rural Health Centers and sub Rural Health Centers clinic for the elderly are opened at Rural Health Center once a week. Basic Health staffs at the Rural Health Center (Health Assistants, Lady Health Visitors and Midwives) are trained to be able to detect minor as well as some major illnesses of the elderly. They are encouraged to take care of minor illness and refer the seriously ill to the nearest Township Hospital where the doctor can provide treatment.

33. Capacity building of these BHS is also included in order to understand the underlying causes of the illnesses and influencing factors of the social, mental and health problems that aged are facing thus it is able to understand and to sympathize the elderly patients. Health education and counseling is one of the mechanisms to treat elderly patients, thus this component is also included in the training with special emphasis on skill for educating elderly people as well as

their surroundings. Another issue is to train BHS on physical activities to be able to demonstrate to the elderly patients for daily physical exercise.

34. The Department of Health in collaborating with Volunteers, NGOs and INGOs plan to carry out the following activities in the future:

- To raise the public awareness of condition and importance of older person for society
- To raise the public awareness of capability of older person for community
- To mobilize organizations to cooperate in the elderly health care program and home care for older people.
- To promote the volunteerism in the community for care of older people.
- To expand community- based and home-based care program for older people.

### **3.2.3 Long-term Care (LTC).**

35. *It is taken to refer to the treatment and re –education of individuals with lasting disabilities in an attempt to restore them as much as possible to their former state of health, independence and ability to participate in community life. Long term care includes evaluating the physical, mental and social condition of old and invalid persons and if possible, rehabilitating them and assisting them in coping with impairment, functional limitations and/ or disabilities.*

36. Health care of the elderly project was initiated since 1992-93 starting with six townships and expanded yearly and up till now there are 72 project townships. The World Health Organization supported this project, and the project townships were provided with special instruments for eye, ear, nose and throat care for the elderly as well as for dental care. Basic Health Staff as well as local NGOs and volunteers (Community Health Workers and Auxiliary Midwives) were trained for basic elderly health care and Doctors and Nurses from the hospital were also trained for case management of elderly patients.

37. Under the National Health Plan (1993-1996), Health Care of the Elderly had become one of the sub programs under the umbrella of Community Health Care Program, continued to NHP(1996-2000) and thereafter. As stated in the National Health Policy, the health care of the elderly project is implementing health activities in close collaboration and also in an integrated manner with related ministries, organizations, NGOs and with community participation. In addition, any emerging health problem that poses a threat to the health and well-being of the elderly in Myanmar will be detected early and appropriate measures taken to solve it. A long term approach in this field is desirable so that the development of care programmes for the elderly correspond to the demographic evolution that is taking place

38. With the aim to promote health of the elderly in Myanmar and increase the accessibility of geriatric care services for the elderly the following activities have being implemented:

- Supports necessary instruments for elderly health care.
- Training of Basic Health Staff, Voluntary Health Workers and Local NGOs on basic elderly health care management.
- Training of Doctors and Nurses on case management of elderly persons.
- Opening of elderly clinic at township hospitals, station hospitals and rural health center once a week, every Wednesday.
- Basic Health Staff shows physical activity exercises for physiotherapy to the elderly persons visiting the clinic so that they can continue at their homes.
- Health Assistants, Lady Health visitors and midwives detect minor illness and give treatment, refer those who have serious illness and need special care to nearest township hospital.
- Health education and counseling is also given to the elderly as well as to the family members of the elderly people.
- Voluntary Health Workers and Local NGOs at these areas are also sensitized that elderly health problem are becoming an emerging health problems and they should also take part in helping out the health staff in caring these aged people.
- In addition, elders at these project townships are given treatment for eye and given dental care. Eye specialists and Dental surgeons take care of inspection of their eyes and teeth respectively, and reading glasses are distributed free and Intra Ocular Lens are inserted free for those who have cataract and nearly blind patients.
- On International Day of Older Persons elderly are give gifts and medical care, eye care and oral care by health personnel and assisted by the local NGOs.

#### **3.2.4 Health-care financing.**

39. Financing health care is a major issue faced by all countries with an ageing population. In Myanmar, like in many Asian and Pacific countries, declines in fertility, plus rising life expectancies, is producing elderly populations both in absolute numbers and as a proportion of national population. Rising number of older persons may tend to bring increased demand for certain types of medical care. As people live longer, many older persons may suffer from poor health or disabilities over long periods, increasing the overall need for health care. The state budget for the Ministry of Health include for the component tasks of the health care for the

elderly to promote and to extend the health care programmes for elderly.

### ***3.3 Ensuring Enabling and Supportive Environments***

40. Care of the elderly is perceived as the responsibility of the family, community and the State. Unlike the older persons in the West, relatively more older persons in the Asian-Pacific region are illiterate, politically inert, passive or submissive and extremely obedient to authority. Thus, policies should aim at, (a) especially for those frail persons who do not make demands, ensuring a supportive environment for them; and (b) for those who are still able, enabling them to build a supportive network for themselves, so that they can carry on to live in a place of their own choice. Therefore ageing in place (in the community or in institution) and enabling independent living become the core reasons for a policy making possible a supportive environment.

#### ***3.3.1 Ageing in Place.***

41. Myanmar people have great attachment to the family. Great regards are shown to one's elders. By virtue of the culture as well as religion, the young are taught to show respect to the elders. The elderly have their own special place in the society and family. There are specific duties and responsibilities towards certain persons well defined in civics. It is one of the duties of the children to look after their parents at the time of their old age. Senior citizens in Myanmar are regarded highly and hold special place at the family and societal levels. Their experiences are well recognized and their advices listened to. People look after their loved elders with tender care and also with some awe. So the senior citizens lie at the hoe of their young ones and are looked after.

42. Although there is not a serious problem of older persons in Myanmar at present because of not only Myanmar's extended family pattern and Myanmar's impressive characteristics of paying due respect to and taking care of older persons, but also care by the community with concerted efforts. But the number of older people is increasing with better longevity, and so is that of elderly persons who have no children or relatives to rely on. So, other possibility ways and means are to be sought in the drive in addition to homes for the aged. Now, eastern Asian countries including ASEAN members are employing international home care services such as home care service or voluntary base service, home base care services, community-base care services, group home care services, day care services, and voluntary elderly home. Myanmar also introduced those ways and means that are in conformity with its people, culture and tradition for the increasing number.

#### IV. Conclusion

43. Although the strong norms and values related to care for the elderly that are held by the Myanmar people are still exist it is apparent that both demographic and socio-economic change will place great stress on these values. Although population ageing will not automatically lead to negative impacts on the society and on elderly well-being, especially where strong social support systems for the elderly are in place, it is important to recognize, document and plan for changes that are occurring in Myanmar society that could potentially impact on the elderly. To overcome these emerging issues the following should be considered in the formulation of programme interventions;

- (1) In providing and strengthening support for the elderly, policies, strategies and programmes should be integrated into development planning.
- (2) There is a need for actions designed to preserve traditional family norms and values related to care for the elderly.
- (3) Intergenerational ties should be strengthened in order to preserve the quality of the relationship between the elderly and younger members of the family.
- (4) Active participation of the elderly in community activities should be encouraged.
- (5) Employment opportunities that allow elderly workers to play a role in economic and social development should be supported.
- (6) Promotion of health life styles is required.
- (7) Data collection should incorporate issues that are relevant for the ageing population.
- (8) Demographic monitoring needs to be adapted to ensure that sufficient information is made available to identify the levels, pace and composition of population ageing.
- (9) More research, both quantitative and qualitative, on the quality of life of the elderly should be supported.
- (10) The National Committee for Older Persons consisting of the persons from the relevant Government Organizations, NGOs, Voluntary Organizations, INGOo's and experts on caring the elderly, should be formed.
- (11) A net-work on caring the elderly within the country and abroad and to collaborate with other countries in the Region including ASEAN countries should be established.
- (12) A system of compassionate and special opportunities for older persons in collaboration with NGOs, entrepreneurs and well-wishers should be built.

- (13) Sustainability of the present Homes for the Aged should be organized and strived for emergence of new Homes for the Aged.
- (14) Promotion of Capacity building of the staff to attend trainings of care of ageing not only in the country but also abroad.
- (15) Organization of the development of community-based Home care service.
- (16) Implementation of the model of ROK-ASEAN Home Care Service in the whole nation.

44. In conclusion, the Government of the Union of Myanmar have made continued efforts to ensure durability of the homes for the aged in addition to endeavours to establish more homes for the aged, contribution towards home care services that is compatible with the Myanmar's tradition of helping people in need, and successful implementation of the motto "Towards a society for all ages" to enable the older people, like other citizens, to enjoy fruitful results of the drive for building a peaceful, modern and developed nation. In Myanmar society, since time immemorial, older people have been accorded a place of respect, honour and importance in the family. The traditional culture considers old age as one of the stages of human development, wherein a person attains maturity wisdom and economic and social stability which leads to social recognition and emotional fulfillment.