



Ministry of Social Welfare,
Relief and Resettlement



Asia/Pacific Regional Conference on Ageing 2012

Rapid ageing: A caring future



**HelpAge
International**

global network



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HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

Asia/Pacific Regional Conference on Ageing 2012

Published by HelpAge International – East Asia/Pacific Regional Office

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Introduction

The 16th Asia/Pacific Regional Conference on ageing of the HelpAge Network brought together 115 leading practitioners, policy makers and academics on population ageing and development from 27 countries and about 30 senior participants from Myanmar. The four-day event, 8-11 May 2012, witnessed intensive participatory discussions and debates to help map out the region's priorities in responding to the growing care needs of older people in the challenging context of rapid ageing. Through a mix of plenaries, parallel sessions and small group discussions, the participants focused on a) the meaning/definitions of old age care, b) the magnitude of the challenges old age care poses to Asian societies given that Asia is the fastest ageing region in the world, c) lessons from current responses and d) priority direction for action for improved and relevant policies and programmes to address the escalating issue of care of older people. The outcomes of the parallel forum entitled, Voice of Older People, offered the Conference with first hand experiences and suggestions on care from 17 older persons from 12 countries in the region. In addition, the discourse on care benefitted from the high level professional experience of representatives from the World Health Organization (WHO), UNFPA, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), Age UK, Alzheimer's Disease International, academics and social activists.

Besides the main conference theme of old age care, the Conference also held special sessions on three topical subjects: 1) the on-going 10 year review of the 2002 Madrid International Plan of Action on Ageing (MIPPA+10 review), 2) the magnitude of the ageing issue and response options in the host country, Myanmar, now in a context of growing opportunities for social development and 3) the ageing issue in the most isolated sub-region, the Pacific Island countries.

This report presents a summary of the key discussion points and priority response actions that were identified and proposed by participants. The report is presented in two parts. Part I covers the deliberation of the main conference theme – care for older people - divided into the following sub-themes: 1) What is care for older people?, 2) The increasing magnitude of old age care needs in the region, c) Experiences from current responses on old age care, 3) Priority directions on care and 4) Older people's voice on care. Part II covers the three supplementary sessions on MIPAA+10 review, and ageing in Myanmar and in the Pacific countries.

Being the first major learning event in Asia on the theme of old age care challenges in the region, the Network anticipates a series of follow-up initiatives to develop specific strategies and action plans at in-country, sub-regional and regional levels. The full Conference proceedings (available on an attached CD-ROM) are a valuable source of information on old age care. Separate reports are also available on the concurrently held forum of the Voice of Older People and sessions on ageing in the Pacific. The outcomes of the deliberations on Myanmar will feed into the country's policy and programme development relating to the wellbeing of older people in Myanmar.

Part I:

Old age care in the region

What is care for older people?

The participants viewed ‘care’ for older people as an essential prerequisite for maintaining quality of life in the latter years of the life course. Care for older people relates to addressing the loss of function, assistance in daily living tasks, rehabilitation, cost-effective and reliable assistive devices, disease management and support for social integration. Thus, in the Regional Conference, care for older people encompassed such elements as social care, primary healthcare, long term care, palliative care and community-based care, which enable older people to live a quality life in terms of their physical, mental emotional and social state.

International experts interpreted care in following terms:

Drawing from her 20 years experience in the field of social and healthcare for older people, Dr. Mary Ann Tsao of the Tsao Foundation pointed out that care is focused on optimising the well-being of older people, which required partnerships that were enabling and supportive to older people. From the older people’s perspective, the issue of care is about the situation of their lives and addressing that situation, which commonly means unmet needs. The approach for care is to best understand the situation of the older person, their needs and strengths and then assess who should be involved in their care. A medical issue like hypertension causes a social crisis, where healthcare and social care are intertwined. The point is to address the care from a person-centred approach for each respective older person. The provider should also take an integrated approach with older people at the center of decisions – the mindset should be an integrated approach through partnerships with available resources in the community. Another focal area is to address the psycho-social needs of the older person. If an older person is isolated, helpless or bored they often lose the will to live, and thus the approach should take a holistic view of care. As noted by Dr Mary Ann Tsao, the attitude of the caregiver in the different settings is important, where respect and endearment toward the older person is essential to providing care with dignity for the older people.

Dr. John Beard, WHO, argued for utilising a new term for care, such as “enablement”, as a way to put social care, primary healthcare, long term care, community-based rehabilitation, assistive devices into a combined package of caregiving services. He noted that one critical area of care is social integration; this social aspect is essential to prevent the occurrence of more serious forms of debilitation – a documented process where older people become isolated, they lose functions, and thus become excluded, depressed, and susceptible to chronic stress and dementia.

Dr. Giang Thanh Long from the Institute of Public Policy and Management in Vietnam stated that in terms of social care, there are three areas of support that provide successful ageing, which are health support, social support and economic support. As these areas overlap and are more integrated, the higher the chances an older person has of ageing successfully.



Wiraphat Wilaisitdeert/FOPDEV Thailand

“One critical area of care is social integration; this social aspect is essential to prevent the occurrence of more serious forms of debilitation.”

Dr. John Beard, the World Health Organization (WHO)

The increasing magnitude of old age care needs in the region

The Conference highlighted the urgent need to analyse and understand the growing magnitude and complexities of old age care. The Conference noted that there is inadequate understanding and recognition of the growing crisis of old age care; this is especially the case in the middle and low income countries in the region largely due to lack of analysis, weak advocacy and the low profile nature of the issue. Two causes for the lack of awareness are the absence of a strong voice of older people as well as the persistence of the attitude that the family structures and traditional forms of community care are still equally valid. On the growing magnitude of the old age care crisis, some of the key aspects presented at the conference included the following:

The rapid increase in the numbers of older people in the region:

The region's absolute as well as the percentage share of older people in the total population is growing at a faster pace, never seen anywhere in the world. That pace is expected to accelerate in the coming decades. By 2025 there will be over 700 million people over the age of 60. The positive implication for care is that there are more active older people to care for their feeble and frail older spouses and relatives, which is the norm in the traditional settings. It was noted that several of the HelpAge partners contribute to reinforce this practice by supporting the older carers with basic care training and awareness through older people's associations. On the other hand, the rapid increase in the percentage share of older people in the total population means a reduction of the percentage of the working adults, and therefore a reduction of support base for older people and an increase in their dependency ratio. Some countries can benefit from the demographic dividend, but this situation is unlikely to last beyond a couple of decades more.

The growth of the absolute numbers of the older-olds (75+): The conference noted that the care issue is getting further exacerbated with the rapid increase of the older-olds who will be increasingly debilitated with age due largely to the increase in incidence of non-communicable diseases (NCDs) such as hypertension, cancer, diabetes, Alzheimer's. They need care at home, in the community, as well as at some stage more advanced care at home or in the institutional setting. It was noted that the increasing risks of NCDs with rapid ageing has not being adequately addressed, including in the Millennium Development Goals (MDGs). The national health systems in the middle income countries (MICs) and more so in lower income countries (LICs) are not equipped to handle the growing numbers affected by NCDs.

The positive implication of ageing populations is that there are more active older people to care for their feeble and frail older spouses and relatives, which is the norm in the traditional settings.



Jim Holmes/HelpAge International

The rapid increase of the older women, and especially the older-old women: This is a major challenge for old age care crisis as women are the primary carers in the family. The older people participants at the Conference noted that older women are, in general, more flexible in their relationships and outlook and are thus easy to engage and provide care. At the same time, the older-old women constitute the larger group who need the most acute care as most older women outlive their spouses into their 80s and 90s, many of them widowed and living alone. Their vulnerability and therefore need for care is heightened by the fact that oldest-old women are also less educated on average than males, have fewer assets in marriage than men and are more likely to be poor and without accumulated savings.

Internal and global migration and urbanisation: The Conference noted that the above issues impinging on the old age care are been further aggravated by the migration of young adults, both women and men, in search of employment. Migration is a drain on the availability of adult caregivers. While migration gives many of them the ability to support their families from a distance financially, the older parents are left with a double burden of looking after their families as well as themselves. In families affected by HIV and AIDS, migration has meant a triple burden of care placed on older people.

Changes in traditional forms of care: Then there is also on-going changes to family structures that see a declining size of the nuclear family, and a greater number of older family members living separately. Older people who currently live alone expressed the advantage of this lifestyle in that they spend less time on their children's family needs, they could spend more time on their own hobbies, and they were less likely to be stressed by adult children or by daughter-in-laws who had different approaches to child raising or other family matters. The disadvantages become apparent, though, when the older people become frail and require daily living support or caregiving. Separate living arrangements thus create patterns of independent living, and when there is a need for caregiving, many children and grandchildren view this as an additional burden in terms of time and costs when outside caregiving support is required.



Carolyn Canham/HelpAge International

Decline in family support

Although extended family continues to be at the core of care in old age in Asia/Pacific, there is a noticeable trend of decline, partly due to reduced family size, migration and -perhaps- shift in some social values. In this situation programmes to support family and community care givers are crucial for ensuring continued care for older people in need.

Experiences from current responses on old age care

The Conference recognised that the current responses varied widely among the developed countries, the MICs and the LICs. At plenary and group sessions, the Conference was presented with models and practices of care as practiced in a select number of high and middle income country settings. These included the United Kingdom, Singapore, Thailand, Vietnam, China as well as regional initiatives across a number of countries, notably the ROK-ASEAN Home Care Programme. These experiences in responses to old age care provided participants with lessons learned as well as potential application in their home countries, where these models and practices have yet to be applied.

Different models of providing care, at home/residential/day care

– implications for care givers: The Tsao Foundation in the urban setting of Singapore provided the example of multiple caregiving services with an older people-centred approach. Thus, depending on the capacity of the older person, the options and resources available for caregiving were assessed by a professional coordinator and discussed with the older person and family member. Based on the desire of the older person, caregiving was then tailored to the older person and included home care, residential care, day care, institutional care, and/or palliative care based on the available resources in the community.

Community – volunteers, older people’s associations (OPAs):

Community-based care, such as the home care programme implemented throughout ASEAN, is a highly valued model in terms of training volunteer caregivers to provide care support to older people. As noted by Mr. Cho Hyunse, the Home Care programme often works in partnership with older people’s associations (OPAs) – the community-based associations of older people that undertake community development and social protection work on behalf of older people. Participants noted that OPAs were very effective because they have knowledge of frail members in their community, as well as providing social support through group activities. Both the home care programme and the expansion of OPAs were viewed by participants as additional practices that will benefit communities, meet the demand for more caregivers and reduce the costs associated with caregiving for governments and societies. In terms of the community-based model, the Vietnam Women’s Union is an active supporter of intergenerational self-help clubs – the members are purposely made up of both poor and non-poor community members, as well as older people and non-older people community members, with the purpose that the better off and the younger can assist and share with the poor and the frail. This is an effective way of reducing the risks of old age in a community setting. OPAs are providing one alternative model that should further be discussed to advance the care support needs of older people.



Saranyu Kaewkantha/FOPDEV Thailand

Social isolation and inactivity have a negative impact on the physical and mental health of older people. Thus, a greater focus on older people's engagement through group activities is one recommended approach that all stakeholders should support.

Training of caregivers – the situation in China: China has recognised the growing need for caregivers to support its ageing population. The government is currently embarking on a programme to train caregivers, according to Dr. Du Peng from the Institute of Gerontology, Renmin University of China. Dr. Du Peng noted that the Ministry of Human Resources and Social Security is the responsible government agency for certifying caregivers, where caregiving in China is now considered an occupational category; however, he noted it is difficult to provide consistent quality of care across the country as the training centres are not bound by a common training regimen. In addition, if the Chinese government is too strict with respect to training and certification, there is a concern that there will be insufficient number of caregivers. Dr. Du Peng also noted that certification of caregivers in rural China presents additional challenges, because many rural areas have homes for older people but rural people do not want to stay at these homes. The government has tried to find new models such as using abandoned schools and modifying those into elderly homes for communities. In such elderly homes, older people can get meal services, chat with each other and access other services. But these elderly homes are only found in some provinces in China and thus many other areas still require adoption of new models that appeal to older people in order to address the needs of caregiving services in the rural setting.

Furthermore, as Mr. Xiao Caiwei from the China National Committee on Ageing (CNCA) pointed out, there are several aspects to training that need to be addressed in China, which include: 1) adoption of curricula for different types of caregivers (home, community, institution, specialised caregiving); 2) a way to regulate and certify the organisations that provide caregiving training at the national level; 3) a way to ensure consistent care between public and private caregivers and 4) a way to ensure a standard and quality of care consistent with regional and/or international standards. Many of the participants expressed the need to work together on these issues to present a common practice among the countries in the Asia and Pacific.

Integrated health and social care – the lessons from the United Kingdom: The reality of ageing population in the Western countries is the large amount of government budget expenditure for healthcare; the presentation by Ms. Ruthe Isden of Age UK pointed out two aspects of budget expenditure in the UK: 1) the growth in people aged 85 and above will increase 100% from 2010 to 2030, which will also impact care expenditures significantly and 2) the discrepancy in the public expenditure for healthcare in comparison to social care, which is 55 billion pounds for the former and 5 billion pounds for the latter (in 2011). The lesson learned from the case of the UK is that healthcare and social care should be integrated, and the addition of one appointed care coordinator for an older person provides the potential for reducing the associated costs with the health care's "last-stop" measure where all older people end up in a healthcare institution – an institution that does not provide an older people-centred approach to care.

Mental health: Mental health in terms of depression and dementia are also a reality of ageing, and is becoming an increasing burden in the care for older people. While research on treatment is progressing in this area, according to Dr. Jacob Roy from the Alzheimer's Disease International (ADI), there is a need to realise greater public-private partnerships in research and in building awareness of the needs of older people with these mental illnesses. In addition, delay of the onset of these diseases is also possible

through greater education and lifestyle changes. Participants noted that the HelpAge network must be proactive in having governments address this potential crisis among older persons, and especially the need to support families who provide care to their parents with these mental illnesses. In particular, it was noted that social isolation and inactivity have a negative impact on the physical and mental health of older people. Thus, a greater focus on older people's engagement through group activity is one that the Tsao Foundation is undertaking in Singapore, and a recommended approach for all stakeholders to support.

The linkage between social and mental health: Social integration is a critical aspect to maintain in healthy ageing. It was noted by participants that social relations and social engagement played a critical role in the mental/psychological aspect of an older person's active ageing. Thus, where resources – assistive devices, environmental infrastructure, and older people's group activities – can be applied, they should be because the participants recognised how quickly an older person's mental outlook can deteriorate when such resources are not available and when the social aspect of living becomes too difficult to be maintained.

Palliative care and pain management: Another aspect of care for older people is palliative care and pain management. It was pointed out by Dr. John Beard, WHO, that Western developed countries are further advanced in this type of care, and many of the older persons in developing countries have little access to this important type of care. Dr. Beard noted, however, that this situation need not be on-going, and that healthcare systems in developing countries have access to cost-effective medicine that can reduce the pain associated with end-of-life disease and conditions. Many of these treatments and care provision need not be administered in an institution but can also be made available through trained caregivers – family or otherwise – in a home setting.

Eye care: Dr. Wendy Holmes highlighted the mounting scale of eye care need in the region and why adequate vision is important in helping older people to prevent and manage other health problems. Globally, more than 82 per cent of the estimated 39 million people who are blind are older than 50 years. Older people suffer disproportionately from cataract, refractive errors, glaucoma, diabetic retinopathy and macular degeneration. As the experience of Fred Hollows Foundation has demonstrated good sight enables better quality of life and enables older people to continue to take an active part in their families and communities. Healthy ageing strategies such as support for older people's clubs or older people's associations facilitates eye health promotion, and screening and referral for cataract surgery, spectacles, or other eye care.

HelpAge partners are working in Pakistan, Sri Lanka and India to tackle the important issue of eye care and treatment among older people. Based on conducting over 350 cost-effective eye camps in Pakistan for rural as well as poor older persons, Dr. Mohammad Shafi Boikhan from Pakistan Medico International explained how a one-time action in eye care changes the life and improves quality of life dramatically for an older person and their family. Mr. Samantha Liyanawaduge elaborated on the extensive eye care programme of HelpAge Sri Lanka and pointed out that it is important for HelpAge to continue doing this work because of link to livelihoods, quality of life and healthy ageing. Older people with healthy eyes continue to be independent, remain breadwinners and do not become a burden to family and society.



Wiraphat Wilaisitpdelet/FOPDEV Thailand

“One-time action in eye care changes the life and improves quality of life dramatically for an older person and their family. ”

Dr. Mohammad Shafi Boikhan,
Pakistan Medico International



Judith Escribano/Age UK

Eye-care camp in India

HelpAge India works with local partners including private eye hospitals to carry out free cataract operations on older people. Cataract surgeries are free. HelpAge India subsidises the cataract operations by providing funds for food, hospital beds and medication.

Eye-care camp is supposed to be for eye care; however, some people also complain of other ailments and are treated by the doctors as well such as hypertension, blood pressure, arthritis, incontinence, diabetes, prostate problems.

If it is a major ailment, the doctors refer the patients for specialist treatment. All medication for simple treatments is offered for free. If patient can afford it, they will be asked for 200 rupees (3.60 USD). However, the most destitute get treatment for free. They just have to show their ration card to prove they qualify.

An interesting discussion followed on the questions raised by Mr. Mark Gorman, as *Why should HelpAge be involved in eye care when so many others are already doing it? What extra value does HelpAge bring and what can we do?* The group emphasised that as primary healthcare and health systems are re-oriented towards the problems of older patients it is important that eye health is included. Participants also concluded that HelpAge has to stay active in eye care and continue implementing eye-care camps, but focusing more on advocacy to ensure that government services meet the eye-care needs of older people.

Disasters and care: Most governments in the Asia/Pacific region are active in disaster risk reduction and are effective in relocating older people from a disaster area during disasters. However, participants in the Conference noted that appropriate care for older people in disasters was lacking. Thus, there were few trained disaster agencies that understood how to care for specific conditions older people may have, such as dementia or high blood pressure. Care for older people in disasters means those involved in treatment for those affected by disasters require specialised training to better meet their needs. One example, is to always ask the older person or family member what conditions the older person has, and what medication is the older person taking, so that there is appropriate monitoring as well as no lapse in medication that may result in greater illness such as a stroke for the older person.

Mutual support – older people, life course approach: Participants also agreed that all stakeholders should adopt a holistic practice (mutual support in caregiving) that takes into account the life course approach. There was the example in Indonesia of this holistic practice where the education system in Indonesia sensitises youth on ageing as well as healthy ageing to prevent onset of disease in later life, especially NCDs. Older people were also recognised as a key resource as caregivers to other, more frail older people – this was evident in the example of research conducted in Vietnam, which demonstrated that older people as neighbours were the preferred caregivers given their stability in the community and ability to provide consistent caregiving.

Professional caregivers can be private/governments/civil society

organisations/ social businesses: An important role of the HelpAge Network, as noted in the Regional Conference, was to provide some uniformity and standards within and across countries that allow certification for different levels of care. Therefore, whether the caregiver is private, government or from civil society, an adult child could be secure in utilising the services of the caregiver based on certification that the caregiver had been properly trained to provide the required caregiving services. What the participants stressed in the Conference is that the private sector needs to be more fully utilised in provision of caregiving, like the example in the United Kingdom. This engagement of social business sector, however, requires government regulation to build trust and accountability as well as an older people-centred approach that provides desired caregiving services. One participant noted the need for this private sector engagement in Thailand, and noted the need to first establish relevant regulation and guidelines that would provide the means for a public sector partnership with the private sector social businesses.

Engaging the private sector: Both governments and society are recognising that care for older people can no longer be met by families alone or by government and families combined; and, care for older people is a burgeoning market for the private sector. In the presentation by Ms. Ruthe Isden from Age UK, she noted that in the United Kingdom the government has created a market for care, and that 90 per cent of care services are now privatised and the other 10 per cent will be in the future. The lesson from the UK system of care, however, is the lack of integration between social care and healthcare, which in practice are two separate systems. This is also true of other developed countries, where healthcare systems were developed as standalone systems with many bureaucratic hurdles. Another lesson is the need for one professional care coordinator who engages the older person and their family to determine the appropriate caregiving services and accesses the available resources in support of the caregiving plan.

Mr. Daniel Brindle from Pfizer Investment Company pointed out many of the on-going collaborations between the government and private sector. Such collaborations are effective when the roles of each sector are well-understood and documented and when the government provides appropriate incentives for the private sector to engage in research, environmental-friendly infrastructure development of cost-effective assistive devices and/or provision of caregiving services.

Lastly, Conference participants noted that care through private service providers requires certification and regulation, and family members become important resources in accountability and protection from the abuse that is frequently reported in the institutional care setting.

Care and technological advancements: Innovations in ageing treatments and products come with a cost for research and development. Previously, these costs were “leap-frogged”, where R&D costs were borne by Western countries and the Asia and Pacific region was able to utilise the innovation. Now, however, the Asia and Pacific countries have the research institutions that can develop innovations, and there is a burgeoning market for both treatments and products in the care sector. Technological advances in this sector will result as the private firms recognise this burgeoning market; however, governments need to be involved both to spur investment in this area (especially where there are gaps) as well as to regulate the market given the social implications of the treatments and products and their affordability by all segments of the population.

Participants in the Regional Conference noted that appropriate care for older people in disasters was lacking. Thus, there were few trained disaster agencies that understood how to care for specific conditions older people may have, such as dementia or high blood pressure.



Carolyn Canham/HelpAge International

National Long Term Care Insurance, and affordability: A significant policy issue, for example Long Term Care Insurance, requires a national approach and the participation of all or the majority of older people in order to offset the costs of this care. It is similar a national health insurance programme where healthy people continue to contribute, offsetting the costs of the unhealthy who need expensive treatments. It was noted by participants that the programme for Long Term Care Insurance in Japan was brought about by the women caregivers who were desperate for support, and thus they formed a grass-roots movement that pushed the government to adopt a Long Term Care Insurance law and programme in Japan. Governments in examining this type of insurance need to examine how countries control costs of this care and to ensure that private premiums do not exceed an average household's ability to afford this type of insurance.

Intergenerational education: Older people's associations (OPAs) are frequently active in intergenerational activities that build relations between generations and support knowledge of ageing concerns among the younger adults and youth. The benefits to society from utilising the wisdom of older people is frequently ignored and neglected. The Conference participants were uniform in believing that sensitisation of youth through the educational system was a cornerstone for building the generational bridges that can draw on the valuable insights and wisdom of older people. Other community programmes, whether through OPAs or other local NGOs, were also critical to supporting mutual understanding, trust and commitment toward the broader community's development. Part of this mutual understanding is that there will be differences of views and perspective among generations. However, the essential aspect is providing a voice to all the generations that can then support a compromise and provide an agreed course of action for the overall community. This is much more effective than nonparticipation of key members of the community.

Age-friendly environment: As presented by Dr. John Beard, the WHO has established a rating system for cities that encourages appropriate infrastructure for older people to provide a higher quality of living. Given the onset of disabilities that occur among older people, providing age-friendly services and infrastructure to support daily living tasks is key to having older people participate in society, and also provides the bridge for the spiritual aspect of engaging with others in the community. Low cost methods available to produce age-friendly environments, which reduce the isolation, exclusion and potential mental loss in older people; WHO has embarked on analysing and promoting Age-Friendly Cities. The components in producing these cities are not difficult, but result in remarkable improvements in well-being for older people.

Addressing the rising cost of care? Costs for care will become considerable budget expenditure if governments do not tackle the issue of care. The growing population of oldest old will undoubtedly increase the costs of care within a country, and when combined with the growth in mental impairments, such as dementia, there will be an overall greater cost for family, community and society. The need to develop low cost options to enable care in low resource countries was emphasised by participants. As pointed out by the Conference participants, there are several ways to reduce and share the responsibility for care. This includes community care programmes, such as the one initiated by HelpAge Korea, known as the ROK-ASEAN Home Care programme, and the community and social care centres operated by the Tsao Foundation. Other ways to reduce costs include prevention through behavioural change and applying active and healthy ageing, programmes that engage older people and provide mental and social stimulation, age-friendly infrastructure that support older people's ability to live independently as well as provide social interaction, and assistive devices that support older people in living actively. However, governments and civil society must first put the issue of care, and the associated costs if nothing is done, on the political agenda.

Priority directions on care

Research and data – gaps in data: Educational institution representatives in the Conference emphasised the need to allow access to existing data held by governments – this allows the educational students and professors to analyse the data and report to the public sector on their findings. In addition, before any policy development occurs there should be research to fill gaps in data, and this should be a coordinated effort between the government and civil society.

An older people-centred approach: Older people need to be consulted in the process of assessment and provision of specialised care, and family members also need to be a part of this process that will allow an older person to voice their desire and understand the options and resources available to provide meaningful and appropriate care.

An integrated approach: Countries in the Asia and Pacific that are embarking on government programmes for ageing should take into account the lesson from the United Kingdom, where integrated care is difficult to attain given the separate government programme development for healthcare and social care. Thus, new programmes in the region should consider combining these two aspects of care for older people, and existing programmes that do not combine health and social care should consider integration that also applies an older people-centred approach.

Local policies – a community-based approach: Local government is close to the community, so it makes sense for governments to build programmes implemented at the local level, where older people's situation is better understood. Local policies have the benefit of participation of local people and are able to target older people's issues in a limited context. They are helpful when properly analysed and when aspects of the local policy can be applied more widely to district and regional level, while also allowing the local communities to contextualise the broader policy application. Research and analysis of effective local policies and sharing of those policies with other areas in the country are supportive of effective older people's programme development at the local level.

Family caregiving: Family support in terms of caregiving will undoubtedly decrease due to the factors of migration and employment of women in the informal and formal sector. Governments must analyse framework, regulation and support programmes that meet the growing demand for caregiving in their countries.

Mental health: Preventing social isolation and dementia – NGOs and civil society must place this issue on the agenda of governments given the large impact that mental illness in older people will have on family, community and society. Government must also engage the public in broader awareness of delaying the onset of these diseases through behavioural change, as well as providing incentives to the private sector in terms of research to prevent and treat these illnesses.



Wiraphat Wilaisilpdelet/FOPDEV Thailand

“If the policymakers don’t look closely now into the care situation, then it will lead to a major problem in society.

**Dr. Mary Ann Tsao,
Tsao Foundation,
Singapore**



“Getting the message of care as a priority issue to policymakers is central.”

**Mark Gorman,
HelpAge International**

Treatment of disability impairment – low cost action, reduced care requirement: Assistive devices to address disability impairment should be a part of every country's healthcare system for older people. There are cost-effective assistive devices, and governments should provide incentives to the private sector to produce these cost-effective devices because they represent such an important aspect of quality of life in the ageing life course. With these assistive devices, older people are exponentially more productive and independent, and therefore continue to be active members in society, providing meaning to their lives through social interaction and social contributions. Without question, such devices reduce the costs associated with care for older people and allow them to remain contributors rather than simply benefactors of care provision.

Preventing and treating disabilities: NGOs and civil society must continue to advocate for governments to become the duty-bearers for provision of low-cost assistive devices and treatments for disabilities among older people. The long-term benefits of providing these treatment and products far outweigh the short-term costs in making these treatments and products available.

Addressing abuse and neglect: the problem of abuse and neglect of older people is not limited to Western countries and to institutional care. Family members must be vigilant in assessing their caregivers, regardless of the type of caregiving services being provided. NGOs and civil society should build awareness of this growing problem, and governments may need to legislate in order to penalise those who engage in these detestable practices.

Palliative care and pain management: Pain management and end of life care in developing countries is lacking. Governments need to examine, as China is now, the need for long-term care insurance, as well as providing the low-cost medicines that can alleviate pain from age-related disease in later life.

Age friendly environments: Age-friendly infrastructure is critical to active ageing, and thus NGOs and civil society must work alongside governments in developing the infrastructure that will allow older people to remain socially engaged and active contributors to society.

Gender aspects: Older women are found to be the majority of the oldest-old, and due to previous discrimination remain the among the most vulnerable among the older population. Governments must take this into account when developing policies and programmes that address ageing issues.

Urban/rural models required: The differences in ageing care services between rural and urban areas require different models. The existing models that are tailored to the rural and urban settings need to be documented and disseminated among stakeholders. In addition, innovative financing models, such as in the case of Australia where taxes are imposed on mining companies to support rural ageing services, should also be documented and disseminated, especially among policymakers.

Who should be responsible? There was a general consensus among participants in the Conference that there should be a sharing of responsibility among family, community and government for provision of caregiving. However, it was also noted that a system or framework was needed to bring together the different stakeholders for discussion, debate and coordination in the care for older people.

Older people's associations (OPAs): Utilising the model of OPAs is a powerful resource in providing self-help care, home care, community resource engagement and social business.

Regional – ASEAN for example: With the forthcoming the ASEAN Economic Community (AEC) in 2015, participants noted that there should be representation of older people's issues in the AEC that will allow for sharing of experiences (policy development) and research approaches (census that include older people issues), as well as greater discussion and agreement on details for how the ASEAN Community will address its growing population of older people.

Is care on the social/political agenda? Why is it not there now? The emphasis in Asia should be to put care on the agenda, and then look at the system that will work best for individual countries. This is especially true for low resource countries. Participants were unanimous that the issue of care was not on the agenda of the Asia and Pacific policymakers. Many suggested it was simply not being pushed enough by constituents, and policymakers were not sufficiently being informed of the need and potential crisis if the issue of care is not addressed in a proactive and timely manner. Participants suggested the best way forward was a two-pronged approach – where grass-roots push the issue from the local level, and civil society agencies with international presence push the issue at UN conferences and regional governmental meetings.

Older people's associations (OPAs) are a powerful tool in providing community-based care activities including self-care, home care, community resource engagement and social business.

OPAs are innovative community-based organisations of older people, aimed at improving the living conditions for older people and for developing their communities.

OPAs utilise the unique resources and skills older people have, to provide effective social support, to facilitate activities and deliver services. The OPA benefits the community as a whole and people see themselves as future members of the associations.

Abu Riyadh Khan/HelpAge International



Older people's voice on care

In the concurrent forum, Voice of Older People, 17 key delegates from 12 countries in Asia-Pacific region gathered to discuss issues relating to care and together they represented a profound and empowered 'Voice of Older People', offering valuable insight into the concerns that are facing older people in developing countries. Their insights and suggestions were presented at the Regional Conference. Main suggestions included:

- Care is a **basic human right** of every individual to be able to live a full and healthy life with dignity.
- Care is beneficial when it is **given with love, compassion and commitment** and not just out of duty.
- Older people are not just passive recipients of care, we are also **capable of delivering services** to our fellow older persons.
- Families with frail **older people and people with disabilities need** assistance and support.
- Older people are not a homogenous group. They have **different needs at different stages of life**.
- Services to prevent the onset of ageing-related issues must be provided, such as **training in good living practices** (diet, exercise, mental well-being).
- **Training volunteers and healthcare professionals** to provide support in the home for older people when it is needed.
- **Social connectedness and networking** with your own age group and contemporaries improves morale. This can be achieved through the formation of community groups and clubs that provide social activities
- Built environments of the house must be **adapted to suit older peoples' needs**
- **Psychological and spiritual support** for older people is needed.
- In rural areas not everyone is able to access government care services. Community-based care and transport to essential services is needed for the needy older people
- **Home care services** can be provided for older people through community organisations in both rural and urban settings.
- We need to pressure governments to consider **healthcare packages** as a poverty alleviation measure – this should incorporate older peoples health care services.



Wiraphat Wilaisilpdelev/FOPDEV Thailand

“Care is more beneficial if it is loving care, given with commitment and not just out of duty.”

**Dr. Daw Khin Aye Win,
Myanmar**

“It’s important that senior citizens organise themselves, especially in the rural areas. We have to organise senior citizen groups so that we strengthen the voice of poor older people in the rural sector.”

Datuk Lum Kin Tuck, Malaysia

Wiraphat Wilaailpdeert/FOFDEV Thailand



Datuk Lum Kin Tuck, Malaysia, at 94 years old, was the oldest, and perhaps also the youngest, of the participants in the Voice of Older People forum. Since founding the National Union of Teachers of Malaysia in 1950, he has never stopped fighting for the rights of others. He is the President of the National Council of Senior Citizens’ Organisations (NACSCOM) and has wide recognition and respect, from the humble and the powerful alike. When Datuk Lum speaks everyone listens.

- Training older people to become community volunteers to provide **holistic care services**. Developing a network of retired professionals, including nurses and doctors, who can volunteer and train others to serve the needs of older people in rural and urban settings.
- **Train family members** to care for older people. Government, NGOs and civil society **partnership** to deliver care services to older people in the community.
- The use of **information technology** to expand care services in the communities. This could be through the creation of a database and training community volunteers on the use of mobile technology to support older people in need.
- Providing **recreational services** is an important part of holistic health care.
- **Faith-based organisations** can mobilise community members, raise awareness on the issues of older people particularly their care needs and organise groups that can deliver services.

Conclusion

The four-day Regional Conference in Yangon, Myanmar, focused mainly on the issue of care. While this issue was defined broadly to encompass many forms of care, the Conference was able to bring together both relevant presentations and discussion to address the issue of care among older people. The issue of care is timely not only because of the demographics in the Asia and Pacific region but also because of the lack of attention and potential crisis that care presents to governments in the region. The key points coming out of the Yangon Conference and the one's policymakers and civil society need to take into account are:

1. Costs for care for older people are manageable if governments are active in developing appropriate policies and programmes that share responsibility and focus on prevention, and that support and regulate a market for care, especially caregiving, and treatments and products.
2. Older people and their family must be included in the determination of care an older person needs, and healthcare and social care must be an integrated service, where service providers must uphold the dignity of the older person in care provision.
3. Developing and supporting cost-effective home and community-based models of care is needed, where these models incorporate existing local best practices and also enlist community support and participation of active older people as carers.
4. Care is currently not on the political agenda and must be made a priority of Asia and Pacific governments to avoid a future crisis on care; this can be accomplished through a push from the grass-roots level (including HelpAge International Network members), and through advocacy and influence at UN and national meetings and conferences.

Older people can be an enormous asset to society when society pays sufficient attention to their abilities and their inclusion in society; their value as our educators in the realm of knowledge, justice and social advancement is unparalleled. Addressing older people's care needs in a timely manner that upholds their dignity and applies their resources will only serve to increase their contribution to society.

The key priorities identified for the HelpAge network included:

- gaining a better understanding of the care needs and situations of older people in developing country contexts;
- expanding partnerships in responding to the care challenge;
- developing and sharing models of affordable and sustainable care services, notably community based care models;
- promoting training of care givers;
- increasing national and regional advocacy to help put care of older people on policy agenda.



Wiraphat Wilaisripoleert/FOPDEV Thailand

“Older people are an enormous asset to our societies, not only because a large majority of them continue to work in old age, but also because they convey social values to younger generations”

Dr. Wesum
HelpAge International

Part II: Special sessions

MIPAA+10 Review

Three participants in the Regional Conference explained MIPAA and the upcoming global review process ten years after the UN MIPAA agreement was instituted. They included Mr. Donovan Storey and Ms. Cai Cai from ESCAP and Ms. Sylvia Beales from HelpAge International.

Mr. Donovan Storey from ESCAP explained that MIPAA is a comprehensive and far-reaching document that is also a 'living document.' ESCAP has been involved in the regional survey of countries, analysing what has been accomplished in the region by the governments. There are three main issues relating to the survey of the government actions thus far. First, there is large diversity in this region, moving from East to West, and having both the richest and poorest countries. Second, there is a South-South sharing of experience that has supported ESCAP in its technical assistance role. Lastly, there has been a series of meetings on MIPAA – 5-year Macau meeting, Jakarta meeting, and February 2012 seminar - that has brought out the member countries issues and concerns.

For the regional survey by ESCAP, the objective is to document the achievements by government, point out any bottlenecks in implementation, and note the future plans of governments. There have been 30 government responses thus far, with good representation from the sub-regions. Challenges for governments include: budget resources, human resources redistribution to support ageing population needs, and enormous pressure on care providers, with many relying on migrant populations for support. There is also a lack of clear gender focus for older men and women. Social protection and social insurance is a need; however, the challenge in Asia and the Pacific is the high numbers in the informal sector and how to include them in this social protection – 60 to 70 per cent are without safety net, as well as access to affordable healthcare. Another consideration is how to capture active ageing, where older people continue to work in older age, so a need for inclusive policies addressing active ageing. Other issues referred in the reports are affordable healthcare and quality healthcare systems, training for caregivers in locations where older people live, dementia and the need for expertise and professional healthcare workers, supportive environments and accreditation that is recognised with country and across the region.

Ms. Cai Cai from ESCAP then presented on the global review process leading up to the final review by General Assembly in New York. There is a gap between government commitments in MIPAA and the reality of the implementation. The first step in process is the action by governments to conduct their own review, which Mr. Donovan Storey discussed. This review includes a bottoms-up approach, ensuring input from older people themselves. The second step is then for ESCAP to gather the reports and synthesise the government reports and note good practices for each region in the world (for example, Latin America, the Middle East, and Asia and the Pacific). The last step is the global meeting in February 2013, when the government will gather in New York, and review the regional reports and then input into the priority action to address the gaps and challenges – answering the question what are the main problems and challenges to the implementation of MIPAA?



Wiraphat Wilaisilpdeert/FOPDEV Thailand

“This conference is an excellent means for sharing experiences and good practices; it will also provide inputs to the regional review of MIPAA as well as to the regional review of the ICDP Programme of Action which will be discussed at the Asia and Pacific Population Conference of 2013, organised by UN ESCAP and UNFPA.”

**Nobuko Horibe,
Regional Director,
UNFPA Asia and the
Pacific Regional Office**

For the region in Asia, the governments have resolved to strengthen their response to MIPAA. There were three decisions from Macau meeting: 1) hold inter-government meetings to support MIPAA; 2) governments would undertake a national review of their programme on ageing, and 3) governments would utilise a participatory process in their programmes on ageing, seeking views of all stakeholders. This led to the Beijing meeting, which was to prepare governments to the inter-governmental meeting referenced in Macau. The recommendation was to pursue actions on ageing for the period of 5 to 10 years, and to draft an outcome document for September 2012 inter-government meeting. Thus, for the MIPAA review, ESCAP needs to receive the national review reports by early August, it will then send its report to the General Assembly in New York, and following the February 2013 global review in New York, governments will follow-up on this meeting's recommendations.

Sylvia Beales from HelpAge International updated the participants about a report being prepared, called the World of Older People, which will include perspectives from older people's and non-government organisations working with older people; these perspectives will be published in the World of Older People in October 2012 and fed into the MIPAA review process. The rationale for the report, as mentioned by Cai Cai, is to provide a bottom-ups approach that sees the full participation of older people in the MIPAA review process. This is a 10-year look in detail on what has happened since 2002, and this review is being done in collaboration by HelpAge and UNFPA.

The recommendations from this report will go to the International Conference on Population and Development (ICDP) in 2014, and the post-2015 MDG review that will provide the new framework for development – and this will enable older people's issues to be included for the first time in the framework. The main recommendations coming from the research and that will be included in the World of Older People are:

- Urgent policy action is needed in all priority directions to respond to the demands of the demographic transition
- Use and improve existing data sets; and disaggregate data by age
- Ensure age-adjusted sectoral and public policies
- Mainstream programmes; plus, integrate age-targeted programmes
- Follow legislation with accountable budgets
- Focus on non-communicable diseases (NCDs)
- People-centred/bottom-up evaluation of policies and programmes are more necessary than ever
- Share and communicate best practice in policy implementation, legislative action, data collection and analysis

Why is MIPAA important?

MIPAA is the first global agreement to recognise the potential of older people to contribute to the development of their societies, and to commit governments to including ageing in all social and economic development policies, including poverty reduction programmes.

MIPAA highlights eradication of older people's poverty as a fundamental aim, calling for governments to include older people in policies and programmes to reach the Millennium Development Goal of halving the proportion of people living in extreme poverty by 2015.

What does MIPAA say?

An analysis of issues presented to governments by older people's organisations from 51 countries that took part in the 2010 Age Demands Action campaign shows that the things older people want most are opportunities for decent employment for those who want to work; the introduction or expansion of pension schemes; policies to tackle age discrimination and include older people in decision-making; and better and more accessible healthcare.



Two other important recommendations coming out of this report are: governments need to invest into older people's organisations and governments need to be inclusive, bringing in the older people and concerned agencies into the policy making process. If the HelpAge global Network can agree on these recommendations, it will result in a strong mandate.

The main concern from participants in the Regional Conference was the lack of knowledge of MIPAA among policymakers and the lack of government commitment as the document is only an agreement and not a convention. Ms. Syliva Beales from HelpAge International agreed, and made the following recommendation: "There is a need to give 'more bite' to MIPAA. If you can discuss with Minister of Finance, discuss the allocation of budget and explain MIPAA – it is soft because most ministers don't know about it. The other way to give it 'more bite' is to use people power; if the citizens know and push for demands around MIPAA there will be a reaction. Also, the situation of older people's rights is separate from MIPAA, so there needs to be an effort on rights that says current situation is not good enough, and we must have a society for all ages."

Ageing issues in Myanmar

During the Regional Conference, issues related to ageing came forth with contributions from H.E. U Aung Kyi, Minister of Social Welfare, Relief and Resettlement, H.E. Dr. Win Myint, Deputy Minister of Health, U Aung Tun Khaing and several of the 30 Myanmar participants.

Myanmar is ageing fast and the proportions of major age groups will be radically transformed in the coming years. However, there is currently lack of reliable data about populations, hence the importance of the upcoming national census for 2014. The knowledge of how many older people are there, where they are and how they live will be crucial to inform policy and decision-making. One of the main issues highlighted was that although family support of older people is still strong in the social and cultural mix of Myanmar, large processes of migration and an almost certain modernisation in the coming years are likely to erode this trend, thus increasing substantially the number of older people who either live alone or are left in charge of children.

Income security in old age is also a pressing issue, given the low coverage of contributory pensions (around eight per cent of people reaching old age). Myanmar has now the opportunity to develop social protection systems that take this into account.

As in other Asian countries, adapting health systems to a growing aged population and to the increase in non-communicable diseases is a long-term process. It was highlighted that community-based approaches to promoting health in all ages was as important as developing badly needed Health infrastructure, within the scope of integrated models of healthcare. Finally, the participants acknowledged that Myanmar had a unique opportunity to develop a regional leadership on issues of ageing, especially considering the possibilities for policy development in the context of rapid social, economic and political changes.



Jo Hill/HelpAge International

Reducing poverty through older people's initiatives

HelpAge Network in Myanmar has been working with older people and communities through the establishment of community-based organisations – older people self help groups (OPSHGs).

OPSHG model is fundamental to community-based work and is creating a platform for the lively participation of older women and men. OPSHGs provide opportunities for older people to learn strategies to develop income generation activities and/or make income generating opportunities more productive. The model also diversifies and/or creates sources of new income as well as helps older people access livelihood inputs to build a better foundation for increased productivity.

Ageing in the Pacific Islands

The most immediate need is to disseminate information and perspectives across the region. So more countries could benefit from international approaches to ageing and begin to formulate policies adapted to their needs and circumstances of each country.

Pacific participants agreed on possible ways of advancing the ageing agenda in the region.

The Pacific participation at the Conference comprised eight representatives from six countries namely Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Papua New Guinea (PNG) and Samoa. They participated in the full Regional Conference, the special sub-regional session titled, “Addressing ageing in the Pacific Islands: Challenges and constraints in policy formulation,” as well as the follow up session on action points.

Existing research showed that while there is much variation in the pace of ageing across the region, ageing is beginning to affect almost all Pacific island countries. The countries that are well advanced in their fertility and mortality transitions are the ones in which ageing is occurring most rapidly. These countries are mostly in the Polynesian and Micronesian sub-regions and Fiji. In most of these countries, however, rural-urban and international migration tends to exacerbate the challenges associated with ageing. This process has a particularly negative impact on older women, many who are widowed and some who are neglected by their families.

The Pacific countries have several challenges to properly address ageing. Although the population of the Western Melanesian countries (PNG, Vanuatu and Solomon Islands) are still relatively young, the 60 and over and the oldest old groups are growing very fast in others. With the possible exception of Fiji, policies to address ageing are not being developed fast enough. According to the key presenter on ageing issues in the Pacific, Demographer Dr. Geoffrey Hayes from New Zealand, development of ageing policies is constrained by six main challenges, namely:

1. Skepticism or denial that ageing is an issue;
2. Lack of awareness of the Madrid International Action Plan on Ageing;
3. Insufficient knowledge about the actual situation of the older people;
4. Planning capacity weakened by structural adjustment policies;
5. Insufficient training in the formulation of social policies; and
6. International assistance is sporadic and un-coordinated

The meeting helped Pacific participants to deepen their understanding of the general issues and challenges associated with ageing and the development of social policies to address it. The example of Fiji provided a potential approach that other countries can take up without placing a heavy burden on their planning capacity. The Conference also provided them with an opportunity to: a) network with government and non-government organisations working on ageing in Asia; b) gain awareness of policies and good practices on care in old age; and c) participate in the discussions on the progress of the MIPAA+10 review process.

With the participation of HelpAge International and ESCAP, the group discussed possible ways of advancing the ageing agenda in the region. Compared to the Asian countries, the Pacific has hardly commenced the process of systematically addressing ageing. The most immediate need is to disseminate information and perspectives across the region, so that more countries could benefit from international approaches to ageing and begin to formulate policies adapted to the needs and circumstances of each country. Accordingly, the group identified the following action points:

- Establish an e-Group for information sharing among actors on ageing;
- Explore the possibility of HelpAge Network affiliation for at least one additional organisation from the Pacific;
- Take steps towards a Pacific regional conference on ageing (in 2013); and,
- Put ageing on the agenda in the Pacific Islands Forum.

The issue of care needs to be addressed now because of the rapid and huge demographic shift in Asia. The urgency to address this situation requires comprehensive strategies for care.



Jo Hill/HelpAge International

*This event and document were supported by
Age UK, New Zealand Aid Programme, Htoo Foundation and Air Bagan.*