



CONFERENCE REPORT

2016 HelpAge Asia-Pacific Regional Conference
The Economic Implications of Ageing

AFPPD 1st Standing Committee on Active Ageing

6 – 8 September 2016 | Hanoi, Vietnam



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Cover Photo Collage: *(From left-above in a clockwise direction)*

Hon. Mme. Nguyen Thuy Anh (MP Vietnam) delivering remarks at the National Assembly of Vietnam;

Hon. Prof. Keizo Takemi (MP Japan and AFPPD Chair) delivering the keynote speech;

AFPPD Standing Committee members;

The MOU being exchanged between the AFPPD Chair Prof. Keizo Takemi and HelpAge International Chair Mr. Arun Maira.

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INTRODUCTION

On 6-7 September 2016, the Asian Forum of Parliamentarians on Population and Development (AFPPD) participated in the HelpAge Asia-Pacific Regional Conference in Hanoi, Vietnam with a delegation of 29 members of parliaments from 20 Asia-Pacific countries. This year's conference theme centered on "The Economic Implications of Ageing," aiming to raise awareness of the economic adaptations by low and middle income Asia-Pacific countries in response to rapid population ageing. During the conference, AFPPD has co-chaired a Special Session on the Role of Parliamentarians in Creating Active Ageing Societies with HelpAge International.

On September 8, AFPPD also held its inaugural Standing Committee Meeting on Active Ageing in Hanoi with experts from the National Institute of Population and Social Security Research (Japan), the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), the World Health Organization (WHO), HelpAge International, the United Nations Population Fund (UNFPA) and the Asian Development Bank (ADB). The meeting was also complemented by two study tours to the Vietnamese National Assembly and the Bach Nien Thien Duc Care Centre for the Elderly.

The Asia-Pacific region is presently home to over half of the world's population aged 60 years or above, and is ageing at a speed unprecedented in human history. As UN Member States embark on the implementation of the 2030 Agenda for sustainable development, parliamentarians play a key role in advocating for changes in attitudes, policies and practices to ensure that older persons are viewed as active participants in the development process and whose rights must be respected. AFPPD's participation in this conference, and its 1st Standing Committee Meeting on Active Ageing, have contributed to the overall dialogue, experience sharing and building of common approaches to this rapid demographic change.

PARTICIPANTS FROM AFPPD



AFPPD delegation of parliamentarians welcomed by Hon. Mme. Nguyen Thuy Anh (MP Vietnam; Chair of Parliamentary Committee of Social Affairs; Chair of Vietnam Association of Parliamentarians on Population and Development) at the Vietnamese National Assembly.

AFPPD assembled a delegation comprised of 29 parliamentarians from its National Committees to participate in the 2016 HelpAge Asia-Pacific Regional Conference and the inaugural Standing Committee Meeting of Active Ageing, as listed below:

1. **Hon. Chief Whip A.S.M. Feroz** (MP Bangladesh)
2. **Hon. Ms. Fazilatun Nessa** (MP Bangladesh)
3. **H.E. Mr. Jigme Zangpo** (MP Bhutan, Speaker of Parliament, Chair of Bhutan National Committee on Population and Development,)
4. **H.E. Mr. Dasho Kuenga** (MP Bhutan)
5. **H.E. Mr. Sathya Vuth** (MP Cambodia)
6. **Hon. Mr. Tangata Vavia** (MP Cook Islands, Chair of Parliamentary Group for Population and Sustainable Development Committee)
7. **Hon. Mr. Laxmi Narayan Yadav** (MP India)
8. **Hon. Ms. Ermalena Muslim Hasbullah** (MP Indonesia, Chair of Indonesian Forum of Parliamentarians on Population and Development)
9. **Hon. Professor Keizo Takemi** (MP Japan, Chair of AFPPD, Co-Chair of AFPPD Standing Committee on Active Ageing)
10. **Hon. Ms. Aigul Nurkina** (MP Kazakhstan)
11. **Hon. Mr. Osmonbek Artykbaev** (MP Kyrgyzstan, Chair of National Committee of the Kyrgyzstan on Population and Development)
12. **Hon. Dr. Somphou Douangsavanh** (MP Lao PDR)
13. **Hon. Mr. Datuk Aaron Ago Anak Dagang** (MP Malaysia)
14. **Hon. Mr. Datuk Wilson Ugak Anak Kumbong** (MP Malaysia)
15. **Hon. Mr. Ali Mohamed** (MP Maldives)
16. **Hon. Mr. Badri Pandey** (MP Nepal)
17. **Hon. Mr. Murtaza Javed Abbasi** (MP Pakistan, Deputy Speaker of the National Assembly)
18. **Hon. Dr. Ibad Ullah** (MP Pakistan)
19. **Hon. Rep. Rodel Batocabe** (MP Philippines)
20. **Hon. Mr. S.B. Dissanayake** (MP Sri Lanka, Minister of Social Empowerment and Welfare)
21. **Hon. Ms. Ashurova Gulbakhor** (MP Tajikistan)
22. **Hon. Dr. Jetn Sirathranont** (MP Thailand, Secretary-General of AFPPD)
23. **Hon. Mr. Virgilio da Costa Hornai** (MP Timor-Leste)
24. **Hon. Ms. Domingas Alves da Silva** (MP Timor-Leste)
25. **Hon. Ms. Jacinta Abucáu Pereira** (MP Timor-Leste)
26. **Hon. Lord Fusitu'a** (MP Tonga, Co-Chair of AFPPD Standing Committee on Gender Equality and Women Empowerment)
27. **Hon. Mme. Nguyen Thuy Anh** (MP Vietnam, Chair of Vietnam Association of Parliamentarians on Population and Development)
28. **Hon. Mr. Nguyen Hoang Mai** (MP Vietnam)
29. **Hon. Ms. Bui Thu Hang** (MP Vietnam)

SEPTEMBER 6: KEYNOTE SPEECH

The 2016 HelpAge Asia-Pacific Regional Conference opened on September 6 with welcoming messages from the Government of Vietnam, the Tsao Foundation, the United Nations Population Fund (UNFPA) and HelpAge International. AFPPD Chairperson, Hon. Professor Keizo Takemi, delivered a keynote speech on population ageing, highlighting Universal Health Coverage (UHC) and the “Asia Health and Human Well-Being Initiative.”



Hon. Professor Keizo Takemi (MP Japan and Chair of AFPPD) delivering the Keynote Presentation at the 2016 HelpAge Asia-Pacific Regional Conference



Hon. Professor Keizo Takemi (MP Japan and Chair of AFPPD) introducing the concept of the “wave” of ageing and expected increasing demand for health care in Asia

Hon. Professor Keizo Takemi

MP Japan, Chair of AFPPD, Co-Chair of AFPPD Standing Committee on Active Ageing

“Sustainability of Universal Health Coverage - Asia Health and Human Well-Being Initiative”

Hon. Professor Takemi provided an overview of population ageing, showcasing the magnitude and speed of ageing in Asia-Pacific over time. He stressed that the demand for healthcare services for the elderly will expand in industrialized countries, and the world will see this ageing process gradually spreading like “waves” to affect middle and low income country groups as well. Achieving Universal Health Coverage (UHC) is therefore a necessity to cope with the rise of expected non-communicable diseases (NCD), to mitigate risks and, in the ideal case, to prevent sickness in a fair and affordable manner. This is also reiterated in the Sustainable Development Goal 3.

Hon. Professor Takemi also provided a brief overview of Japan’s past policy lessons in response to rapid population ageing, including the Long-Term Care Insurance System in 2000 and the Integrated Community Care System in 2014. He highlighted healthy life expectancy¹ as essential to minimize the growing demand for medical and long-term care. Hon. Professor Takemi advised that as Asian countries continue to age, it is crucial that they construct their respective systems where medical and nursing care are provided integrally. Nursing care industries include both facilities and human resources such as long-term care providers, and should be designed primarily based on in-home care services from financial sustainability and human dignity perspectives.

Additionally, Hon. Professor Takemi also introduced the Asia Health and Human Well-Being Initiative which aims to build a regional longer-term elderly care system based on the public-private partnership. For instance, through establishing economic partnership agreements, the earlier ageing “wave” countries like Japan, which are already in short of long-term care providers, and the latecomer “wave” group, which will eventually require experienced nursing care personnel, can ensure human resource development and mobility across national boundaries. The central tenants of the Asia Health and Human Well-Being Initiative are the development of human resources, the creation of a seamless environment for the mobility of adequately trained nursing care-providers in Asia, and the exchange and return of human resources to their own homelands. Hon. Professor Takemi highlighted that this can be achieved only through close cooperation and experience-sharing among governments, as well as the public and private sectors.

¹“Healthy life expectancy” was announced by the World Health Organization (WHO) in 2000 as an index number that is calculated by subtracting the time expected to suffer from an illness from the predicted average life expectancy.

SEPTEMBER 7: SPECIAL PARLIAMENTARIANS SESSION

On September 7, AFPPD and HelpAge International co-organized the Special Session of the HelpAge Asia-Pacific Regional Conference in order to address the *Role of Parliamentarians in Creating Active Ageing Societies* and ensure that older persons are not left behind in the policy arena of their respective countries. This session provided a platform for Asia-Pacific parliamentarians and other stakeholders at the conference to discuss challenges and opportunities, and share their country experiences and policy options in response to rapid population ageing.

Three Members of Parliament from the AFPPD delegation presented case studies from Japan (super-aged society), Thailand (ageing society) and Bangladesh, showcasing the situation in countries at different levels of ageing.

Presenters

- **Hon. Professor Keizo Takemi** (MP Japan, Chair of AFPPD, Co-Chair of AFPPD Standing Committee on Active Ageing)
- **Hon. Dr. Jetn. Sirathranont** (MP Thailand, Secretary-General of AFPPD)
- **Hon. Chief Whip A.S.M. Feroz** (MP Bangladesh)

Moderators

- **Mr. Eduardo Klien** (Regional Director, East Asia Pacific Regional Office, HelpAge International)
- **Hon. Ms. Ermalena Muslim Hasbullah** (MP Indonesia, Chair of Indonesian Forum of Parliamentarians on Population and Development)

Discussants

- **Ms. Vanessa Steinmayer** (Population Affairs Officer, UNESCAP)
- **Ms. Mega Irena** (Head of Poverty Eradication and Gender Equality Division, ASEAN)



L-R: Hon. Chief Whip A.S.M. Feroz (MP Bangladesh), Hon. Dr. Jetn Sirathranont (MP Thailand, Secretary-General of AFPPD), Hon. Ms. Ermalena Muslim Hasbullah (MP Indonesia), Mr. Eduardo Klien (HelpAge International), Hon. Professor Keizo Takemi (MP Japan, Chair of AFPPD), Ms. Vanessa Steinmayer (UNESCAP), Ms. Mega Irena (ASEAN)



Hon. Professor Keizo Takemi (MP Japan and Chair of AFPPD) presenting in the Special Session at the 2016 HelpAge Asia-Pacific Regional Conference

Hon. Professor Keizo Takemi

MP Japan, Chair of AFPPD, Co-Chair of AFPPD Standing Committee on Active Ageing
“UHC and Ageing Populations – Lessons Learned in Japan”

AFPPD Chairperson, Hon. Professor Keizo Takemi led the Special Session on “Universal Health Coverage and Ageing Populations” presenting the lessons learned in Japan. In his presentation, he highlighted the changes of population dynamics and traditional social patterns throughout Japan in the 20th century due to rapid urbanization and industrialization. Consequently, the rapid population ageing emerged in Japan along with many challenges. Hon. Professor Takemi highlighted the challenge of living arrangements faced by the elderly in particular, and Japan’s past policy to expand the capacity of welfare facilities. However, as it placed a heavy burden on public finance and risked being unsustainable, Japan changed its policy to focus more on in-home services. Nevertheless, this policy also had its own set of challenges such as increasing burden on the young population to care for the elderly.

In the presentation, Hon. Professor Takemi also highlighted the “Healthy Life Expectancy” as essential to minimize the growing demand for medical and long-term care. He also presented on the Integrated Community Care System as a mechanism that ensures the provision of health care, nursing care, housing and livelihood support. The ideal is for the elderly to live their lives in their own ways, in an environment familiar to them, even if they are in need of long-term support. Within this framework, family care is still important as the majority of primary care givers are family members, whether they live together or not. However, they are formally employed and trained with enhanced work conditions.



Hon. Dr. Jetn Sirathranont (MP Thailand and Secretary-General of AFPPD) presenting in the Special Session at the 2016 HelpAge Asia-Pacific Regional Conference

Hon. Dr. Jetn Sirathranont

MP Thailand and Secretary-General of AFPPD

“Thailand’s Pilot Project on Community-Based Elderly Care”

AFPPD Secretary-General, Hon. Dr. Jetn Sirathranont presented on long-term care (LTC) and the role of care-providers in Thailand. The LTC for the elderly has been incorporated in Thailand’s strategic plan, with recognition by the Ministry of Public Health to involve both family assistance as well as an effective supporting system of health care and social services. Nevertheless, Hon. Dr. Jetn stressed that the role of care managers still poses a challenge for Thailand. While family largely plays a traditional role in taking care of the elderly, there is also an increasing demand for care managers. However, the role and work of care managers remain unrecognized as a paid and independent profession in Thailand. As a result, the majority of care managers are either elderly volunteers or nurses who have to juggle between their daily paid work and assignments as care managers. As Thailand is expected to become a super-aged society by 2040, the sustainability of future care managers poses a grand challenge for long-term care.

Following an overview of Thailand’s ageing situation, Hon. Dr. Jetn presented a case study on a LTC pilot project by the Thai Ministry of Public Health and Japan International Cooperation Agency (JICA). The project involves 6 sites in Thailand from 2013 to 2017 and consists of three components: 1) LTC Service Model Development; 2) Transmission of LTC Advanced Skills; and 3) Policy Recommendations. Hon. Dr. Jetn highlighted that the project serves as a good example of collaboration among different stakeholders, experience sharing among countries, in this case between Japan and Thailand, and the importance of long-term strategic thinking.



Hon. Chief Whip A.S.M. Feroz (MP Bangladesh) presenting in the Special Session at the 2016 HelpAge Asia-Pacific Regional Conference

Hon. Chief Whip A.S.M. Feroz

MP Bangladesh and Chief Whip

“The Role of Parliamentarians in Creating Active Ageing Societies”

Hon. Chief Whip A.S.M. Feroz presented on the Bangladeshi government’s initiatives for creating an active society. A [video](#) was shown which highlighted the country’s past progress towards the Millennium Development Goals (MDGs) and its preparation for the Sustainable Development Goals (SDGs). Hon. Chief Whip Feroz highlighted the Global Strategy and Action Plan on Ageing and Health 2016-2020, adopted by the World Health Organization, and stressed on the role of parliamentarians in integrating global ageing into the process of development.

Hon. Chief Whip Feroz spoke about the Old Age Allowance program in Bangladesh, established in 1998, which provides financial support to senior citizens. He also mentioned the Parents Care Act, enacted in 2013, which obliges children to take care of their parents at home or provide them with at least 10% of their incomes if they do not live together. Additionally, Hon. Chief Whip Feroz also highlighted civil society organizations’ efforts to promote active ageing in cooperation with the government.

Discussion with Ms. Vanessa Steinmayer, Population Affairs Officer at UNESCAP

In response to the presentations, Ms. Vanessa Steinmayer from UNESCAP stressed on the role of parliamentarians, their capacity to challenge their governments, and submit proposals that meet the needs of older people. She highlighted the Madrid International Plan of Action on Ageing (MIPAA) as a possible action plan that parliamentarians can use to trigger a process to create an active ageing society at the country level.

Furthermore, Ms. Steinmayer mentioned that the topic of strengthening family functions have been commonly raised in the presentations. However, the question of government

support for families to be able to care has not been thoroughly addressed. She further highlighted examples such as tax incentives, flexible working hours for care providers and “parents-care leave” based on a similar concept as maternity or paternity leave. Ms. Steinmayer also stressed that gender implications must be taken into account in policy formation as well. Nursing care responsibilities should hold for both male and female family members.

Lastly, Ms. Steinmayer agreed that parliamentarians are encouraged to share experiences and to learn from each other. Nonetheless, she reiterated that each country context is and will be different, which will require the respective countries’ own decision- and policy-making.

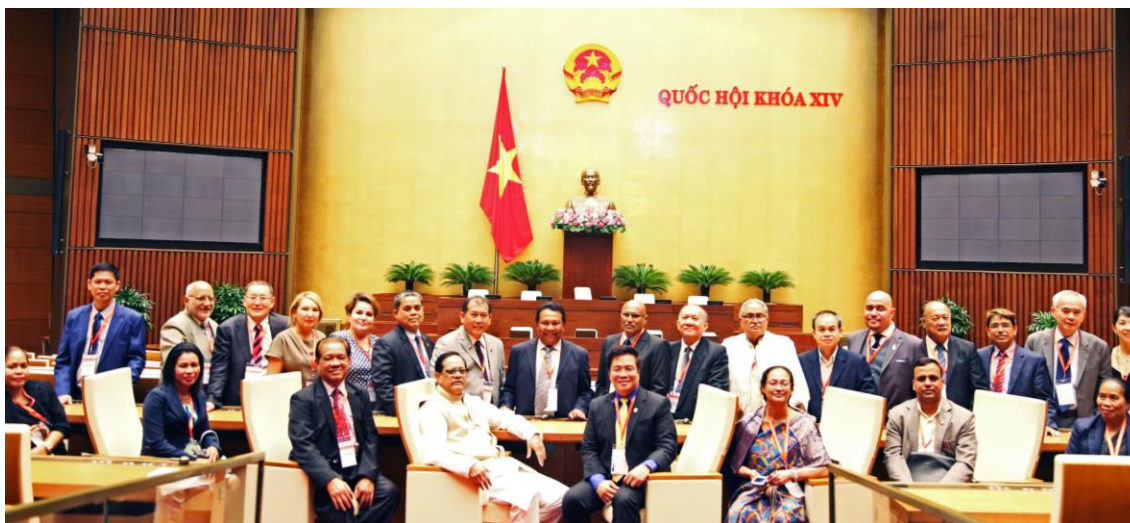
Discussion with Ms. Mega Irena, Head of Poverty Eradication and Gender Equality Division at ASEAN

Ms. Mega Irena from ASEAN spoke of the challenges faced by ASEAN in relation to population ageing. Unlike Japan, many ASEAN countries are not as well-resourced. The majority of the population live in the rural areas and lack contractual employment. The retirement age is blurry in the sense that “people continue to work as long as they are strong.” Additionally, only a small proportion of the ASEAN population is covered by the pension system while many rely on savings for support. She stressed that parliamentarians have a key role to address these challenges and improve budget proposals in these areas.

Ms. Irena highlighted that family support for the elderly is still strong and rests as a conventional value in Southeast Asia. This may change in the next 20 years when other factors, such as education and urbanization, also change. However, a challenge for ASEAN today is the role of professional care providers. Ms. Irena mentioned that domestic workers have played the role to take care of the elderly in many cases despite their lack of professional training. Therefore, in addition to strengthening the capacity of family members to provide care for the elderly, there is also a greater demand for professionally-trained care providers.

Lastly, Ms. Irena also mentioned the ASEAN Inter-Parliamentary Assembly and the recent resolution on ageing, as well as the challenge to mainstream the issues of ageing into each country’s National Development Plan. She also stressed that ageing is cross-cutting with youth issues, which should be taken up at the same time as healthy ageing starts from the earlier stage of one’s life.

Study Tour and Working Dinner at the Vietnamese National Assembly



AFPPD delegation during the Vietnamese National Assembly Study Tour



Hon. Ms. Ashurova Gulbakhor (MP Tajikistan) and Hon. Ms. Domingas Alves da Silva (MP Timor-Leste) at the Vietnamese National Assembly Study Tour

Following the Special Session at the HelpAge Asia-Pacific Regional Conference, the AFPPD parliamentary delegation conducted a study tour at the Vietnamese National Assembly. During the tour, parliamentarians had the opportunity to hear about the history of the National Assembly as well as the work of Vietnamese parliamentarians including legislative and oversight roles, and representative responsibilities. In addition, parliamentarians appreciated the highly historical photos and documents in the exhibition related to the establishment of the National Assembly and its important milestones and achievements since the first national election in 1946.



AFPPD delegation at the working dinner with Hon. Mme. Nguyen Thuy Anh (MP Vietnam). Hon. Professor Keizo Takemi (MP Japan and Chair of AFPPD) is seated on her right; Hon. Mr. S.B. Dissanayake (MP Sri Lanka) on her second left.



Hon. Mr. Osmonbek Artykbaev (MP Kyrgyzstan) introducing himself at the working dinner

After the study tour, the AFPPD parliamentary delegation met with the members of the Parliament Standing Committee for Social Affairs (PCSA) and the Vietnamese Association of Parliamentarians on Population and Development (VAPPD) during a working dinner.² During the welcome speech, Hon. Mme. Nguyen Thuy Anh, Chair of PCSA/VAPPD welcomed the AFPPD parliamentary delegation. In turn, the AFPPD Chair, Hon. Professor Keizo Takemi acknowledged the fruitful collaboration between AFPPD and PCSA/VAPPD over the previous years and hoped to further strengthen this collaboration to address population and development issues. During the dinner, the AFPPD parliamentary delegation and PCSA/VAPPD members had an opportunity to exchange experiences on the national parliamentary processes, major achievements and future directions of work.

² AFPPD would like to express our appreciation to the WHO Representative in Vietnam, Dr. Lokky Wai and his team for their assistance in arranging the working meeting.

SEPTEMBER 8: INAUGURAL STANDING COMMITTEE MEETING ON ACTIVE AGEING



Signing of MOU between AFPPD and HelpAge International presented by Hon. Professor Keizo Takemi (MP Japan and Chair of AFPPD) and Mr. Arun Maira (Chair of HelpAge International)



Hon. Mr. Nguyen Hoang Mai (MP Vietnam; Incoming Vice Chairperson of PCAA and VAPPD) delivering welcome remarks for the meeting

On September 8, AFPPD held its inaugural Standing Committee Meeting on Active Ageing which opened with the signing of the memorandum of understanding (MOU) between AFPPD and HelpAge International. AFPPD Chairperson and Co-Chair of the Standing Committee of Active Ageing, Hon. Professor Keizo Takemi (MP Japan) delivered opening remarks. This was followed by the welcoming remarks of Hon. Mr. Nguyen Hoang Mai (MP Vietnam), Vice Chairperson of PCAA and VAPPD, who highlighted the ageing situation in Vietnam and shared his hopes for the meeting.

Report from AFPPD



AFPPD Executive Director, Mika Marumoto, presenting on the objectives and expected outcomes of the meeting



Hon. Lord Fusitu'a (MP Tonga and Co-Chair of AFPPD Standing Committee on Gender Equality and Women's Empowerment) presented on AFPPD's cross-pollination of activities

Ms. Mika Marumoto

Executive Director, AFPPD

Hon. Lord Fusitu'a

MP Tonga and Co-Chair of AFPPD Standing Committee on Gender Equality and Women's Empowerment

After the opening, AFPPD Executive Director Mika Marumoto and Hon. Lord Fusitu'a (MP Tonga and Co-Chair of AFPPD Standing Committee on Gender Equality and Women's

Empowerment) presented on AFPPD's activities and strategic focus during the current strategic cycle (2016-2019) as well as in the Sustainable Development Goals framework, highlighting the role of parliamentarians in effective implementation of the SDGs. Ms. Marumoto spoke about AFPPD's work at the national, regional and global levels, as well as the objectives and expected outputs of the Standing Committee Meeting.

Hon. Lord Fusitu'a stressed on the cross-pollination of AFPPD activities. While the Standing Committee on Active Ageing was established to protect and promote the rights and dignity of older persons, it can also link to other areas including the social protection of older women. Additionally, he also mentioned AFPPD efforts on the elimination of child marriage, highlighting the South Asia Parliamentarians' Meeting on Child Marriage in Kathmandu in March 2016 and the Kathmandu Declaration. Hon. Lord Fusitu'a acknowledged that countries may not always share the same experiences and challenges, however, the opportunity for dialogue is still crucial to develop concrete solutions in tackling population issues.

Session 1: Keynote Presentation



Dr. Reiko Hayashi (National Institute of Population and Social Security Research) led the Keynote Presentation

Dr. Reiko Hayashi

Director, National Institute of Population and Social Security Research, Japan

"Reality Check of Asia's Diverse Ageing/Aged Societies: Data & Policy Implications"

The Keynote Presentation for the Standing Committee Meeting on Active Ageing was delivered by Dr. Reiko Hayashi from the National Institute of Population and Social Security Research (IPSS) in Japan. Dr. Hayashi highlighted the Madrid International Plan of Action on Ageing (MIPAA) which covers issues ranging from active participation, safety nets and access to training by the elderly. She spoke about the drives of ageing, highlighting internal migration as well as the combination of increased life expectancy and decreased fertility rate. Dr. Hayashi focused on the health and well-being factors, stressing on the importance of an enabling and support environment for the elderly. This can be in the form of careful urban planning, effective care support and the promotion of a healthy image of ageing. She

emphasized that a comprehensive plan for a care system should take into account these different factors as well as mental disease and disability.

After Dr. Hayashi's presentation, the floor was opened to discussions, with comments and questions from Hon. Mr. S.B. Dissanayake (MP Sri Lanka and Minister of Social Empowerment and Welfare), Hon. Ms. Ashurova Gulbakhor (MP Tajikistan), H.E. Mr. Jigme Zangpo (MP Bhutan and Speaker of Parliament) and Hon. Rep. Rodel Batocabe (MP Philippines).

Session 2: Regional and Global Policy Instruments, Framework and Action Plans on Ageing



Mr. Srinivas Tata (UNESCAP) presenting on MIPAA Regional and Global Review Processes

Mr. Srinivas Tata

Chief, Social Policy and Population Section, Social Development Division of UNESCAP
"Madrid International Plan of Action on Ageing Regional and Global Review Processes"

Mr. Srinivas Tata of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) opened the second session with a presentation on the Madrid International Plan of Action on Ageing (MIPAA) and its review processes. He provided an overview of MIPAA and the role of ESCAP in assisting States with national reviews and promote sharing of information in collaboration with other United Nations agencies and NGOs like HelpAge International. Additionally, Mr. Tata also acknowledged the role of parliamentarians in policy implementation, highlighting that issues of ageing can be raised in the national parliament to achieve greater attention. He stressed that there are many legislations aimed to protect the rights of older persons however the key challenge is in its implementation. In addition, Mr. Tata also spoke about the challenge with data collection and the need for Ministries to improve in this area in order to formulate more evidence-based policies.



Dr. John Beard (WHO) presenting on the Global Strategy and Action Plan on Ageing and Health

Dr. John Beard

Director, Department of Ageing and Life Course, World Health Organization
“Global Strategy and Action Plan on Ageing and Health”

Dr. John Beard of the World Health Organization (WHO) presented on the global strategy and action plan on ageing and health, firstly recommending the World Report on Ageing and Health (2015) by WHO as a potential guiding resource. Dr. Beard stressed that health is more than the absence of disease, incorporating the individual’s health and mental capacities as well. The environment of the individual was highlighted as an important factor, as it can greatly influence the well-being of the individual while also compensating for loss of functionality. Dr. Beard also spoke about other prioritized issues for the region including long-term care and gender implications. In addition, he presented on the Global Strategy and Action Plan, stressing on the need for commitment, improved health systems aligned for older populations, long-term care, age-friendly environments and better data collection.

After the presentations of Mr. Tata and Dr. Beard, the floor was opened to questions and comments. Hon. Ms. Fazilatun Nessa (MP Bangladesh), Hon. Mr. Osmonbek Artykbaev (MP Kyrgyzstan), Hon. Ms. Jacinta Abucáu Pereira (MP Timor-Leste), Hon. Mr. Badri Pandey (MP Nepal) and Hon. Mr. Laxmi Narayan Yadav (MP India) discussed the challenges and progresses in their respective country in response to the presentations.

Mr. Tata and Dr. Beard concluded the session with several key remarks. Firstly, countries must start preparing for an ageing society. Although the percentage of the elderly population in some countries may be low, it is also crucial to also look at the absolute number as it is significant. Secondly, each context is different. Therefore, while sharing experiences and lessons learned is important, each country will have to think innovatively for their respective ageing situations. Lastly, the framing of ageing issue should also be balanced rather than a one-sided message where senior citizens are solely portrayed as society’s burden.

Session 3: Toward a Comprehensive, Holistic and Sustainable National Policy Design and Responses to Ageing - Challenges and Opportunities



Mr. Eduardo Klien (HelpAge International) presenting on Evidence-based Holistic Policymaking

Mr. Eduardo Klien

Regional Director, East Asia and Pacific, HelpAge International

"Evidence-based Holistic Policymaking - Global AgeWatch Index 2015"

Mr. Eduardo Klien of HelpAge International, East Asia and Pacific Office, opened the third session with a presentation on evidence-based holistic policymaking. He spoke about HelpAge's Global Age-Watch Index 2015 which consists of four domains to measure the well-being of older persons: 1) income security, 2) health, 3) capacity and 4) enabling environment. Similar to the other presenters, Mr. Klien also stressed the need for better data collection. While substantial efforts and resources were devoted to developing the index, HelpAge is not satisfied with the quality of data and is currently revisiting the methodology. Mr. Klien also highlighted the political will and the design of schemes, ranging from pension to health care system, as critical components to address ageing issues. He urged parliamentarians to pay special attention to the design of policy or program when addressing these issues in order to avoid negative implications or unintended consequences. Lastly, Mr. Klien spoke about the negative image of ageing, highlighting that older persons are a resource to society under an enabling environment. He cited an example where the elderly played an important role in the distribution of food and non-food items, and participated in the planning of recovery processes, in the aftermath of Typhoon Haiyan. It is therefore the role of everyone to design a society in which all population, including the elderly, can contribute to.



Ms. Lubna Baqi (UNFPA) presenting on Understanding Gender Norms in Ageing and Policy Implications

Ms. Lubna Baqi

Deputy Regional Director, Asia-Pacific Regional Office, UNFPA
Understanding Gender Norms in Ageing and Policy Implications

Ms. Lubna Baqi of the United Nations Population Fund (UNFPA) presented on the gender norms in ageing and policy implications highlighting that the majority of older persons are women. She spoke about the major gender gaps and its long term implications, including education and literacy disparity, income insecurity and labor participation. As women are more likely to engage in the informal sector, they are less likely to be covered by a pension as well as they age. Ms. Baqi also spoke about family structures, highlighting that a loss of a male spouse can result in high level of isolation and social exclusion for many women. There is a clear need to understand better the situations of older women. However, there is also a challenge in both data collection and data analysis. While many policies and action plans on ageing have been set, rarely do these policies make specific reference to older women. As women cannot be regarded as a homogenous group, different factors, including education, disability, health, must be analyzed comprehensively in order to tailor support for them.



Mr. Soonman Kwon (ADB) presenting on the Financial Sustainability of a Social Security System

Mr. Soonman Kwon

Chief Health Advisor, Sustainable Development and Climate Change Department, ADB
Financial Sustainability of a Social Security System

Mr. Soonman Kwon presented on the financial sustainability of the social security system, stressing on the importance of Universal Health Coverage (UHC) and the role of primary care to promote an equitable and sustainable health and long-term care. Although investing in UHC may be costly for governments in the short-run, it is a crucial investment in the long-run for the sustainability of the health care system. Additionally, it has been proven to reduce the financial burden of health care in the long-run as well. This is particularly relevant for Asia-Pacific where health expenditure is expected to rise with population ageing. Mr. Kwon further stressed on the need for coordination and continuum of care, particularly between healthcare and long-term care. However, today's healthcare system and long-term care are generally very fragmented and disconnected. There is a need to reshuffle the delivery system such that care coordination and continuum of care are sustainable, and the need to empower the role of primary care systems in each country.

Following the three presentations, comments and inputs were raised by Hon. Mr. Tangata Vavia (MP Cook Islands), Hon. Rep. Rodel Batocabe (MP Philippines), Hon. Mr. Datuk Aaron Ago Anak Dagang (MP Malaysia), Hon. Mr. Ali Mohamed (MP Maldives), Hon. Ms. Aigul Nurkina (MP Kazakhstan), Hon. Mr. Sathya Vuth (MP Cambodia), Hon. Ms. Bui Thu Hang (MP Vietnam) and Mr. Bounlert Louanedouangchanh (National Parliamentary Staff, Lao PDR) on behalf of Hon. Dr. Somphou Douangsavanh (MP Lao PDR).

Mr. Klien, Ms. Baqi and Mr. Kwon concluded the session with several key remarks in response to the earlier discussion. Firstly, reforms must adapt to time and advocate for an age-friendly enabling environment. This is particularly relevant to the region as a large proportion of the population work in the informal sector and therefore lack access to credit and other supports. Secondly, the elderly is not a homogenous group. Even within the gender dimension, identity and sexual orientation are important factors as well. In order to promote a truly inclusive society, the promotion of older people's rights is vital regardless of their gender identity. Thirdly, legislation is recognized an important part of policy. However, depending on the context, sometimes it is not sufficient to promote change. A country with a mandate that obliges family members to take care of the elderly may or may not work, depending on other factors such financial support and mechanisms. Each country is different and requires context-specific analysis.

Session 4: Developing the AFPPD's Advocacy Plan on Active Ageing

Following the three sessions, AFPPD parliamentarians were engaged in an open discussion on AFPPD's future activities for the current strategic cycle (2016-2019) and advocacy plan on active ageing. General recommendations were discussed among participants to address ageing issues as well as country-specific future action plans from Sri Lanka, Bhutan, Cook Islands, Malaysia and Kazakhstan.

A tentative proposal will be discussed at the upcoming 81st Executive Committee Meeting on November 3, 2016. AFPPD Chair, Hon. Professor Keizo Takemi, and AFPPD Executive Director, Ms. Mika Marumoto, expressed their appreciation to the participants for their valued comments and observations, and wrapped up the meeting.



L-R: Hon. Ms. Bui Thu Hang (MP Vietnam), Hon. Rep. Rodel Batocabe (MP Philippines), Hon. Mr. Tangata Vavia (MP Cook Islands), Hon. Ms. Ermalena Muslim Hasbullah (MP Indonesia),



H.E. Mr. Jigme Zangpo (MP Bhutan and Speaker of Parliament) discussing Bhutan's ageing situation with H.E. Mr. Dasho Kuenga (MP Bhutan) on his right.



L-R: Resource Persons for the Standing Committee Meeting - Dr. Reiko Hayashi (National Institute of Population and Social Security Research), Mr. Soonman Kwon (Asian Development Bank), Mr. Srinivas Tata (UNESCAP)



Hon. Mr. S.B. Dissanayake (MP Sri Lanka) discussing the ageing situation in Sri Lanka. Hon. Mr. Ali Mohamed (MP Maldives) and Hon. Mr. Badri Pandey (MP Nepal) are seated on his right.



AFPPD 1st Standing Committee on Active Ageing

Study Tour at the Bach Nien Thien Duc Care Centre for the Elderly



Mr. Ngoc Tuan Nguyen, Director of the Thien Duc Care Center for the Elderly, presenting an overview of the center including its history, activities and challenges



Hon. Professor Keizo Takemi (MP Japan and Chair of AFPPD) greeting one of the elderly in the center

In addition to the study tour at the Vietnamese National Assembly, the AFPPD delegation of parliamentarians also visited the Bach Nien Thien Duc Care Centre for the Elderly in Hanoi. The delegation was received by Mr. Ngoc Tuan Nguyen, Director of the Care Center, who also presented an overview of the center. The Thien Duc Care Centre was officially established in 2009 by Mr. Nguyen. He initially established the Minh Khaki health care center for the elderly in 2001 to fill the gap of elderly care facility in Vietnam. It became the first private service model in the country at the time, based on learning experiences from other countries including Australia, Germany and Japan.

There are three centers in Hanoi with 110 staff including 70 nurses and care providers. Training is offered to care providers, and trainees can practice directly in the center. Foreign volunteers are also welcomed. Activities in the center include dancing, exercising, sight-seeing, and swimming in the pool, among many others. The resident fee ranges from 250 USD

to 700 USD, depending on the room size and the health condition of the individual. However, health care insurance is not able to cover for elderly centers. The age range of the residents is 55 to 102 years old as of September 2016.

Some key challenges for the center were raised during an open discussion. First, the lack of government support creates financial constraints, particularly to pay for land to build new centers. Additionally, there is also lack of support from international organizations despite Mr. Nguyen's significant efforts. Second, there is limited funding for operations. Mr. Nguyen raised the possibility of taking out bank loans however, this also creates another challenge due to high interest rate. Third, staff shortage is a constant challenge to fully take advantage of the center capacity to respond to an increasing demand for services provided by the center.

Following the presentation, AFPPD delegation of parliamentarians were invited to tour the center and greet the elderly residents.

CONCLUSION AND MAJOR OUTPUTS

AFPPD aimed to deliver the following major outputs through the AFPPD's participation in the HelpAge Asia Pacific Regional Conference and other planned activities within the current Strategic Plan 2016-2019.

- * Increased knowledge and understanding on gaps and needs of the AFPPD member countries' ageing related national plans, policies and legislation;
- * Increased awareness of the role of parliamentarians and the imperative of political will to establish and/or maintain a proper social security system that anticipates population ageing and fertility decline;
- * Increased understanding on ageing specific regional and global commitments, namely, the Madrid International Plan for Action on Ageing and the WHO's Global Strategy and Action Plan on Ageing and Health in order to strengthen commitment towards incorporating older persons into policy making processes to leave no older persons behind;
- * Improved knowledge on good practices, challenges, and policy options in responding to population ageing and promoting active and healthy ageing from a life course approach;
- * Increased awareness and understanding of what constitutes an age-friendly policy and legislation and financial implications to implement corresponding age-friendly programs;
- * Increased knowledge and information sharing among parliamentarians and partners on how to implement policies and legislation that take into account older persons' experiences as well as families and communities.

On 6-9 September, AFPPD mobilized 29 parliamentarians from Asia and the Pacific to actively participate in the HelpAge Asia-Pacific Regional Conference in order to increase their awareness on ageing issues faced by the region and translate their increased knowledge into national action. AFPPD successfully completed all the planned activities during the HelpAge Conference. The Special Session on the role of parliamentarians not only introduced country-specific experiences and lessons learned, but also policy prescriptive advice from experts. Additionally, the inaugural meeting of the Standing Committee on Active Ageing created a venue for knowledge sharing and mutual learning between the parliamentarians and experts, as well as for strategic planning for the AFPPD to address ageing issues regionally and globally for the coming years. Moreover, the AFPPD delegation conducted two study visits, one to the Vietnamese National Assembly to hold a working meeting among participating Members of Parliament and parliamentary staff members, and the other visit to the Bach Nien Thien Duc Care Centre for the Elderly to learn the challenges faced by the elderly, their families, and the communities. Parliamentarians' open discussion and interactions with the center director, medical staff and care providers prompted them to reflect on the challenges faced by their respective countries' older persons and urged them to revisit and consider the role of lawmakers in ensuring that older persons can lead a dignified last stage of their lives.

These combined activities not only helped each parliamentarian to commit themselves and intensify their efforts to act on the national level, but also developed a sense of solidarity among the participating parliamentarians and parliamentary staff to address and mainstream ageing issues.

ANNEX

Annex 1: List of Participants

AFPPD Standing Committee Meeting on Active Ageing (September 8, 2016) List of Participants

MEMBERS OF PARLIAMENT

1. Bangladesh

Hon. Mr. A.S.M. Feroz, MP
Chief Whip of Parliament

Hon. Ms. Fazilatun Nessa, MP

2. Bhutan

H.E. Mr. Jigme Zangpo, MP
Speaker of Parliament
Chair of Bhutan National Committee on
Population and Development

H.E. Mr. Dasho Kuenga, MP

3. Cambodia

H.E. Mr. Sathya Vuth, MP

4. Cook Islands

Hon. Mr. Tangata Vavia, MP
Chair of Parliamentary Group for Population
and Sustainable Development Committee

5. India

Hon. Mr. Laxmi Narayan Yadav, MP

6. Indonesia

Hon. Ms. Ermalena Muslim Hasbullah, MP
Chair of Indonesian Forum of
Parliamentarians on Population and
Development

7. Japan

Hon. Professor Keizo Takemi, MP
Chair of AFPPD
Co-Chair of AFPPD Standing Committee on
Active Ageing

8. Kazakhstan

Hon. Ms. Aigul Nurkina, MP

9. Kyrgyzstan

Hon. Mr. Osmonbek Artykbaev, MP
Chair of National Committee of the
Kyrgyzstan on Population and Development

10. Lao PDR

Hon. Dr. Somphou Douangsavanh, MP

11. Malaysia

Hon. Mr. Datuk Aaron Ago Anak Dagang, MP

Hon. Mr. Datuk Wilson Ugak Anak Kumbong, MP

12. Maldives

Hon. Mr. Ali Mohamed, MP

13. Nepal

Hon. Mr. Badri Pandey, MP

14. Pakistan

Hon. Mr. Murtaza Javed Abbasi, MP
Deputy Speaker of the National Assembly

Hon. Dr. Ibad Ullah, MP

15. Philippines

Hon. Rep. Rodel Batocabe

16. Sri Lanka

Hon. Mr. S.B. Dissanayake, MP
Minister of Social Empowerment and Welfare

17. Tajikistan

Hon. Mrs. Ashurova Gulbakhor, MP

18. Thailand

Hon. Dr. Jetn Sirathranont, MP
Secretary-General of AFPPD

19. Timor Leste

Hon. Mr. Virgilio da Costa Hornai, MP

Hon. Ms. Domingas Alves da Silva, MP

Hon. Ms. Jacinta Abucau Pereira, MP

20. Tonga

Hon. Lord Fusitu'a, MP
Co-Chair of AFPPD Standing Committee on
Gender Equality and Women Empowerment

21. Vietnam

Hon. Mme. Nguyen Thuy Anh, MP
Chair of the Parliamentary Committee for
Social Affairs and Vietnamese Association of
Parliamentarians on Population and
Development

Hon. Mr. Nguyen Hoang Mai, MP

Hon. Ms. Bui Thu Hang, MP

RESOURCE PERSONS

Ms. Lubna Baqi
Deputy Regional Director, Asia and the Pacific
Office of UNFPA

Dr. John Beard
Director, Department of Ageing and Life
Course, World Health Organization

Dr. Reiko Hayashi
Director, Department of International
Research and Co-operation, National Institute
of Population and Social Security Research

Mr. Eduardo Klien
Regional Director, East Asia and Pacific,
HelpAge International

Mr. Soonman Kwon
Chief Health Advisor, Sustainable
Development and Climate Change
Department, Asian Development Bank

Mr. Peter Morrison
Regional Programme Manager, HelpAge
International

Ms. Vanessa Steinmayer
Population Affairs Officer, Social
Development Division of UNESCAP

Mr. Srinivas Tata
Chief, Social Policy and Population Section,
Social Development Division of UNESCAP

OBSERVERS

Ms. Peh K. Choo
Chief Programs, Tsao Foundation

Mr. Ki-Hyun Hahm
Technical Officer, World Health Organization
WPRO

Dr. Takeshi Kasai
Director of Programme Management, World
Health Organization WPRO

Mr. Arun Maira
Chair, HelpAge International

Mr. Chris Roles
Director, Age International, UK

Ms. Nguyen Ngoc Thu
Officer of the National Assembly, Vietnam

Mr. Mitsuhiro Ushio
Advisor to the Ministry of Health, Vietnam
Japan International Cooperation Agency

Mr. Roy Wadia
Communications, UNFPA APRO

PARLIAMENTARY AND NATIONAL COMMITTEE SECRETARIAT STAFF

Bangladesh

Mr. Mohammad Barad Hossain
Private Secretary to Chief Whip

Mr. M.A. Kamal Billah
Deputy Secretary and Director of SPCPD
Project

Cambodia

H.E. Mr. Ouk Damry
Secretary General of CAPPD

Mr. Eng Vannak
National Assembly Officer

India

Mr. Manmohan Sharma
Executive Secretary, Indian Association of
Parliamentarians on Population and
Development

Japan

Mr. Hikaru Izumiya
Policy Advisor to Hon. Professor Takemi
The House of Councillors of Japan

Lao PDR

Mr. Bounlert Louanedouangchanh
National Parliamentary Staff

Malaysia

Mr. Zamrizam Samsuri
Secretary to the Delegation

Sri Lanka

Mr. Suvinda Samarakoon Singapooli
Director, National Secretariat for Elders,
Ministry of Social Empowerment and Welfare

Mrs. Thamara Dissanayake
Private Secretary to the Hon. Minister

Timor Leste

Ms. Jesuina Conceição dos Reis Pereira
National Parliamentary Staff

AFPPD SECRETARIAT

Dr. Mika Marumoto
Executive Director

Ms. Seema Gaikwad
Policy Research and Advocacy Advisor

Ms. Pornprapas Sappapan
Administration Manager

Ms. Salima Kasymova
Programme Specialist

Ms. Madevi Sun-Suon
Special Assistant to the Executive Director

Ms. Jirapa Rerkphongsri
Account Office

TOTAL: 62

MPs: 29

Male: 21

Female: 8

Resource Persons: 8

Observers: 8

**Parliamentary/Government and
National Committee Secretariat
Staff: 11**

AFPPD Secretariat Staff: 6

Annex 2: Standing Committee Meeting Agenda

TIME	AGENDA
9:00	<p>Opening Remarks by AFPPD Chair and Co-Chair of the Standing Committee on Active Ageing Hon. Prof. Keizo Takemi, MP Japan, AFPPD Chair</p>
9:10	<p>Welcoming Remarks Hon. Mr. Nguyen Hoang Mai, Vice-Chair of the Vietnamese National Assembly Social Affairs Committee</p>
9:15	<p>Report from the AFPPD Ms. Mika Marumoto, AFPPD Executive Director Hon. Lord Fusitu'a, MP Tonga, Co-Chair of the Standing Committee on Gender Equality and Women's Empowerment</p>
9:25	<p>Session 1: Keynote Presentation - "Reality Check of Asia's Diverse Ageing/Aged Societies: Data & Policy Implications"</p> <p>Hon. Prof. Keizo Takemi, AFPPD Chair Dr. Reiko Hayashi, Director, National Institute of Population and Social Security Research Japan (IPSS)</p>
9:45	<p>Q&A – Discussion</p>
10:00	<p>Session 2: Regional and Global Policy Instruments/Framework and Action Plans on Ageing</p> <p>UNESCAP Mr. Srinivas Tata, Chief, Social Policy and Population Section <i>* Madrid International Plan of Action on Ageing Regional and Global Review Processes</i></p> <p>WHO Dr. John Beard, Director of Ageing and Life Course <i>* Global Strategy and Action Plan on Ageing and Health & Life Course Approach</i></p>
10:15	<p>Q&A - Discussion</p>
10:45	<p>Coffee Break</p>
11.00	<p>Session 3: Toward a Comprehensive, Holistic and Sustainable National Policy Design and Responses to Ageing ~ Challenges and Opportunities</p> <p>HelpAge International Mr. Eduardo Klien, Regional Director, HelpAge International East Asia/Pacific <i>* Evidence-based Holistic Policymaking - Global AgeWatch Index 2015</i></p> <p>UNFPA Ms. Lubna Baqi, Deputy Regional Director, Asia-Pacific Regional Office <i>* Understanding Gender Norms in Ageing and Policy Implications</i></p> <p>Asian Development Bank Mr. Soonman Kwon, Chief Health Advisor, Sustainable Development and Climate Change Department</p>

	<i>* Financial Sustainability of a Social Security System (i.e., UHC, Long-Term Elderly Care)</i>
11:20	Q&A – Discussion
11:50	<p>Session 4: Developing the AFPPD’s Advocacy Plan on Active Ageing</p> <p>Open Discussion for a draft advocacy plan on active ageing and AFPPD’s future activities for the current strategic cycle (2016-2019). Recommendations will be made and presented to the AFPPD 81st Executive Committee on November 3.</p> <p>Current Standing Committee Members: 1) Bhutan; 2) Cambodia; 3) Cook Islands; 4) India; 5) Indonesia; 6) Japan; 7) Kazakhstan; 8) Lao PDR; 9) Nepal; 10) Thailand; 11) Tonga</p> <p>Prospective Members: 1) Bangladesh; 2) Kyrgyzstan; 3) Malaysia; 4) Maldives; 5) Pakistan; 6) Philippines; 7) Tajikistan; 8) Timor-Leste; 9) Vietnam</p> <p>Experts’ Inputs and suggestions</p>
12:30	Chair’s Warp-up
12:40	<p>Closing Remarks Hon. Prof. Keizo Takemi, MP Japan, Co-Chair of the Standing Committee</p>
12:45	Meeting adjourns
	Lunch
14:00	Depart the Hotel for the Standing Committee Study Tour
14:30	<p>Study Tour: Thien Duc Elderly Care Center Trung Tâm Chăm Sóc Người Cao Tuổi Thiên Đức Add: Xóm 3 Đường Đông Ngạc, Xã Đông Ngạc, Huyện Từ Liêm, Hà Nội</p>
16:00	Return to the Hotel

Sustainability of Universal Health Coverage Asia Health and Human Well-Being Initiative

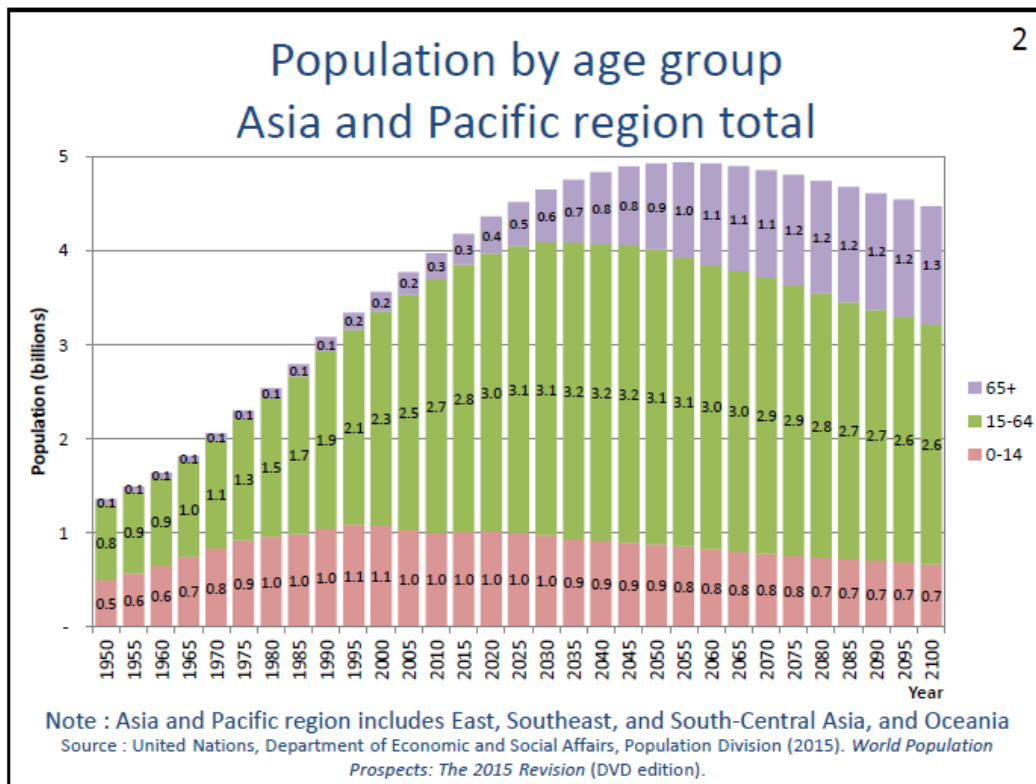
Keizo Takemi

Chairman, Special Mission Committee on

Global Health Strategy, LDP

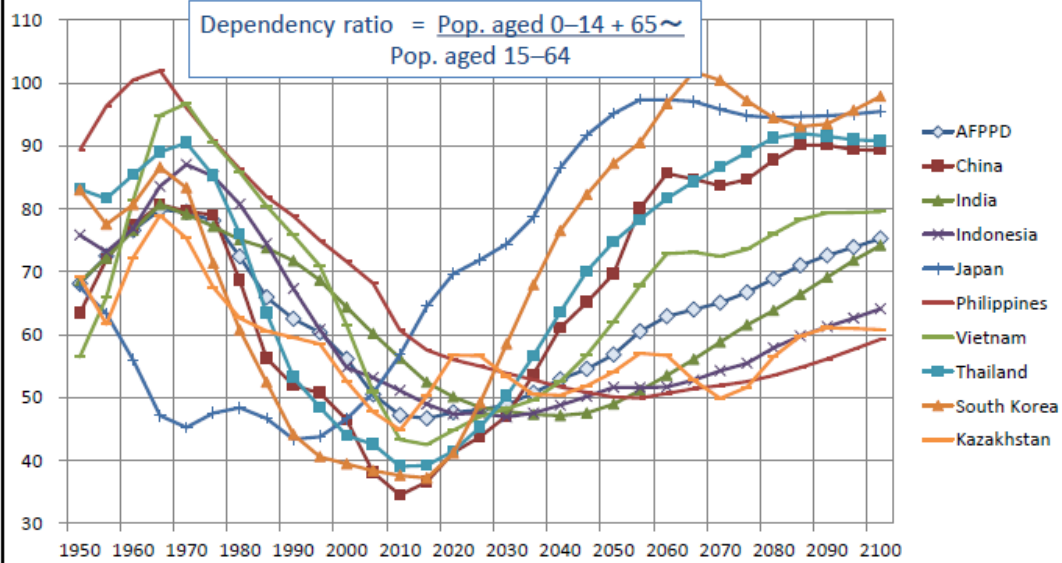
Member, House of Councillors, Japan

September 6, 2016



Dependency ratio of select Asia and Pacific countries

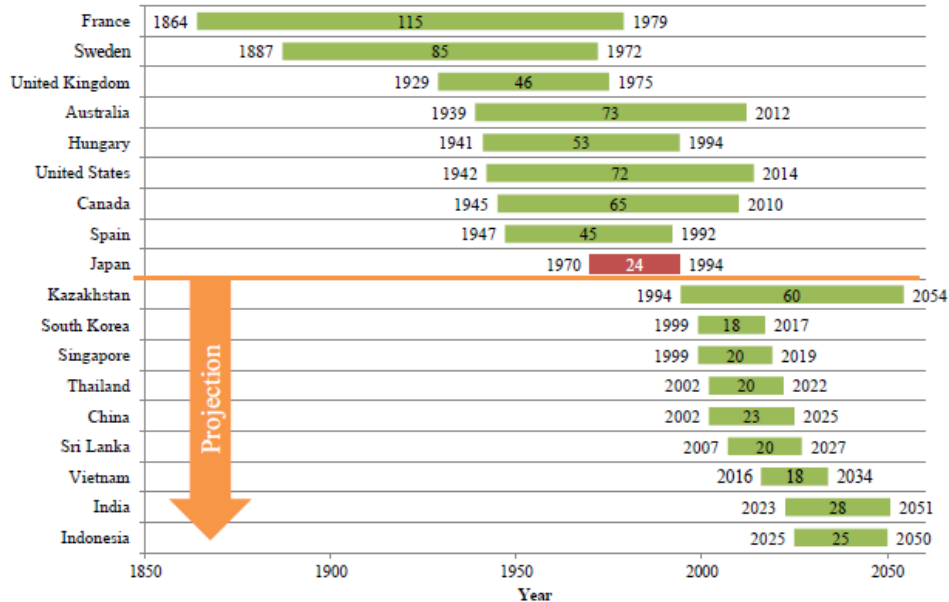
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Source : United Nations, Department of Economic and Social Affairs, Population Division (2015). *World Population Prospects: The 2015 Revision (DVD edition)*.

Speed of aging — Years required for aging rate to rise from 7% to 14%

4



Note : The year to the left of the bar designates the year in which the percentage of the population aged 65 and above (aging rate) reached 7%; the number to the right of the bar designates the year when the aging rate attained 14%. The number on the bar designates the years required for that increase.
Source : Hungary by Kinsella and Wan He (2009); Kazakhstan, Vietnam, India, and Indonesia calculated using UN (2015) and others by IPSS (2016)

The dynamics of aging— The wave of aging in Asia (2015)

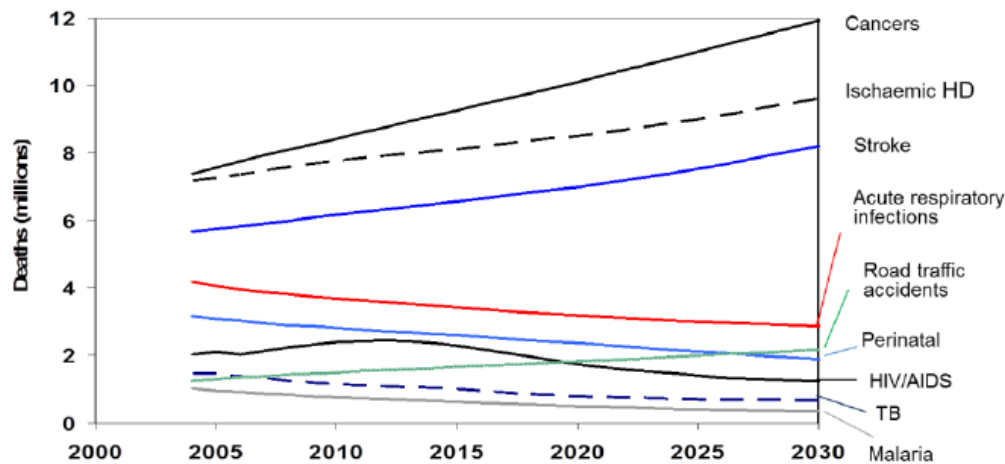
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First	Aging ratio more than 14%	Europe and US ➤ The aging of the population has advanced slowly from 1940 on.
Second	More than 14%	Japan ➤ The aging of the population has advanced rapidly from 1970 on.
Third	7% – 14%	Korea, Taiwan, China, Thailand, and Sri Lanka ➤ The aging of the population has advanced rapidly from 2000 on. These countries are forecast to become aged societies with elderly populations of 14% or more in 2016–2026.
Fourth	5% – 7%	Vietnam, Indonesia, Myanmar, Kazakhstan, Iran ➤ The aging of the population has started. There are two types of aging societies in this group : 1) rapidly aging and 2) slowly aging.
Fifth	Less than 5%	Others: Malaysia, Cambodia, Laos, India, Mongolia, etc. ➤ These countries' populations continue to age slowly.

Growing number of cases of non-communicable diseases as causes of deaths

6

Global projections for selected causes
2004 to 2030



Updated from Mathers and Loncar, PLoS Medicine, 2006

Aging and the Sustainable Development Goals (SDGs)

3 GOOD HEALTH



SDG 3: Ensure healthy lives and promote well-being for all at all ages.

- To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care.
- No one should be left behind.
- 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

Indicator

- 3.4.1 Mortality of cardiovascular disease, cancer, diabetes or chronic respiratory disease

Proportion of population 60 years or over living independently, alone or with spouse

	Male (%)	Female (%)
Germany	91.5	88.7
USA	76.8	73.8
Japan	51.5	46.9
China	39.7	34.1
Vietnam	29.8	26.8
Indonesia	24.1	24.1
Thailand	21.3	16.8
India	17.3	15.8

Sources: Japan data based on 2010 Population Census; all other data based on United Nations, DESA, Population Division, "Population Ageing and Development 2012."

Health and welfare services for elderly in Japan— 9 Impact of introduction of Long-Term Care Insurance System (2000)

Place of death

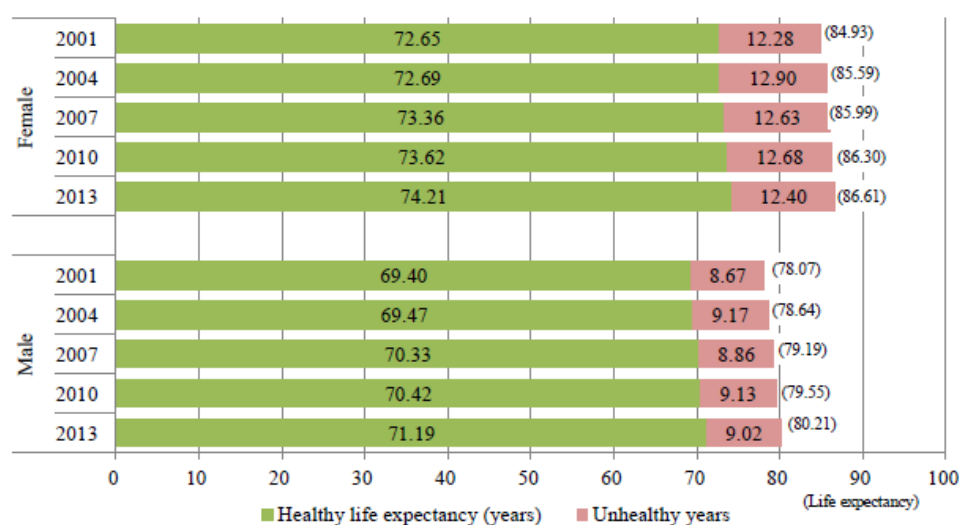
Year	Hospital	Clinic	Senior citizen health facilities	Nursing homes	Home
1951	9.1	2.6	-	-	82.5
1970	32.9	4.5	-	-	56.6
1990	71.6	3.4	0.0	-	21.7
2009	78.4	2.4	1.1	3.2	12.4

Number of nursing homes

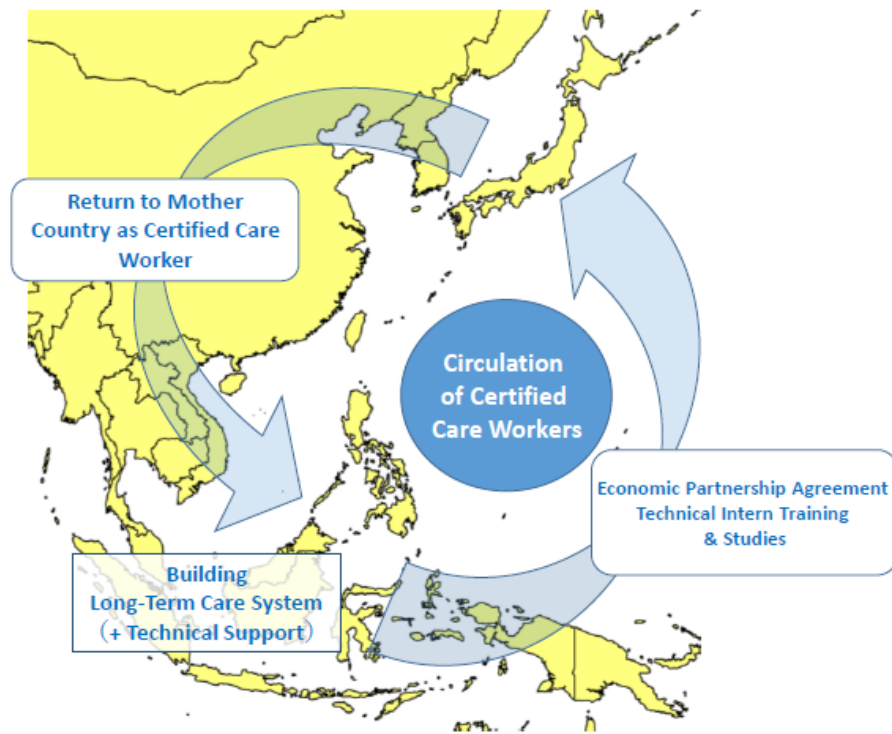
Year	Number of facilities	Change	
1990	2,260		3,994 nursing homes were newly established in a period of 20 years. There was a 277% increase in facilities.
2000	4,463	+2,203	
2011	6,254	+1,791	

Healthy life expectancy in Japan, 2001 to 2013

10



Source: "Health Japan 21 (The Second Term)—Progress of Each Objective," Ministry of Health, Labour and Welfare, <http://www.mhlw.go.jp/file/05-Shingikai-10601000-Daijinkanboukouseikagakuka-Kouseikagakuka/sinntyoku.pdf>.



Asia Health and Human Well-Being Initiative

Policy Goal

1. Responding to an increasing number of elderly people, make the whole Asian Region a society of health and longevity where the people live their own lives based on their health.
2. Guarantee healthy elderly people opportunities for continuous employment by increasing healthy life expectancy, make it possible to secure a certain level of income, ease younger generations' burdens by maintaining human resources and productivity, and carve a way for sustainable economic growth.

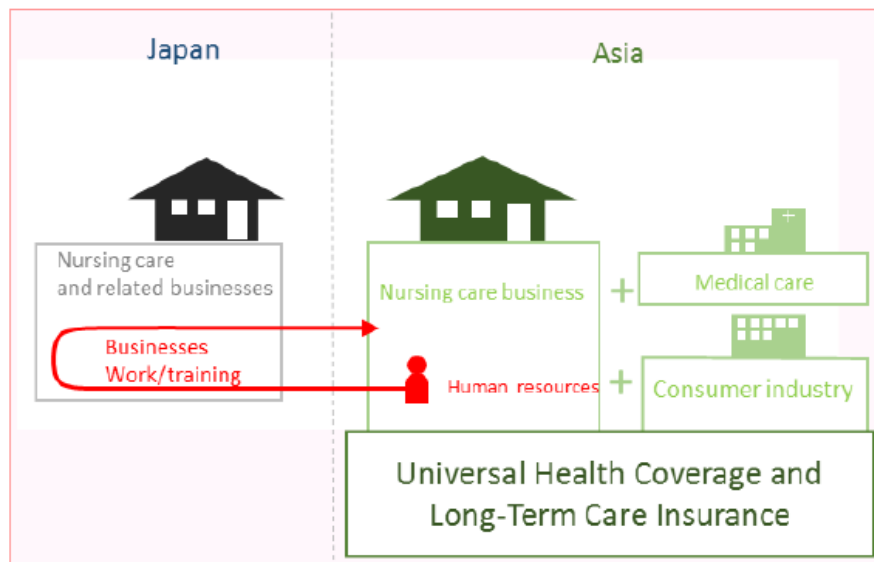
Asia Health and Human Well-Being Initiative ¹³

Concept

1. The expansion of demand for healthcare services for the elderly will begin in industrialized countries and will gradually spread like a 'wave' to affect middle- and low-income countries.
2. The demand for healthcare services for the elderly will rapidly increase in middle- and low-income countries as well.
3. The speed of increase in the number of the elderly varies by countries. This difference generates the gap of the supply and demands for elderly care amongst the waves/countries.
4. To ensure an efficient supply of healthcare services, policymakers on the later waves should take into consideration the gap of these waves to use its followers advantage .
5. To that end, further refinement of individual countries' medical data and greater coordination and collaboration among countries will be necessary.

14

Image of Asia Health and Human Well-Being Initiative



Strategy

15

Method:

1. Support for building Universal Health Coverage based on the ownership of recipient countries.
2. Support the nursing and related businesses under the public and private partnership.

Inter-governmental Cooperation

1. **Framework for Cooperation:** In order to support the development of Universal Health Coverage with an elderly care system in Asian countries, conclude inter-governmental memoranda of cooperation.
2. **Action for Cooperation:** Share experience and knowledge of the elderly care system in cooperation with the related international organizations such as the WHO Kobe Center and ERIA (Economic Research Institute for ASEAN and East Asia). Standardization and popularization of the elderly care license/certificate is necessary.
3. **Promotion of Research:** Research needs to be conducted in cooperation with international organizations and with academic analysis on the aging process and its background, including estimating the future needs in the Asia region.
4. **Promotion of Circulation Policy for Human Resources:** Increase the number of foreign students in Japan and create a matching system between graduates of Japanese elderly care service training schools and the nursing field and related businesses in Asia.

Support for Private Sector

To support Japanese companies planning to enter Asian countries that have not yet developed their elderly care services, the Japanese government will carry out the following measures:

1. **Coordinate the Council of "Asia Health and Human Well-Being Initiative":** Private sector, governmental organizations, and related ministries will establish a council to support overseas operations.
2. **Funding:** JICA's overseas investments and loans, as well as Cool Japan Fund's and Japan Bank for International Cooperation's loans will be introduced, depending on the types of activities.
3. **Assessing the needs:** To support assessments of the needs, will utilize the exiting ODA mechanisms such as JETRO's business support center offices or JICA offices.



1

UHC and Ageing Populations Japan Lessons Learned

Keizo Takemi
Chairman, Special Mission Committee on
Global Health Strategy, LDP
Member, House of Councillors, Japan

September 7, 2016

2

Development of welfare policies for the elderly

	Aging rate (year)	Major policies
1960s <u>Beginning of welfare policies for the elderly</u>	5.7% (1960)	1963 Enactment of the Act on Social Welfare Services for the Elderly ◇ Intensive care homes for the elderly created ◇ Legislation on home helpers for the elderly
1970s <u>Expansion of healthcare expenditures for the elderly</u>	7.1% (1970)	1973 Free healthcare for the elderly
1980s <u>Social hospitalization and bedridden elderly become social problems</u>	9.1% (1980)	1982 Enactment of the Health and Medical Services Act for the Aged ◇ Adoption of the payment of co-payments for elderly healthcare, etc. 1989 Establishment of the Gold Plan (10-year strategy for the promotion of health and welfare for the elderly) ◇ Promotion of the urgent preparation of facilities and in-home welfare services
1990s <u>Promotion of the Gold Plan</u>	12.0% (1990)	1994 Establishment of the New Gold Plan (new 10-year strategy for the promotion of health and welfare for the elderly) ◇ Improvement of in-home long-term care
<u>Preparation for adoption of the long-term care insurance system</u>	14.5% (1995)	1997 Enactment of the Long-Term Care Insurance Act
2000s <u>Enforcement of the Long-Term Care Insurance System</u>	17.3% (2000)	2000 Enforcement of the Long-Term Care Insurance System

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Health and welfare services for elderly in Japan— 4 Impact of introduction of Long-Term Care Insurance System (2000)

Place of death

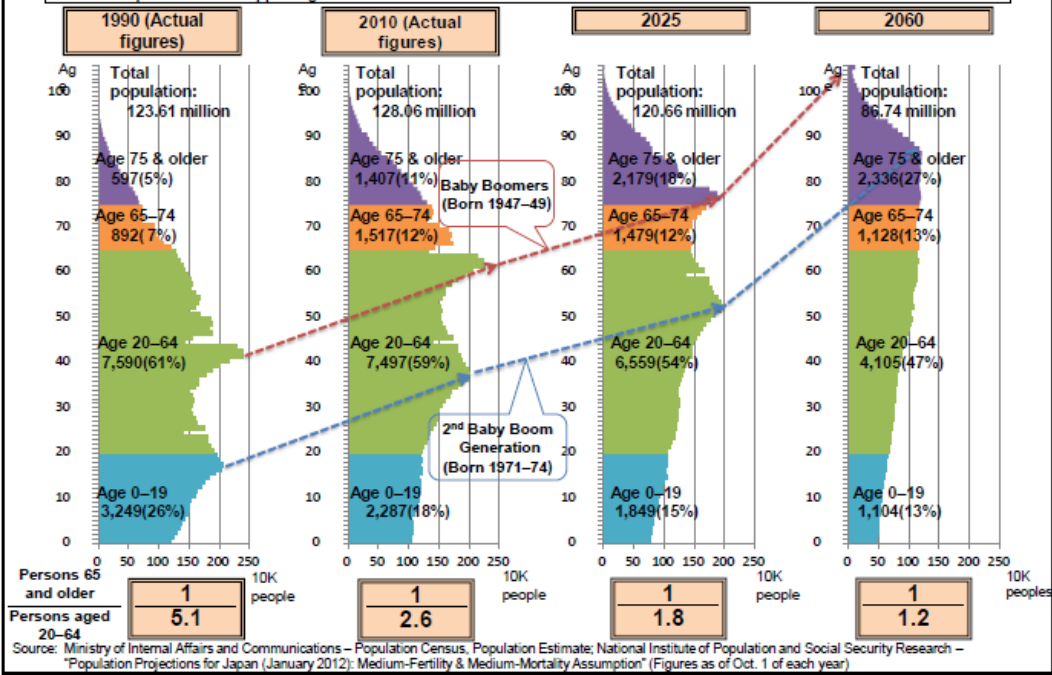
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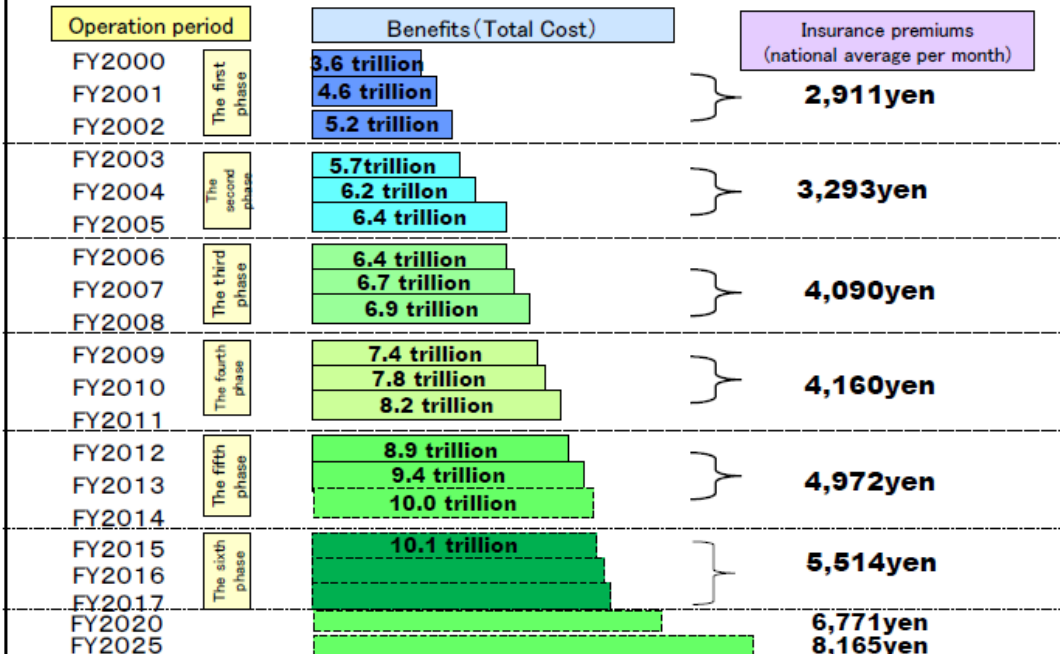
Changes in Japan's Population Pyramid (1990–2060) 5

○ By examining changes in Japan's demographic makeup, it can be seen that the current social structure consists of 2.6 persons supporting each elderly person. In 2060, with the progression of the aging population and decreasing birthrate, it is estimated that 1.2 person will be supporting one senior citizen.

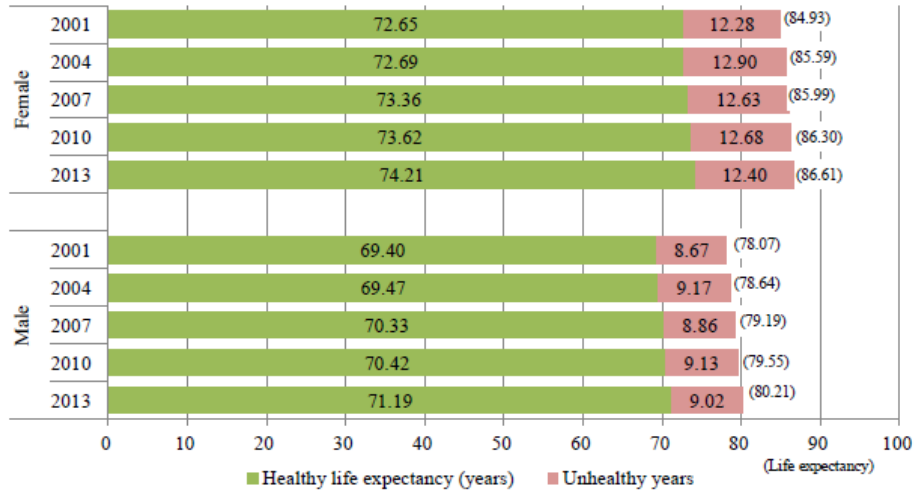


Trends and the Future Prospects of Long-Term Care Benefits and Premiums 6

○ The municipal governments formulate a Long-term Care Insurance Service Plan, which designates 3 years as one term and is reviewed every 3 years.
 ○ As ageing proceeds, premiums estimated to rise to 6,771 yen in 2020 and 8,165 yen in 2025. In order to maintain sustainability of the long-term care insurance system, it would be necessary to establish Integrated Community Care System, and to make services more focused and efficient.



Healthy life expectancy in Japan, 2001 to 2013



Source: "Health Japan 21 (The Second Term)—Progress of Each Objective," Ministry of Health, Labour and Welfare, <http://www.mhlw.go.jp/file/05-Shingikai-10601000-Dajininkanboukouseikagaku-Kouseikagaku/sinntyoku.pdf>.

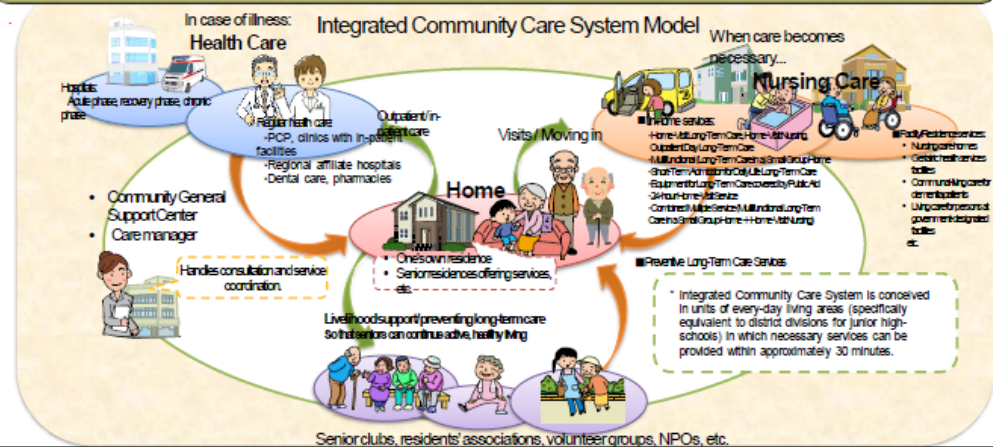
Establishing 'Integrated Community Care System'

By 2025 when the baby boomers will become age 75 and above, a structure called 'Integrated Community Care System' will be created that comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. By this, the elderly could live the remainder of their lives in their own ways in environments familiar to them, even if they become heavily in need for long term care.

As the number of elderly people with dementia is expected to rise, creation of Integrated Community Care System is important to support community life of the elderly with dementia.

The progression status will have regional differences; large cities with stable total population and rapidly growing population of over 75, and towns and villages with decrease of total population but gradual increase of population over 75.

It is necessary for the municipalities and prefectures that serve as insurers to create Integrated Community Care System based on the regional autonomy and independence.





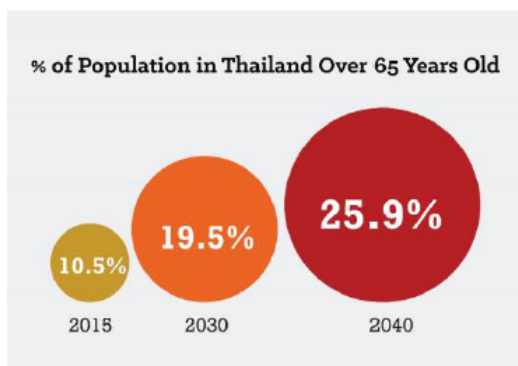
Asian Forum of Parliamentarians
on Population and Development

Case Study from Ageing Society Thailand's Pilot Project on Community-Based Elderly Care

September 7, 2016

Dr. Jetn Sirathranont, MP Thailand and Secretary-General of AFPPD

Thailand is expected to be a “super-aged society” by 2040.



(United Nations "World Population Prospects," 2015)

- Thailand: ranked 3rd **most rapidly ageing country globally** in 2012 (*Bloomberg, 2012 based on annual growth rate of senior population*)
- **Women** make up a disproportionate share of the elderly:
 - 55% of persons aged 60 or older
 - 61% of persons aged 80 or older*(Population Studies Center, 2015)*

Long Term Care (LTC) solution for the elderly is part of Thailand's strategic plan.

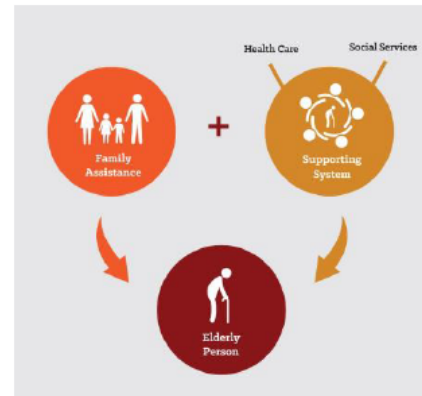
Strategy:

- The Ministry of Public Health recognizes that LTC involves both family assistance and effective supporting system of health care and social services
 - Health Development Strategic Plan for the Elderly (2008 - 2011)
 - Second National Plan for Older Person (2002-2021)
- National budget for LTC: 600 million Thai Bahts (2015), 900 million Thai Bahts (2016)

Challenges:

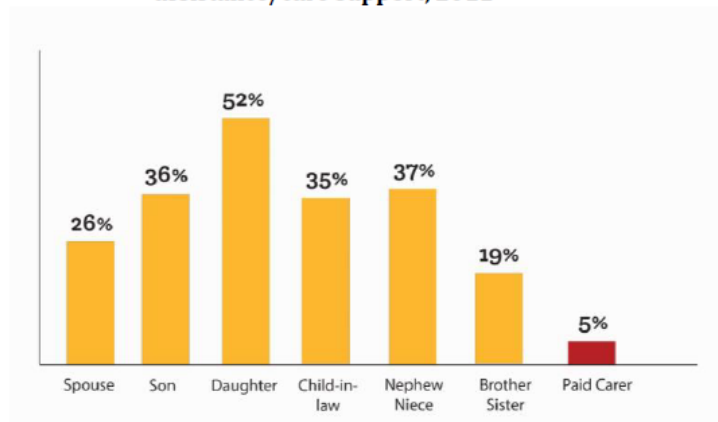
- Community-level implementation
- Effective use of budget
- Concept of "care managers"

Long-Term Care Solution Components



3

Percentage of persons aged 60 or older who receive assistance/care support, 2011



(John Knodel, Vipav Prachuabmoh and Napaporn Chayovan, 2013)

4

There is greater demand for care managers in providing long-term care and support for the elderly.

- Family: key role in care and support traditionally.
- **Increasing needs for care managers**
- Majority of care managers are **volunteers**
 - Not recognized as a paid job
 - 2013: Over 30,000 elderly home care volunteers for 1 million elderly persons under the Home Care Service Volunteers for the Elderly Program (*Population Studies Center, 2013*)
- Majority of care managers are **nurses**
 - They juggle both their paid job as nurse and voluntary time as care manager

5

Case Example

Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP)

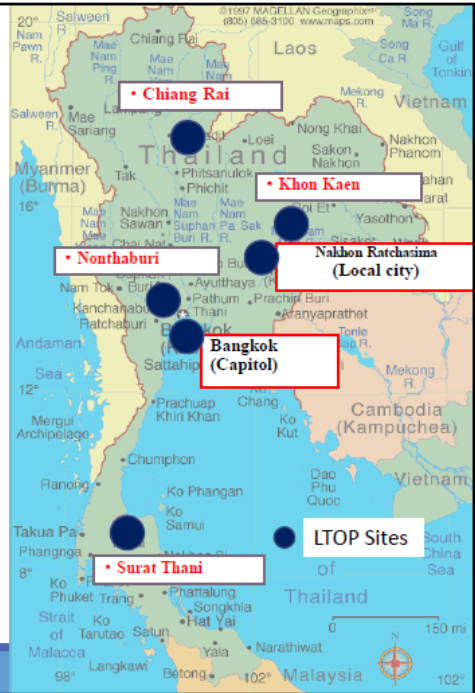
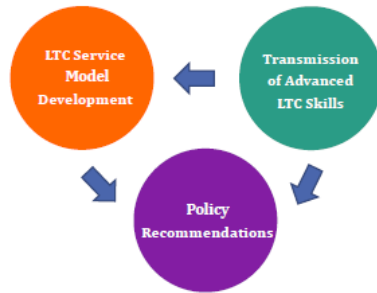
Thailand's Ministry of Public Health and Japan International Cooperation Agency (JICA)



LTOP Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP)

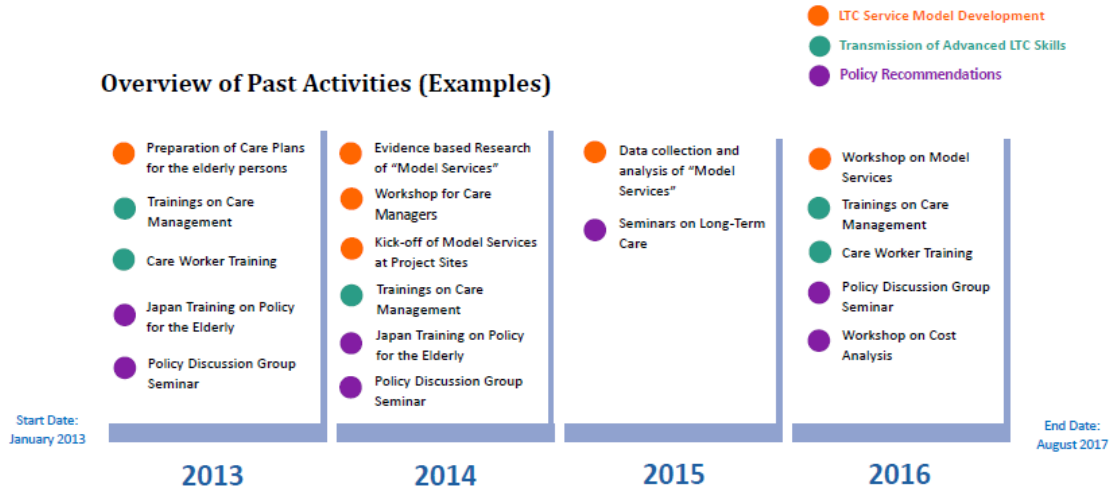
- LTOP (January 2013 – August 2017): focuses on **Long-Term Care (LTC) of the elderly**
- **6 areas:** Chiang Rai, Khon Kaen, Nonthaburi, Surat Thani, Nakhon Ratchasima and Bangkok

◦ **Three components:**



LTOP Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP)

Overview of Past Activities (Examples)



LTOP

Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP)

Details of Past Activities (Examples)

LTC Service Model Development

- Involved preparation of care plans, evidence-based research, data collection and analysis over time



Transmission of Advanced LTC Skills

- Involved trainings in Japan: 3 weeks with 12 - 15 trainees per training
- Examples: Training on Care Management, Care Worker Training
- Trainees come from the project sites, the Ministry of Public Health and Ministry of Social Development and Human Security
- Content include:
 - Basics of care management, assessment and preparation of care plans
 - Overall picture of long-term care in Japan
 - Visits to elderly sites (e.g. in Nonthaburi, Thailand)
- Trainees who finished the training became care coordinators of the project sites.



Policy Recommendations

- Involved trainings, discussions and seminars
- Policy-makers, researchers, experts from Thailand and Japan
 - Example: Seminar on Long-Term Care
 - Involved policy makers from the Ministry of Public Health and Ministry of Social Development and Human Security (Thai side)
 - Involved policy makers from the Ministry of Health, Labour and Welfare and consultants (Japanese side)

9

Conclusion

- Thailand is aging rapidly. Government has made many efforts concerning LTC but there are still challenges.
- **Case study of LTOP highlights:**
 - The need for cooperation and shared experiences (in this case, from Japan)
 - Sustainability and long-term thinking
 - Involving different experts from policy-makers to researchers
 - Implementation challenges:
 - Community-Level
 - Care managers:
 - Still volunteers
 - Need other sources of people beyond nurses

Sources: JICA and Thai Ministry of Public Health





Welcome

to the Special Session

Presented by:

A S M Feroz MP

Chief Whip

Bangladesh Parliament



The Role of Parliamentarians in Creating Active Ageing Societies



The composition of world population changed dramatically.

❖ The ageing trends are:

- **A dramatic increase in life expectancy.**
- **A dramatic decline in fertility rates.**



Demographic shift with deep consequence to the world.

- In 1950 worldwide average life expectancy was 48years.
- In 2010 it has become 68 years.
- It will be 81 years by the end of this century.



Global Strategy and Action Plan on Ageing and Health 2016-2020

**Adopted by
The World Health Organization (WHO)**



Our responsibility:

❖ to integrate global ageing to the process of development

(The Political Declaration and Madrid International Plan of Action on Ageing, 2002)



Not only as a Parliamentarian but also as a citizen we all have important role to create active ageing society.



Bangladesh:

The government's initiatives for
creating an active ageing
society



- ❖ We achieved our Glorious Independence in 1971 under the leadership of the Father of the Nation Bangabandhu Sheikh Mujibur Rahman.
- ❖ The remarkable success in the development of the health sector under the leadership of Prime Minister Sheikh Hasina, daughter of Bangabandhu Sheikh Mujibur Rahman, the average age of people is rising



- **Old Age Allowances program started in 1998.**
- **Various social safety net remains an important focus for the government.**
- **Fair market price for the senior citizen.**
- **Financial Allocation increasing every year.**



- ❖ **Establish 6 old home in 6 division;**
- ❖ **National Policy on Older Persons, 2013;**
- ❖ **We have declared the citizen above 60 years as 'Senior Citizen';**
- ❖ **Enacted The Parents Care Act, 2013**



- **Praiseworthy initiatives from NGOs.**
- **National and internationally well reputed NGOs are working**
 - **The Government has highest cooperation for their work.**



- **Parliamentarian are the guardian of the people of his/her constituency.**
- **Can promote active ageing society concept-**
 - ✓ **in the development activities;**
 - ✓ **in the area of law making.**



- **Parliamentarians are the voice of the people of their constituency.**
- **In their every speech to the public, regardless the issue, they should promote the active ageing issue locally.**



- **We are the political frontrunner of the mass people.**
- **We, The parliamentarians, can go beyond the border to create global forum on active ageing.**



The Parliamentarians of Bangladesh are actively working on population development under the leadership of the Honorable Speaker of the “House”.



- **Elderly people are respected by the family, society and even by the nation.**
- **We and our fellow politicians can promote the honor and dignity of the ageing people to create healthy society.**



Finally we can say that,

Active aging is an essential element of the society and parliamentarians can contribute a lot to make a smart, sustainable, and inclusive ageing society.



Thank you all

for being with me throughout the session.

Joi Bangla, Joi Bangabandhu.



Asian Forum of Parliamentarians on Population and Development: Standing Committee on Active Ageing

SEPTEMBER 8, 2016

HANOI, VIETNAM

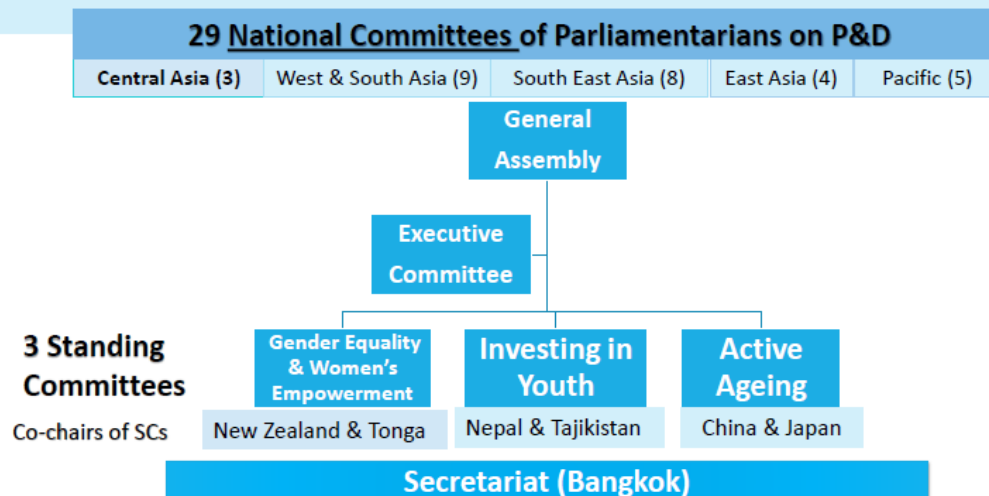
MIKA MARUMOTO, EXECUTIVE DIRECTOR

ASIAN FORUM OF PARLIAMENTARIANS ON POPULATION AND DEVELOPMENT



- AFPPD Standing Committee on Active Ageing (2015~)
- Objectives and Expected Outcomes of the Meeting

AFPPD:
The oldest regional parliamentary network in the world (since 1981)
Organizational & Governance Structure



What is AFPPD's vision?

The AFPPD envisions a world especially where.....

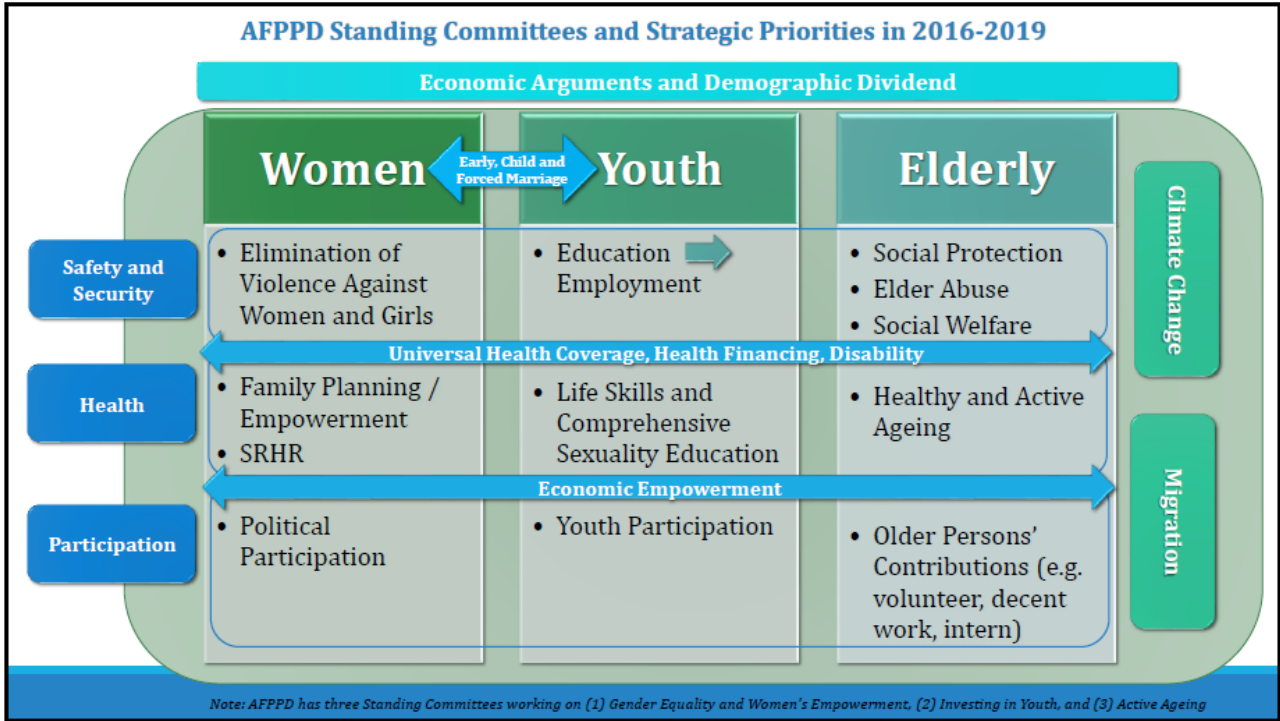
- ✓ **demographic changes and population issues** are taken into account in planning for sustainable development;
- ✓ **women and girls** have equal rights and opportunities and can enjoy a safe, healthy and dignified life throughout their lives;
- ✓ all women and girls have access to **sexual and reproductive health information, education and services**, and can decide whether, when and how many to have children.

Source: AFPPD. (2015) *AFPPD Strategic Plan 2016-2019*.

AFPPD's Mission:
AFPPD aims to realize its vision through *parliamentary work*

- ✓ **Advance for and formulate/amend policies and legislation** that promote SRHR, gender equality and women's empowerment, investing in youth, and active ageing;
- ✓ Hold governments **accountable** for their commitment and implementation of policies and legislation, as well as monitoring progress;
- ✓ Advocate for **increased budgets and financial resources** for the implementation of laws and regulations.





Why parliamentarians in the SDGs era?

- ✓ *The SDGs Implementation requires stronger parliamentarians commitment than ever*

Transforming our World: the 2030 Agenda for Sustainable Development Declaration (para 45) states....

“We acknowledge the essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of our commitments.”

- ✓ *Catalysts of change through AFPPD activities at all three levels.*

AFPPD activities are catalysts of change at the national, regional and international levels.



Global Conference of Parliamentarians on Population and Development Toward the 2016 G7 Ise-Shima Summit 26-27 April 2016, Tokyo, Japan



GCPPD Declaration and Recommendations to the G7 Ise-Shima Summit

G7 Leaders' Declaration – Health Section; G7 Ise-Shima Vision for Global Health



South Asian Parliamentarians' Meeting to accelerate collective efforts to eliminate early, child and forced marriage 23-24 March 2016, Kathmandu, Nepal



Kathmandu Declaration

National actions



Deputy Speaker
Parliament of Kazakhstan
Hon. Ms. Gulmira
Issinbayeva

"I was very skeptical about benefits of offering reproductive health education at school. But now, after the workshop, I have a different view about comprehensive sexuality education."

AFPPD's Central Asian National Committees have spearheaded national-level multi-stakeholders forums November & December 2015 Almaty Kazakhstan & Dushanbe Tajikistan

Source: GCPPD Declaration & Recommendations to the G7 Ise-Shima Summit: <http://www.afppd.org/events/event-docs/1-v88r-global-conference-of-parliamentarians-on-population-and-development-2016-dec.pdf>
AFPPD: GCPPD Conference Report (2016): <http://www.afppd.org/events/event-docs/1-g7gcppd-final-report-2nd-ed-6-june-2016-map-report.pdf>

The G7 Ise-Shima Leaders' Declaration: Ministry of Foreign Affairs of Japan: <http://www.mofa.go.jp/oc/affairs/01/2016/01/16160101.htm>
Kathmandu Declaration: <http://www.afppd.org/events/event-docs/1-v88r-kathmandu-declaration.pdf>
Conference Report: <http://www.afppd.org/events/event-docs/1-g7gcppd-final-report-2nd-ed-6-june-2016-map-report.pdf>

Example: Top-down approach and MPs' roles are imperative in the SDGs Implementation: SDGs: Goal 3 Implementation through life-cycle approach

Birth	Infancy	Childhood	Youth	Adulthood	Older age
Skilled Birth attendants	Infant Mortality rate	U5 Mortality	Education+ (*incl. CSE)	* Education/ literacy+	* Continuing education+
Maternal mortality	*Morbidity rates	Malaria prophylaxis	Employment (occupational injuries)	Employment (occupational injuries*)	*NCDs+
*Emergency obstetric care	*Immunities conferred +(including PMTCT)	*Early childhood education+	*NCD risks initiated+	*STI risks+ (incl. HIV/AIDS)	*Dementia incidence
*Premature births	*Neonatal mortality rate+	*Orphan status	Adolescent fertility *Sexual debut	Other morbidities and mortality	*Abuse and non-support
*C-sections		*Immunization (later)+	*GBV+ * Early marriage+	*GBV+	

* Those with asterisk were not included in the MDGs.

+ Those with plus have been included in some manner or discussed in the official SDG process.

Source: AFPPD (2016). *Parliamentarian Resource Kit on SRHR and Population and Development Links in Asia and the Pacific in the Post 2015*, 2nd edition, P.18.

The Objective and Expected Outputs: Today's Standing Committee on Active Ageing

▪ **Increased knowledge and understanding by AFPPD member countries on:**

- Gaps and needs on ageing related national plans, policies and legislation
- Good practices, challenges and policy options
- Relevant regional and global commitments e.g. MIPAA, WHO's Global Strategy and Action Plan on Ageing and Health

▪ **Increased awareness of:**

- The role of parliamentarians in establishing and/or maintaining a proper social security system that anticipates population ageing and fertility decline
- What constitutes an age-friendly policy and legislation
- Financial implications to implement age-friendly programmes

- **Increased information sharing among parliamentarians and partners on how to implement policies and legislation**



Recommendations to the Executive Committee



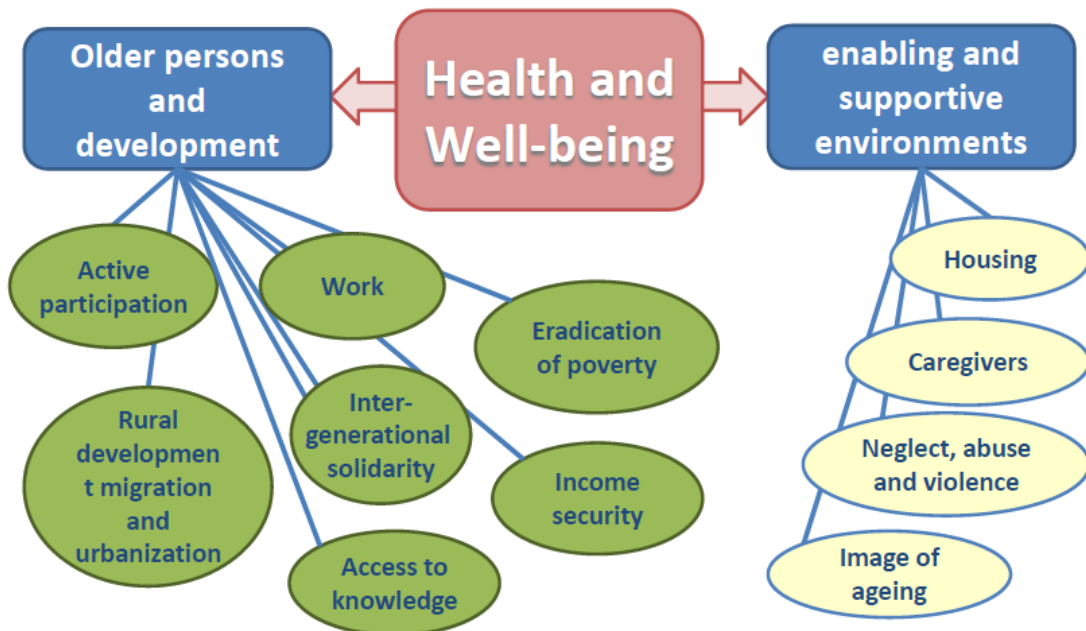
Asian Forum of Parliamentarians on Population and Development (AFPPD)
1st Standing Committee Meeting on Active Ageing
Hanoi, Vietnam - 8 Sept 2016

Reality Check of Asia's Diverse Ageing/Aged Societies: Data & Policy Implications

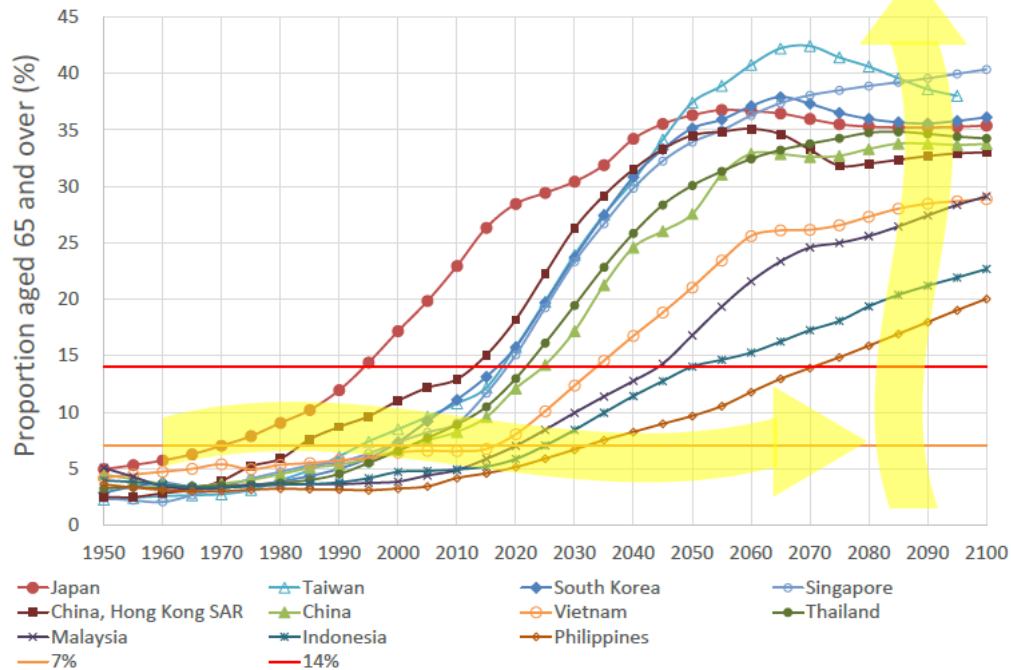


Reiko HAYASHI, Ph.D.
National Institute of Population and Social Security Research (IPSS)
Japan

Madrid International Plan of Action on Ageing (MIPAA) 2002



Horizontal and vertical tide of population ageing

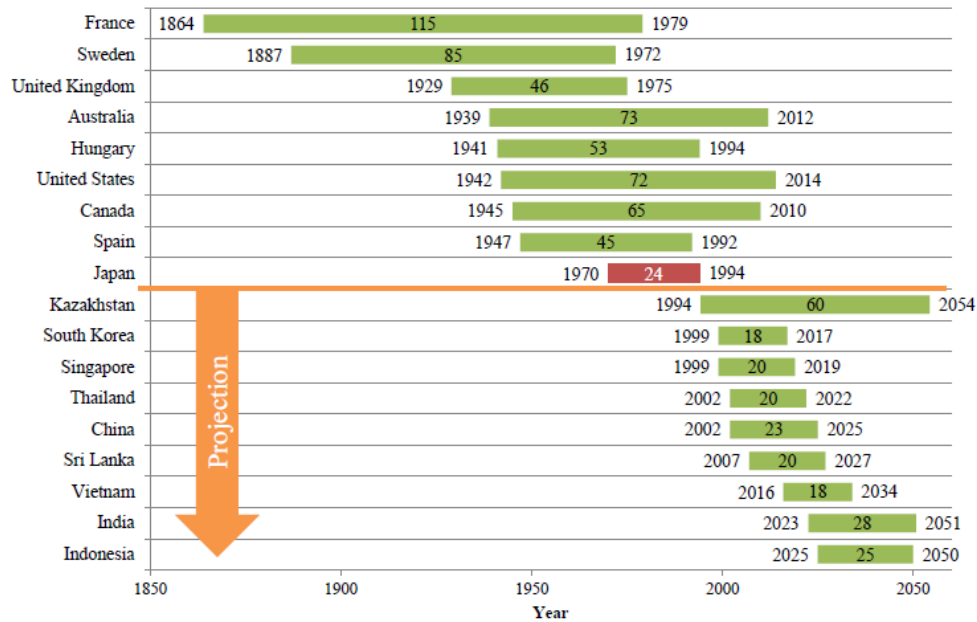


Data source : United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, DVD Edition.

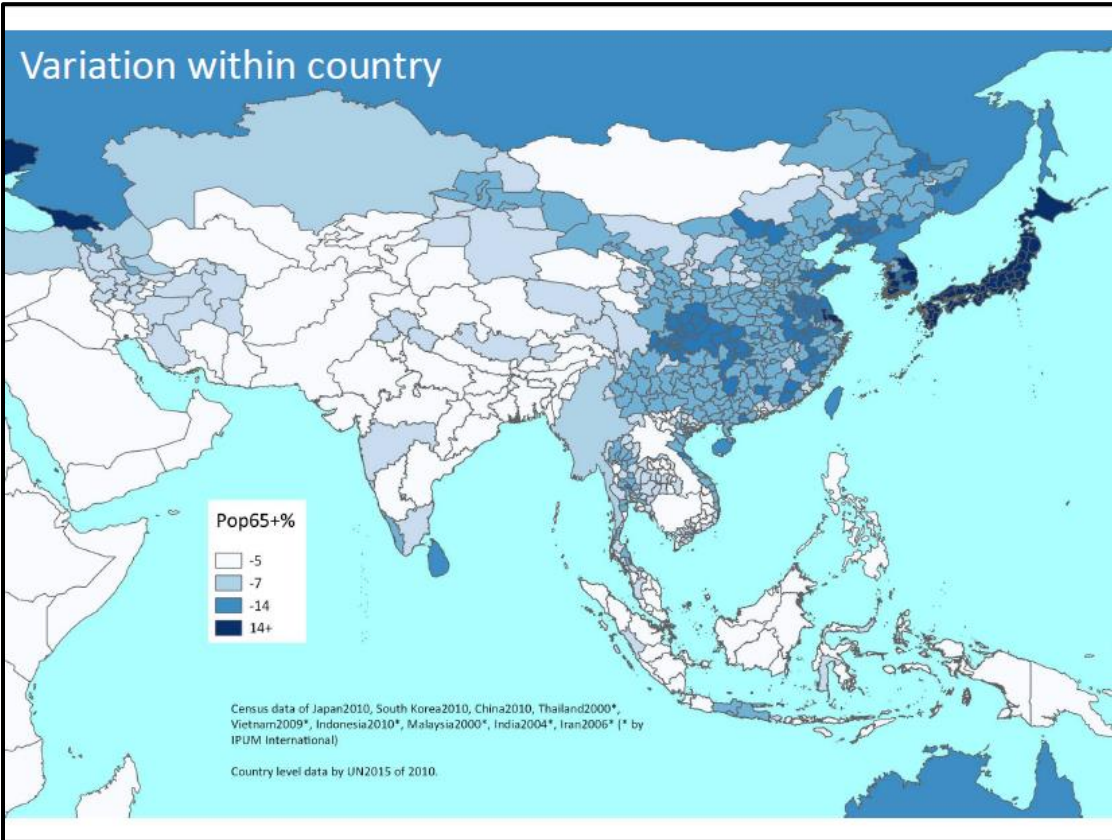
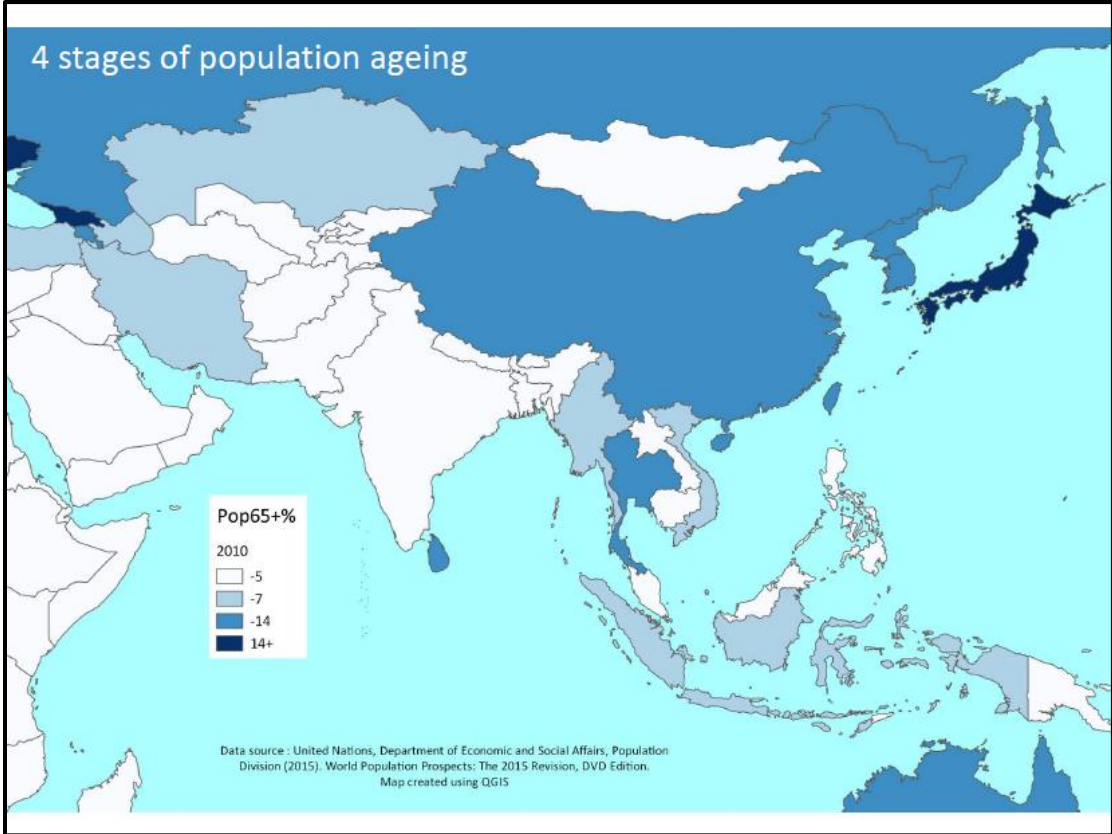
Speed of aging

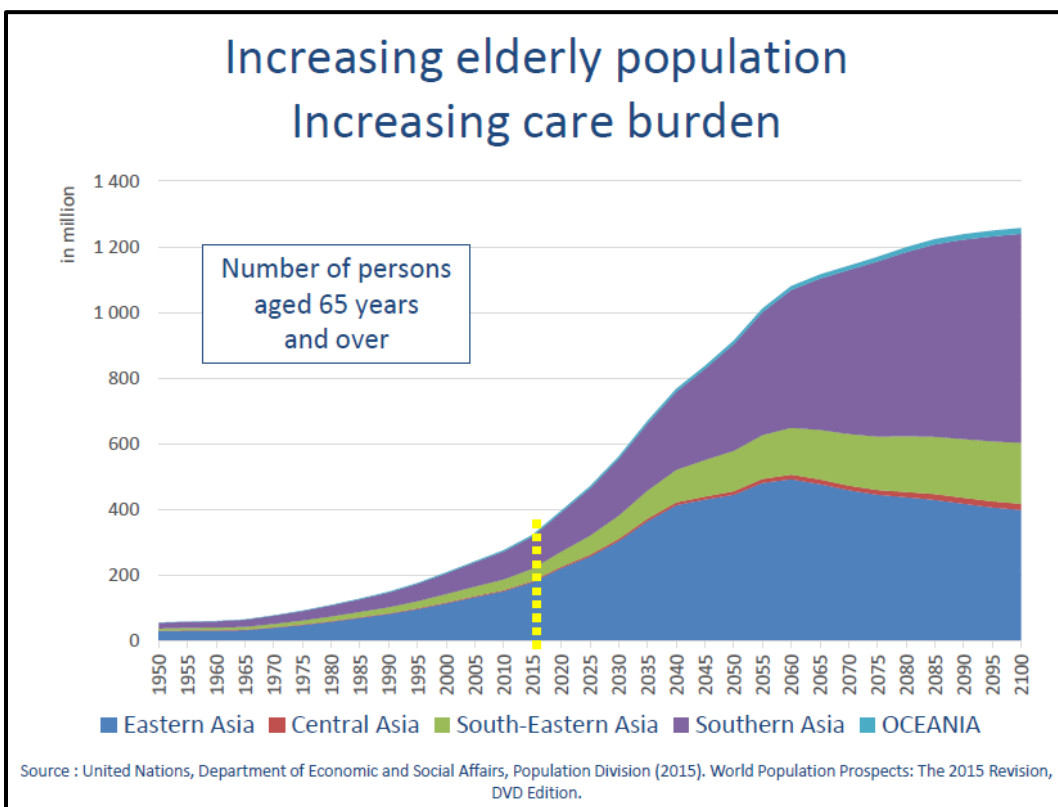
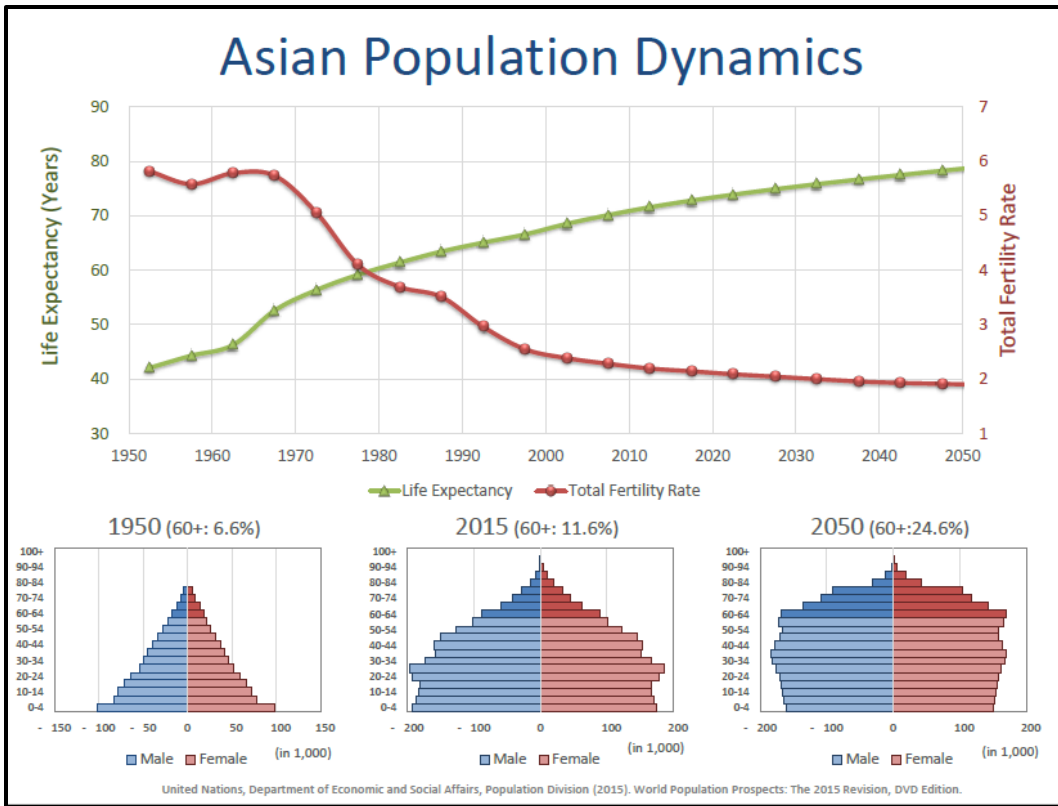
4

Years required for aging rate to rise from 7% to 14%

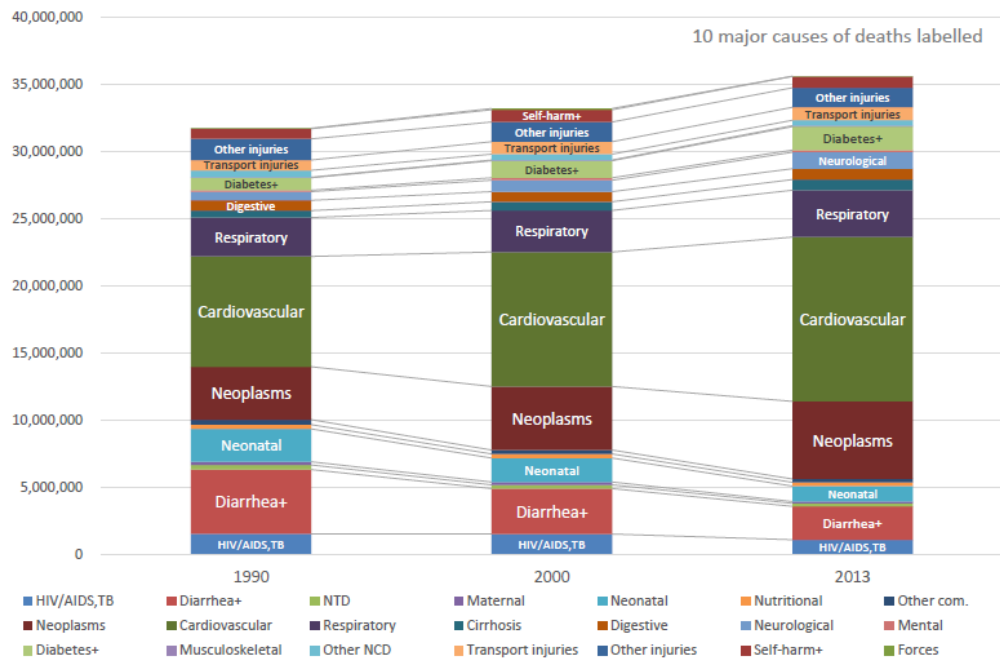


Note : The year to the left of the bar designates the year in which the percentage of the population aged 65 and above (aging rate) reached 7%; the number to the right of the bar designates the year when the aging rate attained 14%. The number on the bar designates the years required for that increase.
Source : Hungary by Kinsella and Wan He (2009); Kazakhstan, Vietnam, India, and Indonesia calculated using UN (2015) and others by IPSS (2016)

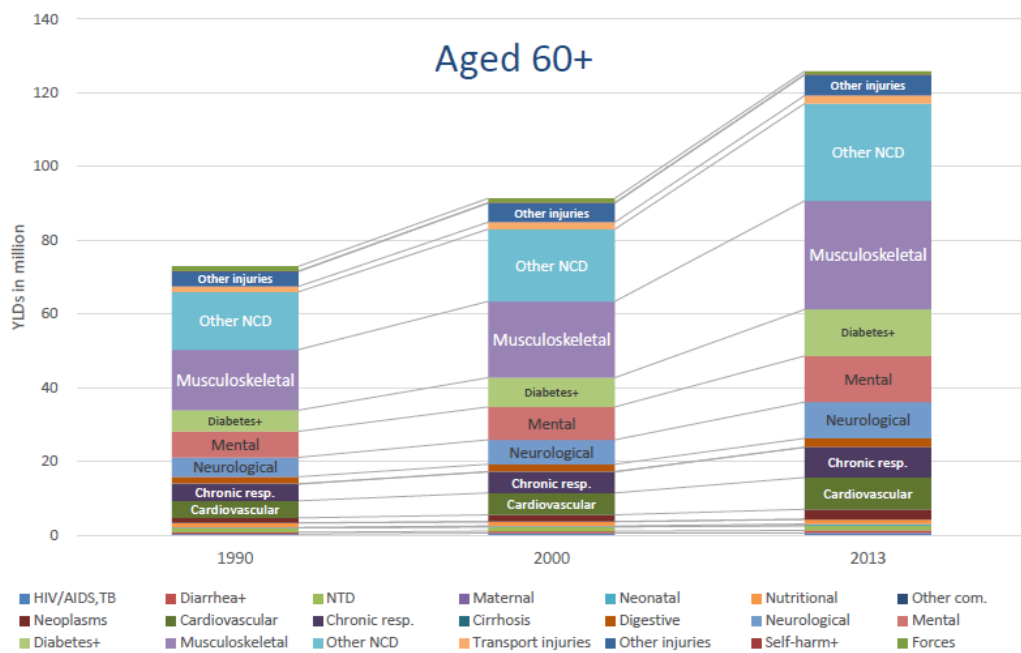


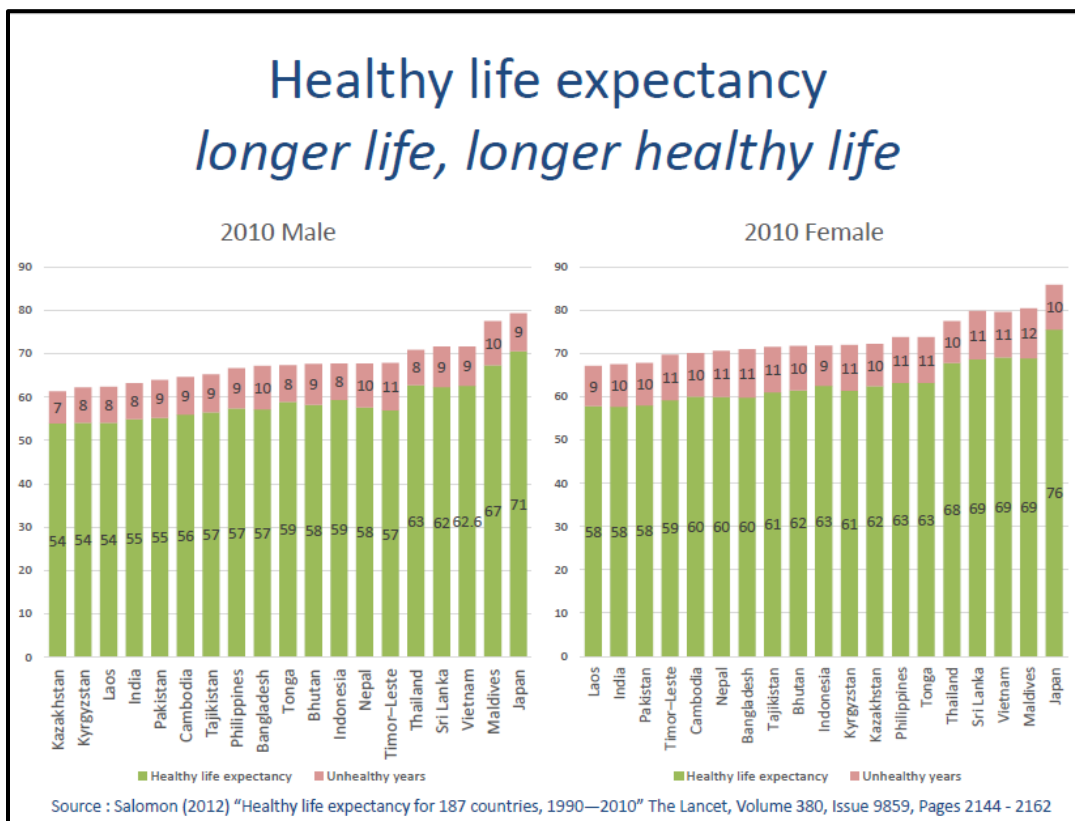
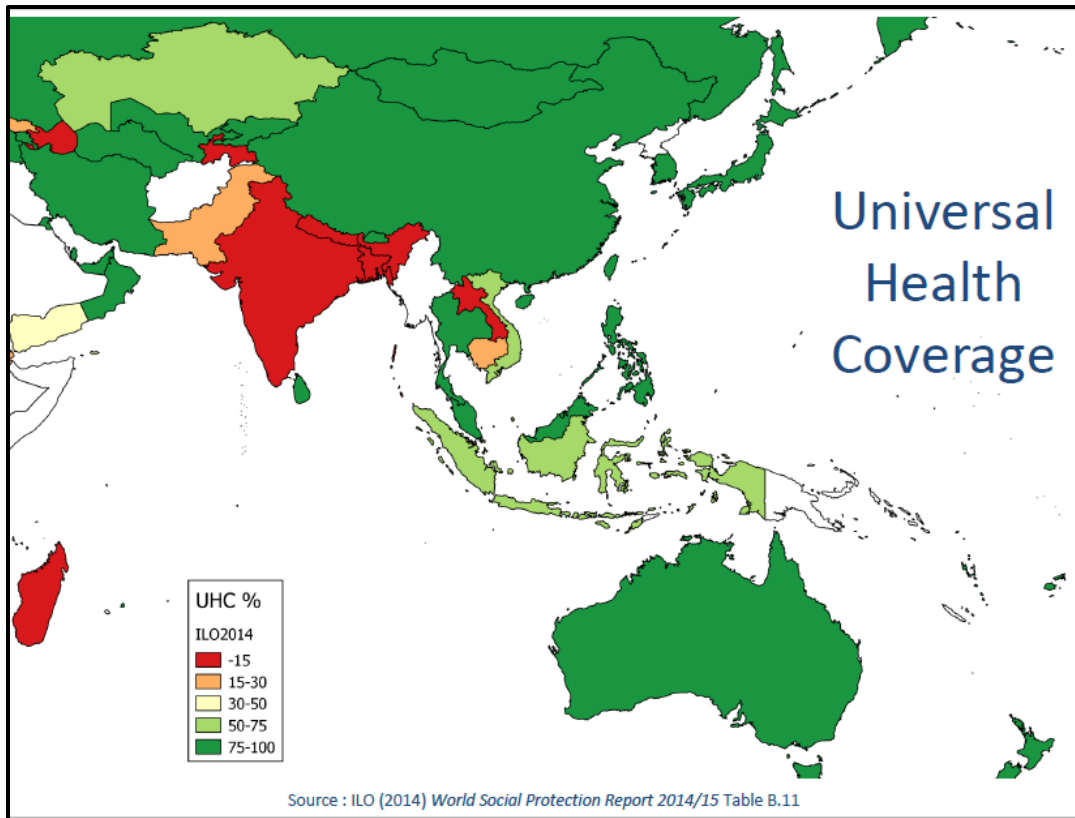


Number of deaths in Asia and Pacific*

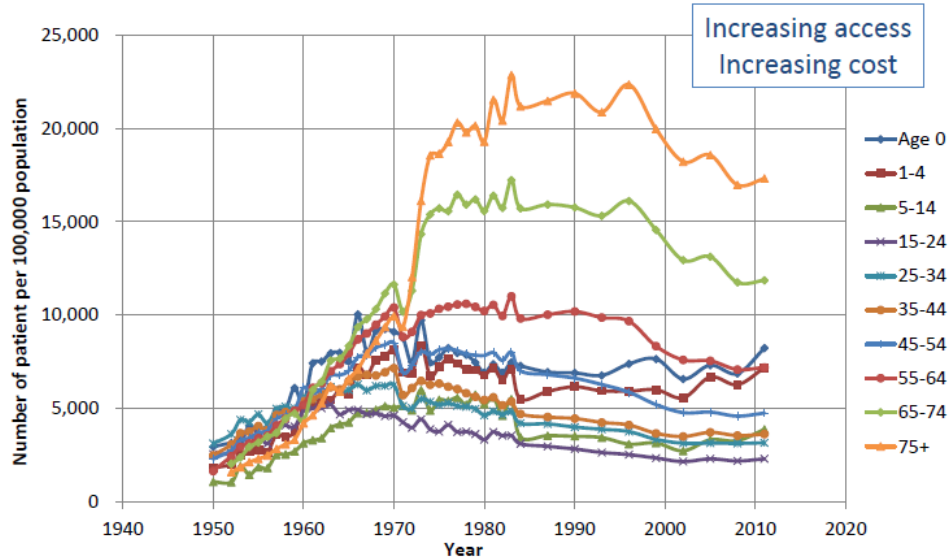


Years Lived with Disability (YLDs) in Asia and Pacific*



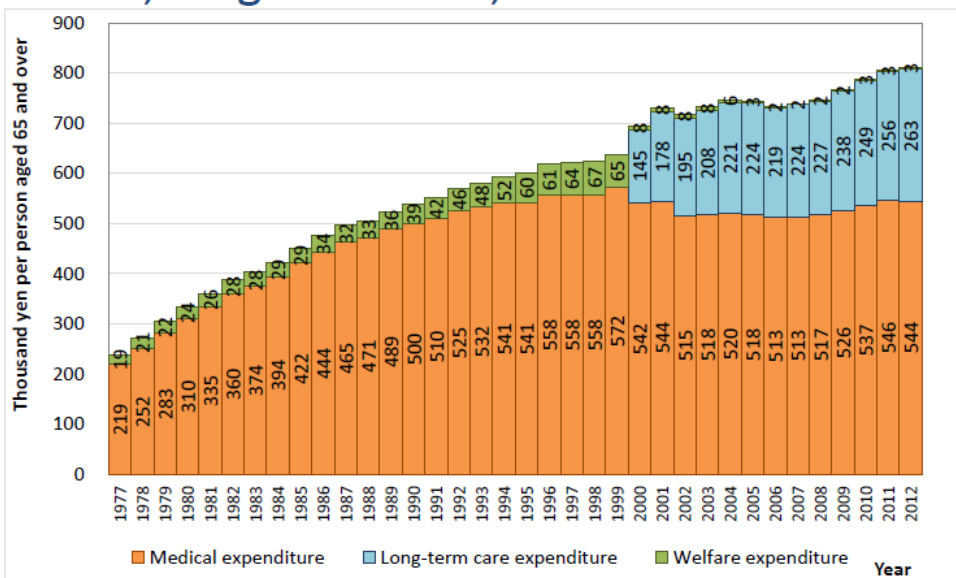


Free medical care for the elderly from 1973 in Japan by the Partial Revision of the Act for the Social Welfare for the Elderly



Note : Number of patient is the sum of out-patient and in-patient during one day of the survey
Source : Patient Survey, Ministry of Health, Labour and Welfare
in ESCAP (2015) *Long-term Care of Older Persons in Japan* SDD-SPPS Project Working Papers

Increasing expenditure medical, long-term care, welfare for the elderly



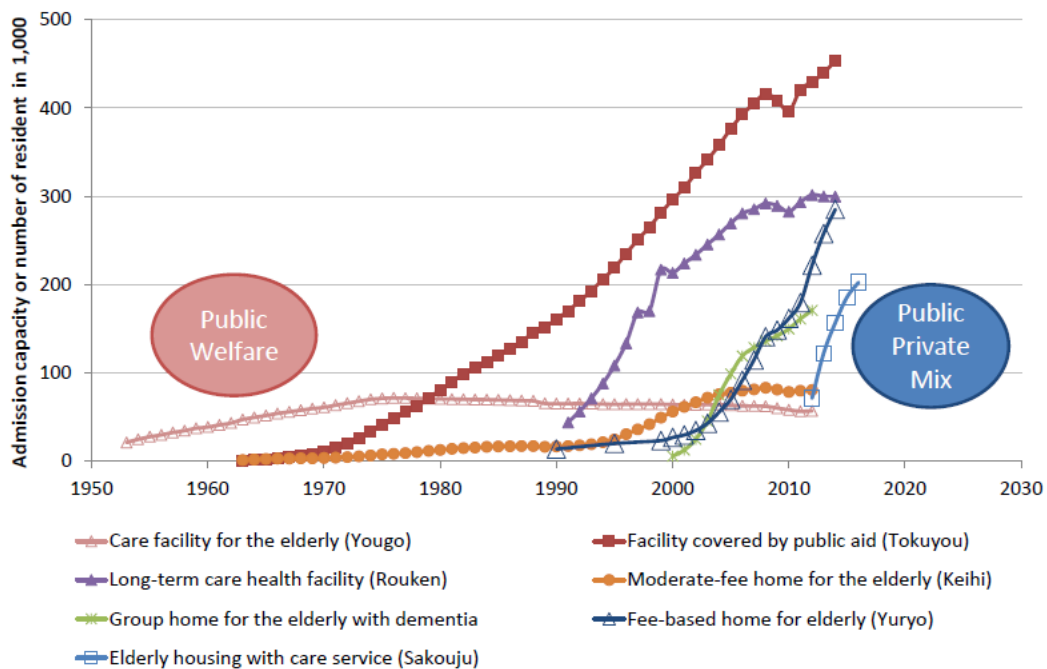
Source : ESCAP (2015) *Long-term Care of Older Persons in Japan* SDD-SPPS Project Working Papers
<http://www.unescap.org/resources/long-term-care-older-persons-japan>

Population in facilities by census in Japan

		1970	1980	1990	2000	2010	2015
N	65~69	71,245	73,167	83,228	106,279	114,600	137,000
	70~74	57,055	93,545	103,263	129,007	146,923	160,500
	75~79	40,080	97,390	144,170	171,290	232,494	246,500
	80~84	23,005	72,312	152,488	214,216	349,052	427,500
	85+	11,225	44,459	156,957	403,199	824,792	1,179,100
	65+	202,610	380,873	640,106	1,023,991	1,667,861	2,150,600
%	65~69	1.9%	1.8%	1.6%	1.5%	1.4%	1.4%
	70~74	2.2%	3.1%	2.7%	2.2%	2.1%	2.1%
	75~79	2.7%	4.8%	4.8%	4.1%	3.9%	3.9%
	80~84	3.2%	6.6%	8.3%	8.2%	8.0%	8.6%
	85+	3.5%	8.4%	14.0%	18.0%	21.7%	23.8%
	65+	2.8%	3.6%	4.3%	4.6%	5.7%	6.4%

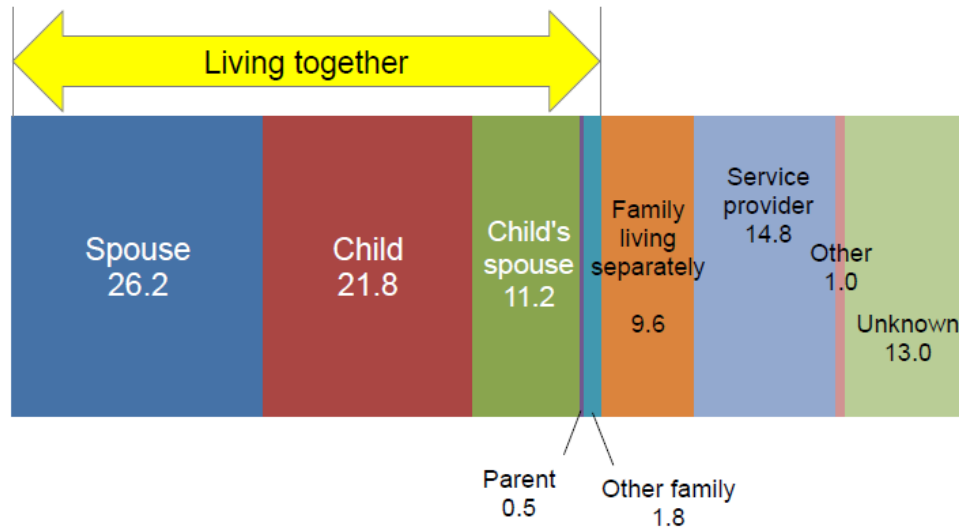
Source : Population Census, Statistics Bureau, Japan, www.estat.go.jp

Different types of elderly facility in Japan



Sources: Surveys conducted by Ministry of Health, Labour and Welfare; "Social Security Statistics in Japan" IPSS

Main caregiver, by relation to the cared in Japan, 2013 (%)

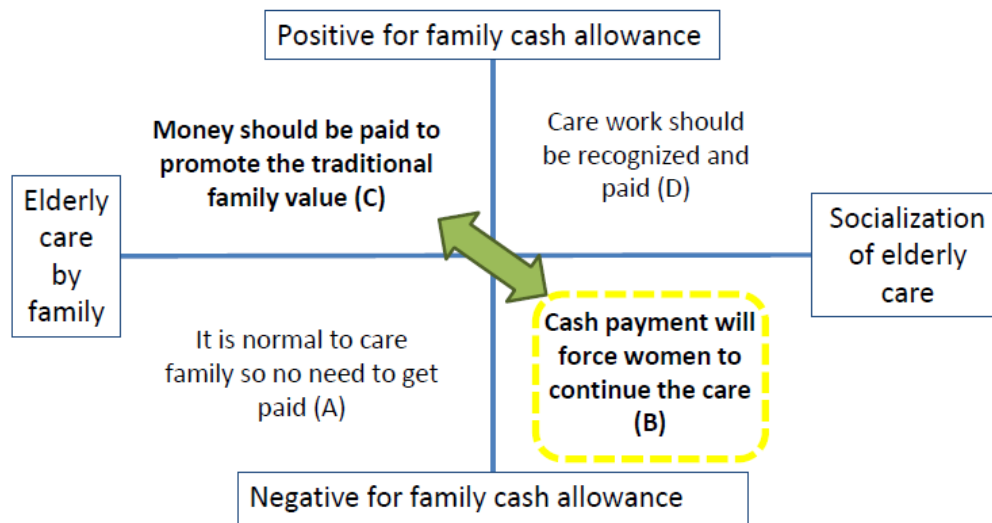


Source: Ministry of Health, Labour and Welfare, "Comprehensive Survey of Living Conditions" in ESCAP (2015) *Long-term Care of Older Persons in Japan* SDD-SPPS Project Working Papers

Family or socialization

through the debate on family cash allowance
at the time of introduction of long term care insurance (around 2000)

in ESCAP (2015) *Long-term Care of Older Persons in Japan* SDD-SPPS Project Working Papers
<http://www.unescap.org/resources/long-term-care-older-persons-japan>



Source: Adapted from Kiyoshi Ishibashi, "Insurance for elderly care and the family: The purification of affection". *Departmental Bulletin Paper*, vol. 8, 2001, pp. 115–131 (Research Institute of Bukkyo University, in Japanese).
in ESCAP (2015) *Long-term Care of Older Persons in Japan* SDD-SPPS Project Working Papers



Third MIPAA Review and Appraisal in Asia and the Pacific

Dr. Srinivas Tata
Chief, Social Policy and
Population Section, ESCAP

*HelpAge Asia-Pacific Regional Conference 2016
The Economic Implications of Ageing
Hanoi, 6 – 8 September 2016*



Madrid International Plan of Action on Ageing (MIPAA)

Global guiding document on population ageing with 3
priority areas:

- Older persons and development;
- Advancing health and well-being into old age;
- Ensuring enabling and supportive environments.



MIPAA Timeline

- ⇒ 1982 – Vienna International Plan of Action on Ageing adopted by World Assembly on Ageing
- ⇒ 2002 – Adoption of MIPAA
- ⇒ 2007 – First Asia-Pacific review of MIPAA in China: **Macao Outcome Document**
- ⇒ 2008 – First global review of MIPAA at the 45th and 46th CSD sessions
- ⇒ 2012 – Second Asia-Pacific review of MIPAA in Thailand: **Bangkok Statement**
- ⇒ 2013 – Second global review of MIPAA at the 49th CSD session
- ⇒ 2017 – **Third Asia-Pacific review of MIPAA in Bangkok**
- ⇒ 2018 – **Third global review of MIPAA at 52nd CSD session**

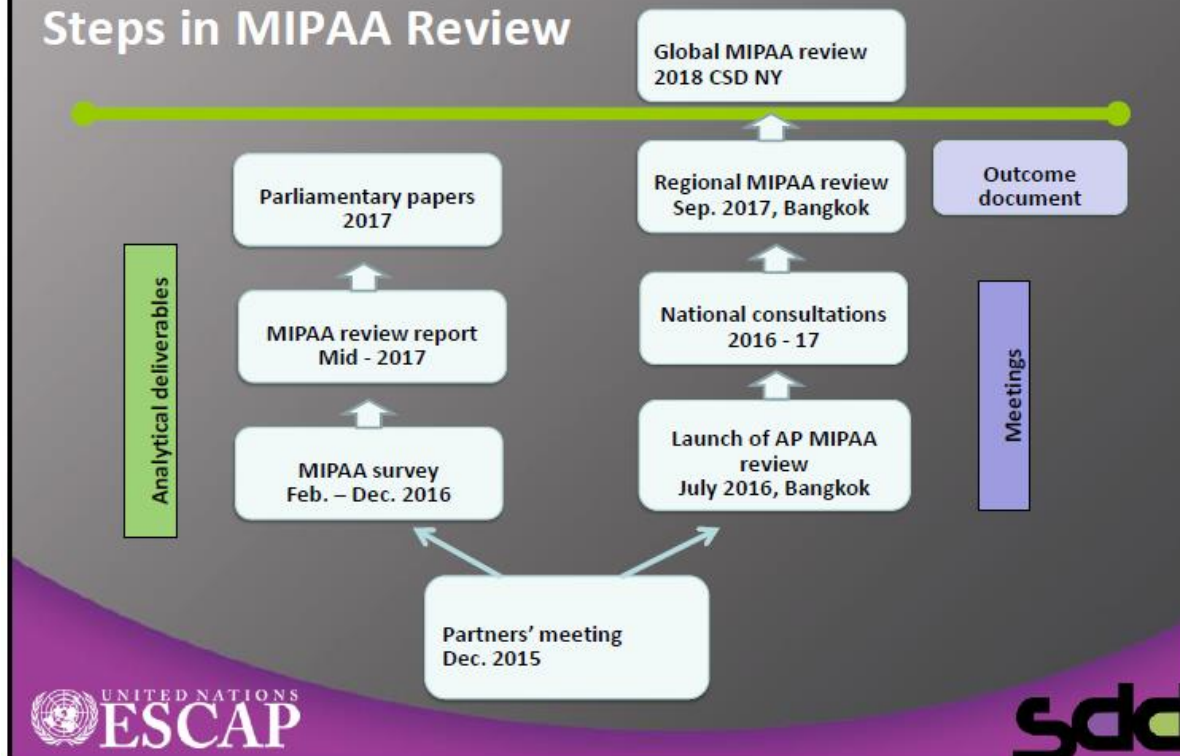


ECOSOC Resolution 2015/5 mandated regional commissions to:

- Provide assistance to Member States in organizing their national review exercises;
- Organize regional review meetings that actively engage civil society;
- Promote networking and the sharing of information;
- Provide an analysis of the main findings and identifying priority areas and policy responses by 2017.



Steps in MIPAA Review



Third MIPAA review objectives

- ✓ Identify progress and gaps in implementation of MIPAA in the Asia-Pacific region;
- ✓ Identify factors facilitating progress and obstacles impeding it;
- ✓ Hold national consultations to conduct a comprehensive assessment of ageing policy and identify emerging issues;
- ✓ Develop regional framework of action for better, and timely, MIPAA implementation.

Partnerships

Steering committee: UNFPA, WHO, ILO, WHO, Help Age International;

Strengthen partnerships with regional organizations, such as ASEAN and SAARC;

At national level, ensure inclusive consultations with full participation of all stakeholders including Governments, parliamentarians, civil society, organizations of older persons and academia.



The role of parliamentarians

Asian Forum of Parliamentarians on Population and Development (AFPPD) Standing Committee on Active Ageing co-chaired by China and Japan

Paragraph 45 of the 2030 Agenda for Sustainable Development Agenda acknowledge the "essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of our commitments".

Parliamentarians can:

- > Raise the issue of population ageing in national parliaments to raise awareness
- > Request that studies be carried out on the social, economic and cultural impacts and aspects of population ageing
- > Enact legislation that protects the needs and rights of older persons
- > Ensure budgetary allocations for the issue of population ageing
- > Participate in national delegations to the MIPAA review deliberations
- > Follow up and ensure incorporation of ageing issues in SDG plans



THANK YOU

For more information

escap-sdd@un.org

To access our publications on population ageing:

<http://www.unescap.org/our-work/social-development/ageing/publications>





The *Global strategy and action plan on ageing and health*

John Beard



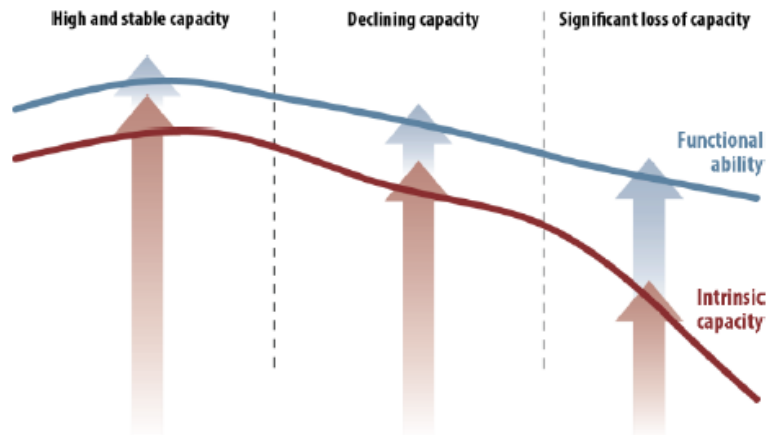
World Report on Ageing and Health

"Healthy Ageing - the process of developing and maintaining the functional ability that enables wellbeing in older age."



The cover of the World Report on Ageing and Health. It features the World Health Organization logo at the top left, a stylized illustration of a person with a yellow face sitting at a table, and the title "WORLD REPORT ON AGEING AND HEALTH" in bold, black, uppercase letters at the bottom right.

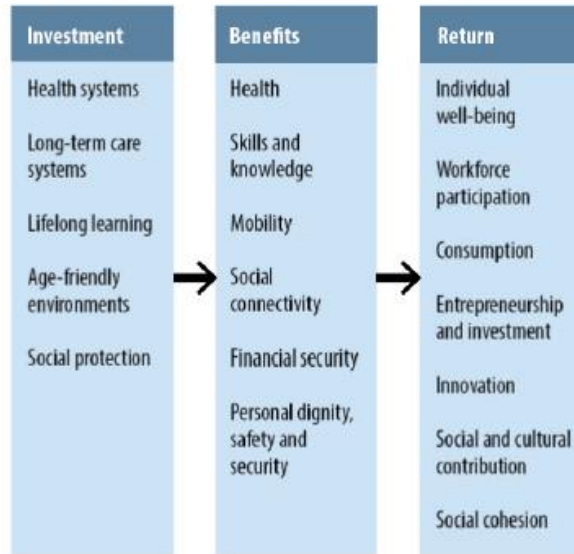
Public Health Framework for Action



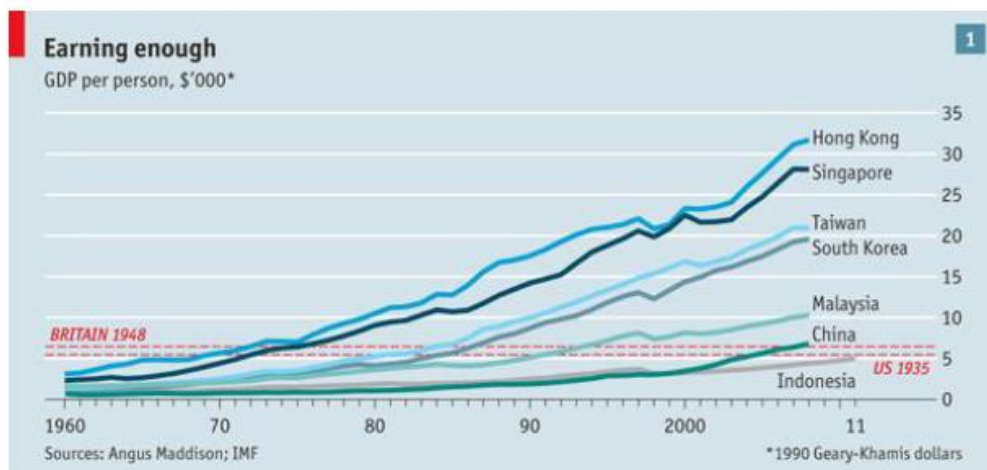
Global Strategy and Action Plan on Ageing and Health

- Commitment to action on Healthy Ageing in every country
- Developing age-friendly environments
- Aligning health systems to the needs of older populations
- Developing sustainable and equitable systems for providing long-term care (home, communities, institutions)
- Improving measurement, monitoring and research on *Healthy Ageing*

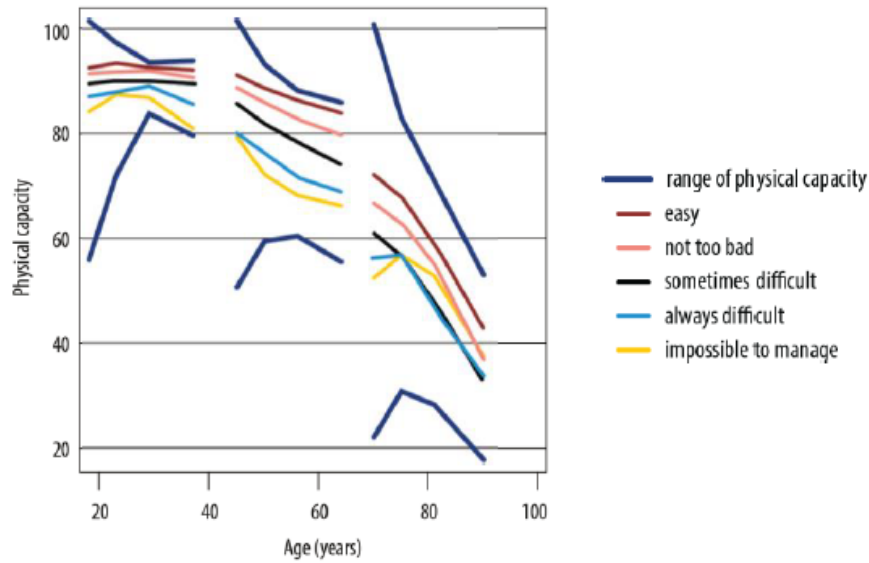
Expenditure on ageing populations



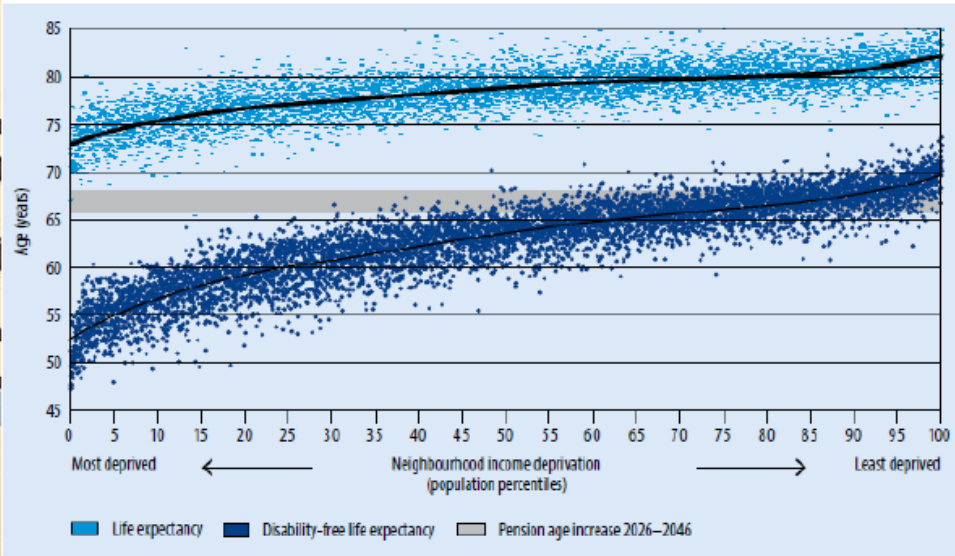
Investment on Ageing in the Asia Pacific: 2. Overdue



Physical capacity across the life course



.....and diversity is not random



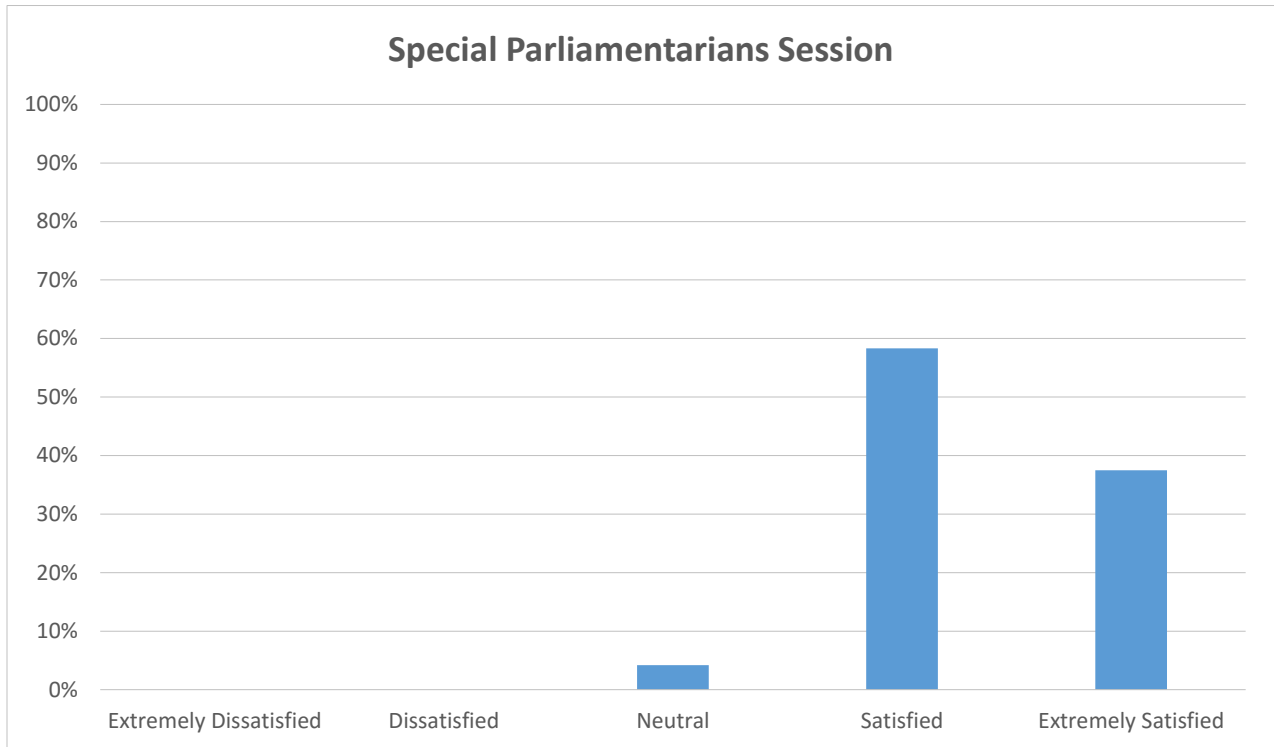
Source or credit: Example source information comes here.

Annex 6: Evaluation of the Parliamentarian Session and the Standing Committee Meeting

** Please note that the comments have been edited for brevity and appropriate grammar where needed*

Total respondents: 24 participants

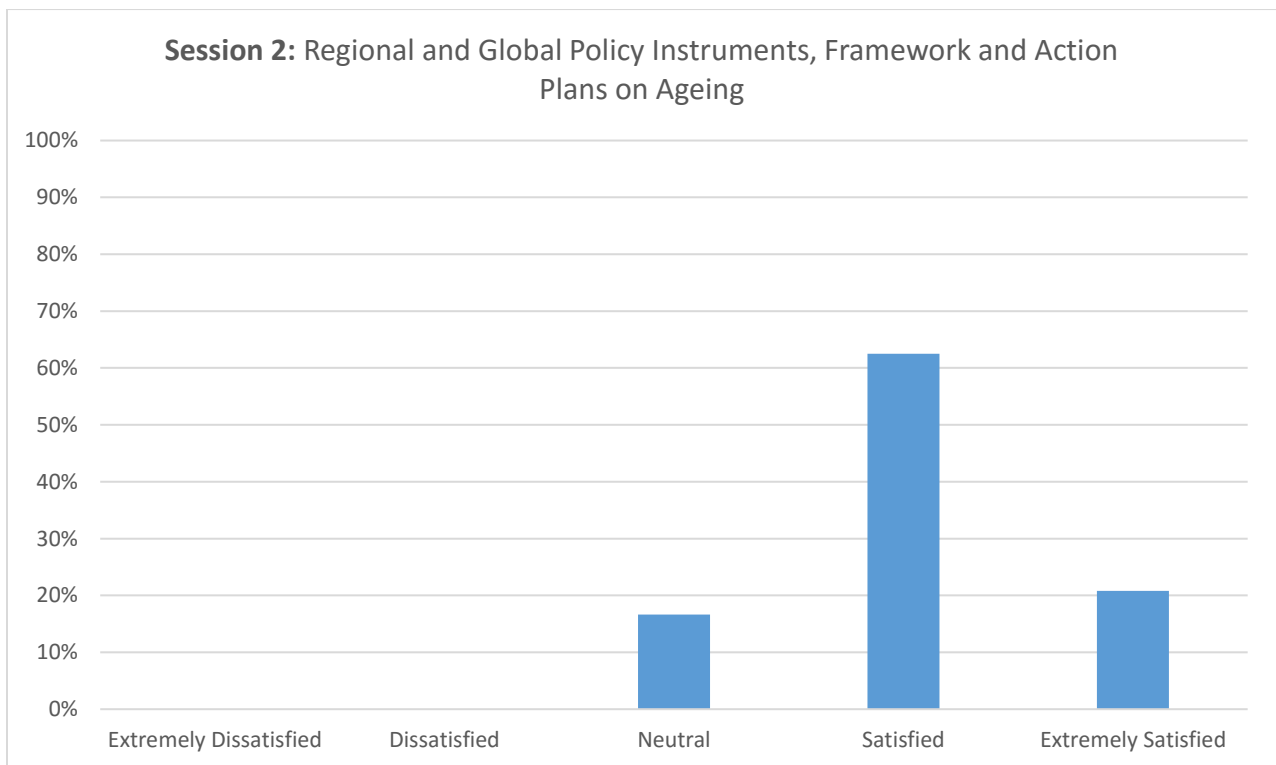
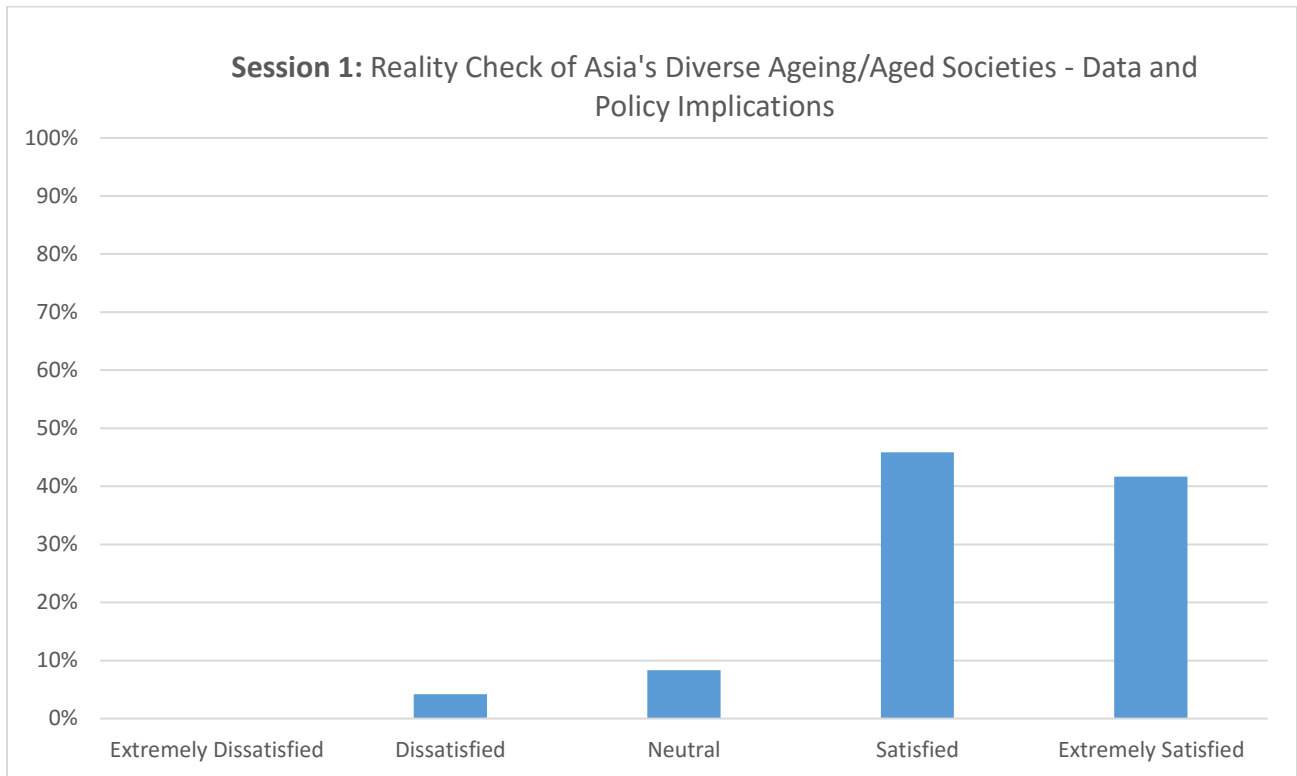
September 7, 2016 – HelpAge Asia-Pacific Regional Conference Special Session (co-organized by AFPPD and HelpAge International)



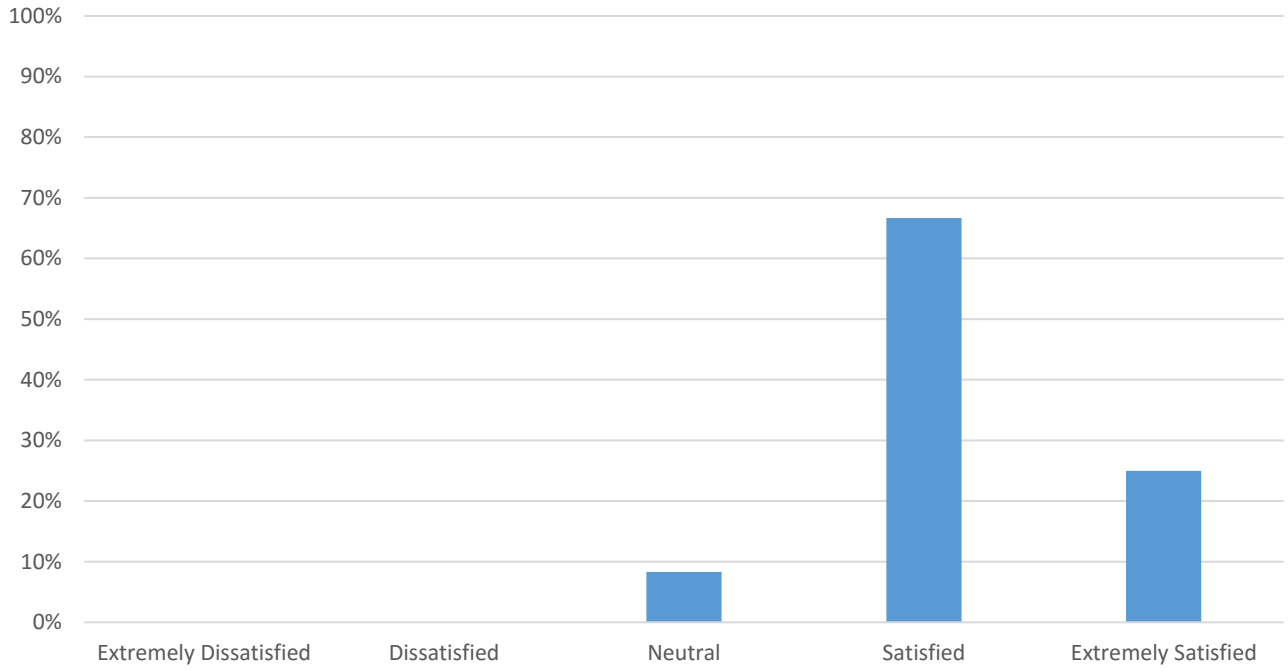
Highlighted Comments:

- *The lessons learned from the Japanese experience were useful.*
- *The Questions and Answers discussion following the presentations was active and interesting.*

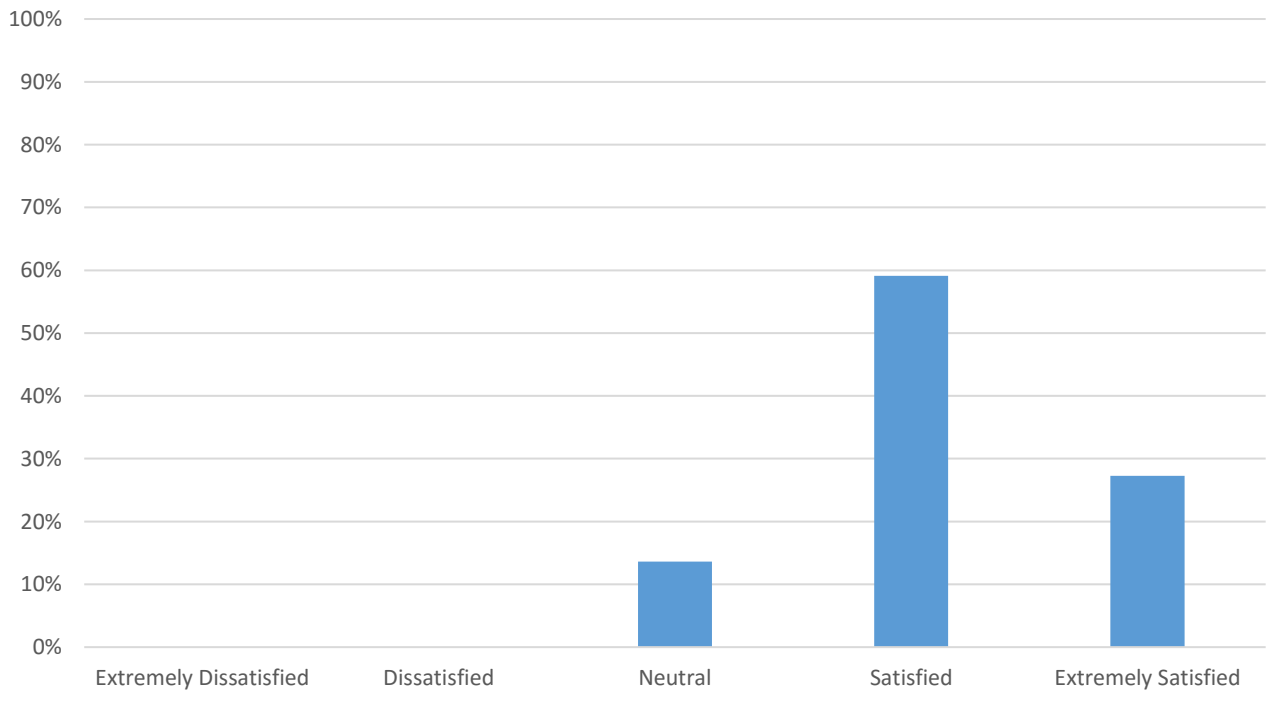
September 8, 2016 - Inaugural AFPPD Standing Committee Meeting on Active Ageing



Session 3: Towards a Comprehensive, Holistic and Sustainable National Policy Design and Responses to Ageing



Session 4: Developing the AFPPD's Advocacy Plan on Active Ageing



Highlighted Comments

Most Interesting:

- *The data in Dr. Hayashi's presentation from Session 1 was useful as evidence.*
- *Session 2 on Regional and Global Policy Instruments, Framework and Action Plans on Ageing is highly relevant to MPs. (This was expressed by 3 participants, with one participant highlighting Dr. Beard's presentation on Global Strategy and Action Plan on Ageing and Health as "most interesting")*
- *The sharing of experiences and lessons learned among countries was very useful. (This was expressed by 7 participants)*

Least Interesting:

- *Session 1 was too data and graph intensive.*

Learn More:

- *I want to learn more about sustainable national policy, financial sustainability and long-term care. (This was expressed by 5 participants)*
- *I want to learn more on how to design programs for the elderly.*
- *I want to learn more about the future steps taken by parliamentarians to implement the recommendations of this meeting in their countries.*
- *I want to learn more about the integrated community model.*

Future Actions:

- *I will encourage the government to revise the national populations and development policies to address ageing.*
- *I will draft a national act on caring for the elderly in my country.*
- *I will try to promote the policy budget for this issue.*
- *I will advocate and give information from this conference/meeting to the rural areas, and identify areas for action plan.*
- *I will look more into health provisions particularly special treatment and hospitals for the elderly.*

Other:

- Concerning the length of the Standing Committee Meeting, the majority of participants (83%) found it to be appropriate. One participant mentioned that it “*could have been longer*” while two expressed that it was “*too long/elaborative.*”
- *The AFPPD Secretariat was excellent and the Chair is a visionary.*

Highlighted Recommendations

- *Pre-prepared country presentations tended to show an “all-well” picture but it would have been better for MPs to share more of their concerns and shortcomings.*
- *It was good that the Standing Committee Meeting came after the HelpAge Conference. We should continue with this practice.*
- *More information on minimum basic standards on law and policies for old people would have been helpful.*
- *Constant and repeated sessions are required for follow-up.*