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Seminar on the Social, Health and Economic Consequences of Population Ageing
in the Context of Changing Families

25-27 July 2007
Bangkok

REPORT OF THE SEMINAR

CONTENTS

<i>Chapter</i>	<i>Page</i>
I. RECOMMENDATIONS FOR ACTION	
A. Policy-related key actions	1
B. Future research needs	2
C. Review and appraisal of the Regional Implementation of MIPAA.....	3
II. PROCEEDINGS OF THE REGIONAL SEMINAR	
A. Opening of the Seminar	3
B. Overview of population ageing and changing family structures/living arrangements.....	6
C. Social and economic consequences of population ageing	9
D. Health consequences of population ageing	13
E. Country presentations	16
III. ORGANIZATION OF THE SEMINAR	
A. Background	27
B. Election of officers	28
C. Adoption of the agenda	28
D. Participation in the Seminar	29
E. Adoption of the recommendations for action	29
Annexes	
List of documents	30
Agenda.....	31
Programme	32
List of participants	35

I. RECOMMENDATIONS FOR ACTION

1. The Seminar on the Social, Health and Economic Consequences of Population Ageing was held in Bangkok from 25 to 27 July 2007. It was jointly organized by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), United Nations Population Fund (UNFPA) and the United Nations Department of Economic and Social Affairs (UNDESA). The Seminar adopted the following Recommendations for Action on 27 July 2007.

A. Policy-related key actions

2. Governments are encouraged to review and appraise the achievements made in implementing the Madrid International Plan of Action on Ageing (MIPAA), the Macao Plan of Action on Ageing for Asia and the Pacific, the Programme of Action of the International Conference on Population and Development (ICPD), and the Plan of Action on Population and Poverty of the Fifth Asian and Pacific Population Conference (Fifth APPC).

3. Governments are encouraged to formulate policies and programmes for older persons and their families through consultations with relevant stakeholders, in the interest of creating national policy ownership and building consensus.

1. Older persons and development

4. Governments should be encouraged to:

- Take appropriate measures to alleviate poverty in old age;
- Provide particular support to vulnerable older persons, such as those living alone and those providing care to grandchildren orphaned by AIDS.
- Develop, in collaboration with local stakeholders, appropriate policies and programmes directed towards older persons, with special attention to older persons living in rural areas;
- Raise awareness on issues pertaining to demographic and societal changes in age and gender composition and their socio-economic and health consequences;
- Increase awareness among younger generations about life-long preparation for old age, including health and financial security;
- Formulate appropriate policies and programmes to promote active ageing in close collaboration with all relevant sectors of the society;
- Promote the continued work of older persons in both the formal and informal sectors and increase their earning potential through skills training development and access to micro-credit;
- Facilitate the provisions for access to information, communication and life-long learning for older persons;

2. Older persons and their families

5. Governments should be encouraged to:
- Promote and strengthen family cohesiveness and multigenerational solidarity, with mutual support as a foundation;
 - Formulate policies that enable families, especially those with young children, to continue providing support and care to older family members;
 - Activate family counseling to strengthen existing families and avoid family disintegration.

3. Advancing health and well-being into old age

6. Governments should be encouraged to:
- Implement appropriate programmes for health promotion and disease prevention aimed at promoting the healthy ageing of populations;
 - Take necessary measures to provide universal and equal access to health care and establish community-health programmes addressing the special needs of older persons;
 - Formulate and implement policies, including financial incentives, to enable families to provide long-term care to older family members.

4. Ensuring enabling and supportive environments

7. Governments should be encouraged to:
- Create a barrier-free and age-friendly environment for older persons in order to create an inclusive society;
 - Promote the growth of older persons' organizations and other community-based organizations at the grass-roots level that can provide social protection and social inclusion;
 - Enact legislation and strengthen legal efforts to ensure and protect the rights of older persons.

B. Future research needs

8. Governments, in collaboration with relevant international organizations, are encouraged to undertake multidisciplinary research on:
- (a) The demand for assisted living as a consequence of family disintegration, increased morbidity and disabilities of older persons;
 - (b) Different living arrangements for older persons, including the advantages and disadvantages of familial co-residence and independent living in different cultures and settings;
 - (c) Impacts of migration, urbanization and globalization on older persons;

- (d) Multi-pillared systems of income security and the employability of older persons;
- (e) Identification of good practices on ageing programmes and policies;
- (f) Abuse, neglect of and violence against older persons; and
- (g) Pension reform policies and their regulatory systems, as appropriate, and their consequences and impacts on older persons.

C. Review and appraisal of the Regional Implementation of the Madrid International Plan of Action on Ageing (MIPAA)

9. Governments are encouraged to include both ageing-specific policies and ageing-mainstreaming efforts in their review and appraisal of the MIPAA and in their national strategies and identify emerging issues and future priorities for policy actions related to population ageing;
10. Governments as well as the United Nations system and civil society are reminded to participate in a participatory bottom-up approach to the review and appraisal of the MIPAA, through, inter alia, the sharing of ideas, data collection and compilation of good practices;
11. Governments are encouraged to use age-specific indicators, as outlined in the Guidelines for the review and appraisal of the Madrid International Plan of Action on Ageing (MIPAA) —Bottom-up participatory approach.¹

II. PROCEEDINGS OF THE SEMINAR

A. Opening session

12. The Seminar was opened by Ms. Thelma Kay, Director, Emerging Social Issues Division, UNESCAP. In her statement, Ms. Kay observed that declining fertility and increasing longevity resulting in population ageing had emerged as an important issue challenging several countries in the Asian and Pacific region. Mortality reduction will continue to be an overriding policy goal, which would further enhance the ageing process. As a result, the number of older persons in the region will grow rapidly, increasing from 410 million in 2007 to 733 million in 2025 and to 1.3 billion in 2050. In terms of percentage, older persons, which currently represent 10.1 per cent of the total population will rise to 15.4 per cent in 2025 and further increase to 24.3 per cent in 2050. The relative and the absolute size of older persons in the region have far-reaching implications for improving the living conditions and providing income security, social welfare and medical services to older persons, she noted.

13. Demographic changes combined with modernization resulting from industrialization and urbanization have contributed to the profound transformation of family life in the region. The declining number of younger population as well as increasing number of females participating in the

¹ <http://www.un.org/esa/socdev/ageing/documents/MIPAA/GuidelinesAgeingfinal13%20Dec2006.pdf>

labour force has resulted in fewer caregivers for older persons staying at home. Furthermore, owing to the rural-urban migration flows experienced by many countries in the region, the situation is further worsening, leading many older persons to be left behind in rural areas.

14. In addition to the increase in older persons, the gender disparity in the improvements in the life expectancy at birth is likely to result in a much higher percentage of females in the older age groups, particularly in the age group 80 years and older, many of whom being widows and likely to be illiterate and living in poverty. Therefore, the social and financial security as well as the health conditions of elderly women are major concerns for ageing societies. This is particularly true for single and widowed women living in low-income households.

15. Ms. Kay also highlighted some of the positive benefits of a changing population age structure. Declines in fertility and increases in life expectancy at birth, resulting in a slower population growth, temporarily increase the relative size of the workforce, opening an historic, one-time only “demographic window” that provides an opportunity for human and financial investment to spur economic growth. Many countries in the region are well placed to reap this “demographic bonus”. This demographic window will not automatically translate into economic growth. It merely creates the potential for growth. Whether countries capture this “demographic bonus” will depend on the social and economic policies they adopt to absorb a rapidly growing labour force.

16. Ms. Kay expressed the hope that research papers and country presentations and the subsequent deliberations would throw more light on the multiple issues confronting older persons and that the Seminar’s recommendations would facilitate policy formulation and programme implementation so that the quality of life of elderly persons in the region could be further improved.

17. Mr. G. Giridhar, Director, Country Technical Services Team for East and South-East Asia and UNFPA Representative in Thailand noted that the population of Asia, and in particular of East and South-East Asia, was ageing at unprecedented rates. This is the consequence of a significant and sustained decline in fertility and improvements in life expectancy during the last three to four decades, he said. The increasing number of older persons living beyond their 70s and 80s, in particular, pose several socio-economic, health and quality of life concerns that must receive adequate policy and programme attention. He further stated that he hoped the three priority directions of the Madrid International Plan of Action on Ageing (2002), namely (a) older persons and development; (b) advancing health and well-being into old age; and (c) ensuring enabling and supportive environment would receive due attention during the seminar, to the extent that these directions were relevant to the context of changing families.

18. Traditionally in Asia, the family takes care of and supports older persons, he noted. However, as the family size has been declining significantly, the per capita level of responsibility for providing support to the older persons in a family has been on the increase. An average Asian household has now a three-generation or in some countries even a four-generation family structure. Outmigration can

further aggravate the situation when younger members move physically away from the family. In the context of changing family structures, there is a need to guarantee income security and encourage adequate family support to older persons by integrating them into the society. There is a need to create a more positive image of ageing through public recognition of older persons' authority, wisdom, productivity and other special skills. Strengthening intergenerational solidarity through equity and reciprocity and promoting better understanding of ageing as a concern to the entire society are some of the many recommendations of the Madrid Plan of Action relevant to the seminar.

19. Finally, Mr. Giridhar expressed his confidence that the seminar would come up with very useful recommendations on how Governments, civil society and the private sector could respond to the consequences of population ageing in the context of changing families, so that older persons get the love, respect and dignity they deserve.

20. Mr. Eric Olson, Focal Point on the Family, United Nations Department of Economic and Social Affairs noted in his address that family structures were changing owing to such phenomena as lower fertility rates, higher life expectancy, internal and international migration and rapid technological changes. The Asian family, where traditionally all members, including grandparents, lived under one roof, was coping with transformations and confronting new pressures never experienced by their ancestors, he said. Consequently, and despite the enormous resilience that Asian families had been displaying in the face of hardship and change, in addition to changes in family structures, many families in the region had disintegrated. Yet, in many places, older persons had no other day-to-day alternative to the caring and support functions played by families, Mr. Olson said.

21. Changing family structures influence not only informal care-giving, but also formal arrangements for income security and pension systems, health care and long-term care. Demographic ageing, in turn, also affects family life regarding intra-familial dynamics, family income and consumption, and family-care arrangements. While one often thinks of older persons as care-receivers, one should also remind oneself that they are also providing care, guidance and support to their adult children, as well as, when necessary, support and care to other family members, such as their grandchildren. The interaction between government and community interventions, and family care for older persons, is at the heart of deliberations on the well-being of older persons and their families. A key issue is how to create and adapt social protection and social security systems to demographic changes and changes occurring in family structures.

22. Finally, Mr. Olson underscored that the outcome of the Seminar would be transmitted to the regional review and appraisal of the Shanghai Strategy for implementation of the Madrid International Plan of Action, scheduled to be held in Macao, China in October 2007. The latest meeting is one of several regional conferences that will feed into the 46th session of the United Nations Commission for Social Development which will take place in New York in February 2008 and will be devoted to the first review and appraisal of the MIPAA.

B. Overview of population ageing and changing family structures/living arrangements

23. Three presentations were made under the above agenda item focusing on population ageing and family transition in the Asia and the Pacific region with focus on trends, determinants, implications and priorities on ageing.

Population ageing in Asia: Trends and implications

24. Mr. Ghazy Mujahid in his presentation on “Population ageing in Asia: Trends and implications” at the outset defined population ageing as the increase in the percentage of older persons in the total population. He emphasized that this was the only definition and should clear any misconceptions that the phenomenon could be defined in terms of increasing absolute number of older population or of increasing median age. He stated that the internationally agreed upon definition of older persons is population 60 years and older. However, countries are free to choose any cut-off age for purposes of setting their own pension and welfare schemes.

25. The trends in population ageing in East, South-East and East Asia showed that in all three sub-regions, ageing was projected to progress at much more rapid rates during the first half of this century than it did during the second half of the previous century. Population ageing could be explained by the sustained declines in fertility and improvements in life expectancy during the past three to four decades. The consequences are that older persons would account for an increasing proportion of the increment in total population. For Asia as a whole, during 2025-2050, while older population will increase, population below 60 years will decline in absolute terms. He pointed to the fact that increasing pressures will be placed on the family as reflected by the declining potential support ratio.

26. The presenter highlighted three important features of the ageing process: the ageing of the older population; feminization of ageing; and the higher incidence of ageing in rural areas. Improving life expectancy is expected to result in an increasing proportion of the “oldest old” population that is those aged 80 years and above. Owing to higher female life expectancy, older women outnumber older men. Moreover, the proportion of older persons in rural populations is higher due to the outmigration of younger cohorts. All these had significant implications in terms of the need for family support, long-term care and providing appropriate living arrangements for the elderly, he stated.

27. On the basis of the demographic picture, it was observed that policies and programmes relating to health, education, poverty alleviation, infrastructure development, legislation and provision of assistance during emergencies were crucial. Finally, the role of UNFPA in assisting countries in the area of population ageing with the underlying theme of promoting mainstreaming of population ageing into development policies and programmes was presented.

Family transition in South Asia: Determinants and policy implications

28. Mr. Indralal De Silva in his presentation on “Family transition in South Asia: Determinants and policy implications” stated that families had moved from being extended to being more nuclear in many countries in the region and also that single-person households and female-headed households had become a steadily growing phenomenon. Owing to the large-scale migration from rural-to-urban areas, declining fertility and mortality, exodus of new social issues, particularly the increasing number of nuclear families, older persons faced new challenges, Mr. De Silva noted.

29. The current growth patterns of the transitional economy bear adverse implications for the traditional family-support systems. The main area of policy concern is the availability of a fewer number of younger persons to support and care for a growing number of elderly in the family. Potential support ratios, which measure the number of persons in the working ages per every elderly person, have declined in most countries in the South Asian Region. The support ratio will decline significantly in the next two decades throughout the region and Sri Lanka could experience the highest decline.

30. Other areas of policy concern associated with elderly segments of the transitional family demanding immediate focus are the problems of insolvency, loss of authority, social insecurity, insufficient recreational facilities and the lack of overall physical and mental care associated with living arrangements. Those areas are important especially because such problems affect the family, the presenter noted.

31. Based on the existing policies and programmes, specific plans of action should be formulated in order to reduce the gravity of the problems arising in South Asian countries in relation to the dynamics of family change, Mr. De Silva observed. Such policies and programmes would be more effective if they were integrated into the overall socio-economic development strategies of countries in South Asia.

The ageing situation in Asia and the Pacific: Trends and priorities

32. Mr. Alfred Chan in his paper on “The ageing situation in Asia and the Pacific: Trends and priorities” stated that many countries in the region were ageing quite rapidly and could expect to double their population of older persons within a relatively short period of time. Countries in the region have among the lowest fertility rates and longest life expectancy in the world. For example, Hong Kong, China has a total fertility rate of 0.9 (compared to the world average of 2.6) and a life expectancy at birth of 82 (compared to the world average of 65). Japan has the distinction of being the world’s oldest country, with more than one quarter of its population over age 60. Other more developed societies in the region, including Hong Kong, China; the Republic of Korea and Singapore will catch up with Japan by the middle of the century, when 40 per cent of each of their populations will be aged 60 years and over.

33. Countries in the Asian region are quite diverse in terms of economic and political development, and these differences are evident in the varying degrees of social protection coverage they provide. A number of countries in the region have taken steps to expand social protection coverage to rural and informal workers, but given the large numbers of people concerned, there are substantial challenges to doing so expediently. In the meantime, those living in dire poverty survive on subsidies from charitable assistance or international assistance agencies.

34. Greater emphasis is being placed on the provision of primary and preventive care for older persons in the region, particularly in the developing countries, the author noted. Many countries, however, continue to face challenges in providing universal access to health care. Thailand introduced a scheme in 2001 which gives broad access to public health care and hospitals, but critics argue that it has overburdened the public health system. Other more established health systems, such as that in China, are undergoing changes which result in higher costs and lower access to care, especially for older persons with limited means. Long-term care presents perhaps the greatest challenge to the health-care system in the region. Although families typically have been providing care to their elders, these informal systems will be unable to meet the growing need for care, especially as the populations become increasingly older and perhaps frailer. In a growing number of instances, family care-giving is supplemented by community and home-based care, as well as a limited amount of institutional care.

Discussion

35. At the discussion stage, it was the view of many delegates that family as the basic unit of support for the elderly in Asian countries should be further strengthened by providing support to families who care for the elderly. It was also suggested that social security systems alone may not be sufficient to provide assistance to the growing numbers of elderly in the region. Therefore, some participants noted that State-monitored private sector fund management of contributory pensions and provident funds would be a partial solution. It was also pointed out that policies to increase fertility may not in the short term be a solution to the ageing issue as for about 15 to 20 years it would not have any impact. On the contrary, it would be a double burden on the families in caring for the young and the old in the same household. It was stated that once countries reach replacement-level fertility and life expectancy at birth of 70 years, it is the improvements in survival that would largely contribute to the ageing process. It was also noted that by providing economic opportunities particularly to the more educated and skilled, elderly would contribute to higher economic growth rates and in turn, may induce young couples to have children early thereby increasing the fertility rate, particularly in countries where fertility rates have depressed well below replacement level.

36. Another point that emerged from the discussion related to the new concept of “structural lag”. It was stated that in Asian societies, family structures were no longer able to keep pace with the care requirements of old persons owing to changes in individual lives i.e., nuclearization of families, divorce, separation, etc. In other words, as a result of these structural changes, families are losing

their strong traditional bonds of caring for the elderly. Hence it was recommended that policy focus should be given to family functions rather than family structures as the latter is difficult to reverse. It was noted that family functions such as socializing, bonding and caring for one another were still strong in Asian societies.

C. Social and economic consequences of population ageing

37. The five papers presented under this agenda item analysed the changing intergenerational transfers, social protection, economic situation, family life, active ageing and older persons' role as beneficiaries and practitioners in development.

Population ageing and changing intergenerational transfers in Japan and selected Asian countries

38. In his presentation on "Population ageing and changing intergenerational transfers in Japan and selected Asian Countries", Mr. Naohiro Ogawa examined a number of important socio-economic consequences of population ageing at both the private and public levels in Japan. In addition, using the Japanese case as an illustrative example, Mr. Ogawa demonstrated the usefulness of the National Transfer Accounts (NTA) results as a solid base for analysing the impact of population ageing and formulating effective long-term policies to cope with its adverse effects in other Asian countries.

39. Judging from numerous past experiences of many industrialized countries in the West, demographic solutions have not been successful in coping with the various issues arising from population ageing. For instance, low fertility is resistant to policy, and immigration measures are of limited help. Yet the utilization of the first demographic dividend as well as the accumulated second demographic dividend among the elderly seem to have some promising potential in placing a country's economic growth on a steady growth path, Mr. Ogawa observed.

40. One major question arose: how do Japanese elderly persons make use of their accumulated assets and wealth? Depending upon where they invested their financial resources, Japan's future economic growth performance was prone to differ considerably. If Japanese elderly persons are provided with sufficient knowledge about the dynamics of the financial market, they may have a good potential for investing their accumulated assets possibly outside Japan. Moreover, as analysed by Cheung and others (2004), the timing of the "first demographic dividend" for selected Asian countries varies extensively. As examined earlier, Japan's first dividend ended in 1996. In contrast, in the case of China, for instance, its first dividend will last for 40 years from 1990 to 2030 approximately. In an era of globalization, the healthier and wealthier Japanese elderly will be able to invest their assets in a dynamically growing Chinese economy, and bring in financial gains back to Japan. Obviously, to facilitate such international transactions, proper institutional and legal arrangements need to be developed to protect the elderly investors, the presenter observed.

41. In contemporary Japan, the elderly are generally considered as "debts". However, the above discussion suggests that Japanese elderly persons would become powerful "assets" to keep the

country on a steady growth path in the years to come. In addition, by heavily drawing upon the Japanese case, the presentation attempted to demonstrate the usefulness of NTA results as a solid base for analysing the impact of population ageing and formulating effective long-term policies to cope with its adverse effects.

Implications of population ageing with special focus on social protection for older persons in South Asia

42. The projected increase of the elderly populations in both absolute and relative terms in South Asian countries, is a subject of growing concern for demographers, planners, policy-makers, actuarial experts and pension economists, stated Mr. Irudaya Rajan in his presentation on “Implications of population ageing with special focus on social protection for older persons in South Asia”.

43. The transition from high to low fertility in South Asian countries is expected to narrow the base of the age pyramid and broaden it at the top. In addition, improvements in life expectancy at all ages will result in the survival of more old persons, thus intensifying the ageing process. Available statistics indicate that in Sri Lanka in 2005, men aged 60 were expected to live another 19 years, and those aged 70 years another 13 years; the corresponding figures for women were 21 and 14 years, respectively. Increased rates of survival beyond 60 years of age have many implications for the financial burden of pensions and social assistance payments on the countries. Health-care financing for the elderly by individuals and respective families and insurance companies needs special mention.

44. The social security contingencies covered in South Asia is far from satisfactory, he noted. Not only is the number of workers covered under these schemes small, the benefits are also limited. In India, the National Social Assistance Scheme introduced on 15th August 1995 had three components: National Old Age Pension Scheme (NOAPS), National Family Benefit Scheme (NFBS) and National Maternal Benefit Scheme (NMBS). Among the three schemes, NOAPS especially targets poor elderly. This is a centrally sponsored programme with 100 per cent central assistance to the States and Union Territories in accordance with the norms, guidelines and conditions formulated by the central government. The scheme is managed by the Ministry of Rural Development, Government of India.

45. The Old-Age Allowance Programme in Bangladesh was launched in fiscal year 1997-1998, and later incorporated in the Fifth Five-Year Plan of the country (for the period 1997 –2002). It was designed to help the country’s poor elderly population. In Sri Lanka, the provision for Public Assistance, first introduced under the Poor Law Relief Ordinance of 1939, has continued since then. At present, this programme is handled by the Provincial Department of Social Services. Currently, payments under Public Assistance are made to households which have a monthly income of less than Rs.300 and are headed by persons who are disabled, old or widowed. A universal flat pension of Rs.100 to all persons at least 75 years of age was first announced in Nepal by Prime Minister Manmohan Adhikari on 26 December 1994. Five districts from the five development regions of Nepal were selected on a pilot basis and the first disbursement of the Old-age Allowance Program

(OAP) was made on 2 July 1995 for a six-month period from January to June. During the financial year, 1995-1996, OAP was extended to the entire country and was implemented by the Home Ministry.

Ageing in Viet Nam: Health, economic situation and family life of older persons

46. The presentation by Mr. Cuong Bui The on “Ageing in Viet Nam: Health, economic situation and family life of older persons” commenced with a review of the demographic dividend and ageing in Viet Nam. They are two major demographic characteristics which strongly impact the development trends of the country in the present context and in the coming decades, according to the presenter.

47. The relatively successful economic development of Viet Nam during the past 20 years has enabled the Government and families with more resources to take care of older persons. The living standards of the whole population and the disadvantaged social groups, including the older persons have increased. However, many potential resources are not efficiently used and many new social challenges are emerging.

48. Based on social surveys and qualitative research, the presentation described the health status and economic situation of older persons. A better life in terms of health and economic well-being is observed among the elderly who receive pensions from the Government and/or the financial assistance of their better-off children. But, the majority of older persons, especially in poorer rural areas, are faced with many health and financial problems.

49. Family life of older persons is a mix-picture. On the one hand, the family continues to be the most important source of material assistance and psychological support. On the other, the majority of the elderly have to deal with changing living arrangements and relationships with their children owing to rapid social changes. Finally, the presenter reviewed the ageing policy of the Viet Nam Government and suggested some policy priorities.

Active ageing of older persons: The case of Malaysia

50. Active ageing has become a new catchword and most countries have been promoting its virtues. Adopting the WHO perspective, active ageing in Malaysia is the process of optimizing opportunities for physical, social, mental well-being throughout life, in order to extend healthy life expectancy, productivity and good quality of life as people age, stated Ms. Sharifah Abdul Rashid in her paper on “Active ageing of older persons: The case of Malaysia”. She further stated that it is reflected in the Malaysian National Policy for the Elderly (NPE) which aims to improve the potentials of the elderly as they continue to be active and productive in national development, and to create opportunities to assist them to continue being self-reliant.

51. The paper examined the status of active ageing in the various life domains of the older Malaysians. It also identified the barriers to promoting active ageing. Both primary and secondary

data sources have shown that changing cultural norms, values, attitudes and lifestyles have great impact on the various life domains. It is thus necessary to take cognizance of such changes to revisit the various key policy domains addressing active ageing, according to Ms. Abdul Rashid.

Older people as beneficiaries of development and as practitioners in development in Asia: HAI's experience

52. Mr. Brooks Dodge in his presentation on "Older people as beneficiaries of development and as practitioners in development in Asia: HAI's experience" stated that HAI's project experience in rural areas showed that older people tended to be active in livelihoods, with only 10 to 15 per cent being inactive because of illness, disability or having sufficient family support. Most of the older persons lack savings and must work until they no longer have the physical capacity to provide for their subsistence. Health is a major contributing factor to income-earning of older people, Mr. Dodge noted. Many older women also operate small-scale enterprises in the field of handicrafts, sewing and bakery to contribute to the family income. Access to microcredit loans, however, is difficult to obtain because of the preference to lend to younger adults. In times of disaster, older people are more vulnerable, and the needs of older people are often overlooked. In general, older people take on more responsibilities at the household level for maintaining homesteads and caring for grandchildren.

53. Older persons' organizations are especially effective in building community social protection in the areas of income, health and access to services. They also provide social and emotional support for those in difficult circumstances. Older people, in HAI's project experience are hard-working and able to contribute to the earnings and overall well-being of the family. They want to improve their conditions, and support each other in the last stages of their lives. Seed money loans are well-utilized in improving incomes and starting small enterprises, and cash transfers are used for the benefit of the entire family, Mr. Dodge noted.

Discussion

54. It was noted that social security programmes based on means-testing to determine eligibility for benefits were faulty and led to unfair distribution practices, even corruption. Therefore, universal benefits were recommended to improve equality of distribution. It was also pointed out that macrolevel studies on the social security programmes for the elderly may not reveal the real ground situation and microstudies particularly focus-group discussions may throw more light on the extent to which elderly benefit from these programmes.

55. Ageing-in-place was described as the most favoured option by older persons in most countries. However, its viability depends on the degree of acculturation, affordability, as well as social and emotional needs. In the light of changes in individual lives and changing family structures to preserve family functions, "intimacy at a distance" was seen in a positive light. It was also observed that there

were cultural differences that determine co-residence preferences and the selection of primary caregivers.

56. The elements of long-term and palliative care were raised by several delegates. Some countries such as Indonesia and Singapore considered it as a right of older people to receive palliative care, which is related to pain relief and the use of opiates at the critical stages of life termination. Palliative care, it was observed, is administered in the presence of a loved person or family member to ensure dying with dignity.

57. Another point was related to inter-generational transfers and first and second demographic bonus. It was noted that demographic ageing interacts with the economic life cycle of the individual to produce two dividends: the first results from a relatively large working population aged 15 to 59 years and the second from a deficit of relatively young working population to the growing elderly population. In countries that had experienced these “windows of opportunity” such as Japan, the first dividend led to a significant increase in per capita incomes while the second led trade-offs where the financing gap between earnings and consumption in old age, which were mostly transferred to the public sector and described as “demographic onus” by Mr. Ogawa. Therefore, countries in the first phase of the dividend or on their way to it were advised to take advantage of this “demographic bonus”.

D. Health consequences of population ageing

58. The five presentations made under this agenda item brought into focus the long-term care and support services, socio-economic implications of health care and financing, as well as the issues for policy planning and research.

Ageing in South Asia: An overview and emerging issues for policy planning and research

59. Mr. Moneer Alam in his paper on “Ageing in South Asia: An overview and emerging issues for policy planning and research” presented an overview of age structure changes and prospective ageing in South Asia, along with a few of their ramifications for the economy and the society. Going by these central concerns, his analysis was conducted at two levels. Initially, a review of existing and projected magnitude of ageing in five South Asian countries -- Bangladesh, India, Nepal, Pakistan and Sri Lanka -- and then some of their implications, especially the need for ageing-related policy initiatives. As India accounts for more than three fourth of the South Asian aged, a section of the analysis was devoted to socio-economic disparities and their possible implications for health outcomes of Indian elders.

60. Mr. Alam drew the following inferences on the basis his study: (a) South Asian countries, particularly Sri Lanka and India, have already reached a level of demographic transition where ageing and its multifaceted repercussions are imminent and (b) growing burden of age dependency, accelerating growth of *oldest old*, and increasing feminization of ageing is clearly discernible with

important social security and health repercussions. It also implied large-scale widowhood and its attendant security burden. With erosion in traditional values, downsizing of families, and growing influence of market institutions, ageing appears to be a painful experience particularly in India, he noted.

61. According to Mr. Alam, recent Indian data demonstrated very low consumption level of average elderly Indians, even though the country had been economically buoyant for several years. His paper also suggests very high consumption disparities across households in most of the major Indian states. It was demonstrated on the basis of a multivariate analysis that health disadvantages to the poor particularly those who are socially deprived, economically dependent, illiterate are unable to access public delivered services like potable drinking water and drainage facilities.

Living arrangements among the elderly in South-East Asia

62. In her paper on “Living arrangements among the elderly in South-East Asia”, Ms. Yap Mui Teng observed that intergenerational support were alive and well for the majority of elderly in South-East Asia. However, there were also inter-country, within countries, inter-regional and inter-ethnic differences in the levels of co-residence and independent living, she noted. Even if they do not co-reside in the same household, there is quasi-co-residence or “intimacy at a distance” and even some kind of rotating quasi-co-residence. Differences arise from differences in norms, traditions and expectations as well as practical adaptations to circumstances (e.g. employment opportunity, cost of housing, etc). Only a small proportion of South-East Asia’s elderly live in institutions, unlike in the more developed or western countries. Some countries in this subregion have introduced policy measures to influence living arrangements among the elderly and their families. In this regard, Singapore is probably exceptional, she observed.

63. In the future, several challenges to co-residence are likely to appear. In the first place, owing to the declining fertility rates among the South-East Asian countries, it is likely that future elderly will have fewer potential children to choose to live with. This is unlike the present generation who are the parents of the baby boomers. Moreover, with rising permanent “singlehood”, more future elderly will have no children at all. Due to the impact of globalization, there could be more transnational families as younger adults move overseas for work or study. In this regard, Singapore is trying to raise its fertility rate through marriage and procreation incentives and maintain contact with Singaporeans living abroad. Studies of Singaporeans overseas also show that they do not rule out the possibility of returning home some day to look after their ageing parents, the author observed.

Long-term care support and services for older persons: Case study of Indonesia

64. The paper on “Long-term care support and services for older persons: Case study of Indonesia” by Mr. Nugroho Abikusno showed that within a span of one hundred years from 1950-2050, the older population (60 years and over) in Indonesia was expected to quadruple. It will surpass the proportion

of young population (0-14 years) by 2010 and double in 2025. Life expectancy at birth would double from around 40 years in 1950 to nearly 80 years in 2050. The oldest population (80 years and over) will increase fivefold from below 0.5 per cent in 1950 to 2.5 per cent in 2040.

65. A survey undertaken in 2006 by the National Commission for Older Persons (NCOP) found that one out of three older persons are dependent on others' assistance for their activities of daily living (ADL) especially among the older age groups. The older persons were found to be more dependent in rural than in urban areas. Only one out of ten older persons was still independent for their ADLs. Overall, there were more older men neglected than older women in both urban and rural areas. Those of low economic status were more neglected than those of middle and high economic status groups. Long-term care support is provided by social service and the family informal caregivers who are mostly daughters living with older parents.

66. In the future, Indonesia must anticipate a growing number of elderly persons, he noted. Therefore, there are three important areas that need urgent attention, according to the author. They are (a) improving the quality of human resources engaged in health and long-term care of the elderly (b) developing a system that will enable long-term care to be implemented through appropriate policy, programme and budgetary considerations and (c) constantly improving the quality of services and long-term care infrastructure in line with the standards existing in Asia and the Pacific.

Financing the health-care needs of the elderly in Asia and the Pacific

67. Mr. Srinivas Tata, in his presentation entitled "Financing the health-care needs of the elderly in Asia and the Pacific", outlined the potential impact on health systems of the extensive demographic and epidemiological changes taking place in the region, as well as the key factors that are likely to influence the trend of health-care expenditures in the region. The additional challenges caused by the rapid pace of ageing in some developing countries in the region, which were struggling to provide basic health-care to their populations, were highlighted.

68. A two-track approach was advocated by the presenter, whereby countries which had high out-of-pocket expenditure would target to achieve universal coverage for the entire population, including older persons, while in the interim, existing health services would be made accessible and affordable to all older persons. Countries which had achieved universal coverage by tax-based funding or social health insurance were in a stronger position to improve components such as long-term care provision, which would be of direct benefit to older persons. The importance of health promotion and the contribution of the community and the family to healthy ageing were also stressed upon.

Ageing: Socio-economic implications for health care in Singapore

69. Mr. K.H. Phua in his paper on "Ageing: Socio-economic implications for health care in Singapore" noted that the socio-economic implications of a rapidly ageing population in relation to a disproportionately reduced working population were tremendous. No longer can Governments hope to

continue to finance ever-increasing public spending from a shrinking tax base, he noted. Amidst demands from an increasingly vocal and ageing electorate to provide more and better public services, many of the successive Governments in Singapore found it unpopular to ration and cutback on existing social programmes.

70. Singapore has in recent years sought to control supply factors in the social services by deliberate manpower and facilities planning and on the demand side, by mobilizing individual savings through the existing Central Provident Fund. The author noted that in anticipation of future demands and needs resulting from demographic trends in Singapore, the Committee on the Problems of Aged had recommended a national policy for the elderly covering aspects of employment, financial security, health and recreational needs, social services and institutional care and family relations. Concomitant with this were the other related developments such as the implementations of the National Health Plan and the Medisave Scheme which would form the backbone for a viable long-term financing of the increasingly expensive health care of the elderly in Singapore.

Discussion

71. It was observed that research had showed that income security nullifies disparities in physical health. However, it was also noted that while material well-being improves access to basic amenities, the quality of life declines drastically owing to the spread of chronic and degenerative diseases such as hypertension, diabetes, obesity, cancer, allergies, gastroenteritis, HIV/AIDS, stress, dementia and Alzheimer's diseases. Hence, the consensus of the group was that Governments should assess the impact of health expenditures at microlevel to ensure that health services are better targeted. It was also brought to the attention of the participants that many variables other than demographic factors contributed to increasing health expenditures along with population ageing. Among them were medical technology, expansion of universal health service coverage and greater demand for care, the new cohorts of elderly being more educated. It was observed that the use of traditional medicine for particular ailments of old age such as muscular-skeletal diseases could further reduce health-care costs.

E. Country presentations

Bangladesh

72. The delegate from Bangladesh stated that every year, approximately 80,000 new older persons joined the ranks of the elderly who, in general, constituted a socially and economically vulnerable group whose basic needs remained mostly unsatisfied. Elderly poor women face an acute handicap since there is large-scale inequality in opportunity. Statistics show that about 57 per cent of elderly women (60 years and above) compared to only a little more than 4 per cent of their male counterparts are widowed, divorced or abandoned.

73. Social security programmes for the elderly people in Bangladesh include: a) Pensions as retirement benefits for government employees who number 1.2 million; b) Old Age Allowance: Social security programme for the insolvent elderly population; c) Microcredit: The Ministry of Social Welfare is one of the leading microcredit providers for the poor and distressed people; d) Health Service: The Ministry of Social Welfare has introduced Hospital Social Services in Government and Non-Government Hospitals; and e) Community empowerment: The Ministry of Social Welfare is the main registering authority of the NGOs. At the time of registration preference is given for those organizations who are dealing with the issues of elderly population. The Ministry also observes International Day for the Elderly People and sensitizes the people on the issues in question. f) National Elderly Policy: The Ministry of Social Welfare has finalized the National Policy for the Elderly people 2006. This Policy is a safeguard for the protection of the elderly people from all hazards and hassles.

Cambodia

74. The delegate from Cambodia stated that this country was witnessing an upward trend in the proportion of older persons in its population. Fertility level has dropped to 3.4 and is projected to reach replacement level by 2050. Combined with expected increases in life expectancy the proportion of older persons in Cambodia is expected to increase further. With gradual ageing of the population, the oldest old will also increase.

75. The incidence of disability and the needs of special medical care increase with age. The 2004 Survey of the elderly in Cambodia showed that the proportions of persons reporting at least one functional disability was 16.2 per cent, 30.4 per cent, and 44.2 per cent, respectively for the age-groups 60-69, 70-79 and 80 years and over. The rising proportion of older persons with disability would mean higher allocations of funds for the health-care services and an increasing need for training for the specialized-care of elderly. Older women constitute 58.3 per cent of the elderly population. The number of older women is expected to remain higher than that of older men owing to the continuing higher female life expectancy. About 37 per cent of older women as compared to 5 per cent of older men are widowed. Older women are thus more vulnerable than older men and greater attention will need to be paid to their health-care needs, financial assistance and social protection.

76. Older persons in Cambodia rarely live alone and mostly coreside with adult children. Approximately 80 per cent live with at least one child, more often a daughter than a son. They almost entirely depend on their families for financial and other support due to lack of welfare measures. A high proportion of elderly persons are economically active. About 77 per cent of those aged 60-64 years and 43 per cent of those over 65 years remain in the labour force. The labour force participation rate of elderly is higher in rural than in urban areas.

77. The National Population Policy which was adopted in 2003 highlighted the ageing issue. A comprehensive policy for the elderly was also adopted in the same year with the objective of ensuring that elderly people are provided opportunities to contribute to and share in the benefits of national development. The Government of Cambodia has identified the elderly among vulnerable groups for receiving priority attention in poverty alleviation in the National Strategic Development Plan for the period 2006-2010. The National Policy and Strategies on the Health Care for the Elderly and disabled people specifies strategic intervention on health sectors particularly of elderly, including the training of health personnel and providing more accessible medical service to elderly persons.

China

78. The delegate from China stated that since 1999 when China became an “aged society”, the older population and its proportion in the total population had been growing continuously. By 2050, the total number of the older population will be 432 million, representing 31.1 per cent of the total population. China will confront the toughest era of population ageing from 2030 to 2050. The older population and its proportion will reach a record high and the scale of the older population will reach the peak in this same period. By contrast, the total dependency ratio will rise rapidly owing to the fast increase of the elderly dependency ratio, surpassing 50 per cent in the 2030s. The demographic “golden age”, characterized by a low dependency ratio which favours economic development, will come to an end by 2033. During the period 2030 to 2050, the total dependency ratio and the old age dependency ratio will remain at the approximate levels of 60-70 per cent and 40-50 per cent, respectively. By the second half of the 21st century, the oldest old population aged above 80 will account for 80 to 90 million persons or 25-30 per cent of the older population.

79. China will face the dual challenges of a large population and population ageing at the same time. Having a large population is an overall condition in China. Thanks to family planning policy, the trend of population growth has been effectively controlled. The total population of China is currently 1.3 billion. It is projected to reach 1.465 billion by 2030. Given the country’s overall population size and population ageing, serious challenges to economic and social developments will emerge.

80. The delegate stated that governments at all levels must fully acknowledge the serious challenge posed by population ageing and build up a sense of urgency and self-consciousness to better respond to the phenomenon. When formulating social and economic development strategies, the Government of China should take into account the basic situation of population ageing. The coming 25 years will be a crucial period to prepare for this challenge in China. The eleventh five-year plan period is especially important in this regard. Governments at various levels must fully acknowledge the challenge and make use of the opportunity, integrating the problems and conflicts caused by population ageing to the overall development strategy of building a well-off and modernized society.

81. The Government should make a development programme, further perfect laws and regulations, and adjust social and economic policies to fully prepare for population ageing. The Government should also make middle-term and long-term strategic planning, based on the current situation to optimize policies, increase investment, accelerate the pace of programmes for the elderly, as well as improve working mechanisms for the ageing issues in this country, which accounts for the largest old-age population. A sound old-age social security system applied in a systematic and profound way is necessary to solve the problems related to the support and health care for the older population; China should push forward a medical aid system in both urban and rural areas while perfecting the urban social and medical insurance system. Under the blueprint of building a new socialist countryside, China should improve the “five-guarantee” system in rural areas, spread the new rural cooperative medical care system, build up the minimum security system wherever possible in these areas, and push forward the old-age social security system.

82. By 2030, an old-age social security system in line with the state situation and socialist market economy should be in place to guarantee the livelihood and medical care of the old people in both urban and rural areas. The development of industry for the aged is of great significance to meet the challenge of population ageing and the demand of this age group, as well as to accelerate the achievement of a balanced social and economic development. China should prepare a plan and provide related favorable policies to develop the service industry for the aged based on communities, as well as establish a management system on these industries. China should nurture the inter-media agencies and the professionals to serve the needs of older persons. By 2030, the industry should have attained great progress in order to manufacture the consumer products for older persons.

83. In order to strengthen forward-looking and strategic studies and research on the specific Chinese features and nature of population ageing, the country should create favorable conditions and set up national comprehensive research institutions, assisting experts to conduct scientific research on the ageing issues at the macro-strategic level. This would provide China with scientific evidence to better deal with the challenge of population ageing, the delegate concluded.

India

84. The delegate from India stated that according to the 2001 Census, the number of older persons in the total population was 70.6 million (6.9 per cent), projected to increase to 83.5 million in 2006 (7.5 per cent). According to projections, older persons will account for 94.8 million persons in 2011 (8.3 per cent), 118 million in 2016, (9.3 per cent), 143.7 million in 2021 (10.7 per cent) and 173.1 million in 2026 (12.4 per cent). The growth of elderly population shows an upward trend in both absolute and relative terms.

85. Since the traditional norms and values of the Indian society laid emphasis on the respect and care for elderly, the older members of the family were normally taken care of in the family itself.

However, in recent times, rapid socio-economic transformation has affected every aspect of the traditional Indian society. Industrialization with resultant urbanization and migration of population has affected institutions like the traditional joint family. Technological advancement, impact of mass media and higher degree of mobility have all influenced long-established life styles, conventional value systems and customary place of aged and women in the society. Thus, rural societies are witnessing a gradual but definite withering of the joint family system as a result of which a section of the family, primarily the elder, are exposed to somewhat emotional neglect and a lack of physical support.

86. The Government of India announced the National Policy on Older Persons in 1999 to reaffirm its commitment to ensure the well-being of older persons in a holistic manner. The Ministry of Social Justice and Empowerment of India is implementing an Integrated Programme for Older Persons with an aim to empower and improve the quality of life of older persons. The basic thrust of the programme is on older persons aged 60 years and above particularly the infirm, destitute and widows. This includes day-care centres, old-age homes and mobile medicare. The health security programme provides a separate counter at outpatient departments in hospitals and free medical services in the Central Government Health Scheme.

87. The State Governments and Office of the Commissioner of Police in collaboration with NGOs have initiated special protective measures to safeguard the elderly and has also taken initiatives by developing a user-friendly document on geriatric care. In the wake of disintegration of the joint family system, it is ensured that professionally-trained caregivers are available to meet the demand. In order to meet this objective, the Ministry of Social Justice and Empowerment launched in 2000 the Project 'NICE' (National Initiative on Care for Elderly) through the National Institute of Social Defense (NISD) -- an autonomous body of the Ministry of Social Justice & Empowerment -- and organizes a post graduate diploma course, six month certificate courses as well as short-term courses through NISD.

Indonesia

88. The delegate from Indonesia stated that during the past 50 years, Indonesia like many other countries in the region had experienced rising life expectancy and declining fertility resulting in the gradual increase of the elderly both in absolute and relative terms. In 1971, 5.3 million or 4.4 per cent of the population was old. In 2007 the corresponding figures rose to 17.3 million and 7.7 per cent. The elderly population is expected to increase to 28.9 million by 2020 and to 35 million by 2025. It was noted that while some infectious diseases still prevail and remain endemic, degenerative diseases such as cardiovascular and other metabolic diseases are on the rise adding to increasing health-care costs. More than 63 per cent of the elderly have not had any formal schooling. About 75 per cent of elderly men and 46 per cent of elderly women aged 65 years and over still work out of economic necessity.

Women outnumber men at older ages but have lower educational levels. About 80 per cent of elderly men and 30 per cent of elderly women function as heads of households.

89. During the past decade many legislations and programmes have been in place to support the elderly. The 29th of May has been declared the “Older Persons Day”. The Law No.13 on older Persons Welfare was enacted in 1998. The first National Plan of Action was issued in 2000 and revised in 2003. In 2004, the Presidential Decree No.52 on the National Commission for older persons and Presidential Decree No. 93/M on the membership of the national Committee was established. In addition, Law No.40 on National Social Security was passed. The main government agencies involved in the welfare of the elderly are the Department of Social Welfare, Department of Health, and the National Family Planning Coordinating Board. In addition, the Department of Manpower, Department of National Education, Department of Religious Affairs and NGOs play an active role.

Macao, China

90. The delegate from Macao, China stated that according to the 2006 Population Census, the demographic profile of the older population had shown several distinctive features. Of the 35,355 elderly aged 65 years and over, the majority were ever married, including 58 per cent currently married and 39 per cent widowed/separated/divorced. The older population had relatively lower educational attainment and 77 per cent of them had received primary education or below. As for economic activity status, about 88 per cent were economically inactive. The pattern of gender differentials in marital status, literacy and economic activity indicate that more older women than men were widowed, illiterate and economically inactive. The “Survey on Needs of Long Term-Care Services for the Elderly” conducted in 2004 revealed that 59.6 per cent of the 2,039 respondents aged 60 and over were living with their family members, 24.8 per cent were living with spouse and 13 per cent solitarily. The survey also showed that 67.2 per cent of their maintenance came from children.

91. In Macao, China there is no statutory retirement age. However, the presenter noted, eligible contributors of Social Security Fund are entitled to receive old-age pension at the age of 65. The social service provisions for the elderly are primarily the collaboration between the Social Welfare Bureau and non-governmental organizations through government subventions. The policy objectives of *family care*, *ageing-in-place*, and *multi-generational cohesion* are adopted with a focus on the enhancement of bio-psycho-social well-being and the betterment of family support and long-term care services for the older persons. During 2007-2008, the Social Welfare Bureau plans to undertake the following: (a) set up the Commission on Elderly Affairs to advise, map out, monitor, and co-ordinate the planning and development of service provisions and related programs; (b) commission a consultancy study on social ageing indicators to better formulate evidence- based policy in continuum of care for the elders; (c) launch the Standardized Care Need Assessment Tool & Centralized Waiting Mechanism for long term care service allocations; (d) pursue the conversion of homes for the elderly into nursing homes and care-and-attention homes accordingly, and to the extent necessary, provide

resources for service improvement scheme to upgrade their quality standards; (e) invite tenders for operating emergency assistance services to further build up the community support networks; (f) provide additional service placements for infirm and demented elders; (g) enhance career-support services such as care skills training, home safety assessment, home-based training and support service, and caregivers support network; (h) strengthen the manpower and staff in-service training on service performance evaluation, integrated care plan, and geriatric mental health ; (i) conduct promotional and experimental programmes to facilitate the Train the Trainer Project, senior volunteerism and continuing education.

Malaysia

92. The delegate from Malaysia in his presentation noted that in 2000 the country had 1.45 million people (6.2 per cent of the population) aged over 60. By 2020 the proportion is expected to increase to 9.5 per cent and the old-age dependency ratio to 15.7 per cent. In 1995 the Government formulated the National Policy for Older Persons with the objective of “creating a society of older persons who are contented and possess a high sense of self worth and dignity by optimizing their self potential and ensuring that they enjoy every opportunity as well as care and protection of members of their family, society and nation”.

93. The health-care programme for older persons stated in 1995 its objective to improve and maintain the health and functional ability of older persons. The health centre or community-based activities include home visits; health screening for high-risk groups; referral to geriatricians; counseling on exercise, nutrition, diabetics and social support needs; home mobility and rehabilitative facilities; day-care nursing; and community education on issues associated with the health of older persons. Geriatric medicine is integrated into the medical care programme in selected state hospitals. Activities include long-term medical care, psycho-geriatric care, therapy and patient education.

94. The social services and community-care services are particularly under pressure owing to the erosion of the extended family system, the decrease in the number of available female family members and the strain on the family as the primary caregiver, the delegate stated.

Mongolia

95. The delegate from Mongolia stated that the country had a very young age structure compared to other countries in the world. At the end of 2006, the total resident population of Mongolia was 2.6 million and the population aged 60 and over was 161,000 or 6.2 per cent of the total population. Although the age composition has changed less quickly in Mongolia relative to many other countries, according to projections, it will now undergo significant changes. In the next 20 years, the number of persons aged 60 and over is expected to double. This is due to decreases in mortality, which started in the 1950s, and decline in fertility which started in the 1970s.

96. Future ageing issues will pose a multitude of complex social and economic challenges for Mongolian families, societies, governments and civil society organizations. The Government of Mongolia is planning to prepare for the socio-economic implications of ageing populations and to develop its own strategies and programmes to meet the health, income, security and other related needs of the elderly.

97. Within the framework of the implementation of the Madrid International Plan of Action on Ageing, in April 2004, the Parliament of Mongolia approved the “State Policy of Mongolia on Population Development”, which contains the state policies on ageing that will be implemented through 2015. Also, in 2003, the “National Programme on the Health and Social Protection of the Elderly” was updated, after having been originally adopted by the Government in 1998. The core objectives of the National Programme are to improve the quality of life of older persons, create a healthy and favourable environment for ensuring their active participation and social integration, as well as to improve their health services and social protection.

98. Issues of major concern for older persons and the Government include health and care services; housing, transportation and the environment; the role of older persons in the family and familial care; social welfare and social services; education of older persons; the pension system; income security and the employment of older persons; and cooperation on ageing issues between the Government, the private sector, civil society and international organizations. One of the issues at the centre of the Government’s attention is the intensification of internal migration from rural to urban areas in the past several years, especially the migration of younger persons with their families. The tradition in Mongolia is for older persons to live with their families; still today more than 80 per cent of them live with their children and grandchildren. However, with the migration of younger persons, older persons are often left behind in the countryside with family members.

Myanmar

99. The delegate from Myanmar stated that the pace of ageing in the country was gradually increasing. In 1973, the proportion of the population aged 60 and above was slightly over 6 per cent. By 2050, it is projected that 21.4 per cent of the population will be aged 60 and over. Some of the important features of this ageing process are (a) a shift in the distribution of the aged, with an increasing proportion of the aged being found in the oldest of the old age groups; (b) an increasing proportion of the aged that are female; and (c) increasing old-age dependency ratios.

100. The ageing of the population of Myanmar is not as dramatic as that of other Asian countries. However, it will emerge as an important issue in the first half of this century. The high proportion of never married in the younger generation together with increasing trend of never married proportion will demand more care services for those lonely elderly. In this context, detailed information about the living situation of the older population and their families will be required, in

order to ensure that the elderly continue to be well-cared for. In Myanmar, household size has remained more or less constant at around five from 1973 to 2001.

101. Changes in family structure are seen as an important factor within the country. The family structure may be expected to change drastically as the nation becomes modernized. In Myanmar, families practice social duties between parents and children and teachers and pupils according to traditional culture and religion. Since Myanmar society is made up of extended families comprising senior members such as mother, father, uncle and aunt, every elderly person naturally receives care from their children, grandchildren and relatives.

102. Although the strong norms and values related to care for the elderly held traditionally by the Myanmar people are still intact, both demographic and socio-economic changes will place great stress on these values. Even though population ageing will not automatically lead to negative impacts on the society and on older persons' 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 delegate recommended (a) to promote existing elderly care programmes, especially home-care programmes; (b) undertake elderly-related data collection and research; (c) preserve traditional norms on respect and care of the elderly and; (d) to integrate elderly programmes into national development plans.

Sri Lanka

103. The delegate from Sri Lanka observed that the country's population was rapidly ageing. Out of a total population of 18.7 millions in 2001, 9.3 per cent or 1,760,000 was estimated to be over 60 years of age. Projections of population show that by 2050, Sri Lanka would have 50 per cent of its population beyond 50 years of age. Life expectancy, which was 43 years in 1946, increased to about 72 years in 2001. The total fertility rate has declined from about 5.3 children in early 1950s to 1.9 in 2000. This unprecedented demographic transition in a relatively short period of time has caused changes in the population age structure where there is marked increase in the elderly population.

104. The concern, care, dignity and respect for elderly are deeply rooted in the Sri Lankan culture and its socio-economic and welfare policies. As far back as 1982, a National Committee of Ageing was formed by the Department of Social Services. In 1992 the National Committee was reconstituted. A National Policy was formulated along with the Plan of Action. However, as it was felt that legislation and an administrative mechanism for implementing policies were needed, the Protection of the Rights of Senior Citizens Act (Act No. 9 of 2000) was enacted in the year 2000 to establish the following: a) creation of a statutory National Council for Elders and Secretariat; b) maintenance Board for determination of claims from elders; c) A National Fund for Elders; and d) protection of Rights of Elders. Under this Act, the National Council of Elders was established in June 2002. The

National Council has registered recognized NGO's who work for senior citizens and established a network of 8000 Village Level Elders Committees throughout the country. Furthermore, the wider use of Elders Identity Cards was promoted through facilitating the procedures for its issue. A National Charter and National Policy for Senior Citizens has been adopted by the Cabinet of Ministers in 2006.

105. The National Policy seeks to assure senior citizens that their concerns are national concerns and that they will not live unprotected, ignored or marginalized. The goal of the National Policy is the well being of senior citizens. It aims to strengthen their legitimate place in society and help them live the last phase of their life with purpose, dignity and peace.

106. In Sri Lanka, there are many social security schemes implemented by various agencies. Out of these, the Public Service Pension Scheme and the Employees Provident Fund scheme are the two major schemes providing social security for the Government and the private sector employees in their old age. Various other contributory schemes have also been established by the Government and private sector organizations.

107. The Government has introduced three contributory social security pension schemes for farmers, fishermen and the self-employed. All the three schemes are voluntary and contributory schemes with contributions from the Government. The benefits under the schemes are in the form of a monthly pension for life after reaching the age of 60. Various financial and insurance institutions operate social security schemes on voluntary contributory basis. All the schemes are based on a regular saving plan over a given period of time. At the age of retirement, the contributor receives a monthly pension. These schemes are known as market-based social security schemes.

Thailand

108. The delegate from Thailand stated that the country was one of the rapidly ageing countries of the Asian and Pacific region. In 2007, the number of the older persons has increased to approximately 7 million or 11 per cent of the population. This proportion is expected to increase to 17 per cent by 2020. The family living situations of older persons and their families are changing. Formerly, most Thai families were extended families, with larger numbers of children and several generations of family members living together. Presently, Thai families are smaller with fewer children, younger generations are no longer living with the older generations and there is a higher likelihood of older persons living alone.

109. In recognition of the importance and contributions of older persons to society, Thailand has formulated major policies and programmes for older persons since 1992 and the issuance of the First National Plan for Older Persons 1992-2001, the delegate stated. Currently, Thailand is implementing the Second National Plan for Older Persons 2002-2021, which serves as the strategic plan for the orientation of the development and promotion of the well-being of older persons as a whole. Its contents are consistent with the framework stipulated under the 2002 United Nations Madrid

International Plan of Action on Ageing in its three major areas of concern: older persons and development, advancing health and well-being into old age, and ensuring an enabling and supportive environment.

110. Thailand has endeavoured to put older persons' right to protection in effect through legislation. In 2003, it enacted the Act on Older Persons, explicitly entitling older persons to increased benefits in several different areas, including health and medical services, provision of social services and social protection, legal counseling and economic benefits and support. In addition, the Act prescribed the establishment of the National Commission on the Elderly to act as the national mechanism to take charge of the implementation of commitments to older persons. The Commission is presided over by the Prime Minister and its members comprise of representatives of the public and private agencies including specialists and academics. The Commission oversees the implementation and coordination of policies and monitors and evaluates the implementation of the National Plan for Older Persons.

111. Thailand has undertaken many recent initiatives directed toward the well-being of older persons. The Government has initiated the Pilot Project of Community Volunteer Caregivers of the Elderly to set up a community-based elderly care-giving system. In April 2007, the Project was approved and expanded into all 75 provinces. The Government has also launched the Project of Community's Elderly Brain Bank, designed to use the intellect and experience of older persons. Thailand has taken steps to ensure that older persons have access to health-care services, with particular programmes and services directed towards older persons. Finally, with regard to the economic protection and security, the Government has extended employment opportunities for those who decide to continue working and has arranged for financial security through the social security system and other financial benefits and programmes. The Government is currently setting up a compulsory National Pension Fund with the objective of building income security of the working age population in order for them to have financial stability in their old age.

Viet Nam

112. In his presentation, the delegate from Viet Nam stated that over the past decade, the population of Viet Nam had witnessed a steep decline in fertility with the total fertility rate declining from 6.4 children in 1960 to 2.1 in 2006. Viet Nam is on the threshold of becoming an old population. In 1979, elderly people accounted for 6.9 per cent of the total population and in 2006, the elderly accounted for 9.2 per cent of the total population. The projections show much higher levels of 16.8 per cent in 2029 and thereafter. Life expectancy at birth is 72 years. About 95 per cent of the elderly people suffer from a disease. About 80 per cent of the elderly live in rural areas, the majority being women, many of whom are widows.

113. Viet Nam has developed and approved several new laws and policies on the elderly. These focus mainly on caring for the elderly and the roles/responsibility of government agencies and

authorities. Ministry of Labour, Invalids and Social Affairs executes the function of state management in connection with elderly people. Other Ministries, People's Committees, mass organizations at all levels are also responsible for the care of the elderly people in their respective roles and functions. At present, there are several supportive programmes for the elderly set up and in operation in Viet Nam, namely health care, home-based care and community-based care and involving the elderly in social activities. Viet Nam signed the Madrid International Plan of Action on Ageing (MIPAA) in 2002. It is in the process of reviewing the 5-year implementation of the MIPAA (2002-2007).

III. ORGANIZATION OF THE SEMINAR

A. Background

114. The Seminar on the social, health and economic consequences of population ageing in the context of changing families was held at the United Nations Conference Centre, Bangkok Thailand from 25 to 27 July 2007. It was organized by the Population and Social Integration Section, Emerging Social Issues Division of the Economic and Social Commission for Asia and the Pacific in collaboration with the United Nations Population Fund and the United Nations Department of Economic and Social Affairs.

115. Documents for discussion at the seminar were presented by resource persons from the region with knowledge of regional and subregional situations. In addition, the country delegates representing 12 countries in the region made country presentations showing the situation with regard to population ageing and the programmes that are being implemented as well as the plans for the future. The list of papers presented by the resource persons at the seminar is given in Annex 1.

116. The proportion of persons aged 60 years and over in the world will double between 2000 and 2050, from 10 to 21 per cent. Population ageing is poised to become one of the greatest challenges in the coming decades with vast economic, social and other consequences. Among the world's older population, 52 per cent lived in Asia and the Pacific in 2002 and this is projected to increase to 59 per cent in 2025. Asia is the fastest ageing region of the world.

117. Population ageing as well as smaller family size and slower population growth rates, as a result of rapid declines in fertility and mortality, have emerged as new issues challenging several countries in the Asian and Pacific region. Mortality reduction will continue to be an overriding policy goal, which would further enhance the ageing process. As a result, the number of older persons in the region is increasing at a rate twice as high as the growth rate of the total population. Furthermore, as the region is inhabited by over 60 per cent of the global population, the absolute size of older population is a major concern. The social, economic and health implications of this absolute size of older persons are so profound and far-reaching that improving living conditions and providing income security, social welfare and medical services to older persons are some of the major challenges faced by many countries in the region.

118. Family life has also undergone a profound transformation in South, South-East and East Asia. Family structures have changed because of modernization, including industrialization and urbanization that encompassed a majority of society in the region. As a result, family size shrank as a function of decreased fertility, delayed marriages, and increased divorce rates. At the same time, life expectancy increased owing to advances in medical technology, improved access to quality reproductive health services, wider vaccination coverage, improved hygiene and nutrition standards as well as increased access to safe water. Changes in family structure combined with demographic ageing resulted in formidable challenges in the provision of care for older persons, usually provided by the younger family members. Changing perceptions about the social status of older persons, internal and international migration resulting in a decline of inter-generational co-residency, the changing social roles of women in society in addition to a reduced number of individual offspring as well as overall rapid economic development, may have prompted state institutions to reconsider care and support that were mostly provided by family members and to conceive of possible state-based welfare measures and/or private sector insurance systems for older persons.

119. In order to address the above-mentioned issues, the Economic and Social Commission for Asia and the Pacific (ESCAP), United Nations Population Fund (UNFPA) and United Nations Department of Economic and Social Affairs (DESA) jointly organized the Seminar. It provided a comprehensive overview of the causes and socio-economic and health consequences of population ageing, giving special attention to the changing family, which has traditionally provided care for older persons in the region. The Seminar examined existing programmes and policies to explore the provision of social protection and social security systems, including private sector insurance to older persons. Finally, the Seminar highlighted the emerging issues and challenges faced by various countries at different levels of population ageing and suggested key policy and programmatic and research recommendations for action for consideration by Governments in the region.

B. Election of officers

120. The Seminar elected Mrs. Viji Jegarajasingam as Chairperson and Mr. Xiao Caiwei as Vice-Chairperson.

C. Adoption of the agenda

121. The Seminar adopted the following substantive agenda

1. Overview of population ageing and changing family structures/living arrangements
2. Social and economic consequences of population ageing
3. Health consequences of population ageing
4. Discussion on recommendations
5. Adoption of recommendations

D. Participation

122. Resource persons and government representatives from 12 countries in the region participated in the Seminar. In addition, staff from the Population and Social Integration Section of the Emerging Social Issues Division of ESCAP, UNFPA and UNDESA and UNFPA Country Technical Services Team for East and South-East Asia Bangkok also participated. The list of participants is attached as Annex IV.

E. Adoption of the recommendations for action

123. The Seminar adopted the recommendations as given in Section I of the Report on 27 July 2007.

ANNEX I
LIST OF DOCUMENTS

1. Agenda
2. Aide-memoire
3. Programme
4. List of Participants
5. Population Ageing in Asia: Trends and Implications *by Mr. Ghazy Mujahid*
6. Family Transition in South Asia: Determinants and Policy Implications
by Mr. W. Indralal De Silva
7. Ageing Situation in Asia and the Pacific: Trends and Priorities
by Mr. Alfred Chan Cheung Ming
8. Population Ageing and Changing Intergenerational Transfers in Japan and Selected Asian Countries *by Mr. Naohiro Ogawa*
9. Implications of Population Ageing with Special Focus on Social Protection for Older Persons in South Asia *by Mr. Irudaya Rajan*
10. Ageing in Viet Nam: Health , Economic Situation and Family Life of Older Persons
by Mr. Cuong Bui The
11. Active Ageing of Older Persons: The Case of Malaysia *by Ms. Sharifah Abdul Rashid*
12. Older People as Beneficiaries and as Practitioners in Development in Asia: HAI's Experience
by Mr. Brooks Dodge
13. Ageing in South Asia: An overview and emerging issues for policy planning and research
by Mr. Moneer Alam
14. Living Arrangements Among the Elderly in South-East Asia *by Ms. Yap Mui Teng*
15. Long-term Care Support and Services for Older Persons: Case Study of Indonesia
by Dr. Nugroho Abikusno
16. Health Care Financing *by Dr. Sirinivas Tata*
17. Ageing: Socio-economic Implications for Health Care in Singapore *by Mr. K.H. Phua*
18. Country Statements:

Bangladesh	Indonesia	Myanmar
Cambodia	Macao, China	Sri Lanka
China	Malaysia	Thailand
India	Mongolia	Viet Nam

ANNEX II**UNITED NATIONS ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC
UNITED NATIONS POPULATION FUND
UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS**

Seminar on the Social, Health and Economic Consequences of Population Ageing
in the Context of Changing Families

25-27 July 2007
Bangkok

AGENDA

1. Opening of the seminar
2. Election of officers
3. Adoption of the agenda
4. Overview of population ageing and changing family structures/living arrangements
5. Social and economic consequences of population ageing
 - a. Changing families and inter-familial transfers
 - b. Social protection and pension schemes
 - c. Population ageing, family life and family well-being
 - d. Active ageing
 - e. Poverty/employment of older persons
6. Health consequences of population ageing
 - a. Health status of older persons (activities of daily living)
 - b. Changing family structures and familial care
 - c. Long-term care support and services for older persons
 - d. Health care financing
7. Discussion of policy recommendations
8. Adoption of recommendations
9. Closing of the seminar

ANNEX III

**UNITED NATIONS ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC
UNITED NATIONS POPULATION FUND
UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS**

Seminar on the Social, Health and Economic Consequences of Population Ageing
in the Context of Changing Families

25-27 July 2007

Bangkok

PROGRAMME**Wednesday, 25 July 2007**

- | | |
|-----------|--|
| 0830-0900 | Registration of participants |
| 0900-0930 | <p>Agenda item 1: Opening of the Seminar Statements by</p> <p style="padding-left: 40px;">Ms. Thelma Kay, Director, Emerging Social Issues Division</p> <p style="padding-left: 40px;">Mr. G. Giridhar, Director, CST for East and South-East Asia and UNFPA Representative in Thailand</p> <p style="padding-left: 40px;">Mr. Eric Olson, Focal Point on the Family,
United Nations Department of Economic and Social Affairs</p> <p>Agenda item 2: Election of Officers</p> <p>Agenda item 3: Adoption of the Agenda</p> |
| 0930-1000 | Coffee break |
| 1000-1200 | <p>Agenda item 4: Overview of Population Ageing and Changing Family Structures/Living Arrangements</p> <p style="padding-left: 40px;">(a) Population ageing in Asia: Trends and implications by Mr. Ghazy Mujahid</p> <p style="padding-left: 40px;">(b) Family transition in South Asia: Determinants and policy implications by Mr. W. Indralal De Silva</p> <p style="padding-left: 40px;">(c) Ageing situation in Asia and the Pacific: Trends and priorities by Mr. Alfred Chan Cheung Ming</p> <p style="padding-left: 40px;">Discussion</p> |
| 1200-1300 | Lunch break |
| 1300-1515 | <p>Agenda item 5: Social and Economic Consequences of Population Ageing</p> <p style="padding-left: 40px;">(a) Population ageing and changing intergenerational transfers in Japan and selected Asian countries by Mr. Naohiro Ogawa</p> <p style="padding-left: 40px;">(b) Implications of population ageing with special focus on social protection for older persons in South Asia by Mr. Irudaya Rajan</p> <p style="padding-left: 40px;">(c) Ageing in Viet Nam: Health, economic situation and family life of older persons by Mr. Cuong Bui The</p> <p style="padding-left: 40px;">Discussion</p> |

- 1515-1530 Coffee break
- 1530-1645 Country presentations: Bangladesh, China, India, Viet Nam
- 1700-1830 Reception at UNCC

Thursday, 26 July 2007

- 0900-1030 Agenda item 5 (continued)
- (d) Active ageing of older persons: The case of Malaysia
by Ms. Sharifah Abdul Rashid
 - (e) Older people as beneficiaries of and as practitioners in
development in Asia: HAI's experience by Mr. Brooks Dodge
- Discussion
- 1030-1045 Coffee break
- 1045-1115 Country presentations: Malaysia, Mongolia
- 1115-1200 Agenda item 6: Health Consequences of Population Ageing
- (a) Ageing in South Asia: An overview and emerging issues for policy planning
and research by Mr. Moneer Alam
- Discussion
- 1200-1300 Lunch break
- 1300-1430
- (b) Living arrangements among the elderly in South-East Asia
by Ms. Yap Mui Teng
 - (c) Long-term care support and services for older persons: Case study of
Indonesia by Dr. Nugroho Abikusno
- Discussion
- 1430-1445 Coffee break
- 1445-1600 Country presentations: Cambodia; Indonesia; Macao, China; Myanmar

Friday, 27 July 2007

- 0900-1015 Agenda item 6 (continued)
- (d) Health care financing by Dr. Srinivas Tata;
Ageing: Socio-economic implications for health care in Singapore
by Mr. K.H. Phua
- Discussion
- 1015-1045 Country presentations: Sri Lanka, Thailand
- 1045-1100 Coffee break
- 1100-1200 Agenda item 7: Discussion of Policy Recommendations

1200-1300	Lunch break
1300-1430	Free
1430-1530	Agenda item 8: Adoption of Recommendations
1530-1600	Agenda item 9: Closing of the Seminar

ANNEX IV

**UNITED NATIONS ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC
UNITED NATIONS POPULATION FUND
UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS**

Seminar on the Social, Health and Economic Consequences of Population Ageing in the Context of
Changing Families

25-27 July 2007

Bangkok

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