



Online Seminar on Impact of COVID-19 Pandemic on Ageing



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Welcoming



Prof. Kiyoko Ikegami, AFPPD Interim Executive Director and the Seminar's overall facilitator, mentioned the significance of the Online Seminar as being the first activity after AFPPD's revitalization. It is also very timely and relevant to discuss the impact of the COVID-19 pandemic to ageing. She went on to introduce the line-up of sessions, as well as the mechanics during open discussion and photo sessions. In order to effectively manage the time, queries and comments from members of parliaments and of AFPPD will be prioritized. Time permitting, observers may be allowed to give their inputs.

Translation service is available between Japanese and English and live captions of the discussion can be viewed thru the Close Caption setting.

Opening

OPENING ADDRESS



Mr. Bjorn Andersson, Regional Director of UNFPA Asia Pacific, echoed Prof. Ikegami's pleasure regarding the meeting and calling it a milestone, noting that AFPPD and APDA has jointly revitalized and re-energized the very important network of parliamentarians and policymakers in the region, that is AFPPD. Both AFPPD and APDA are instrumental in ensuring the sustained acceleration of the ICPD Programme of Action.

"Rising inequalities have resulted in the increasing poverty, insufficient access to health and social protection services, which have been further exacerbated by the COVID-19 pandemic", Mr. Andersson asserted; that all actions leading to 2030 must be anchored on the protection of human rights and gender equality and that no one, including older persons, is left behind.

He underscored that Asia Pacific region has more than half of the world's ageing populations and this trend is expected to continue. Population ageing is an achievement of sustainable development and with appropriate programs, older persons will have much to contribute. In most countries in Asia and the Pacific, older persons hold respectable positions in their community and are viewed as leaders because of their experience and knowledge. This stature is of particular importance in conflict management and resolutions.

UNFPA and the Government of Indonesia developed an operational guideline for older persons' minimum health care in crises situations. The said guideline, which was a product of broad consultations, details possible interventions for and by older persons before, during and after disasters by empowering them and improving their resilience and promoting inter-generational engagement.

Older women, who constitute most of the sector (some are above 80 years old), often bear the brunt of old age and poverty. Older men usually have more financial security as a result of their lifetime of earnings.

Older persons are greatly impacted by the COVID-19 virus which results in mortality and comorbidity. This scenario disrupts the achievement of the ICPD Programme of Action and the 2030 Agenda.

Mr. Andersson encouraged all governments, the United Nations, parliamentarians, policymakers, civil society, academe, private sector and other stakeholders to work together to ensure appropriate programs and quality care for ageing populations. He reminded the policy actors that all development-related planning and policy responses must fully reflect the interests of the ageing population.

A life-cycle approach with gender equality and social inclusion at its core can support all generations in addressing fundamental societal and human rights issues but there are conditions:

1. Stronger health systems including through universal health coverage to promote healthy lifestyles throughout the life course to reduce risks of non-communicable diseases;
2. Ensure equal access to sexual and reproductive health and rights to enable lifelong choices for pregnancy, child birth and child bearing, based on the rights of all couples and individuals to decide freely and responsible number, spacing and timing of their children;
3. Strengthen social policies including social protection to ensure that all individuals in the society can attain an education and decent work, and have access to social safety nets such as child care, pension schemes, to reduce the concentration of poverty in older populations; and
4. Finally, eliminate discrimination against older persons through the promotion of social inclusion, including inter-generational solidarity and age-friendly environment to transform the society towards ageing.

UNFPA has prepared products including a document and video clip on life cycle approach. The said video will be shown in session 2.

In closing, he thanked Hon. Prof. Keizo Takemi, Chair of AFPPD, and the advocates, for placing population and development and sexual and reproductive health and rights in their respective countries' national agenda. He hopes that future discussions will lead to addressing population issues, including ageing, to a new level of achievement.

OPENING REMARKS



Hon. Prof. Keizo Takemi, AFFPD Chair, addressed the body by first thanking the previous speaker, Mr. Bjorn Andersson, then his fellow parliamentarians who are members of AFPPD. He, too, is pleased about AFPPD's re-start of activities through this seminar, which is held in collaboration with UNFPA, after its hiatus for several months.

He reminded everyone about AFPPD's three pillars, which are (1) gender-related issues; investment in youth; and (3) ageing.

He supports Mr. Andersson's assertion that the ageing population in Asia Pacific region is rapidly increasing relative to other parts of the world. As such, he posits that governments need to scale up its response for a favorable population, social and economic outcomes. AFPPD is prepared to consolidate countries' efforts toward solidarity to overcome common challenges resulting from population ageing in Asia.

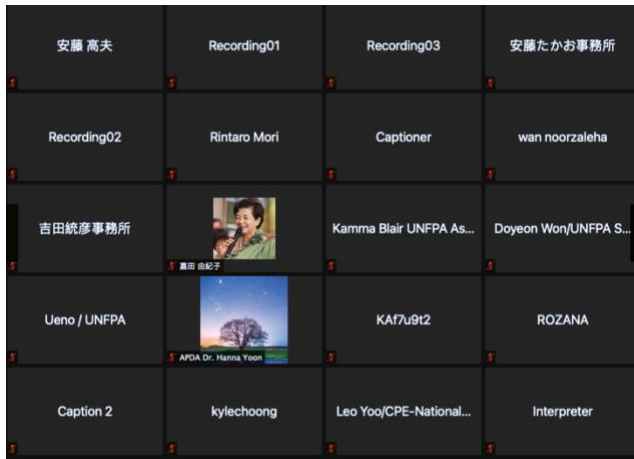
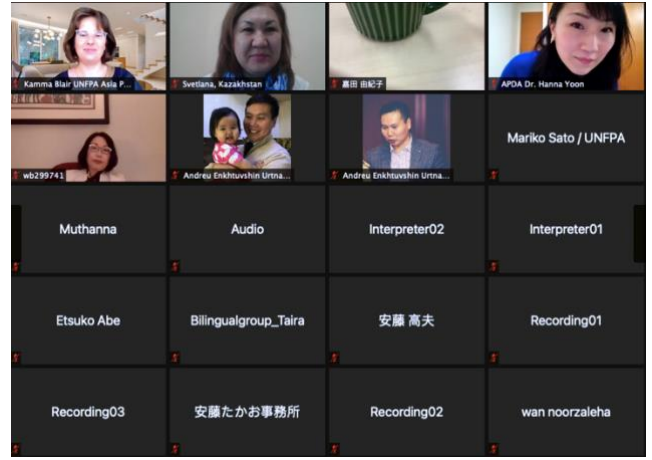
Hon. Prof. Takemi says he is confident that AFPPD's restart will serve as a strong structure for discussions on the issues of population ageing and COVID-19, noting that the elderly populations are the most vulnerable to the attack of COVID-19 pathogens. Fortunately, he said, most low-income Asian countries have not been affected by the virus in a massive scale. Still, protecting the people from COVID-19 beyond national boundaries is an urgent matter that needs to be discussed. It is an unfortunate reality that some sovereign nations tend to be exclusive and focus only on their people when it comes to health intervention such as vaccine, immunization and delivery systems. There is an impetus to develop a global governance structure to create accessible development and allocation system fairly and efficiently given the limited resources.

This issue is very much similar to the issue of ageing, that is why AFPPD, through its secretariat being led by Prof. Kiyoko Ikegami, decided to tackle ageing in its first meeting after the organization's revitalization. It is important to unite once again and strengthen the bases for the reactivation of AFPPD activities.

In conclusion, Hon. Prof. Takemi his shares hopes that the virtual meeting will be truly meaningful and prompt the first step to consolidate the membership of AFPPD in Asia, hold the General Assembly, strengthen collaboration among parliamentarians and steer the organization into the right direction. He hopes further that Mr. Andersson and UNFPA will remain AFPPD's partner to realize the latter's purpose as a catalyst in the global health governance, as well as in future global health governance structure for population-related issues.

Prof. Kiyoko Ikegami reminded the body that interpretation service is available. It can be availed of by clicking the globe icon. She also introduced the Bilingual Group as support provider for the technical aspect.

PHOTO SESSION



Session 1: Research Report: Legislative and Policy Reviews on Ageing Four cases: Australia, Thailand, Kazakhstan, and Vietnam



Session Chair: Hon. Viplove Thakur (India MP, AFPPD Vice Chair)

Hon. Viplove Thakur opened the session by greeting everyone in her native tongue, *Namaste*, and acknowledging the guests. She said that the topic of the meeting is very timely as it is becoming a problem for all the countries.

She also reminded the speakers that they are given ten (10) minutes for their presentation.

Vietnam



Dr. Nguyen Van Tien, is a former member of the Parliament of Vietnam and was AFPPD's Vice Chairperson

Dr. Tien's presentation is with regard to the comprehensive aging population policy to fulfill the Nairobi commitment during the COVID-19 situation in Vietnam, which revolved around the following: (1) population ageing in Vietnam; (2) challenges/related issues in ageing society; (3) aging issues during COVID-19; and (4) lesson learned in relation to health and ageing.

In a country with 96 million people as of 2019 (latest census), Vietnam had a very low income per capita (USD 2,750) and its population is rapidly ageing as a result of low growth rate. Their fertility rate has reached replacement level. Currently, the population structure in Vietnam is ageing. In the next 15 years, the country will see a big spike in the population of their older persons (60 years and older). It comes third in Southeast Asia in terms of ageing population, and first in terms of feminization of ageing as women have achieved longer life expectancy (80 years and older) over the years.

However, there is a shrinking support base for older persons and the country needs to increase the number of its young laborers.

While other countries have longer transition period from ageing to aged population, Vietnam only has 17 to 20 years.

There are ten issues around population ageing in Vietnam:

1. Finance security – only around 3 million older people in Vietnam receive pension and half of the country's total population receive nothing.
2. Health services – seventy-three (73) percent of deaths are caused by non-communicable disease (NCD) and this trend seems to persist. It is a big problem because it requires a lot of money. The current programs for this do not meet the

needs of the people. In Vietnam and in other countries, health care systems are more focused on hospital development, not much on health promotion and increasing capacity of grassroots level. Less than half of hypertensive people know their condition and receive treatment for it. More people don't know they have hypertension and they die suddenly.

3. Social care for older persons – In Vietnam and in other countries, social pension and social insurance are not a priority. Ninety percent of the subjects of a research study conducted in Hanoi showed they needed help in order to accomplish necessary activities such as buying, selling, cooking, cleaning, washing clothes, etc.
4. Appropriate living arrangements – appropriate living condition is wanting. There is scarce human resource to take care of older persons when they are not living with their families. In Vietnam, there is around one percent of older people living in nursing homes. This is very low compared with other countries like China where at least five percent are in nursing homes and between ten to 15 percent elsewhere like in Europe.
5. Enabling environment – refers to a physical, friendly space where older persons can enjoy life by participating in physical and social activities. Such environment empowers older persons and encourages them to contribute to community development decisions.
6. Loneliness and isolation in old age –oldest persons are women and they live alone in rural areas.
7. Abuse and violence against older persons – a survey conducted in 2012 by the Ministry of Culture, Sports and Tourism, showed that older persons suffer different types of abuse which include humiliation, intimidation, extortion (forced asset distribution), financial disempowerment, and physical forms of abuse.
8. Attention to older persons in emergency situations – due to their old age and inability to cope with and fully take care of themselves, coupled with the lack of adequate care from society during disasters, older persons are the most vulnerable to death.
9. Intergenerational relations – in Vietnam, one in three families allow the old persons to live with their children.
10. Preparing younger persons for their old age – good environment needs to be prepared for young people. In the 4,000 people surveyed by the Ministry of Health in 2016, a whopping 81 percent (70% male, 11% female) said they drank alcohol within the month. Nearly 30% of the population is inactive, eating food containing high level of salt and only 57 percent eat vegetables.

Vietnam, like in other countries, has in her constitution as well as in many laws and ordinances, provisions for the protection of older persons. However, as population ageing is a process in the life cycle, the country needs policies that actually consider the “ageing process” and not just for older persons. Only Cambodia has a national population ageing policy. Some years ago, Myanmar had a national plan of action for ageing. In Japan, they are preparing for a better situation for their elderly by giving attention to population ageing.

The main lesson is that policies, including for health, must be changed immediately before it is too late.

Vietnam has 1400 infected cases with 35 deaths. Fifteen percent of the cases are older persons and of this, 70 percent have succumbed to death. Because life is very important and it should be protected, the parliament has passed a law related to budget so that the government will have something to use for covid19-related response, including the supply of medicines used by older people for 3-4 months, and other health care for older persons from the grassroots. Older persons need not go to hospitals because it's very easy to get infected there. The government has also imposed stricter policies on social distancing and monitoring of older population due to their high risk in acquiring the virus. If a person is infected, they need to be separated from their family, taken to a hospital or institution and not stay at home. The first action that the government took was secure the protocols in hospitals and institutions to avoid what happened in Danang where 35 persons got infected with hospital-borne disease.



Before proceeding to the next speaker, **Dr. Farrukh Usmonov**, APDA, provided a brief background on the study. With guidance from Hon. Prof. Takemi and support from the Japan Trust Fund and UNFPA, APDA and AFPPD undertook the project featuring comprehensive policy review from four countries, namely, Vietnam, Australia, Thailand and Kazakhstan. Full and concise versions of the results of the study, as well as the infographic versions will be uploaded to the APDA and AFPPD websites and shared to the participants of the meeting.

● **Session 1: Research Report: Legislative and Policy Reviews on Ageing : Vietnam**



Vietnam's COVID-19 Policies for Older Persons

Vietnam kept community transmission low during the pandemic and focused on increasing the capacity of local and district health centers to treat and care for older persons during the pandemic and educating older persons on their risks to COVID-19.

<h3>Monitoring older persons' needs</h3>  <p>The government set up monitoring systems for older persons through nursing homes and community centers</p>	<h3>Hospital safety standards</h3>  <p>Protocols for pandemic response and control were adopted for hospitals to protect and care for patients</p>	<h3>Health standards for older persons</h3>  <p>Local clinics received guidelines for older persons' safety and educating older persons during the pandemic</p>
 <h3>Advanced medication orders</h3> <p>Older persons were able to receive 2-3 months advanced supplies of medications</p>	 <h3>Telehealth rolled out</h3> <p>Telehealth program development accelerated for successful use during the pandemic</p>	
<h3>Empower local health centers</h3>  <p>Local and district health centers were empowered to meet the health needs of older persons during the pandemic</p>	<h3>Vaccine development</h3>  <p>Vietnam has 4 vaccines under development and has agreements with foreign manufacturers to receive vaccines for citizens</p>	<h3>Economic support</h3>  <p>Older Vietnamese persons qualified for direct cash payments provided to vulnerable groups</p>



Ms. Hadley Rose, presented some data with regard to the policy situation for older persons both in Australia and Thailand during the pandemic.

The Government of Australia has taken full responsibility for aged care. Through the use of infographic, Ms. Rose illustrated the extensive intervention of the Government, resulting in majority of older persons receiving quality care at home, community-based and residential facilities. Aged care is universal in Australia and about one million Australians are beneficiaries of the program. Seventy five percent of the one million beneficiaries are receiving aged care at home or at community-based setting. Noting that the rest of the older persons in aged care are living full time in long-term residential care facilities, which are typically the hot bed of the virus, the government heeded the request of the facilities to limit the number of visitors to two persons per day. This policy also considers the mental health of the older persons who are prone to or suffering from dementia as constant changes in the physical environment can trigger stress.

To mitigate possible boredom, loneliness or feeling of isolation, the government installed the COVID-19 call line that older persons can call if they need interaction. The call line also offers other services such as information about COVID-19, and it can accommodate requests such as ordering of groceries, meals, pharmaceutical drugs, etc., and the government coordinates with the establishments to make sure that the requests of older persons are prioritized.

The government encourages older persons to stay in their home instead of staying in facilities and the services are delivered to their homes safely by observing the health protocol. The needs for personal protective equipment (PPE) in aged care facilities are given priorities. These PPE can even be ordered through a designated website.

Telehealth services, a consultation facility via phone or video chat, is also available especially for older persons (70 years and older), so that going to the clinic for medical consultation becomes the last option. Training on infection care is available for aged care workers and the visas of foreigners who came to Australia to work as aged care workers were extended as necessary.

A “COVID Safe” app was set-up for smart phones for contact tracing. Older persons are encouraged to use the app to know if they came in contact with a COVID-19 positive person.

Older persons and aged care workers will be prioritized when the vaccine becomes available.

Some families, including older persons who belong to different pension groups, received direct cash benefits of up to USD2,000. Contract workers or self-employed, even employed individuals who had to leave their employment to care for older persons, had an elevated chance to qualify to receive the government’s cash assistance.

● **Session 1: Research Report: Legislative and Policy Reviews on Ageing : Australia**



Australia's COVID-19 Policies for Older Persons

Australia's approach to protecting older persons during COVID-19 is making them safer at home or in aged care facilities through remote services, personal outreach, health information, and direct financial support.

<p>Residential Aged Care</p> <hr/>  <p>20% of those over 80 and 6% of those 65-80 live in residential aged care facilities full-time</p>	<p>Visitors limited</p> <hr/>  <p>The government issued guidance to limit the number of visitors per resident in aged care to 2 per day</p>	<p>COVID-19 Phone Line</p> <hr/>  <p>A COVID-19 call line was established for older persons to get information and access companionship</p>
 <p>Special services and deliveries</p> <hr/> <p>Older persons qualify for delivery of meals, groceries, and medications</p>	 <p>PPE priority for aged care facilities</p> <hr/> <p>Aged care facilities may request PPE from the government through a special procedure</p>	
<p>Telehealth services</p> <hr/>  <p>Australians over 70 or who are immunocompromised are encouraged to access medical care remotely</p>	<p>Vaccine priority</p> <hr/>  <p>Older Australians and aged care workers will be among the first to receive the COVID-19 vaccine when it is available</p>	<p>Economic support</p> <hr/>  <p>Older Australians qualified for several direct economic stimulus payments and some qualified for unemployment benefits</p>

Ms. Rose acknowledged Hon. Dr. Jetn Sirathranont, Thailand MP and AFPPD Secretary General, who may have additional inputs around Thailand's policies for older persons in relation to the COVID-19.

Thailand's situation is different in the sense that older persons are mostly living with their relatives or near to them. Very few older persons are living in aged care facilities full time. While this is good in terms of limiting the spread of COVID-19, this set-up puts pressure on the families, especially since some bread winners in the families have lost their jobs as a consequence of the pandemic.

Thailand has adopted their second national plan of action for older persons in 2001 and will be effective until 2021. This and the universal health coverage care that was adopted in 2002 have ensured solid policies for older persons prior to the pandemic. Because residential health care is not common in Thailand, there are only 25 facilities across the country. However, Thailand can rely on their 50,000 medical health volunteers to provide assistance in the homes of older persons. During March and April 2020, about one million health volunteers managed to do COVID-19 screening for eight million households across the country, and they have disseminated accurate information about the virus. While information and technology is Australia's main mechanism in addressing some COVID-19-related challenges, Thailand mobilized health volunteers. The Government of Thailand increased the stipend of these volunteers to compensate for the risk attached to their work.

There are massive information dissemination campaigns for older persons and their care givers through the health volunteers and posters. The strict lockdowns have been very successful in bringing down new cases. However, some older persons didn't receive all the information so they were missing appointments for the management and treatment of their other illnesses. The government is now looking for safe ways to provide treatment to older persons with minimum risks.

The Government adopted tax deductions for health workers, health insurance and small businesses so they can stay afloat and retain their employees. Businesses were offered loans at very low interest rates.

One of the most striking programs of the Thailand government is the economic stimulus provided to the huge number of informal workers, a third of whom are older persons.

Interestingly, Thailand has also started working on a COVID-19 vaccine, through internal development and some assistance from companies in other countries.

● **Session 1: Research Report: Legislative and Policy Reviews on Ageing : Thailand**



Thailand's COVID-19 Policies for Older Persons

Thailand provided guidelines for COVID-19 safety for older persons living at home and with relatives, the most common living arrangement for older persons, and provided cash payments to informal workers, which benefited many older persons.

<p>Strict lock-downs</p>  <p>Strict lock-downs were implemented early, successfully controlling the spread of the virus</p>	<p>Stay-home recommendation</p>  <p>As most older persons live at home, they were advised to stay at home in almost all circumstances</p>	<p>Guidance for home carers</p>  <p>Older persons were advised to have one primary carer, and to quarantine together if possible</p>
 <p>Health Volunteers</p> <p>Health Volunteers go to homes to provide COVID-19 information, deliver supplies, and conduct contact tracing.</p>	 <p>Tax Deductions</p> <p>Tax deductions were adopted for health workers, health insurance, and small business able to retain employees.</p>	
<p>Cash for informal workers</p>  <p>Special stimulus payments were offered to informal workers and farmers who did not get payments through the social security system.</p>	<p>Individual and business loans</p>  <p>The government offered emergency loans to individuals and businesses to provide greater economic assistance.</p>	<p>Vaccine development</p>  <p>Thailand is developing a vaccine and has entered a contract for 13 million courses of vaccine from an international developer.</p>



Ms. Svetlana Zhassymbekova presented the result of the legislative and policy reviews in the republic of Kazakhstan, which highlights the importance of the rights of the ageing population.

The result of their rapid assessment on the impact of COVID-19 pointed to the fact that the problems can only be addressed by the government with the participation of civil society. They are prioritizing the elimination of vulnerabilities of certain segments of the society, particularly the elderly, in the context of the pandemic.

As of 2019, Kazakhstan's older people aged 60-64 years old account for 11.8 percent of their 18.8 million population, while 65 years and older account for 7.5 percent. According to the Ministry of labor, there are about two million pensioners as of March 1, 2020.

Article 29 of the Kazakhstan Constitution guarantees its citizens the right to health care and to receive free, guaranteed, extensive medical assistance. Additionally, the protection of the rights of older people are contained in various legislation, but there is no single comprehensive legislation that would address all issues of social protection of the older population, including pension provision, health and medical care, social services, and cultural rights. As a result, problems of the elderly population are addressed in varying degrees.

In 2020, during the pandemic, the Ministry of Labor developed an action plan to improve the situation of ageing people through "Active Longevity in the Republic of Kazakhstan." The document, which will be in effect until 2025, consolidates all existing strategies that pertain to the rights of ageing people.

Ageing people have the right to free medical care and medicines (based on approved list of essential medicines), medical devices, compulsory social health insurance and mandatory screening for COVID-19. People suffering from non-communicable chronic diseases, such as diabetes, hypertension, chronic obstructive pulmonary disease (COPD) may register for the management of their disease and will be given free medicines.

A critical component in the health care system of Kazakhstan is the mandatory screening studies which guarantee free medical care. This is available for men and women aged 30-70 years who are undergoing screening for early detection of arterial hypertension, coronary heart disease, diabetes, glaucoma, and oncopathology.

Mobility of persons 65 years and older and those with chronic diseases are limited due to the quarantine measures. However, regardless of the epidemiological situation, the provision of medical care to older persons, patients receiving outpatient program hemodialysis, patients with oncological and oncohematological diseases, as well as with diseases whose postponement of treatment poses a threat to the patient's life was continued.

The quarantine-related sanitary and disinfection programs in facilities for the elderly were introduced. There are call centers that call to inform the patients of their status. In this time of the pandemic, elderly population in Kazakhstan is very susceptible to the feeling of isolation because they have been staying at home since March.

In terms of employment of older people, according to the Ministry of Labor and Social Protection, in 2019, the number of employed people aged 65 years old and over was at 4.5% of the total number of elderly people. There should be a new policy that would protect the employment and business of older persons in Kazakhstan. The National Action Plan to Improve the Situation of Citizens of the Older Generation should be legislated and should include the right of persons of retirement age to continue working without being discriminated against. It is necessary to develop provisions of the Social Code of the Republic of Kazakhstan for the development of flexible forms of employment, which will lead to increased employment for the active older population.

Ms. Svetlana highlighted that according to a UN Policy Brief, Kazakhstan's community-level responses from networks of volunteers that ensures social support of older persons affected by COVID-19 is a best practice worth citing. Kazakhstan has more than 200 volunteer organizations, which the national party is providing funds for to deliver various humanitarian packages.

Based on the result of the review, several recommendations were formulated for future implementation and they are as follows:

- Provide protection, assistance and humanitarian assistance to older persons in an emergency situation related to COVID-19;
- To take measures to ensure that appropriate services are available, that older persons have physical access to them, and that they are involved in planning and providing services online;
- Raise awareness and protection of older persons regarding physical, psychological, sexual or financial exploitation in emergency situations, with particular attention to the specific risks faced by women;
- Reach older people through community relief and recovery programmes, including by identifying and providing assistance to vulnerable older people;
- Pay special attention to older people in the context of humanitarian assistance programs and packages during quarantine;
- To organize the work on exchange of experience and stories of successes, accumulated over a time of emergency;
- To help older people restore family and social ties and relieve post-traumatic stress;
- If possible, provide isolated elderly people living alone with electronic means of communication to ensure access to information and to optimize communication with them in order to provide the necessary assistance;
- Take measures to develop guidance for health personnel when making decisions about resource allocation and monitoring discrimination in access to health services for all high-risk groups, including the elderly. The equal rights of older people should not be ignored. Access to health care should be based on medical necessity, scientific approach and principles of medicine. Discrimination based on non-medical characteristics, such as age or disability, is not allowed;
- Provide protection and treatment for older people with pre-existing illnesses with the highest risk of developing a serious illness as the new COVID-19 coronavirus;
- Take measures to provide sufficient social services for older people to live independently in the community, so that people do not end up in nursing homes in

the absence of other options, because the inability of governments to provide sufficient social services leads older people to nursing homes where they face health risks;

- Provide older people living in refugee camps with health care, including access to national health systems and hospitals, and older people should have access to shelters, water and sanitation facilities that they need to maintain their health, with particular attention to available hand-washing support, regardless of their legal status; and
- Provide adequate working conditions, transport, and protective equipment for social workers who serve.

● **Session 1: Research Report: Legislative and Policy Reviews on Ageing :
Kazakhstan**



Kazakhstan's COVID-19 Policies for Older Persons

Kazakhstan's approach to protecting older persons during COVID-19 includes rallying volunteers nationwide to assist in healthcare, delivery of services, medicines, and supplies, and providing information about COVID-19 to older persons.

<p>Restricted movements</p>  <p>Older persons have been restricted in coming to high-risk areas and leaving their homes</p>	<p>Healthcare standards</p>  <p>Standards were developed for healthcare facilities to protect older persons and vulnerable populations from infection</p>	<p>Sanitation and disinfection</p>  <p>Procedures for disinfection and sanitation of healthcare facilities and facilities for older persons were developed</p>
 <p>IT used to inform the public</p> <p>A call center, chat bots, and remote monitoring established to monitor older persons and share information</p>	 <p>Trade union engagement</p> <p>Trade unions engaged to reach out to elderly members with volunteer help and information</p>	
<p>Telemedicine services</p>  <p>Telemedicine established to facilitate video calls with doctors for patients with probable COVID-19</p>	<p>Volunteer engagement</p>  <p>A national campaign was launched to engage volunteers to make deliveries to the elderly, provide other services, and help in hospitals</p>	<p>Pensions increased</p>  <p>Pension amounts were specially increased to provide greater economic support to older persons</p>



Prior to giving his intervention, **Hon. Dr. Jetn Sirathranont** thanked Ms. Hadley Rose for her earlier presentation on the policies for aged care in Thailand. He then proceeded to validate the presentation and added expounded on them. Specifically, the following:

Thailand has a Center for COVID-19 Administration, which is chaired by the Prime Minister, Hon. Prayut Chan-o-cha. Members of the Center come from various fields, such as a university professor, representatives from health sector, private sector, public sector, etc. COVID-19 is new and not something that have been encountered before thus the need for collaborative efforts from everyone;

1. The 1.04 million health volunteers, who provided assistance to doctors and nurses, consumed minimal budget because the government was paying them 1,000 Baht per month. These health volunteers' presence all over the country helped the Public Health Ministry significantly;
2. The Public Health Ministry has recently contacted AstraZeneca, along with private companies and the Oxford University so that Thailand can provide and produce its own vaccine in the next four months. The first person will be given the vaccine around June or July in 2021. The target is to provide vaccines to 500,000 persons a day. Upon producing 20 percent of the needed vaccine, Thailand will support the needed vaccine by its friends in the ASEAN;
3. Prior to COVID-19, Thailand was in the 6th place in world in the area of prevention and management of communicable disease. Now, the country will have further improve its programs based from the experience with COVID-19;
4. Lastly and the most important point is that the people listen to and obey the recommendations of the government such as wearing a mask. The 14-day voluntary quarantine has been very successful as well. Vietnam was the fourth country to impose the lockdown and Thailand came after them. During the lockdown period, Thai nationals who flew in from another country must be quarantined for 14 days. These measures were all very successful.

Hon. D. Md. Abdus Shahid, Bangladesh MP, asked Dr. Jetn how in this time of the global pandemic the elderly people in Thailand are still able to discharge their responsibilities through the digital or virtual platform since they are staying in their homes. Does this affect their salary? Are they given financial aid?

Dr. Jetn said that he purposely did not mention the ageing population in Thailand because they have the same situation as Vietnam, who already presented. Thailand has already approved the law on universal health care coverage in 2002 which now provides free treatment for COVID-19 infected people. Even individuals who came in contact with COVID-19 positive can avail of free services from the hospitals. The same goes for ageing people.

He added that although monthly financial support to ageing people already consumes a lot of the national budget, the support is still insufficient. But Thailand has significant budget allocation for projects for the ageing people, especially in the current situation. In terms of

the economic impact of COVID-19, Dr. Jetn believes that every country that has COVID-19 will have the same economic problem. The government provides temporary financial assistance to people who were laid off due to the pandemic, but for long-term solution, the government recognizes that it is jobs that need to be provided to people. They are hopeful that by middle of next year, when the vaccine is already available, the situation will improve.

Most of Thailand's income comes from tourism and export sector. If vaccines from Pfizer, Moderna, Oxford-AstraZeneca or China will be successful all over the world, then tourists will come back to Thailand.

In closing, **Hon. Dr. Jetn** said that while testing is very important, wearing a surgical mask is equally important. As such, the government must provide these to people free-of-charge. Lastly, people must work from home.

Hon. D. Md. Abdus Shahid shared that the Hon. Bangladesh Prime Minister Sheikh Hasina has introduced some programs to help older persons through pension schemes, free medicines and hospital services. Bangladesh has adopted a policy in 2013 on taxation relief for older persons.

The Bangladesh economy is small compared to other countries and they are hoping to get assistance from economically-able countries to get free vaccine for the people of Bangladesh, particularly for the frontliners. With 21 percent poverty rate, it is likely to get worse in 2021.

Hon. Thakur shared that India, too, has taxation relief for older people (60 years and older). Older people are required to stay-at-home and to always wear a mask.



H.E OUK Damry, Cambodia MP and Secretary General of CAPPD wanted to make an intervention but was asked by the Session Chair to just send a copy to the AFPPD Secretariat.

Hon. Damry said that like Thailand, Cambodia gives priorities for older people. The country provides social support and health care, and will prioritize the elderly in the provision of vaccine.

Dr. Shiromi Maduwage from Sri Lanka inquired about the Australia presentation. Specifically on the kinds of activities being undertaken in the care facilities to maintain the mental well-being of the residents.

Ms. Hadley Rose replied that the Government of Australia provided the special budget for “mental health nursing support for older persons.” The said budget includes training for care givers in the facility so they will be able to respond properly on the mental health issues of the older persons.

AFPPD Interim Executive Director, Prof. Kiyoko Ikegami acknowledged the participants, starting off from the Honorable Members of different Parliaments (India, Philippines, Bangladesh, Cambodia, Sri Lanka), two National Committees (Malaysia, Korea), and eight members from the Japanese Parliament as observers (Honorable Kada, Yoshida, Watanabe, Yamada, Koizumi, Makishima, Ando, Horiuchi).

Session 2: Presentation of the UNFPA Video “Life Cycle Approach to Population Ageing” and its effective use (English, Thai, Malay, Indonesian, Russian, Chinese, Korean, Hindi, Farsi, Sinhara)



Dr. Rintaro Mori, Regional Advisor
Population Ageing and Sustainable Development
UNFPA APRO

Dr. Mori discussed the Life-cycle approach: addressing population ageing and low fertility. He shared UNFPA’s three pertinent documents, which will be shared to the participants:

1. Policy brief titled “Covid19 Impacts on Older Persons” – UNFPA released a technical guidance for all member-states to see how older persons are protected
2. The recently published “Covid19 and Older People in Asia Pacific” – comprehensive summary of how the COVID-19 impacts the older persons in Asia Pacific. While there is direct impact in terms of mortality and morbidity, there are also indirect impacts such as access to health care and income security, and wellbeing and mental health or loneliness/isolation.
3. “Covid19 Impacts on Human Fertility” and fertility behavior – population ageing is often characterized by rapid decline in fertility. COVID-19 has impact on certain fertility behaviors, which has three pathways:
 - a. Access to family planning
 - b. Economic recession
 - c. Work-life balance or division of labor between a man and a woman

There is significant difference between high and low income countries when it comes to fertility behavior due to access to family planning.

UNFPA published two documents on the life-cycle approach:

1. Social Policies Catalogue on Population Ageing, which contains comprehensive review of policies on population ageing. The document was published on October 1, 2020, in commemoration of the International Day of Older Persons.
2. Addressing Population Ageing in Asia Pacific

For easier understanding of the life-cycle approach, UNFPA made a video, which highlights the following:

- Improvements in nutrition, education, health care and sanitation in recent decades are social triumphs in development and have resulted in longer life expectancy;
- How people age in a diverse region like Asia and the Pacific is dependent on various factors such as wealth, ethnicity, social standing and education;
- Gender discrimination throughout life, including fewer rights, less access to health services and education, and lower earning capacity further disadvantage women in an ageing society;

- Development and health plans must be inclusive for all sectors, including the issues of ageing population to ensure progress for all;
- If policies address the whole life-cycle issues, older people can contribute financially by working and caring for their families;
- The life-cycle approach to ageing benefits all in a society. This requires legislation and policies that guarantee income security, health care and pensions across the life cycle - from birth, childhood, education, working years and beyond;
 - Prenatal care reduces infant and maternal mortality and promotes long term health;
 - Comprehensive sexuality education helps prevent unintended pregnancy and STIs and gives girls control over their reproductive health;
 - Elimination of harmful practices such as child marriage so girls can reach their full potential;
 - Intergenerational relationships allow flexibility as different generations play a part in family life;
 - Promote social inclusion to meet the health needs of older people and include them in decision-making;
 - Tackle ageism to by ensuring legal equality and stopping stereotyping and discrimination;
- The life-cycle approach is a continuous process ingrained in the society through the development of sustainable and equitable systems of sustainable health and social care, backed by data measurement and research;
- A comparative analysis between the lives of two girls born on the same day from families with different economic standing, where one is from a poor urban family in a low income country, and the other is from a professional urban family in an upper middle income country, revealed that while both girls had the same potential from birth, their opportunities in life are determined by their context. Access to safe and assisted-by-professional birth delivery of the mother, the child's opportunity for education and social interaction, employment, and access to reproductive health information and services, will vary significantly if the government policies do not address potential barriers at the onset.
- Life-cycle approach also promotes healthy lifestyles as well as income opportunities for families.
- Access to reproductive health services improves the planning and spacing of births according to the mother's career decisions.
- Lifelong universal health coverage and social benefits for the elderly reduces the burden of care for families;
- Disparities in life's context may be unfair but they are not inevitable. If governments will enshrine the life-cycle approach to ageing in their policy and development frameworks, as well as encourage positive attitudes and behavior towards stable social protection, more people will have better chances at a happy and productive older age.
 - The Republic of Korea enacted a legislation that prohibits discrimination, as well as provide employment of older persons;
 - China has a policy on pension reforms that incentivizes workforce formalization and increased coverage of social security systems;

- Japan promotes healthy ageing starting from pregnancy or child birth and through the whole life course. Its integrated system is based on long-term care insurance, promotion of intergenerational solidarity, and a sustainable ageing society.
- Countries that have policies that adopt the life-cycle approach to ageing will benefit from the demographic changes that are happening in Asia Pacific, and will have a wealthier and happier society that will benefit all generations.



UNFPA : life-cycle approach video (Click here)

Ageing is often talked about by proportion of older persons. This notion is that the number of older persons has increased, but reality is slightly different. The 60 year-olds this year are different from the 60 year-olds 20 years ago. Rather than increasing the older persons proportion, it is actually a whole life span that has been extended. The duration of the childhood has also increased by many figures. The configuration of how much time one spent in work as well as in child-bearing because of low fertility has changed as well.

It is all about the social system, the rigid social system that was developed many years ago is no longer responsive to the current population needs. Promotion of life-long flexible choice for education, childbearing, work, and care has become a requirement.

Pervasiveness of non-communicable disease are becoming a financial burden and there should be proper reckoning on how the cost will be shared. The gap between health life expectancy and life expectancy should be the focus, and not just life expectancy. Even pregnancy and childbirth is related to health and burden. There is also a need to look at the association between low birth weight and lifestyle diseases. Prevention of NCDs should be stopped at the beginning and throughout the whole life course.

The window to change often happens when the family actually changes (e.g. lost partner, get a new partner, get a child, or get a new friend). The famous study called Harvard Study of Adult Development in TED Talk with Prof. Waldinger looks at the determinants of the well-

being and data on later life. It shows that a good relationship keeps people happier and healthier at their later life. It is the quality of the close relationship that matters.

In sum, while people blame ageing, it is not the problem. The problem is the societal systems, including culture and norms, that do not match the need. Along with the rapid population ageing with extreme low fertility, these are symptoms of societal system failures. Following the 3-tier framework in the climate science: mitigation, adaptation, and resilience. For mitigation, improving the wellbeing for those in need today, including older persons should be pursued. Some of the older persons are actually leaders while some are in poverty. In adaptation, improving the current and future condition of people who have already had many aspects of their life-course in train. This is more on preventive measures and to make people healthy for the long term. The third is about investing in the young. In resilience, this means ensuring the youngest in society age well and can maximize their social and economic potential, particularly for countries that have relatively younger population.

Older persons should have a choice on what kind of care they would want to receive and how can government support that choice. UNFPA may also be interested in investing in life-long preventive health care services, which is more cost-effective than spending money for the treatment. Lastly, think about quality of close relationships both private and public life.

D. Md. Abdus Shahid noted how Bangladesh already has this organization of Parliamentarians on Population. They are working on high pregnancy rate, childbearing, early marriage, and maternal mortality, but ageing is an issue less talked about in their country. High fertility issue may not be a concern of the ageing population, such as the case in Japan. But in Bangladesh, proportion of ageing population is comparatively low. Bangladesh's Prime Minister would like to address the adolescent fertility rate. Among his constituency, mainly ethnic groups, fertility is very high. People in rural areas mostly married young and experience childbearing issues. But in Bangladesh's law, no one is allowed to get married before turning 18 years old and that those who bear children at a young age can only take their children once they turned 20.

Hon. Shahid asked Dr. Mori if countries with ageing population such as Italy and China, create framework to avert such situation in the future. They have policies until 2030 wherein ageing population will be called senior citizen, how can Bangladesh adopt policies such as that from Japan? How can ageing population be given attention and not neglected?

Dr. Mori answered that one of UNFPA's work is also with the young people and discussions is on how intergenerational solidarity can be nurtured. One example is the case of Vietnam. Their government is promoting an "All persons' café" to serve as a community of older and younger people where they come together and help each other. So that old persons are cared for and in turn they share their wisdom with young people. This accommodates the nurturing aspect. Within the region, sharing of good practices may also be the way to go. Social media can be one way, particularly as young people use social media extensively.

Hon. Hector Appuhamy from Sri Lanka highlighted Dr. Mori's statement that ageing is not the problem. He wanted to know more examples in Asian context. In Sri Lanka, old and young people live together while in some countries this may not be the case. He asked for an advice

on coming up with a single system to care for young to old age population in the context of COVID-19.

Dr. Mori noted that one thing that can be considered is that in situations of middle-income countries, with very individualized needs for the people, to address that, local government might be the key. Local government can have face-to-face relationship with the people and provide tailored approach to the population. Each country has different types of policies and there is no one-size-fits-all. But a decentralizing authority to provide tailor-fit services to people is a model to think about and still depends on the context.

Hon. Prof. Keizo Takemi wanted to request further comment from Prof. Lee from Korea Presidential Planning for the Committee on Ageing on the video shown.



Prof. Sukwon Lee of Seoul National University shared that the Korean government recently announced a new strategic plan for the low-born and ageing society for the whole government. Korea is undergoing very low fertility rate at serious level under 0.92 TFR. The government has been trying policy instruments but still no visible effect of policy. They tried to change the direction of the policy focusing on how to response to the population changes and how to guarantee the life of old people and young generations as well. At the beginning of the population changes, Korean focus first on promoting and increasing fertility rate but now is focusing on how to properly respond to the population change. It is quite difficult to solve this problem through policy measures and they try to minimize the shocks.

Dr. Mori responded that UNFPA has a Parliamentarian meeting with the Korean government and with Korean Women Development Institute. Korean government has been investing on gender policies that can address the issues related to low fertility as well as population ageing. Prof. Lee shared that the Korean government is turning its attention to the wellbeing and consider gender equality as one of its measure. They also try to improve gender equality within household and parental leave for male workers is currently being expanded. Generally, Korean government tries not to focus on TFR but on the life of people themselves.

Session 3: Discussion for the Recommendation : How to incorporate the lessons learned into legislative work in each country



Session Chair: Hon. Rozzano Rufino Biazon (Philippines MP)



Prof. Cuntong Wang began by acknowledging the challenges brought by The pandemic into the daily lives of the people. The most vulnerable, such as the elderly, persons with pre-existing medical conditions and without reliable health care are the ones being affected the most.

“How would the world be different without COVID-19?” The research questions are as follows:

1. China largely contributed to COVID-19 but was able to control it. How is that possible?
2. To combat COVID-19, what instructions have the government given to institutions for the elderly?
3. What measures have been taken by the central and local governments for the elderly who stay at home instead of care institutions/nursing homes?
4. What is the future after the vaccines become available for the elderly? What is the way forward?

The data that will be presented are gathered by the team who conducted the study.

The methodology included:

- Descriptive analysis
- Field study
 - Nursing/care home/institution for the elderly (N=68)
 - The elderly who stay at home (N=152)
- Systematic analysis
 - The policies or measures were systematically reviewed or described, including the key responses at early emerging, case surveillance, case diagnosis and management, practices to cut off transmission route, and any other logistic services

There are two-part results:

Part 1: China’s successful control of COVID-19

The government paid more attention to self-protection, and more health promotions and health educations were established to instruct the public on the correct way of wearing a mask and improving self-protection ability.

Part 2: COVID-19 Prevention and Control for the Elderly in China

Outline:

- I. Government management+ community service + individual compliance
- II. Full involvement of the society to guarantee manpower and material resources
- III. Service network + deliver system + staff/worker compliance
- IV. Wearing medical mask + keep social distance

By the end of 2019, the number of people aged 60 and above in China reached 254 million, accounting for 18.1% of the total population, and the number of people aged 65 and above reached 176 million, accounting for 12.6% of the total population.

Most ageing parents tend to live with their children, or alone but nearby, only 3-5 percent of China's elderly population live in nursing homes.

- By 2020, 90% of Beijing's seniors lived at home and are cared for by their families.
- The number of permanent residents aged above 65 is predicted to reach 4 million by 2020 in Beijing.
- The other 10 percent of seniors, or about 400,000 people, will be cared for by communities or nursing homes.

The elderly population is vulnerable to COVID-19 and have drawn widespread attention. Packages of guidelines and notices to support long-term care for the elderly have been issued since late January by national ministries and commissions, such as:

- The Joint Prevention and Control Mechanism of the State Council, the Ministry of Civil Affairs and the National Health Commission (NPC).
- A Central Leadership Group for Epidemic Response has been established and response mechanism was initiated with multi-sectoral involvement in joint prevention and control measures for the aged.

The government has rapidly achieved stringent targets such as lockdowns, quarantines and containment, and mobilization of national resources and healthcare professionals. They provided financial support for testing such as the universal community testing programs, as well as treatment. Equally important is the government's coordination of medical supplies, protective equipment and technical support coming from many countries.

Prof. Wang particularly thanked Hon. Prof. Takemi because the photos being shown in the slides are packages donated by the Government of Japan.

The Chinese government set-up a National Surveillance System such as Health Kit (Jiankang Bao) to trace everyone's travel information and body temperature everywhere. Care providers are encouraged to share experiences and exchange information promptly through instant messaging APP, online meeting or phone contacts.

A referral system was likewise set up with specific nursing homes and designated hospitals for COVID-19. Provision of healthcare service, medical resources, pharmaceutical and

personal protective equipment to care homes is fast-tracked and the government encouraged people to use Chinese traditional medicine such as Shuanghuanglian Oral Liquid, Lianhua Qingwen JiaoNang.

As part of the package for the elderly, the government issued a series of guidelines for prevention and control of COVID-19 in care homes for the aged soon after the spread of COVID-19 and updated in early Feb. 2020. There was a mandatory high level cross-sectoral collaboration and prioritization of long-term care services for the elderly.

About 13 Guidelines containing clear instructions were issued to:

- Prevent clusters of infections
- Tighten monitoring on entry and exit, prepare medical resources.
 - Strict regulations and restrictions on entry into residential care facilities, including a 14-day quarantine before check-in or returning to care homes for all residents, care workers and other staff, to prevent the potential risk of COVID-19 infection.
 - All gathering activities suspended.
 - Face-to-face visits by people from outside the nursing homes are prohibited during this period.
 - COVID-19 Epidemic Prevention and Control Measures for the Elderly in Nursing Home.

If no COVID-19 cases were found in nursing homes, the facility should:

1. Strengthen accountability of staff in elderly care institutes
 - Formulate and lead effective prevention and control plans and emergency plans
2. Strengthen the close-off management
 - Limit contact, keep physical distance, reduce the elderly's outings and visits
 - For special circumstances, such as the elderly are seriously ill, dying, disabled, etc.,
 - Visitors should be registered and checked, body temperature measured.
 - Visitors should contact the elderly in designated areas and comply with relevant requirements.
 - Encourage remote communication, e.g., through telephone calls, text messages, WeChat, emails, etc.
3. Manage returnees
 - The elderly who return after outing should report her/his previous living conditions and perform relevant examinations, such as body temperature measurement, COVID-19 testing, etc.
 - If the elderly closely contact a person in epidemic areas or with symptoms of infection, they should be persuaded to postpone their return or be isolated.
4. Avoid gathering
 - Prohibit group activities in nursing homes.

5. Conduct health education and mental adjustment
 - Advocate hygiene habits, e.g., no littering and vomiting, and wearing medical masks
 - Provide psychological treatment for the elderly and staff every week; guide them to keep normal routines and a regular life.
6. Encourage good hygiene and develop health habits
 - Keep rooms well-ventilated, keep home and tableware clean, strengthen personal protection, maintain hand hygiene, and do not buy or eat wild animals.
7. Keep the environment clean
 - Clean and sterilize throughout the buildings, especially garbage bins, sewage and places where the elderly live.
 - Eliminate the breeding sites of mice, cockroaches, mosquitoes, flies, etc.
8. Preserve sufficient protective resources
 - Save necessary prevention and control items and materials, such as thermometers, surgical masks, disinfection supplies, etc.
9. Monitor health status:
 - Monitor and measure body temperature daily. For the elderly with chronic diseases, strengthen the monitoring of nutrition, blood pressure, blood sugar and other indicators, and use drugs regularly to control chronic diseases
10. See a doctor immediately if suspected of infection
 - If the elderly have suspicious symptoms of COVID-19 (including fever, cough, sore throat, chest tightness, dyspnea, mild anorexia, fatigue, poor spirits, nausea and vomiting, diarrhea, headache, palpitation, conjunctiva, inflammation, mild limbs or back muscle soreness, etc.) they should be sent to a doctor immediately.
 - Once a staff suspected of infection is found, she/he should immediately stop working and go to hospital.

If a case is found in the nursing home:

1. Transfer to hospital & implement monitoring and reporting
 - Immediately transfer confirmed or suspect cases of COVID-19 to designated hospitals for diagnosis and treatment, and timely report to the local CDC and the government.
2. Make strict close-off management
 - Help the local CDC to carry out investigations on close contacts and implement 14-day home or concentrated medical observation.
 - To test COVID-19 and take body temperature at least twice a day, follow up health status, and keep records at any time.
3. Strengthen disinfection
 - Help the local CDC to clean and disinfect the nursing homes.

There are lots of posters everywhere containing precautions and health tips. Examples of posters in nursing homes contain the following reminders:

- Keep indoor areas properly ventilated. Open windows for ventilation but also be sure to keep warm.
- Focus on cleaning first, with preventative disinfection as a supporting approach only, and avoid over-disinfection.
- Hand-washing-free disinfectants, hand sanitizers, tissues and other sanitation products should be put in rest rooms.
- Staff members should check their own health status every day, and go to hospital as soon as possible if they have a fever and any other symptoms of discomfort.
- Staff members should wear masks when serving the elderly. They should also wash their hands before touching service objects, while they perform care services, after touching domestic waste items and after doing any cleaning.
- Visiting should be prohibited unless it is essential. Visitors should have their temperature checked, and shouldn't be admitted if they have a fever, a cough or any other symptoms. Visitors and the elderly who are being visited should wear masks.
- Prepare a temporary isolation room for elderly people with suspicious symptoms. The isolation room should be located in a downwind and well-ventilated space with fewer people passing through and a private bathroom.
- Strengthen health status checks for the elderly. The elderly who experience a fever, cough or any other symptoms should be moved to a temporary isolation room, or be sent to the nearest hospital.
- If an elderly person is a suspected or confirmed coronavirus case, personnel screening, isolation and observation, and disinfection must be implemented according to the guidance and requirements of health authorities.

In terms of community-based services, the government has imposed the following:

- All community-based service facilities such as day care centers are suspended during the lockdown period to ensure social distancing.
- The elderly who live alone, with intensive care needs, or whose family caregivers is in quarantine or is a healthcare worker were provided with services such as home-based or temporary residential care.
- After being discharged from hospitals, recovered patients were suggested to isolate at home, monitor their health conditions, and return for rechecks on the 2nd and 4th week after discharge.
- The elderly exposed to coronavirus were quarantined, cured, or medically observed according to the guidance for COVID-19 prevention and control. These cases might include suspected, confirmed or diagnosed cases, asymptomatic infection, and close contacts.

For the elderly who are staying-at home, the government provided:

- The local community with full service
 - Millions of community workers provided food, water, necessities, and essential health checks and support for the elderly with fever, severe diseases.

- Staff at all essential institutions voluntarily overwork to take care of the elderly with great dedication, even though they were barely paid.
- Family support and cohesion
 - Children take turn to care for the elderly.
 - Relatives share masks, food and other resources.
- Psychological services for the elderly and their family caregivers were strengthened with prompt assessment and intervention.
 - In Hubei province and other regions heavily stroke by COVID-19, interdisciplinary teams consisting of mental health professionals, social workers and other staff provided mental health services and support to persons who have confirmed, suspected, or cured COVID-19, and to their families and the general public.

For individual management, most Chinese respond to government's summons and conscientiously stay at home, avoid close contact and keep physical distance. They willingly subjected their personal interests to public interests in times of emergency.

Under the closed-off management, the government arranged special personnel to deliver food, water or masks to homes and institutions for the elderly, who mostly volunteered to stay-at-home.

Self-awareness and social responsibility were very prominent traits as well. People, especially the elderly, took it upon themselves to avoid gatherings, maintain physical distance, religiously wear mask - and they reminded each other to do the same.

The COVID-19 vaccine is a very promising endeavor and most of them are in mid-stage trials and the elderly people are among the priority beneficiaries.

The Ways Forward to Address COVID-19

The Chinese government encourage people to stay-at-home by issuing incentives for online shopping, or reward food delivery and home delivery. It increased subsidies or allowances for delivery personnel and providing various rewards to honor delivery personnel.

The government helps in the purchase and distribution of daily protective equipment to the elderly. Carry out military control of daily protective equipment at special times, or use subsidy to stimulate the production and low-priced sales of protective equipment to ensure supply. Domestic research was done incredibly fast and rigorously through close cooperation within China at a time of national emergency.

“Now is the time for global leaders to decide: will we succumb to chaos, division and inequality? Or will we right the wrongs of the past and move forward together, for the good of all?” (Nelson Mandela, 2020)

Tackling a global health emergency like a pandemic requires open collaboration. No country can do it alone. Governments must cooperate to revitalize economies, expand public

investment, boost trade, and ensure targeted support for the people and communities most affected by the disease or more vulnerable to the negative economic.

In closing, he reminded everyone that the lack of global solidarity to address COVID-19 amid geopolitical instability is a threat to all.

“Man proposes, God disposes.” (Moushi Zairen, Chengshi Zaitian)
We are in this together – and we will get through this, together.

Finally, he showed the references as follows:

Lancet, T. (2020). COVID-19 and China: lessons and the way forward. Lancet (London, England), 396(10246), 213.

Shi C, Hu B, Feng M and Wong G (2020) Report from Mainland China: Policies to Support Long- Term Care During the COVID-19 Outbreak. Country report in LTCcovid.org, International Long- Term Care Policy Network, CPEC-LSE, 18th April 2020.

Qin, C., Zhou, L., Hu, Z., Zhang, S., Yang, S., Tao, Y., ... & Tian, D. S. (2020). Dysregulation of immune response in patients with COVID-19 in Wuhan, China. Clinical Infectious Diseases.

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. International journal of environmental research and public health, 17(5), 1729.

Wu, Z., & McGoogan, J. M. (2020). Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72 314 cases from the Chinese Center for Disease Control and Prevention. Jama, 323(13), 1239-1242.

Xu, T. L., Ao, M. Y., Zhou, X., Zhu, W. F., Nie, H. Y., Fang, J. H., et al. (2020). China's practice to prevent and control COVID-19 in the context of large population movement. Infectious diseases of poverty, 9(1), 1-14.

Hon. Biazon said that the presentation by Prof. Wang would be helpful to many, especially those who are in policymaking. One key takeaway is the role of scientists in addressing COVID-19 is very crucial. What China did with their top level commitment to involve the scientists was key in the country's management of the COVID-19.

Hon. D. Md. Abdus Shahid quipped that media portrays China as the inventor of COVID-19 and the country is being blamed for the virus when in fact China is the leader of many inventions that have benefited the world. The world also knows what the government has done to Wuhan for the province' early recovery.

In order to keep the COVID-19 cases on low, Bangladesh government is now penalizing non-wearing of face masks and penalties include jail time. The Hon. Shahid shared that he, too,

got infected six months ago and was hospitalized for 14 days. His case, even with high fever, was manageable. He now gets easily fatigued which he attributes to his previous infection.

Bangladesh has 170 million population but the death toll from COVID-19 is only around 7,000 to date. The Bangladesh people's life expectancy is getting higher (72 years) so the government is introducing social protection schemes for older people.

Hon. Shahid asked Prof. Wang for advice on how the Bangladesh Government can help its people, as well as how to secure free vaccines from China.

Prof. Wang responded that the question is very challenging and that he doesn't know how exactly to answer it. He offered a discussion through email instead. He furthered assured Hon. Shahid that the concern will be relayed to a leader back in China.

Hon. Ouk Damry congratulated China for hurdling most of the challenges that were brought about by COVID-19. From being the number 1 country in terms of the number of cases, China has slid down to becoming the 80th country.

He then asked Prof. Wang for programs and activities that were organized by China to care for the elderly such as financial assistance and free medical care.

Prof. Wang replied that caring for ageing people and providing long-term care is very difficult and challenging.

Hon. Ouk Damry wanted to know more about China's system of control and monitoring of the pandemic.

Prof. Wang replied that monitoring is very comprehensive. The use of mobile phones, APP and monitoring of temperature everywhere is nationally compulsory coupled with personal compliance.

After pointing out that the session had gone overtime, Hon. Biazon closed the discussion and reminded Prof. Wang to share the copy of this presentation and the participants to channel their inquiries through the AFPPD Secretariat.

Prof. Ikegami validated the lack of material time but assures everybody that the discussion will continue.

CLOSING REMARKS



Hon. Prof. Keizo Takemi thanked the guests and speakers who gave their presentation on ageing and infectious diseases.

He shared that the objective for choosing the topics is because of their urgent characteristic. The pathogens of COVID-19 directly attack the system of the elderly population. At least 80 percent of death caused by COVID-19 are shared by people aged 70 and above; and the movement of younger generations influence the transmission of the pathogens of COVID-19.

The COVID-19 pandemic is a very serious issue and it goes beyond national boundaries. Therefore, discussions around the issue must be sustained to effectively address the challenges, as well as to promote health and active ageing in the 21st Century.

The day's discussion served as a platform for sharing the experiences of countries. Countries in Asia have diverse aged characteristics so members of parliaments in each country must serve as catalysts for change - toward more efficient handling of COVID-19 and continuously protecting people from the infection.

Hon. Prof. Takemi concurred with Prof. Ikegami that the discussion on ageing and COVID-19 should be continued next year. COVID-19 has reached massive heights and fortunately, Asian countries has not have large number of cases compared to other parts of the world. However, Hon. Prof. Takemi fears that these countries might experience increase in the number of cases. Therefore, there is an impetus to collaborate and protect the most vulnerable population, such as the elderly, as a preventive measure. He is confident that the day's discussion offers tremendous opportunities to learn on how to effectively address COVID-19.

He reaffirms AFPPD's commitment to be an efficient network of parliamentarians tackling the twin issues of ageing and the pandemic.

He concluded his message by thanking the participants once again for graciously attending the first activity of AFPPD following its restart and assured everyone that AFPPD will accommodate concerns brought to its attention.

Prof. Ikegami also thanked everyone and announced that the presentations, documentation and photos will be shared with the participants. She also thanked APDA and UNFPA for their support to the meeting.

She announced that the AFPPD might have its General Assembly by the end of April or early May 2021.

=== End of Meeting ===

Resources Available

● Program

13:00-13:05	<p>Welcoming</p> <p>Prof. Kiyoko Ikegami, Interim Executive Director, AFPPD</p>
13:05-13:15	<p>Opening</p>
	<p><i>Opening Addresses</i></p> <p>Hon. Prof. Keizo Takemi, MP, Japan, Chair of AFPPD Mr. Björn Andersson, Regional Director, UNFPA APRO</p>
13:15-13:45	<p>Session 1: Research Report: Legislative and Policy Reviews on Ageing Four cases: Australia, Thailand, Kazakhstan, and Vietnam <Chair: Hon. Viplove Thakur, MP, India></p> <p>Presentation by consultant: Dr. Nguyen Van Tien (Vietnam) Ms. Hadley Rose (Australia / Thailand) Ms. Svetlana Zhassymbekova (Kazakhstan)</p>
13:45-14:05	<p>Discussion</p>
14:05-14:25	<p>Session 2: Presentation of the UNFPA Video “Life Cycle Approach to Population Ageing” and its effective use (English, Thai, Malay, Indonesian, Russian, Chinese, Korean, Hindi, Farsi, Sinhara)</p> <p>Presentation : Dr. Rintaro Mori, Regional Advisor (Population Ageing and Sustainable Development), UNFPA APRO</p>
14:25-14:45	<p>Discussion</p>
14:45-14:55	<p>Break</p>
14:55-15:15	<p>Session 3: Discussion : How to incorporate the lessons learned into legislative work in each country <Chair: Hon. Ruffy Biazon, MP, Philippines></p> <p>Presentation : Prof. Cuntong Wang, School of Social Development at China's Central University of Finance and Economics (China)</p>
15:15-15:45	<p>Discussion</p>
15:45-15:50	<p>Closing</p>
	<p><i>Closing Address:</i></p> <p>Hon. Dr. Jetn Sirathranont, MP, Thailand, Secretary General, AFPPD</p>

● COVID-19 Legal and Policy Frameworks Affecting Older Persons in Australia

1. Introduction to Ageing in Australia

Australia's federal government takes primary responsibility for aged care in the country, funding most of the \$18.4 billion in government expenditures for aged care services.¹ While the pension age in Australia is gradually increasing from 65 to 67², older persons over the age of 65 are able to access care at a variety of levels, including various types of in-home assistance, full-time living in an aged care facility, or hybrid forms of care based on temporary or specific needs.³ Those younger than 65 living with disabilities may also qualify for aged care.⁴ In 2017-2018, over 1.2 million Australians benefitted from aged care services, and 77% of them received care at home or in community-based settings.⁵

Aged care accessibility is universal in Australia, and the government pays for most of the aged care in the country,⁶ although individuals must contribute toward these services at a percentage of the basic age pension amount.⁷ While the government does cover the costs for most aged care in the country, aged care homes are comprised a mix of private non-profit facilities (60%), private for profit facilities (approximately 30%), and state or local government providers (approximately 10%).⁸ Residential long-term care is used by almost 20% of the population over 80 years of age, and 6% of those over 65 years of age.⁹

"My Aged Care" is a government program consisting of a call center and website that contains information, resources, and contact details for all aspects of aged care and services in

¹ *Aged Care: A Quick Guide*, Parliamentary Library, Research Paper Series, p.1, June 5, 2019.

² Age Pension, Australian Government: Department of Social Services, <https://www.dss.gov.au/seniors/benefits-payments/age-pension> (last visited Dec. 1, 2020).

³ The Royal Commission into Aged Care Quality and Safety, Review of International Systems for Long-Term Care of Older Persons, Research Paper 2 (2020), available at <https://agedcare.royalcommission.gov.au/sites/default/files/2020-01/research-paper-2-review-international-systems-long-term-care.pdf>, p.17 ("Aged care is delivered through a number of programs including the Commonwealth Home Support Program (CHSP), Home Care Packages (HCP) Program, residential aged care, and flexible care").

⁴ Younger people in residential aged care, Australian Government: Aged Care Quality and Safety Commission, Nov. 27, 2020, <https://www.agedcarequality.gov.au/consumers/younger-people-residential-aged-care>.

⁵ Aged Care, Australian Government: Australian Institute of Health and Welfare, Sept. 11, 2019, <https://www.aihw.gov.au/reports/australias-welfare/aged-care>.

⁶ The Royal Commission into Aged Care Quality and Safety, Review of International Systems for Long-Term Care of Older Persons, Research Paper 2 (2020), available at <https://agedcare.royalcommission.gov.au/sites/default/files/2020-01/research-paper-2-review-international-systems-long-term-care.pdf>, p.17.

⁷ *Aged Care: A Quick Guide*, Parliamentary Library, Research Paper Series, p.2, June 5, 2019.

⁸ The Royal Commission into Aged Care Quality and Safety, Review of International Systems for Long-Term Care of Older Persons, Research Paper 2 (2020), available at <https://agedcare.royalcommission.gov.au/sites/default/files/2020-01/research-paper-2-review-international-systems-long-term-care.pdf>, p.18.

⁹ Suzanne M Dyer, Madeline Valeri, Nimita Arora, Dominic Tilden and Maria Crotty, *Is Australia over-reliant on residential aged care to support our older population?*, *MED J AUST* 2020; 213 (4): 156-157 (2020), available at <https://www.mja.com.au/journal/2020/213/4/australia-over-reliant-residential-aged-care-support-our-older-population>.

Australia.¹⁰ This includes the care services mentioned above, and also healthcare and pharmaceutical benefits for older persons. Healthcare is generally universal in Australia, administered through the Medicare program.¹¹ This system guarantees that older persons living at home or in aged care facilities have access to essential health services and medicines. Australia also has several allowances and programs to protect older persons who are poor, such as the basic age pension, a disability pension, a mobility allowance, a pension loan scheme to supplement one's retirement income, payments and allowances for individuals who serve as carers for needy older persons, and other support programs.¹²

a. Methodology of this report

This report was developed first through an assessment of Australia's approach to ageing and aged care in general, and also understanding Australia's general policy and legislative response to COVID-19. After this policy background was assessed, then the specific policies and programs impacting older persons during the COVID-19 pandemic were incorporated, with a focus on access to care and services, access to healthcare, and access to economic support. While the focus of these assessments was on Parliamentary action, much of the response to COVID-19 is carried out through emergency powers delegated to the executive branch Ministers and agencies. Finally, based on these assessments, lessons learned and recommendations are provided for other Parliamentarians based on Australia's response.

2. Older persons in Australia's COVID-19 response

In January of 2020¹³, the Biosecurity Act of 2015 was invoked to grant the Minister of Health the right to issue directives and determine requirements necessary to stop the spread of the COVID-19 pandemic.¹⁴ The Director of Human Biosecurity can also authorize agency staff to act on his or her behalf under the Act.¹⁵ The Minister for Aged Care and Senior Australians is also involved in coordinating the COVID-19 response and policies as related to older persons. Pursuant to these emergency powers, Parliament oversees this delegated power and action through committees such as the Committee on Scrutiny of Delegated Legislation and the Human Rights Committee.¹⁶ The Committee on Scrutiny of Delegated Legislation has been meeting regularly on a virtual basis since the beginning of the COVID-19 crisis to ensure

¹⁰ *Aged Care: A Quick Guide*, Parliamentary Library, Research Paper Series, p.4, June 5, 2019.

¹¹ The Australian Health System, Australian Government – Department of Health, Aug. 7, 2019, <https://www.health.gov.au/about-us/the-australian-health-system>.

¹² Support for financially disadvantaged people, Australian Government: MyAgedCare, <https://www.myagedcare.gov.au/support-financially-disadvantaged-people> (last visited Dec. 1, 2020).

¹³ Biosecurity (Listed Human Diseases) Amendment Determination 2020, Jan. 21, 2020.

¹⁴ Biosecurity Act 2015, Sec. 477-478, as amended to date.

¹⁵ Coronavirus Economic Response Package Omnibus Act 2020, Mar. 25, 2020, Sec. 544A (“The Director of Human Biosecurity may, in writing, delegate any or all of the Director’s functions or powers under Part 3 of Chapter 2 (human biosecurity control orders) to an SES employee, or an acting SES employee, in the Health Department who is a human biosecurity officer.”).

¹⁶ Sarah Moulds, *Scrutinising COVID-19 laws: An early glimpse into the scrutiny work of federal parliamentary committees*, ALTERNATIVE LAW JOURNAL, Vol. 45(3) (2020), 183, available at <https://journals.sagepub.com/doi/pdf/10.1177/1037969X20946990>.

appropriate oversight of the government's actions during the pandemic.¹⁷ Parliament also authorized a specific COVID-19 Committee to monitor and report on the government's response to COVID-19, and will file its report in 2022.¹⁸ Many of the policies impacting older persons during COVID-19, specifically those in residential aged care, have in fact come through declarations or policies of the Minister of Health or other related agencies.

Some of the specific policies adopted during COVID-19 to protect older persons include special provisions for access to prescription drugs, telehealth access, improved access to personal protective equipment (PPE) for aged care facilities, and information for older persons on protecting themselves from COVID-19 in light of their unique vulnerabilities. Parliament has approved financial support for the aged care industry during COVID-19 totaling approximately \$1.5 billion, which includes health workforce retention bonuses, quarantine stipends for workers who need to quarantine due to potential exposure, expansion of the health workforce, and grief and trauma counseling for residents of aged care facilities and their families who have experienced a COVID-19 outbreak.¹⁹ Additional funds have also been added to the budget of My Aged Care, improving older persons' access to resources and information on aged care. Most Australians benefited from cash stimulus payments, and older persons who lost their jobs during the pandemic might get additional economic support either through basic pension payments (depending on their age) or possibly JobSeeker payments (a form of unemployment benefits).

a. Access to services

Before the COVID-19 pandemic, Australia had a comprehensive approach to providing older persons with access to basic services, such as meal delivery, in-home care, and companionship. The government has now established a dedicated COVID-19 phone support line for older Australians where they can receive information on everything from how to access health services during the pandemic to addressing feelings of loneliness and isolation through virtual companionship and planning safe or virtual visits with friends and family.²⁰ Older Australians also have special priority access to online and telephone grocery ordering.²¹ In-home care options for older persons are being increased, as well as options for services such as in-home meal delivery.²² Overall, the COVID-19 specific aged care support package

¹⁷ Scrutiny of COVID-19 Instruments, Parliament of Australia, https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Scrutiny_of_Delegated_Legislation/Scrutiny_of_COVID-19_instruments (last visited Dec. 1, 2020).

¹⁸ Sarah Moulds, *Scrutinising COVID-19 laws: An early glimpse into the scrutiny work of federal parliamentary committees*, ALTERNATIVE LAW JOURNAL, Vol. 45(3) (2020), 182 – 183, available at <https://journals.sagepub.com/doi/pdf/10.1177/1037969X20946990>.

¹⁹ Reinforcement of Australia's Aged Care Sector, Media Release, Aug. 21, 2020, <https://www.pm.gov.au/media/reinforcement-australias-aged-care-sector>.

²⁰ Coronavirus (COVID-19) advice for older people, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-COVID-19/coronavirus-COVID-19-advice-for-older-people> (last visited Nov. 24, 2020).

²¹ Coronavirus (COVID-19) advice for older people, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-COVID-19/coronavirus-COVID-19-advice-for-older-people> (last visited Nov. 24, 2020).

²² Fact Sheet: Assistance with Food and Meals for Older Australians Impacted by COVID-19, Australian Government – Department of Health, Apr. 9, 2020, available at

totals \$205 million.²³ At the same time, almost 40% of aged care workers in Australia are immigrants,²⁴ so the government made possible the emergency extension of visas for several categories of visa holders, especially those in the medical and aged care professions.²⁵

The government has also issued specific guidance for older persons living at home and for older persons living in aged care facilities. For older persons living at home, the government recommends they follow basic sanitation guidelines, and avoid unnecessary travel and contact with outsiders.²⁶ The government also promotes the use of the “COVIDSafe App” for smartphones, which will alert users if they have been in close contact with another user of the App who tests positive for the virus.²⁷ For older Australians who receive in-home aged care services, the government has issued guidance on how to safely continue these services during the pandemic, called “It’s ok to have home care”, which includes guidance on the use of personal protective equipment, sanitation practices, and physical distancing where possible.²⁸

For older Australians living in aged care facilities, the Australian Health Protection Principal Committee (AHPPC) issued guidance that only 2 visitors, once per day, should be allowed for each aged care resident, and that all visitors be vaccinated for influenza.²⁹ The Minister for Aged Care encouraged aged care facilities to voluntarily apply these standards, and states and territories have issued directions to give effect to these requirements.³⁰ Aged care facilities also adopted restrictions for limiting visitors who had recently traveled or who had symptoms of illness.³¹ In May 2020, Parliament adopted an amendment to the Aged Care Act to allow

<https://www.health.gov.au/sites/default/files/documents/2020/04/assistance-with-food-and-meals-for-older-australians-impacted-by-COVID-19.pdf>.

²³ New COVID-19 payment to keep senior Australians in residential aged care safe, Media Release, May 1, 2020, <https://www.pm.gov.au/media/new-COVID-19-payment-keep-senior-australians-residential-aged-care-safe>.

²⁴ *37% of aged care workers in Australia from overseas*, The Weekly Source, Feb. 12, 2019, <https://www.theweeklysource.com.au/37-of-aged-care-workers-in-australia-from-overseas/>

²⁵ Media Statement: Coronavirus and Temporary Visa holders, Apr. 4, 2020, https://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/7279329/upload_binary/7279329.pdf;fileType=application%2Fpdf#search=%22media/pressrel/7279329%22.

²⁶ Coronavirus (COVID-19) advice for older people, Australian Government Department of Health, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-COVID-19/coronavirus-COVID-19-advice-for-older-people>, Nov. 17, 2020 (last visited Nov. 28, 2020).

²⁷ COVIDSafe app, Australian Government Department of Health, <https://www.health.gov.au/resources/apps-and-tools/covidsafe-app#about-the-app>, Oct. 28, 2020 (last visited Nov. 28, 2020).

²⁸ Information Sheet: It’s ok to have home care, Australian Government Department of Health, Sept. 8, 2020, available at https://www.health.gov.au/sites/default/files/documents/2020/08/coronavirus-COVID-19-it-s-ok-to-have-home-care-it-s-ok-to-have-home-care-fact-sheet_0.pdf.

²⁹ Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statement, 17 March 2020, <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-COVID-19-statement-on-17-march-2020-0> (extended in April 2020).

³⁰ Press Release, Senator the Hon Richard Colbeck, Minister for Aged Care and Senior Australians, Aged Care Visitation, April 24, 2020, https://parlinfo.aph.gov.au/parlInfo/download/media/pressrel/7312879/upload_binary/7312879.pdf;fileType%3Dapplication%2Fpdf#search=%22media/pressrel/7312879%22.

³¹ Fact Sheet: Families and residents on restricted visits to residential aged care facilities, Australian Government Department of Health, June 19, 2020, available at <https://www.health.gov.au/sites/default/files/documents/2020/06/coronavirus-COVID-19-information-for-families-and-residents-on-restricted-visits-to-residential-aged-care-facilities.pdf>.

emergency leave for residents of aged care facilities during the pandemic.³² This emergency leave allows residents of aged care facilities to stay with family members for several months, reducing the number of residents living in close quarters in aged care facilities during the COVID-19 pandemic. During the declared emergency period, residents of aged care facilities can take emergency leave from their facilities without using up the limited number of days they are allowed for social leave.³³ At the same time, aged care facilities will continue to receive the residential care subsidy that pays their costs per resident, even if a resident is on emergency leave. This set of subsidies and allowances allows each resident to choose his or her safest accommodation option during the pandemic.

While the Government has made efforts to increase safe visitor and outreach programs to combat loneliness and isolation among older persons during COVID-19, older persons may not be able to easily access these programs and information due to the IT requirements. Those with pre-existing mental illness may find it too challenging or distressing to interact online with friends and family or support workers, and may not be able to access other services remotely.³⁴ Lack of PPE, lack of COVID-specific safety protocols, and lack of clinical skills among aged care staff has led to further distress and even deaths in aged care facilities.³⁵ Human Rights Watch has urged the Royal Commission into Aged Care to take particular notice of the high level of distress caused to dementia patients due to social isolation and lack of visitors during the pandemic that can lead to further health complications and even death in some cases.³⁶

b. Access to healthcare

Australia has in place several healthcare policies to respond to COVID-19 that benefit older persons. Part of the aged care stimulus budget adopted by Parliament funds a healthcare worker surge, and provides for the extension of work visas that can also help keep staff members working the aged care industry.³⁷ The Government also introduced a new Primary Health Care Support Package to update the delivery of services to address conditions introduced by COVID-19. For example, due to physical distancing requirements, any Australian on Medicare can use telehealth services by phone or video conference.³⁸ This

³² COVID-19 and aged care: a quick guide, Parliament of Australia, Research Paper Series 2019–20, June 16, 2020, p.5, *available at* https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7392988/upload_binary/7392988.pdf.

³³ Protecting Older Australians: COVID-19 Update, May 16, 2020, Australian Government: Department of Health, <https://www.health.gov.au/news/newsletters/protecting-older-australians-COVID-19-update-16-may-2020>.

³⁴ National Mental Health and Well-Being Pandemic Response Plan, Australian Government, May 2020, p.26-27, *available at* <https://www.mentalhealthcommission.gov.au/getmedia/1b7405ce-5d1a-44fc-b1e9-c00204614cb5/National-Mental-Health-and-Wellbeing-Pandemic-Response-Plan>.

³⁵ Elderly homes in Australia under fire after high COVID-19 deaths, Al-Jazeera, Oct. 2, 2020, <https://www.aljazeera.com/features/2020/10/2/dying-of-COVID-19-in-australias-elderly-home-care>.

³⁶ Submission by Human Rights Watch to the Royal Commission into Aged Care Quality and Safety on the Impact of the Coronavirus (COVID-19) on the Aged Care Sector, July 31, 2020, *available at* <https://www.hrw.org/news/2020/08/05/submission-australian-royal-commission>.

³⁷ Alex Grove, COVID-19 and aged care: a quick guide, Research Paper Series, 2019–2020, June 16, 2020, p.3, https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7392988/upload_binary/7392988.pdf.

³⁸ Fact Sheet – National Health Plan, Primary Care Package – MBS Telehealth Services and increased Practice Incentive Payments, March 2020, <https://www.health.gov.au/sites/default/files/documents/2020/04/COVID-19-national-health-plan-primary-care-package-mbs-telehealth-services-and-increased-practice-incentive->

service is specially tailored for people over 70 years of age and those with chronic conditions or who are immunocompromised. Remote ordering and home delivery of prescriptions is available for any person over 70 or any resident of an aged care facility.³⁹ Infection control training and education is also being provided to aged care staff so that aged care facilities are better able to manage infections if they do occur.⁴⁰ The Government has also set up a special request system for aged care facilities to request PPE, prioritizing facilities that are managing a COVID outbreak.⁴¹ The Government is also targeting funding toward mental health nursing support for older Australians, which can be accessed in aged care facilities or for older persons living at home.⁴²

Australia also has a plan for prioritizing delivery of the COVID-19 vaccine to ensure older people are among the first to be vaccinated due to their higher risk of contracting the disease and of having a severe case of the disease.⁴³ The Australian Technical Advisory Group on Immunisation (ATAGI) identified three priority groups for COVID-19 vaccination, which include:

- Older persons, certain vulnerable minority groups, and persons with underlying conditions;
- People at increased risk of exposure, such as health care workers and aged care workers;
- People working in essential industries, such as public health staff, critical infrastructure workers, and food industry workers.⁴⁴

It is not yet clear what the exact order of priority will be among these three groups, if any. However, older persons and aged care workers are recognized among the key priority groups for receiving the vaccine once it is available, free of charge.

[payments-COVID-19-national-health-plan-primary-care-package-mbs-telehealth-services-and-increased-practice-incenti_2.pdf](#) (last visited Nov. 24, 2020); Friel, S., Goldman, S., Townsend, B. and Schram, A. (2020) Australian COVID-19 policy responses: Good for health equity or a missed opportunity?, p.9, Canberra: School of Regulation and Global Governance (RegNet), Australian National University.

³⁹ Getting medicines during coronavirus (COVID-19) restrictions, Australian Government – Department of Health, May 22, 2020, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/ongoing-support-during-coronavirus-COVID-19/getting-medicines-during-coronavirus-COVID-19-restrictions> (last visited Nov. 24, 2020).

⁴⁰ Aged Care – Aged Care Preparedness, Fact Sheet: National Health Plan, Australian Government – Department of Health, Mar. 11, 2020, available at <https://www.health.gov.au/sites/default/files/documents/2020/03/COVID-19-national-health-plan-aged-care-aged-care-preparedness.pdf>.

⁴¹ Advice for the aged care sector during COVID-19, Australian Government – Department of Health, Nov. 23, 2020, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-COVID-19-advice-for-the-health-and-disability-sector/providing-aged-care-services-during-COVID-19> (last visited Nov. 24, 2020); PPE Prioritised for Aged Care Workers, July 22, 2020, HelloCare, <https://hellocaremail.com.au/ppe-prioritised-aged-care-workers/>.

⁴² Supporting the National Mental Health and Wellbeing Pandemic Response Plan, Australian Government, June 17, 2020, p.2, available at <https://www.health.gov.au/sites/default/files/documents/2020/06/supporting-the-national-mental-health-and-wellbeing-pandemic-response-plan.pdf>.

⁴³ Australian COVID-19 Vaccination Policy, Australian Government, p.11 (2020), available at https://www.health.gov.au/sites/default/files/documents/2020/11/australian-COVID-19-vaccination-policy_1.pdf.

⁴⁴ COVID-19 Vaccination Prioritisation, Australian Government Department of Health, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/vaccines-and-treatments/COVID-19-vaccination-prioritisation> (last visited Nov. 28, 2020).

c. Access to economic support

Australians over 60 are among the most heavily impacted by job loss during COVID-19.⁴⁵ People aged 70 years or older experienced a 12.1% loss of payroll jobs, and people aged 60 to 69 years experienced a 6.4% loss of payroll jobs.⁴⁶ At the same time, people aged 60 years and over account for 10.9% of all unemployed persons in Australia.⁴⁷ Some older Australians who are not yet at pension age are eligible for JobSeeker payments if they become unemployed due to COVID-19.⁴⁸ The JobSeeker payment was also expanded during the pandemic to cover contract workers and self-employed persons whose income decreased or was lost due to COVID-19, and this expansion could benefit some older persons as well who were self-employed or contractors before the pandemic.⁴⁹ Australia also has a Work Bonus program for pensioners who choose to keep working so that they can earn additional income from working without impacting their pension payments.⁵⁰ Additionally, a person who needs to leave his or her work to care for someone affected by COVID-19 can also qualify for the JobSeeker payment in some cases, which can be another way of supporting older persons who prefer to stay at home during COVID-19, but who would need a caretaker who might need extra support to leave a paying job.⁵¹

For Australians who have already reached the pension age, other support payments have been provided to help address the economic impacts of COVID-19. Many older Australians qualified for one or two \$750 economic support payments. This first payment went to all persons receiving the basic age pension, the Disability Support Pension, the Carer Payment, the Veterans Pension, and the Widow Allowance.⁵² Many older Australians also received a second \$750 payment, and two additional \$250 payments.⁵³ For older persons whose savings or social security amounts are being affected by the market volatility and low interest rates

⁴⁵ Geoff Gilfillan, COVID-19: Labour market impacts on key demographic groups, industries and regions, Research Paper Series 2020-2021, Oct. 23, 2020, p.4, *available at* https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7616491/upload_binary/7616491.pdf.

⁴⁶ Geoff Gilfillan, COVID-19: Labour market impacts on key demographic groups, industries and regions, Research Paper Series 2020-2021, Oct. 23, 2020, p.4, *available at* https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7616491/upload_binary/7616491.pdf.

⁴⁷ Geoff Gilfillan, COVID-19: Labour market impacts on key demographic groups, industries and regions, Research Paper Series 2020-2021, Oct. 23, 2020, p.4, *available at* https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7616491/upload_binary/7616491.pdf.

⁴⁸ JobSeeker Payment – Who Can Get It – Services Australia, <https://www.servicesaustralia.gov.au/individuals/services/centrelink/jobseeker-payment/who-can-get-it> (*last visited* Nov. 24, 2020).

⁴⁹ JobSeeker Payment – Who Can Get It – Services Australia, <https://www.servicesaustralia.gov.au/individuals/services/centrelink/jobseeker-payment/who-can-get-it> (*last visited* Nov. 24, 2020).

⁵⁰ Work Bonus, Australian Government: Department of Social Services, <https://www.dss.gov.au/seniors/programmes-services/work-bonus#:~:text=The%20Work%20Bonus%20increases%20the,it%20affects%20their%20pension%20rate.&text=From%201%20July%202020%2C%20for,it%20is%20%24316%20a%20fortnight> (*last visited* Dec. 1, 2020).

⁵¹ JobSeeker Payment – Who Can Get It – Services Australia, <https://www.servicesaustralia.gov.au/individuals/services/centrelink/jobseeker-payment/who-can-get-it> (*last visited* Nov. 24, 2020).

⁵² COVID-19 Economic Response – Payments to support households, Oct. 15, 2020, p.2, https://treasury.gov.au/sites/default/files/2020-10/Fact_sheet-Payments_to_support_households_1.pdf.

⁵³ COVID-19 Economic Response – Payments to support households, Oct. 15, 2020, p.3, https://treasury.gov.au/sites/default/files/2020-10/Fact_sheet-Payments_to_support_households_1.pdf.

caused by COVID-19, drawdown requirements have been reduced and social security deeming rates have also been reduced.⁵⁴ Other protections have also been implemented, such as early access to superannuation or retirement benefits.⁵⁵ The Aged Care (Subsidy, Fees and Payments) Determination of 2014 was also amended to implement a temporary increase to the rate of the aged care basic subsidy.⁵⁶

3. Conclusion: Lessons Learned for Parliamentarians

Australia's response to protecting older persons during the COVID-19 pandemic included many different programs, funding approaches, and initiatives to ensure older persons continue to have access to services, healthcare, and economic security. The Government adopted a series of Declarations made pursuant to the Biosecurity Act of 2015 that ensured COVID-19 was included in the list of human diseases that would grant the Health Minister certain emergency powers to control the spread of the pandemic.⁵⁷ Where the Government uses this type of delegated legislative power, Parliament is obligated to review and monitor the Government's actions. This is one of the key roles of Parliament in the COVID-19 pandemic, because many of the policies and actions affecting older persons are being implemented through Government actions and delegated authority rather than through formal legislation adopted by Parliament. Parliamentary scrutiny is essential in ensuring equality of service delivery, appropriate expenditures of State funds, and monitoring of the rights of all groups and individuals affected by the policies of the Government. Australia's Parliament ensured that the Committee on Scrutiny of Delegated Legislation was monitoring the Government's COVID-19 response through delegated power on an ongoing basis, and that a new Committee was formed specifically to monitor and report on the COVID-19 situation and response overall.

In addition to scrutiny of delegated and emergency powers, Parliament also adopted specific amendments to the Aged Care Act to ensure older Australians living in aged care facilities are protected, specifically in granting emergency leave for residents to stay with friends and family as aged care facilities could become epicenters of COVID-19 outbreaks. Due to the relatively high number of Australians living in aged care facilities, Australia's COVID-19 response was tailored for older persons living at home and older persons living in residential care, including provisions for home delivery of meals, groceries, and medicines, as well as virtual companionship for any older person experiencing loneliness and isolation during the pandemic. In order to bring about these extended services for older persons, the government also ensured extension of visas for immigrants, particularly those working in the medical and aged care sectors.

⁵⁴ Economic Response to the Coronavirus: Providing Support for Retirees, Oct. 15, 2020, p.1, https://treasury.gov.au/sites/default/files/2020-10/Fact_sheet-providing_support_for_retirees_0.pdf.

⁵⁵ COVID-19 Economic Response - Early Access to Superannuation, Oct. 15, 2020, https://treasury.gov.au/sites/default/files/2020-10/Fact_sheet-Early_Access_to_Super.pdf.

⁵⁶ Aged Care (Subsidy, Fees and Payments) Amendment (Workforce Continuity Funding) Determination 2020, Mar. 26, 2020 (no longer in force), *available at* <https://www.legislation.gov.au/Details/F2020L00352>.

⁵⁷ Howard Maclean & Karen Elphick, COVID-19 Legislative response – Human Biosecurity Emergency Declaration Explainer, Parliament of Australia, Mar. 19, 2020, https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2020/March/COVID-19_Biosecurity_Emergency_Declaration.

Parliament also considered and adopted economic stimulus packages in response to COVID-19 that included targeted assistance to the aged care sector, including increasing the aged care and healthcare workforce, allocating additional funds to mental health services, and increasing home health and telehealth service delivery. In addition to this sector-wide support, Parliament's economic stimulus packages also included direct individual stimulus payments to benefit older persons in Australia who were disadvantaged by the COVID-19 outbreak.

Recommendations:

Recommendation 1:

Assign COVID-19 oversight to a Parliamentary Committee empowered to monitor, assess, and report on the Government's delegated power.

Recommendation 2:

Ensure oversight of the overall COVID-19 response with a special Committee on COVID-19 Response.

Recommendation 3:

Tailor support for older persons to the country-context, incorporating special support for older persons in residential care and who stay at home where applicable.

Recommendation 4:

Consider mental health of older persons in adopting policies and allocating funding as isolation and loneliness can also be harmful to older persons.

Recommendation 5:

Consider additional delivery services that can reasonably be provided to limit the need for older persons to leave their homes.

Recommendation 6:

Assess the healthcare and support needs of older persons and whether foreign workers will need their visas extended during the pandemic to continue providing these essential services.

Recommendation 7:

Consider additional incentives such as exceptional leave requirements from residential aged care to encourage fewer older persons living in residential aged care as possible during the pandemic.

Recommendation 8:

Assess the financial impacts on the aged care sector and address potential shortfalls with gap financing and workforce strengthening.

Recommendation 9:

Consider the additional costs that may be incurred by older persons in coping with the restrictions and challenges of the pandemic and provide direct stimulus payments or government-sponsored services where possible.

Recommendation 10:

Consider the challenges older persons may face in using IT platforms to sign up for benefits, and limit these requirements where possible.

● COVID-19 Legal and Policy Frameworks Affecting Older Persons in Thailand

1. Introduction to Ageing in Thailand

Around 18% of Thailand's population are over 60 years of age, and one out of every 10 people is over 80 years of age.⁵⁸ In 2001, Thailand adopted the Second National Plan for Older Persons, that covers the years 2001-2021. In 2002, Thailand achieved Universal Health Coverage (UHC), and under the system, all Thai citizens access essential health services without cost. The Act on Older persons was revised in 2010, supporting community-based care and support for older persons and promoting savings among older persons. The National Strategy for 2018-2037 also addresses the ageing of Thailand's population and looks to ensure equality of social development and human resource development to address these social changes.⁵⁹

At the same time, almost 2 million older people in Thailand are not in good health, and about 250,000 are in very poor condition.⁶⁰ However, most older persons in Thailand live independently or with family: around 65% of older persons either live with or near one of their children, and only 9% live alone.⁶¹ Long-term residential care is not as popular in Thailand, with only 12 government aged care homes and less than 2,000 residents, and 13 other registered aged care homes.⁶² The government has over 50,000 Home Care Service Volunteers for the Elderly who reach out to older persons living at home who may need extra assistance.⁶³ However, older persons in Thailand do not experience systematic ageism or health inequality, and are generally well-respected in Thai culture.⁶⁴ Where possible, families tend to care for their older relatives and support them economically.

Many older persons in Thailand receive economic support from their family members, or continue to work, especially in low-wage jobs or in the informal economy, to support

⁵⁸ Marcela Suazo & Wassana Im-Em, "This is not the time to neglect our older generation," Apr. 13, 2020, BANGKOK POST, <https://www.bangkokpost.com/opinion/opinion/1898465/this-is-not-the-time-to-neglect-our-older-generation>.

⁵⁹ Ageing population in Thailand, HelpAge, <https://ageingasia.org/ageing-population-thailand/#govpolicies> (last visited Dec. 1, 2020).

⁶⁰ Marcela Suazo & Wassana Im-Em, "This is not the time to neglect our older generation," Apr. 13, 2020, BANGKOK POST, <https://www.bangkokpost.com/opinion/opinion/1898465/this-is-not-the-time-to-neglect-our-older-generation>.

⁶¹ The Situation of Thailand's Older Population: An Update based on the 2014 survey of Older Persons in Thailand, HelpAge International (2015), p.24, available at <https://ageingasia.org/situation-of-thailand-older-population-2015/>.

⁶² The Situation of Thailand's Older Population: An Update based on the 2014 survey of Older Persons in Thailand, HelpAge International (2015), p.8-9, available at <https://ageingasia.org/situation-of-thailand-older-population-2015/>.

⁶³ The Situation of Thailand's Older Population: An Update based on the 2014 survey of Older Persons in Thailand, HelpAge International (2015), p.8, available at <https://ageingasia.org/situation-of-thailand-older-population-2015/>.

⁶⁴ Wee-Shiong Lim, et al., *COVID-19 and older people in Asia: Asian Working Group for Sarconpenia calls to action*, GERIATRICS & GERONTOLOGY INTERNATIONAL, Vol. 20(6) (2020), available at <https://onlinelibrary.wiley.com/doi/10.1111/ggi.13939>.

themselves.⁶⁵ Retirement age in Thailand is set at 60, but this is option in the private sector, and older Thais can continue working in formal employment after this age in many circumstances as well.⁶⁶ 85% of older Thais receive the Old Age Allowance, which is available on a graduated basis from the age of 60,⁶⁷ but the benefit level is at 25% of the national poverty line, lower than most other social pension programs in ASEAN countries and in the rest of the world.⁶⁸

a. Methodology of this report

This report was developed first through an assessment of Thailand's approach to ageing and aged care in general, and also understanding Thailand's general policy and legislative response to COVID-19. After this policy background was assessed, then the specific policies and programs impacting older persons during the COVID-19 pandemic were incorporated, with a focus on access to care and services, access to healthcare, and access to economic support. While the focus of these assessments was on Parliamentary action, much of the response to COVID-19 is carried out through emergency powers delegated to the executive branch Ministers and agencies. Finally, based on these assessments, lessons learned and recommendations are provided for other Parliamentarians based on Thailand's response.

2. Older persons in Thailand's COVID-19 response

Thailand's Communicable Diseases Act (CDA) gives regional governors the right to issue orders for public safety, such as the temporary closure of certain venues.⁶⁹ COVID-19 was declared a dangerous communicable disease under the CDA, so these emergency powers are in force. Thailand's swift and comprehensive response to the public health emergency posed by COVID-19 has been praised by the international community,⁷⁰ and Thailand's infection rate shows the effectiveness of its approach, with less than cases 4,000 nationwide and only 60 deaths as of November 2020. However, activists and journalists have alleged that the government is using its emergency powers related to COVID-19 to combat anti-government protests and even anti-government news and information sources.⁷¹ In fact, the Royal Government has come under the scrutiny of Parliament recently, with some lawmakers

⁶⁵ Usa Khiewrord, *Thailand needs to do more to support older people from the impact of the COVID-19 pandemic*, Jul. 7, 2020, HelpAge International, <https://www.helpage.org/newsroom/latest-news/thailand-needs-to-do-more-to-support-older-people-from-the-impact-of-theCOVID-19-pandemic/>.

⁶⁶ Thailand – Retirement regime for Thai private sector, Orbis, Oct. 30, 2019, <https://orbis-alliance.com/orbis-news/thailand-retirement-regime-for-thai-private-sector>.

⁶⁷ Thailand: Social Security Programs Throughout the World: Asia & the Pacific, 2016, [https://www.ssa.gov/policy/docs/progdesc/ssptw/2016-2017/asia/thailand.html#:~:text=Old%2Dage%20pension%20\(social%20assistance\)%3A%20600%20baht%20is%20paid,if%20aged%2090%20or%20older](https://www.ssa.gov/policy/docs/progdesc/ssptw/2016-2017/asia/thailand.html#:~:text=Old%2Dage%20pension%20(social%20assistance)%3A%20600%20baht%20is%20paid,if%20aged%2090%20or%20older) (last visited Dec. 1, 2020).

⁶⁸ Usa Khiewrord, *Thailand needs to do more to support older people from the impact of the COVID-19 pandemic*, Jul. 7, 2020, HelpAge International, <https://www.helpage.org/newsroom/latest-news/thailand-needs-to-do-more-to-support-older-people-from-the-impact-of-theCOVID-19-pandemic/>.

⁶⁹ Communicable Diseases Act (2005), s. 35.

⁷⁰ Jidapa Khoonsinsub, *Thailand's COVID-19 response an example of resilience and solidarity: a UN Resident Coordinator blog*, Aug. 4, 2020, UN NEWS, <https://news.un.org/en/story/2020/08/1069191> (last visited Nov. 28, 2020).

⁷¹ Interview with Sunai Phasuk, *Learning from COVID-19 in Thailand*, Sept. 1, 2020, HUMAN RIGHTS WATCH, <https://www.hrw.org/news/2020/09/01/learning-COVID-19-thailand> (last visited Nov. 28, 2020).

calling for Constitutional reforms to limit the power of the monarchy.⁷² While these amendments are unlikely to be adopted, the process does show the Parliament's willingness to monitor the actions of government, especially during the COVID-19 pandemic, when the powers of the government are even more expansive.

Within one day of the WHO declaring COVID-19 a pandemic, Thailand created the Centre for COVID-19 Situation Administration (CCSA), an advisory group with representatives from many sectors and branches of the government.⁷³ This group is chaired by the Prime Minister and provides policy development and advice related to all aspects of the COVID-19 crisis. The CCSA determines quarantine requirements and has developed guidelines to start allowing certain categories of tourists to safely return to Thailand.⁷⁴

Thailand also has a group of around 1 million village health volunteers, managed by the Ministry of Public Health, who play a critical role in public health awareness and health service delivery. These volunteers have been an essential part of Thailand's COVID-19 response, particularly in contact tracing as they keep records of their visits and can collect additional data from families and individuals.⁷⁵ They have also been a primary information source for many households on COVID-19 prevention, how to recognize symptoms, and have also handed out masks and hand sanitizer.⁷⁶ In approximately 2 weeks in March and April, they were able to visit 8 million households to screen for COVID-19 cases.⁷⁷ They normally receive a stipend of 1,000 Thai baht (around \$32 USD) per month for their work, and have been given an additional 500 baht per month as an incentive payment during COVID-19.⁷⁸

In addition to the health sector response to COVID-19, Thailand has also made significant efforts to provide for the population economically during the pandemic. The various stimulus packages adopted in Thailand have amounted to 15% of the country's GDP, putting it on par

⁷² *Thailand votes on constitutional reforms amid protests*, DW, Nov. 18, 2020, <https://www.dw.com/en/thailand-votes-on-constitutional-reforms-amid-protests/a-55643736> (last visited Nov. 28, 2020).

⁷³ COVID-19 Infodemic Management: Thailand Experience, Supakit Sirilak, MD, MPH Deputy Permanent Secretary, Ministry of Public Health, 75th Session of the General Assembly of the United Nations, Sept. 23, 2020, available at https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/thailand-ungapresentation-infodemic-thailand-21sep2020-final.pdf?sfvrsn=d757509e_6.

⁷⁴ CCSA approves more quarantine packages for foreign tourists, *The Nation: Thailand*, Oct. 22, 2020, <https://www.nationthailand.com/news/30396610>.

⁷⁵ Montira Narkvichien, *Thailand's 1 million village health volunteers – “unsung heroes” – are helping guard communities nationwide from COVID-19*, Aug. 28, 2020, WORLD HEALTH ORGANIZATION, <https://www.who.int/thailand/news/feature-stories/detail/thailands-1-million-village-health-volunteers-unsung-heroes-are-helping-guard-communities-nationwide-from-COVID-19> (last visited Nov. 28, 2020).

⁷⁶ Montira Narkvichien, *Thailand's 1 million village health volunteers – “unsung heroes” – are helping guard communities nationwide from COVID-19*, Aug. 28, 2020, WORLD HEALTH ORGANIZATION, <https://www.who.int/thailand/news/feature-stories/detail/thailands-1-million-village-health-volunteers-unsung-heroes-are-helping-guard-communities-nationwide-from-COVID-19> (last visited Nov. 28, 2020).

⁷⁷ Montira Narkvichien, *Thailand's 1 million village health volunteers – “unsung heroes” – are helping guard communities nationwide from COVID-19*, Aug. 28, 2020, WORLD HEALTH ORGANIZATION, <https://www.who.int/thailand/news/feature-stories/detail/thailands-1-million-village-health-volunteers-unsung-heroes-are-helping-guard-communities-nationwide-from-COVID-19> (last visited Nov. 28, 2020).

⁷⁸ Montira Narkvichien, *Thailand's 1 million village health volunteers – “unsung heroes” – are helping guard communities nationwide from COVID-19*, Aug. 28, 2020, WORLD HEALTH ORGANIZATION, <https://www.who.int/thailand/news/feature-stories/detail/thailands-1-million-village-health-volunteers-unsung-heroes-are-helping-guard-communities-nationwide-from-COVID-19> (last visited Nov. 28, 2020).

with the U.S. and Sweden.⁷⁹ This amounts to the largest non-budgetary stimulus in the country's history, and includes a series of direct economic stimulus payments to various groups and the availability of small and medium-sized loans for business and individuals.⁸⁰ In addition to national efforts, the government also contributed to the UN's COVID-19 Fund.⁸¹

a. Access to services

Many older people in Thailand live with family members rather than in long-term care institutions. While older people have special needs and special requirements to follow during the COVID-19 pandemic to avoid infection and maintain their health, it is important for families living with older persons to be informed about how best to protect them. As the incidence of gender-based violence has risen since the start of the COVID-19 pandemic, elder abuse must also be monitored as families are increasingly locked down together and more dependent on one another for social and economic support.⁸² While informal care for older persons within the family may be easier during COVID-19 in some ways because more family members are home more often due to lost work and remote work, the financial impact of significant loss of income on families who are also caring for older persons can cause added stress.⁸³ At the same time, changes to service delivery and care in the long-term care system have been limited as the outbreak in Thailand was so well-contained and because so few Thais live in residential long-term care.⁸⁴

The Thai Society of Gerontology and Geriatric Medicine has issued guidelines for caring for older people, tailored to older persons living at home as most older persons in Thailand live with family members outside of residential aged care.⁸⁵ Although older people may be unable to use online resources, the posters and public awareness campaigns are being disseminated in many different forms of media. The guidance identifies categories of people at high risk for COVID-19, including older persons over 70, and persons with underlying health conditions

⁷⁹ Jidapa Khoonsinsub, *Thailand's COVID-19 response an example of resilience and solidarity: a UN Resident Coordinator blog*, Aug. 4, 2020, UN NEWS, <https://news.un.org/en/story/2020/08/1069191> (last visited Nov. 28, 2020); COVID-19 AND A POSSIBLE POLITICAL RECKONING IN THAILAND, INTERNATIONAL CRISIS GROUP, Aug. 4, 2020, available at <https://www.crisisgroup.org/asia/south-east-asia/thailand/309-COVID-19-and-possible-political-reckoning-thailand>.

⁸⁰ COVID-19 AND A POSSIBLE POLITICAL RECKONING IN THAILAND, INTERNATIONAL CRISIS GROUP, Aug. 4, 2020, available at <https://www.crisisgroup.org/asia/south-east-asia/thailand/309-COVID-19-and-possible-political-reckoning-thailand>.

⁸¹ UN COVID-19 Response & Recovery Fund, Multi-Partner Trust Fund Office, <http://mptf.undp.org/factsheet/fund/COV00> (last visited Nov. 27, 2020).

⁸² Marcela Suazo & Wassana Im-Em, "This is not the time to neglect our older generation," Apr. 13, 2020, BANGKOK POST, <https://www.bangkokpost.com/opinion/opinion/1898465/this-is-not-the-time-to-neglect-our-older-generation>.

⁸³ Wee-Shiong Lim, et al., *COVID-19 and older people in Asia: Asian Working Group for Sarconpenia calls to action*, GERIATRICS & GERONTOLOGY INTERNATIONAL, Vol. 20(6) (2020), available at <https://onlinelibrary.wiley.com/doi/10.1111/ggi.13939>.

⁸⁴ Wee-Shiong Lim, et al., *COVID-19 and older people in Asia: Asian Working Group for Sarconpenia calls to action*, GERIATRICS & GERONTOLOGY INTERNATIONAL, Vol. 20(6) (2020), available at <https://onlinelibrary.wiley.com/doi/10.1111/ggi.13939>.

⁸⁵ Wee-Shiong Lim, et al., *COVID-19 and older people in Asia: Asian Working Group for Sarconpenia calls to action*, GERIATRICS & GERONTOLOGY INTERNATIONAL, Vol. 20(6) (2020), available at <https://onlinelibrary.wiley.com/doi/10.1111/ggi.13939> (referring to <http://www.thaigeron.or.th/>, providing the guidelines and infographics in Thai language).

such as diabetes, hypertension, coronary diseases, respiratory diseases, or other NCDs, which often impact older persons. While the guidelines require people in these groups to stay home, they also allow for exceptions when a person needs to receive medical treatment or perform duties as a doctor or other medical worker, or serve in another essential profession.⁸⁶ The guidance also calls on older persons to limit all visits with persons outside of their home and use the telephone, Internet, and social media for social contact. The guidelines detail the need to wear a mask and keep at least a 2-meter distance from any other person from outside one's own household.⁸⁷ The guidelines encourage older persons living at home to have one primary carer in order to limit their exposure to multiple people, and to essentially quarantine together.⁸⁸ The guidelines strongly discourage sharing plates of food or sharing a room or personal belongings.

b. Access to healthcare

Thailand's healthcare system is generally a strong example of UHC, accessible to all and leaving no one behind. However, due to the strict lockdown measures instituted in Thailand to prevent the spread of COVID-19 early on, older persons have experienced a drop in their medical care during the pandemic. Before the outbreak of COVID-19, Thailand did not have an existing list of essential services that would remain open during an emergency, so other services that are critical for older persons, such as NCD screening and elective but necessary procedures, have been limited as well.⁸⁹ Some health workers who would have been available to facilitate these tests and services were reassigned to manage COVID-related issues and cases.⁹⁰ While the health volunteers have been essential in reaching older persons with simple care and advice, diagnostic testing, and other health information, older persons did report not being able to refill their regular medications due to hospital or pharmacy closures, and having important surgical procedures postponed.⁹¹ Older persons were also hesitant to go to the hospital or attend appointments with doctors due to fear of contracting the virus or even violating stay-home orders.⁹² Some hospitals were able to adapt to the changed conditions with the use of telemedicine technology and arranging for the delivery of

⁸⁶ Regulation Issued under Section 9 of the Emergency Decree on Public Administration in Emergency Situations B.E. 2548 (2005) (No. 1)

⁸⁷ Thai Society of Gerontology and Geriatric Medicine, Institute of Geriatric Medicine, et al., A Guideline to Care for Older Persons during the COVID19- Pandemics, *J Gerontol Geriatr Med.* 2020, 19(1-4), p.2.

⁸⁸ Thai Society of Gerontology and Geriatric Medicine, Institute of Geriatric Medicine, et al., A Guideline to Care for Older Persons during the COVID19- Pandemics, *J Gerontol Geriatr Med.* 2020, 19(1-4), p.2.

⁸⁹ JOINT INTRA-ACTION REVIEW OF THE PUBLIC HEALTH RESPONSE TO COVID-19 IN THAILAND, WORLD HEALTH ORGANIZATION, July 2020, available at <https://www.who.int/docs/default-source/searo/thailand/iarCOVID-19-en.pdf> (last visited Nov. 28, 2020), p.36.

⁹⁰ JOINT INTRA-ACTION REVIEW OF THE PUBLIC HEALTH RESPONSE TO COVID-19 IN THAILAND, WORLD HEALTH ORGANIZATION, July 2020, available at <https://www.who.int/docs/default-source/searo/thailand/iarCOVID-19-en.pdf> (last visited Nov. 28, 2020), p.36.

⁹¹ Wee-Shiong Lim, et al., *COVID-19 and older people in Asia: Asian Working Group for Sarconpenia calls to action*, GERIATRICS & GERONTOLOGY INTERNATIONAL, Vol. 20(6) (2020), available at <https://onlinelibrary.wiley.com/doi/10.1111/ggi.13939>.

⁹² JOINT INTRA-ACTION REVIEW OF THE PUBLIC HEALTH RESPONSE TO COVID-19 IN THAILAND, WORLD HEALTH ORGANIZATION, July 2020, available at <https://www.who.int/docs/default-source/searo/thailand/iarCOVID-19-en.pdf> (last visited Nov. 28, 2020), p.36.

prescription drug refills to the homes of older persons.⁹³ The government has also offered an income tax break for medical personnel in the 2020 tax year as a way to compensate them for the risk associated with their jobs during the COVID-19 pandemic.⁹⁴

Thailand has also been working to develop a COVID-19 vaccine that can serve Thai citizens and even be shared with other countries in need. Due to the low rates of transmission of the virus in Thailand, the population is extremely susceptible to outbreaks in the future. Public health officials estimate that the country will need to vaccinate at least 30 million Thais to protect against a future outbreak, and relying on wealthier nations to share the vaccine proved inadequate in previous outbreaks of other diseases.⁹⁵ The Thai government also recently concluded a contract with one of the leading international vaccine developers for about 13 million courses of the vaccine.⁹⁶ While the government has not yet determined a priority order for those groups who will receive the first rounds of the vaccine, it has indicated that healthcare workers are likely to be among the first.⁹⁷

c. Access to economic support

Thailand has adopted several stimulus measures to assist individuals whose incomes have dropped significantly due to COVID-19 and the declining economy. People aged 60 and over make up about one-third of the workforce in Thailand, and around 60% of them run their own micro-businesses.⁹⁸ These older persons often depend on the income they earn from this employment. However, older workers were among the first to be laid off when COVID-19 began impacting businesses, yet older workers find it more difficult to shift into professions or roles that require new skills or skills in information technology that could be required for remote work.⁹⁹ However, for those individuals covered by Social Security Fund payments, the stimulus packages ensure they will receive 50% of their prior salary (up to 15,000 baht per month) if they are temporarily laid off.¹⁰⁰ Loans were also made available for individuals and

⁹³ Wee-Shiong Lim, et al., *COVID-19 and older people in Asia: Asian Working Group for Sarconpenia calls to action*, GERIATRICS & GERONTOLOGY INTERNATIONAL, Vol. 20(6) (2020), available at <https://onlinelibrary.wiley.com/doi/10.1111/ggi.13939>.

⁹⁴ Thailand: Tax developments in response to COVID-19, KPMG, <https://home.kpmg/xx/en/home/insights/2020/04/thailand-tax-developments-in-response-to-COVID-19.html> (last visited Nov. 28, 2020).

⁹⁵ Zsombor Peter, *Thailand Readies Human Trials of Homegrown Coronavirus Vaccine*, July 23, 2020, VOICE OF AMERICA, <https://www.voanews.com/COVID-19-pandemic/thailand-readies-human-trials-homegrown-coronavirus-vaccine>.

⁹⁶ Chalida Ekvitthayavechnukul, *Thailand, Philippines sign for AstraZeneca COVID-19 vaccine*, Nov. 27, 2020, DAILY HERALD, <https://www.dailyherald.com/article/20201127/news/311279979/>.

⁹⁷ Chalida Ekvitthayavechnukul, *Thailand, Philippines sign for AstraZeneca COVID-19 vaccine*, Nov. 27, 2020, DAILY HERALD, <https://www.dailyherald.com/article/20201127/news/311279979/>.

⁹⁸ Penchan Charoensuthipan, *COVID-19 crisis hit hard for the elderly*, Aug. 23, 2020, BANGKOK POST, <https://www.bangkokpost.com/thailand/general/1972839/COVID-19-crisis-hits-hard-for-the-elderly>.

⁹⁹ Penchan Charoensuthipan, *COVID-19 crisis hit hard for the elderly*, Aug. 23, 2020, BANGKOK POST, <https://www.bangkokpost.com/thailand/general/1972839/COVID-19-crisis-hits-hard-for-the-elderly>.

¹⁰⁰ Thailand: Government and institution measures in response to COVID-19, KPMG, <https://home.kpmg/xx/en/home/insights/2020/04/thailand-government-and-institution-measures-in-response-to-covid.html> (last visited Nov. 28, 2020).

businesses at ultra-low interest rates.¹⁰¹ A special tax deduction for health insurance payments was also adopted,¹⁰² as was a deduction for small and medium enterprises who were able to keep employees on the payroll.¹⁰³

The stimulus packages also included 6 months of 5,000 baht (\$153) payments to informal workers who lost their work due to COVID-19, but who would not be covered by the Social Security Fund payments.¹⁰⁴ Thailand is estimated to have over 21 million people working in the informal economy, which amounts to over 50% of its workforce.¹⁰⁵ Many older persons in Thailand depend on their income from work, with up to 50% of those aged 60-69 and up to 19% of those aged 70-79 still working.¹⁰⁶ Accordingly, these cash payments authorized through the stimulus package could significantly benefit older persons, many of whom work in the informal economy. However, many older people could have difficulty with the online application process,¹⁰⁷ and qualification for the payment uses information in the existing government databases, which are often out-of-date, resulting in exclusions from the program for otherwise qualified individuals.¹⁰⁸ Farmers impacted by COVID-19 were designated to receive special payments like those made to out-of-work informal workers as well.¹⁰⁹

3. Conclusion: Lessons Learned for Parliamentarians

Thailand's approach to protecting older persons during the COVID-19 pandemic was to address the specific needs of older persons who are living at home with family members, while fewer were in long-term care and appeared to be less at risk of an outbreak. Through the health volunteer network, the government was able to reach millions of Thais, including older persons, with essential information about the COVID-19 virus, and conduct contact tracing where cases were discovered to stop the spread of the virus in each case. Thailand

¹⁰¹ Thailand: Government and institution measures in response to COVID-19, KPMG, <https://home.kpmg/xx/en/home/insights/2020/04/thailand-government-and-institution-measures-in-response-to-covid.html> (last visited Nov. 28, 2020).

¹⁰² Thailand: Tax developments in response to COVID-19, KPMG, <https://home.kpmg/xx/en/home/insights/2020/04/thailand-tax-developments-in-response-to-COVID-19.html> (last visited Nov. 28, 2020).

¹⁰³ Kiatipong Ariyaprichya, et al., *The Thai economy: COVID-19, poverty, and social protection*, Apr. 28, 2020, EAST ASIA & PACIFIC ON THE RISE, available at <https://blogs.worldbank.org/eastasiapacific/thai-economy-COVID-19-poverty-and-social-protection>.

¹⁰⁴ Kiatipong Ariyaprichya, et al., *The Thai economy: COVID-19, poverty, and social protection*, Apr. 28, 2020, EAST ASIA & PACIFIC ON THE RISE, available at <https://blogs.worldbank.org/eastasiapacific/thai-economy-COVID-19-poverty-and-social-protection>.

¹⁰⁵ COVID-19 AND A POSSIBLE POLITICAL RECKONING IN THAILAND, INTERNATIONAL CRISIS GROUP, Aug. 4, 2020, available at <https://www.crisisgroup.org/asia/south-east-asia/thailand/309-COVID-19-and-possible-political-reckoning-thailand>.

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¹⁰⁷ Usa Khiewrord, *Thailand needs to do more to support older people from the impact of the COVID-19 pandemic*, Jul. 7, 2020, HelpAge International, <https://www.helpage.org/newsroom/latest-news/thailand-needs-to-do-more-to-support-older-people-from-the-impact-of-theCOVID-19-pandemic/>.

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also provided some tax deductions and benefits that could help healthcare workers and carers of older persons.

While many countries have provided cash stimulus payments to citizens to limit the economic impact of COVID-19, many of these programs were administered through existing social security or unemployment schemes. Thailand developed a program to provide these payments to informal workers and farmers as well, which benefited many older persons who had still been working in the informal economy before the COVID-19 pandemic. Additional support in the form of loans for individuals and small businesses could also help older persons who had been self-employed before the COVID-19 pandemic.

Recommendations:

Recommendation 1:

Target advice to older persons to the country-context, whether more older persons live with their families or live in residential aged care.

Recommendation 2:

Utilize public health approaches tailored to the living conditions of older persons—for example, looking to community health workers to deliver important information, education, and supplies to older persons living in more rural areas, living with family members, or with less access to health information.

Recommendation 3:

Consider adopting a tax deduction as compensation for the additional risk healthcare workers have taken on during the COVID-19 pandemic.

Recommendation 4:

Consider classes of persons—especially older persons—who may be left out of stimulus payment programs, such as informal workers and farmers, and develop programs to provide these groups with cash assistance as well.

Recommendation 5:

Short-term and low-interest loans from the government to individuals and businesses can be an alternative to direct cash payments where government budgets do not allow for large cash payment programs.

**● Legislative and Policy Reviews of Asia-Pacific countries on key areas for
implementing the Nairobi Commitments and ICPD PoA
KAZAKHSTAN**

Abbreviations

The following abbreviations were used in this report:

WHO – World Health Organisation
GCFMC – Guaranteed volume of free medical care
EEU – Eurasian Economic Union
UAPF – Unified Accumulative Pension Fund
UNHS – Unified National Health System
IIT – Individual income tax
MoH RK - Ministry of Healthcare
MW – Monthly wage
ILO – International Labour Organization
MSI - Medical and social institution
MLSP RK - Ministry of Labour, Social Protection of the Population
NGO– Non-governmental organizations
RCS - Red Crescent Society
UN – United Nations
OECD - The Organisation for Economic Cooperation and Development
EFA – Education for All
PHC – Primary Healthcare
ПМ – Subsistence level
CIS – Commonwealth of Independent States
SSS – Special social services
MM – Mass Media
DIA – Department for Internal affairs
RK – Republic of Kazakhstan
RCHD – Republican Center for Health development
UNFPA – United Nations Population Fund

EXECUTIVE SUMMARY

This summary presents the results of a review in Kazakhstan conducted in November 2020, covering issues related to the legal status of older persons in the context of the pandemic. Since the share of people aged 65 and older in Kazakhstan exceeded 7 %, the country entered the group of “ageing” countries in the world. Demographic ageing of the population in Kazakhstan leads to an increased need to address the issues of active older population, ensuring the rights of the elderly.

The rights of older persons are formulated in a variety of instruments of international law, of which the Republic of Kazakhstan is a part. These instruments define the obligations of States

to protect the rights of older persons without discrimination based on health, ethnicity, gender, disability, language, religion, income, or social status. The realization of these rights is especially important, in view of the current global pandemic phenomenon in the world and what is expected after the pandemic. Moreover, the current events reinforce the need for both an immediate and a strategically long-term inclusive approach to ensuring the rights of older people in the country.

The review was based on published official statistics, data from UNFPA in Kazakhstan and supplemented with information received from competent government agencies, representatives of non-governmental and international organizations, as well as a Desk study of the existing regulatory framework.

The conceptual framework of this review is defined by the Central concepts of the international document on ageing – the Madrid International Plan of Action on Ageing (2002): participation of older persons in the development of society, ensuring health and well-being in old age, and creating an enabling environment that promotes and supports individual development throughout the life. Further, the recommendations for strengthening state measures to ensure the rights of older people in the UN. Policy Brief: The Impact of COVID-19 on older persons, defining four aspects for follow-up: key priorities for action: ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health; strengthen social inclusion and solidarity during physical distancing; fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19; expand participation by older persons, share good practices and harness knowledge and data.

The main part contains an overview of the legal and policy framework for older persons. The legal framework is represented by general and special legislation. The leading directions of the state policy of the Republic of Kazakhstan in relation to the older people are reflected in long-term national strategies. The norms for the protection of the rights of older people are contained in various legislative acts, but there is no single regulatory legal act on the rights of older people that would regulate all issues of social protection of the older population, including pension provision, health and medical care, social services, and cultural rights. As a result, not all needs and problems of the elderly population are covered equally by the current legislation. At the same time, in 2020, the Ministry of Labor and Social Protection of Population of the Republic of Kazakhstan developed a National Action Plan to improve the situation of older citizens “Active longevity” in the Republic of Kazakhstan until 2025.

As part of the guaranteed package of free medical care, elderly people have the right to receive free medical care and medicines according to the approved list of medicines, medical devices within the guaranteed package and in the system of compulsory social health insurance at the expense of the state budget in medical organizations they were subscribed or at home for medical reasons, as well as mandatory screening studies. Since the start of the coronavirus pandemic, various sanitary and epidemiological measures were introduced to protect the population of the Republic. During the lockdown period, since March of this year, the movement of persons over 65 years old to protect themselves from infection has been prohibited in areas or facilities where restrictive measures have been introduced, including the quarantine. The organization of medical care was developed, including for people from risk groups (the elderly and people with chronic diseases). Regardless of the epidemiological situation, the provision of planned medical care to patients receiving outpatient program hemodialysis, patients with oncological and oncohematological diseases, as well as with diseases whose postponement of treatment poses a threat to the patient's life was continued.

The quarantine and compliance with the sanitary and disinfection regime in medical and social facilities for the elderly have been introduced. The call centers to inform the population and mobile teams to provide assistance at home were created. The remote dynamic monitoring of patients with chronic diseases and the elderly (over 60 years old) was also organized. To inform the population about the coronavirus (COVID-19), the Digitalization Office of the Ministry of Healthcare of the Republic of Kazakhstan launched a free official chat bot in WhatsApp.

Taking into account that the epidemiological situation of coronavirus infection in the Republic of Kazakhstan also tends to increase, the Ministry of Healthcare of the Republic of Kazakhstan has identified citizens who will receive the vaccine for free. These will be people over 65 years old, patients with cardiovascular diseases, diabetes, chronic obstructive pulmonary disease, as well as all medical professionals. It is considered possible to vaccinate people over 65 years old against pneumococcal infection at the expense of the state budget, the preliminary need for a vaccine against pneumococcal infection for people over 65 years old is 998,700 doses.

The system of social guarantees for older people includes two types of norms: norms that recognize the rights of all citizens regardless of age, including especially significant for older persons; norms related to the rights of the elderly and special groups (veterans, people with disabilities, etc.) and the respective responsibilities of state and family. Kazakhstan has a Standard for Provision of Special Social Services in the field of social protection of the population in the conditions of providing services at home. There is an electronic portal where with the help of digital signature the person can be subscribed to medical centers, specialists and get special social services for people with disabilities. Social security is regulated by 17 laws and more than 100 by-laws. The development of the Social Code in Kazakhstan will allow to systematize social protection measures provided at all stages, depending on the situation in a person's life. It is envisaged to establish a single standard for calculating social benefits based on subsistence minimum, the structure of which is recognized by the International Labour Organization (ILO). In order to approach the standards and living standard of the OECD countries, it is planned to gradually increase the minimum social standards and state guarantees (minimum wage, subsistence minimum), as well as the development of additional social support measures, increase the current poverty line, in accordance with world practice, the poverty line is equal to the subsistence minimum. Thus, the coverage of low-income citizens with social assistance measures will be expanded.

In terms of **Pension**, Kazakhstan currently has a three-tier pension system. Since April 1, 2020, pensions were additionally indexed by 5%, which together provided an increase of the basic pension by 10%, and the solidary pension by 12% compared to the level of 2019.

Due to the threat of coronavirus during the lockdown period visits to the nursing homes were banned. Currently, on the basis of 113 inpatient residential homes and 58 day hospitals more than 5 thousand elderly people are covered by special social services at the expense of local budgets. The Social Service Home Care Departments service about 52 thousand older persons and persons with disabilities. Persons residing in the social and medical institutions are fully covered for by the state. Therefore, in order to ensure joint responsibility between the state and the citizen, 70% of pensions and benefits are withheld and transferred to a separate Bank account or to a cash control account of medical and social institutions.

In terms of **Employment of the Older People** in Kazakhstan, according to the Ministry of Labor and Social Protection of the Republic of Kazakhstan, in 2019, the number of employed people aged 65 years old and over was 66.5 thousand people, which was 4.5% of the total number

of elderly people. The National Action Plan to Improve the Situation of Citizens of the Older Generation should enshrine at the legislative level the right of persons of retirement age to continue working without age discrimination. It is necessary to develop provisions of the Social Code of the Republic of Kazakhstan for the development of flexible forms of employment, which will lead to increased employment for the active older population.

In the part of **Integration and participation of older people in the life of Kazakhstan society**, special attention is paid to creating conditions for integration and participation of older people in public life. Citizens of the Republic have the right to vote and be elected to state and local self-government bodies, as well as to participate in national referendums. Community-level responses from networks of volunteers to ensure the social support of older persons affected by COVID-19.

On behalf of the First President of the country, a single Republican campaign was launched in the country (“We are together!”). Participants of the action took measures to prevent and control the spread of coronavirus throughout the country. Currently, there are about 200 volunteer organizations in Kazakhstan, which have united more than 50 thousand people. Volunteers, trade unions provided assistance in hospitals, delivered necessary food to the elderly, searched for and delivered medicines, held charity events. During the lockdown period, the private sector, entrepreneurs provided the elderly with everything they needed, including food and medicine.

Based on the results of the review, recommendations were formulated for further implementation of the rights of older people, for an integrated approach, namely, the development of current labor legislation related to the protection of the rights of older people and non-discrimination against older workers; at the legislative level, to regulate the integrated approach of medical and social systems in providing palliative care; development of psychological and social services for the elderly; improve special social services to overcome isolation and forced loneliness, measures to support small businesses of the economically active elderly population.

The Implementation of the recommendations is possible with the adoption of a single strategic document on the rights of the older people and creation of a single state body responsible for the formation and implementation of a comprehensive state policy in relation to the older people, including the harmonization of statistics on the elderly.

In conclusion, it should be noted that it is necessary to continuously monitor and evaluate the implementation of UN recommendations to address the Rights of older people during the COVID-19 pandemic.

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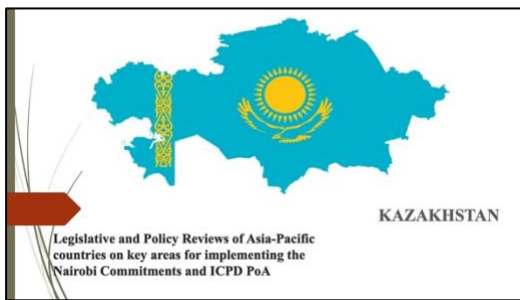
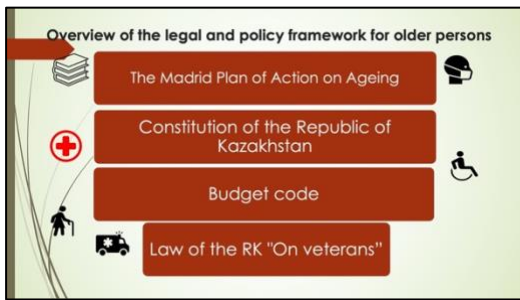
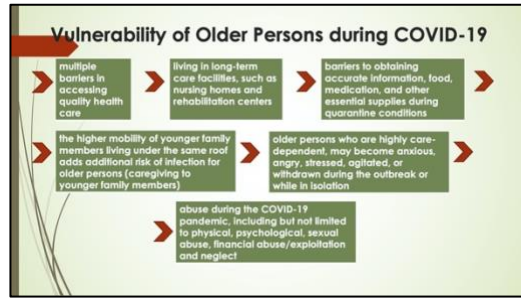
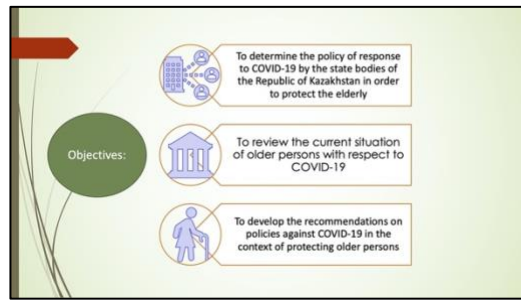
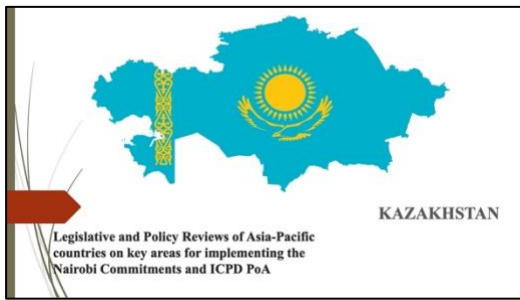
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Glossary

- 1) **Qualified medical care in Kazakhstan** – medical care provided by medical professionals with higher medical education for diseases that do not require specialized methods of diagnosis, treatment and medical rehabilitation, including the use of telemedicine;
- 2) **Health** – a state of complete physical, spiritual (mental) and social well-being, and not only the absence of diseases and physical defects;
- 3) **Healthcare** – a system of measures of a political, economic, legal, social, cultural, and medical nature aimed at preventing and treating diseases, maintaining public hygiene and sanitation, preserving and strengthening the physical and mental health of each person, maintaining their active long-term life, and providing them with medical care in the event of loss of health;
- 4) **Healthcare system** - a set of state authorities and health care entities whose activities are aimed at ensuring the rights of citizens to health protection;
- 5) **authorized healthcare institution (hereinafter – authorized institution)** - a state authority that provides guidance in the field of public health protection, medical and pharmaceutical science, medical and pharmaceutical education, circulation of medicines, medical devices and medical equipment, quality control of medical services;
- 6) **Republican healthcare organization** – healthcare organizations under the supervision of the authorized institution, health organizations, autonomous educational organizations, clinics of medical education organizations;
- 7) **Treatment** - a set of medical services aimed at eliminating, suspending and (or) alleviating the course of the disease, as well as preventing its progression;
- 8) **Emergency medical care** – medical care for sudden acute diseases, injuries, sharp deterioration of health, exacerbation of chronic diseases, without obvious signs of a threat to the patient's life;
- 9) **Medical care** – a set of medical services, including medical care, aimed at preserving and restoring the health of the population, as well as relieving severe manifestations of incurable diseases;
- 10) **Quality of health care** - the level of compliance of medical care, provided with the standards approved by the authorized institution and established on the basis of the current level of medical science and technology;
- 11) **Medical services** – actions of healthcare entities that have a preventive, diagnostic, curative, rehabilitative, or palliative focus in relation to a specific person;
- 12) **Guaranteed volume of free medical care** - the volume of medical care provided to citizens of the Republic of Kazakhstan and oralmans, determined by the Government of the Republic of Kazakhstan, is uniform according to the list of medical services.

Presentation of Ms. Svetlana Zhassymbekova (Kazakhstan)



- Recommendations:**
- Provide protection, assistance and humanitarian assistance to older persons in an emergency situation related to Covid-19.
 - To take measures to ensure that appropriate services are available, that older persons have physical access to them, and that they are involved in planning and providing services online.
 - Raise awareness and protection of older persons regarding physical, psychological, sexual or financial exploitation in emergency situations, with particular attention to the specific risks faced by women.
 - Reach older people through community relief and recovery programmes, including by identifying and providing assistance to vulnerable older people.
 - Pay special attention to older people in the context of humanitarian assistance programs and packages during quarantine.
 - To organize the work on exchange of experience and stories of successes, accumulated over a time of emergency.
 - To help older people restore family and social ties and relieve post-traumatic stress.
 - If possible, provide isolated elderly people living alone with electronic means of communication to ensure access to information and to optimize communication with them in order to provide the necessary assistance.

Recommendations:

- Take measures to develop guidance for health personnel when making decisions about resource allocation and monitoring discrimination in access to health services for all high-risk groups, including the elderly. The equal rights of older people should not be ignored. Access to health care should be based on medical necessity, scientific approach and principles of medicine. Discrimination based on non-medical characteristics, such as age or disability, is not allowed.
- Provide protection and treatment for older people with pre-existing illnesses with the highest risk of developing a serious illness as the new Covid-19 coronavirus.
- Take measures to provide sufficient social services for older people to live independently in the community, so that people do not end up in nursing homes in the absence of other options, because the inability of governments to provide sufficient social services leads older people to nursing homes where they face health risks.
- Provide older people living in refugee camps with health care, including access to national health systems and hospitals, and older people should have access to shelters, water and sanitation facilities that they need to maintain their health, with particular attention to available hand-washing support, regardless of their legal status.
- Provide adequate working conditions, transport, and protective equipment for social workers who serve

Thank you!

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Nur-Sultan 2020

- **To the comprehensive population aging policy to fulfill the Nairobi commitment and during the COVID-19 situation In Vietnam.**

A special research report for AFPPD and APDA

Dr.MD. Nguyen Van Tien¹¹⁰

Hanoi, November 2020

EXECUTIVE SUMMARY

In the struggle for survival against diseases and mortality, humanity has successful and the aging trend is a token to that success. Many years have been added to the life, but adding the life to the years of aging has not been much as expected. Although the world has more older people survival, but also many older people who are not fully enjoy their happy life because of their illnesses and poor lives.

According to the 2019 Census, 60+ account for 11.8% of total the population, which shows that the population of Vietnam has entered an aging period. And it forecasts that Vietnam is one of the countries coping with the fastest aging speed in the world. To increase the proportion of the older people from 10% to 20%, it will take 115 years for France, 85 years for Sweden and 26 years for China, but for Vietnam it only takes 20 years (2017-2037).

In general in Vietnam as well as many other countries, has issued and implemented aging policies, legislation only to focus on supporting, solving the problems of the older people in physical and mental health, not yet have comprehensive policies and legislation on the population aging.

The outbreak of COVID-19 epidemic has serious affected to many people, in which vulnerable populations such as children, the older people and the disabled are the most seriously affected. In fact up to Nov. 29 2020, out of 1,343 cases of COVID-19 infection in Vietnam, around 15% were the older people; and out of the 35 deaths, nearly 70% were the older people.

To continue implementing commitments from Program of Action of the International Conference on Population and Development (ICPD) in Cairo and ICPD 25 in Nairobi; Vietnam needs to develop a comprehensive policy and legislation to adapt to the aging population, to ensure basic rights and social security benefits of the older people. The process of formulating the policy on aging should pay attention to the following issues:

¹¹⁰ *Dr Nguyen Van Tien, Former Vice chair Vietnam Association of Parliamentarian on Pop and Development (VAPPD)
Former Vice chair Asian Forum of Parliamentarian on Population and Development*

a) Characteristics of aging population

Aging population, characterized by the number of working-age people (the main group making money for country and take care older people) is slowly increasing and gradually decreasing, while the number of older people is increasing, especially the group of 80 years and over and older women, this is a group with vulnerable health, facing to many difficulties in their life, requiring a lot of support from the state and society.

Due to the different socio-economic conditions, the population aging is different by region and by residence. With an income per capita in 2020 of about US \$ 2,750, aging population will be a big challenge in ensuring the basic right to social security as well as some rights of the older people because of the state budget limitation.

b) The basic issues that need to be addressed when formulating a policy and legislation to adapt to population aging.

- Ensure financial resources for the lives of the older people, create conditions for older people to continue to work for income, expand and increase the pension non contribute (social allowance) for the older people, due to currently only 20% of the older people receive a pension, and 6 million older people (sharing 50% of the older people) do not have any kind of subsidy from the budget.
- The health status of Vietnamese people has been significantly improved. Compared with the current world life expectancy at birth of 72 years, 73.6 years in Vietnam is 16 years ahead of the world (estimation that to increase 0.1 year of life expectancy it takes 1 year). However, due to the low healthy life expectancy, the older people are men facing with 8 years and 11 year for women of living with the disease; need more health care and social care. Health services care much more based on hospital development, the quality of community health has not been given adequate attention and investment. Social care services for the older people are currently underdeveloped and informal service in Vietnam.
- As of 12/2018, in Vietnam, there were more than 420 social protection centers for older people, children and people with disabilities. Of these, there are more than 20 private nursing homes. Preliminary estimates in Vietnam there are about 5/1000 older people living in social protection institution/nursing homes; compared with 30/1000 in China and 50-70/1000 in European countries. Therefore, many older persons, due to different life, want to live in social protection center / nursing facilities but no chance due to limited place.
- The friendly living environment in urban areas meet on the basic need of older people, such as improving public infrastructure, parks, and public transport. However, the social environment is like the intergeneration relationship in family, society and community, spiritual activities, participating in activities in the community, society ... is more concerned to avoid some lonely older people and isolated even living in the larger family with relatives. In the 70-79 age group, the number of widowed women is 1.5 times the number of widowed men, it double for 80+.
- The Vietnam Association of the Older people (VAE), and its network at the village level have been operating effectively and contributing a lot to the community and society. The role of VAE should be promoted and be a reliable place to reduce the number of lonely older people, and be active in prevention abuse and violence against older persons, which daily exist but few case was discovered and treated.
- In all emergencies caused by natural disasters or epidemics, including the currently COVID-19 pandemic, the older people are more vulnerable because of their health status and the inadequate attention of society. The recent COVID-19 pandemic is typical evidence of a

serious impact on the older people; the mortality rate is 6 times higher than the general level. It is very necessary to amend the legislation and policy to prevent and reduce the impact of natural disasters and epidemics on the older people.

- In order to achieve the goal of active aging and healthy aging, it is necessary to maintain the community market in the countryside as a place to exchange social activities and work for earning income to the older people, especially rural women. Training older person for internet using is other needed issues. By using internet, older people can regularly connect to other; it will make their life more active. Currently, the internet using rate among the older people 7-8% is too low compared to the national average of 67%.

- Aging is an inevitable rule; the younger generation in the future will live longer than the current older people. It is very helpful to know in advance to prepare to overcome the challenges in old life. In fact, 33% of the current workforce contributes social insurance that will be a heavy burden on state budget for paying non-contributed pension in the future. Other related health issues as nearly 50% of men drink alcohol at dangerous levels, 60% of the population is deficient in green vegetables, 30% of the population is inactive for physical activity, and 17.5% are obese ... is an alarm indicators on an increase in diabetes, high blood pressure, cardiovascular disease. More advocate activities for young people on healthy living should be done to prepare for their healthy old age.

- Recognizing the chance from Silver Economy when population aging. Due to the aging population, the labor force decreases, so it is necessary to increase the use of replacement labor (from older people, female workers). Vietnam has approved the revised Labor Law, in which it is reasonable to raise the retirement age to 62 for men and 60 for women. However, it is necessary to have a comprehensive strategy to encourage the promotion of service industries to serve the aging population (housing, tourism, medical equipment technology and living activities to serve the older people such as glasses, medicine, functional products, cosmetics, nursing institution, educational institutions for the older people).

c) Some recommendations for population aging policy

Respect for the older people is a long-standing cultural tradition in Vietnam, so from the first Constitution of 1946 as well as later Constitutions and many related laws were enacted to protect rights and care, and promote the role of the older people. Many provinces and cities have issued specific material and spiritual incentives for the older people in the area. However, policy and legislation issued by the Parliament and the Government only focus on the subjects that are only the older people. Therefore, it is necessary to make new and amend policy and legislation on population aging that based evidence from life cycle impact analysis, and based on the following basic principles:

- * Keeping aging speed at appropriated level;

- * Population aging should be the multi-disciplines, inter-ministries issues; and with a defined roadmap, specific goals;

- * Based on ethnic cultural traditions, looking at the older people in a positive regard, caring for and promoting the role of the older people; prioritize aging in place;

- * Ensuring the basic rights and responsibilities of the older people, gender equality and commitments to follow international and regional conventions;

- * The Vietnam Association of the Older people (VAE) and the branch network at the village level have been operating effectively and contributing a lot to the community and society. The role of the association of the older people should be promoted and be a reliable place to

reduce the number of lonely older people and active participation for prevention and protection abuse and violence against older persons.

- For active and healthy aging, it is necessary to maintain the model of rural community markets as a place to help older people for extra income and social interexchange, especially women in rural areas. To help older people using the internet for keep relationship to friend, relatives and update information.
- Aging is an inevitable rule, the younger generation in the future will live longer than the current older people. Need to educate young generation to keep health life in young time for healthy life in their older age...
- Development of the Silver Economy policy should be taken care, that is comprehensive policy to the promotion of service industries to serve the older population;
- In all emergencies caused by natural disasters or epidemics, including the COVID-19 pandemic, the older people are more vulnerable because of their health status and the inadequate attention of society. The recent COVID-19 pandemic is typical evidence of a serious impact on the older people, the mortality rate is 6 times higher than the general level. It is very necessary to supplement the legal regulations to prevent and reduce the impact of natural disasters and epidemics on the older people.

Recommendation to the Parliament

- * Amend the Law on Older People (expand the scope of adjustment population aging, more clearly define the aging process, prevention and protection abuse and violence against older people, natural / social friendly environment, lonely, isolated, financially guaranteed; responsibility for family in life, health care, social care ...)
- * Amend Law on Government (consider to have minister is for the focal point on population aging, not focal point for older person only);
- * Amend the Law on Healthcare service, Law on Health Insurance and the Law on Social Insurance (to supplement Long-term care, strengthen the role of grassroots health care workers and family doctors in health care and management of non-communicable diseases for older people in the community);
- * Revise the Law on Prevention Communicable Diseases (based on the experience of COVID-19) to better regulate diseases, especially new emerging diseases, and detailed measures for social distance quarantine and isolation. , blockade ... financial resource (from the budget or from the health insurance fund) for epidemic and treatment of infected people;
- * Promulgating the Law on Health Promotion (controlling nutrition, eating, drinking properly, and physical exercising from a young age to prepare for a healthy old age ...)
- * Amend the Law on Domestic Violence to reduce abuse and violence against the older people, need a focal point institution for the violent prevention;
- * Revise the Law on Disaster and on Emergency (older persons to participate in the process of developing plans for natural disaster prevention and rescue, epidemic and relief, thereby improving effectiveness of protection and relief to the older people).
- * Building the Bill on Social Protection to ensure living conditions for the older people, especially those in difficult circumstances ... and having a mechanism to mobilize resources from community to take care of the older people.
- * Amend Tax laws and Enterprise Law to tax deduction for a number of service industries, produce goods and equipment for the older people, promote investment in building private nursing homes, private institute; social service sector to provide social care services at home

for the older people; Revise the Labor Law to remove some barriers for older worker, organize a job exchange for the older people.

Recommendation to the Government, ministries

- Issue comprehensive strategies and action plans to adapt to the population aging;
- Increase the rate, expand the social allowance for the older people (from 15 \$ to 25 \$ / month, expand to the 70-75 year old group;
- Raising the premium health insurance, enough funding for long-term care insurance;
- Strengthen the implementation of Law on tobacco prevention and alcohol, to keep health life from young time for future healthy aging;
- To prepare building strategies to boost the “Silver Economy”.
- Issue a regulation dealing with emergencies situation (in case of natural disasters, epidemics such as COVID-19), so that strongly control to protection of hospitals, nursing home from emerging epidemic...
- Issuing the specific disease prevention and treatment measures for vulnerable groups (children, the older people, the disabled...) at home, hospital during epidemic time;
- Setting up more detailed condition/standard for blockage, medical isolation, social distance to avoid abuse/loosening of isolation in some localities.

Presentation of Dr. Nguyen Van Tien, former MP (Vietnam) and Policy Brief

To the comprehensive aging population policy to fulfill the Nairobi commitment and during the COVID-19 situation in Vietnam.

Nguyen Van Tien, MD, PhD

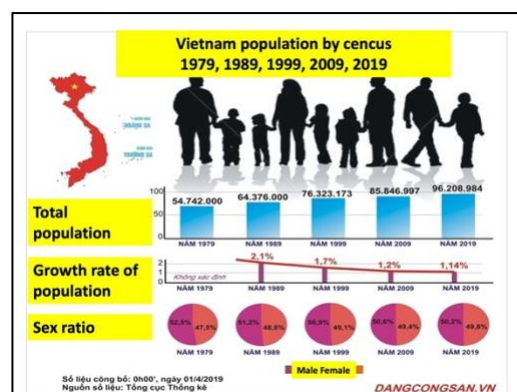
- Former vice Chair of Parliamentary committee for Social Affairs, Vietnam
- Vice chair of Asian Forum of Parliamentarians on Pop & Dev. (AFPPD)
- Short-term consultancy for USAID on health financial in Vietnam

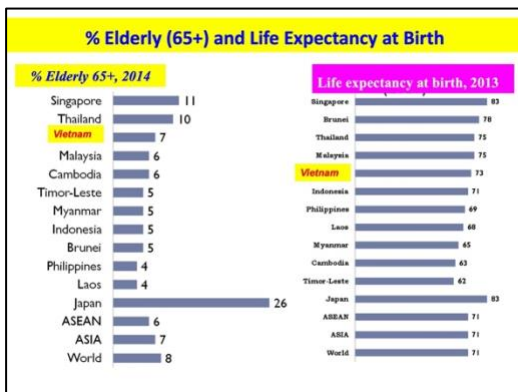
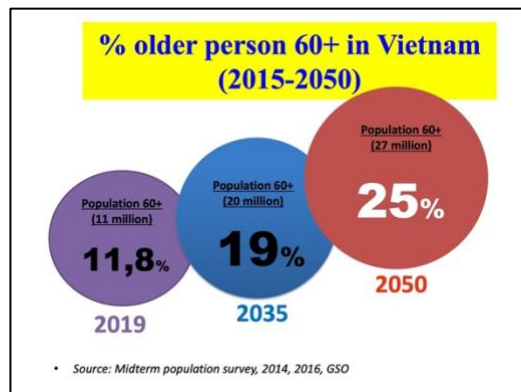
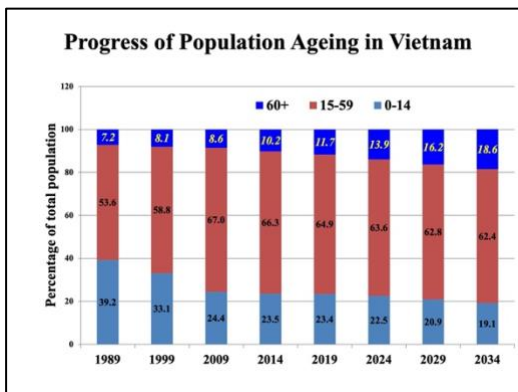
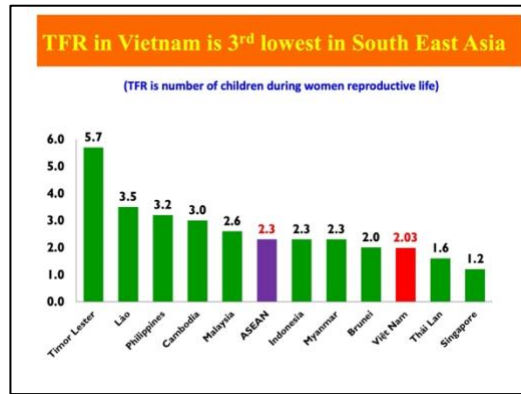
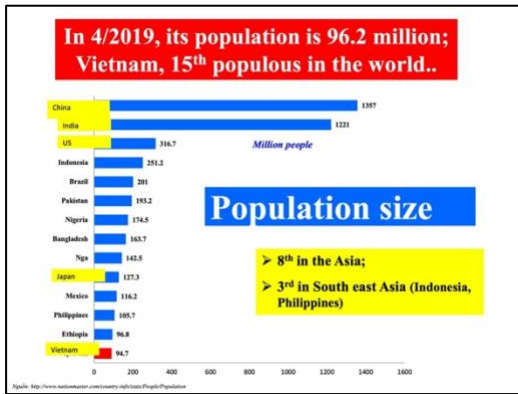
Main issues

- 1 - Current ageing in Vietnam;
- 2 – Challenges/related issues in ageing society;
- 3-Aging issues during COVID-19
- 4 – Lesson to learnt for health ageing

Vietnam data profile, 2018

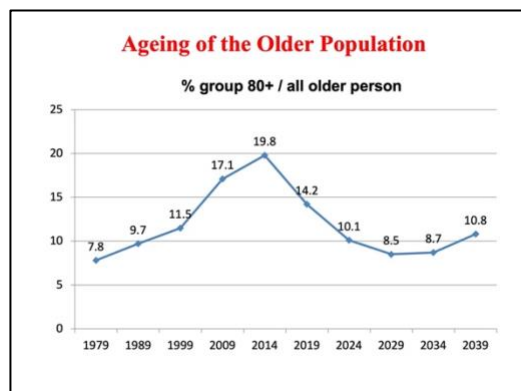
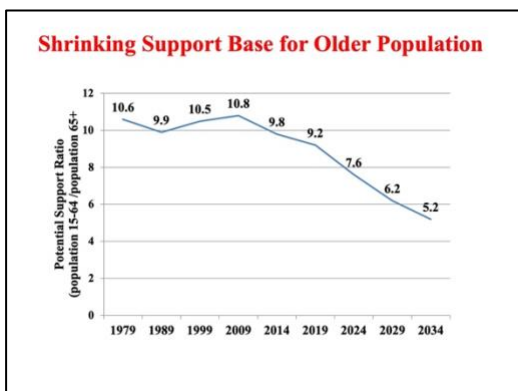
Area	330,957 Km2
Population: (2019)	96,67 million
Urban population	38.3%
Expectation of live at birth	73.6 years
GDP per capita (2020)	2750 USD
Main export:	Electronic, Garment, Marine and agricultural production.





Increasing Significance of Older Population

Period	Average annual increase in number of OP	% of OP in population increase
1979-89	93,000	8.7
1989-99	155,000	12.9
1999-09	126,000	13.3
2009-14	348,000	37.4
2014-19	387,000	39.6
2019-24	536,000	68.3
2024-29	564,000	93.6
2029-34	565,000	115.4



Feminization of Ageing

Age Group	2009	2014	2019	2024	2029	2034
	(% of females in population)					
60+	58.8	59.0	58.3	56.4	55.2	54.5
60-64	54.8	55.7	53.6	52.5	51.9	51.7
65-69	57.1	55.8	55.8	54.5	53.4	52.8
70-74	59.0	59.0	59.8	56.9	55.7	54.6
75-79	61.3	61.4	62.4	61.5	58.6	57.4
80+	68.3	65.7	69.2	68.5	67.3	64.4

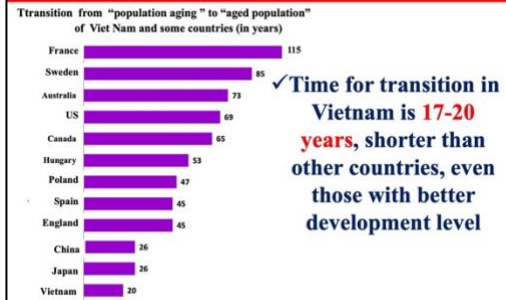
Ageing in ASEAN Countries

COUNTRY	1980	1990	2000	2010	2020	2030	2035
	% population 60 +						
Brunei D' Salam	4.3	4.0	3.9	5.4	9.6	15.8	19.3
Cambodia	4.7	4.8	4.9	5.9	7.6	10.2	11.3
Indonesia	5.6	6.1	7.4	7.4	9.5	12.9	14.7
Laos	5.7	5.6	5.4	5.6	6.7	8.6	10.0
Malaysia	5.6	5.7	6.3	7.9	10.7	13.8	15.4
Myanmar	6.4	6.8	7.0	7.5	10.3	13.1	14.6
Philippines	4.9	4.7	5.1	6.5	8.2	10.3	11.2
Singapore	7.2	8.4	10.8	14.1	22.3	30.6	34.1
Thailand	5.6	7.2	9.9	12.9	19.1	26.8	30.2
Viet Nam	7.8	8.2	8.6	8.9	12.5	17.5	20.2

Feminization of Ageing in ASEAN Countries

Country	Percentage of females in population of:									
	Older Persons (aged 60+)					Oldest Old (aged 80+)				
	2000	2010	2020	2030	2035	2000	2010	2020	2030	2035
Brunei D'salam	50.5	51.4	50.7	50.6	50.8	53.0	51.1	58.6	58.1	57.0
Cambodia	55.9	58.8	60.9	58.7	58.0	63.2	61.8	62.0	64.7	66.2
Indonesia	54.8	54.1	53.0	53.9	54.3	61.5	59.7	62.3	62.7	61.1
Lao PDR	54.9	55.5	54.6	54.5	54.8	61.3	60.5	59.7	61.1	60.4
Malaysia	50.9	50.7	51.0	51.6	51.8	53.8	55.0	54.3	55.0	55.3
Myanmar	56.0	56.0	56.2	56.3	56.2	62.1	61.9	62.3	61.9	62.8
Philippines	56.0	55.6	55.4	56.0	56.4	62.9	64.7	63.0	63.5	63.8
Singapore	53.6	53.9	52.4	52.3	52.7	62.7	63.3	60.1	57.6	56.8
Thailand	54.3	54.8	55.3	55.6	55.9	60.1	58.2	60.5	61.5	61.5
Viet Nam	59.6	61.1	58.7	56.9	56.5	69.3	69.5	70.1	69.3	66.8

SHORT TRANSITION PERIOD FROM "POPULATION AGING" TO "AGED POPULATION"

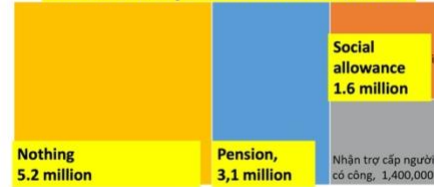


Source: Kinoshita and Gini, 1995; Census Bureau, 2005; Human GSD, 2010

10 rising ageing related issues

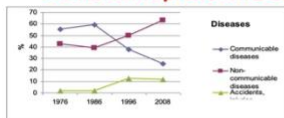
1-Financial security

OP covered by social allowance, 2018



- Only 23% participation social security 2019

Provision of preventive services for NCD

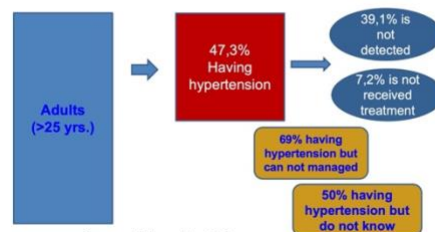


- 73% causes of death due to NCDs
- 70% total BOD is NCDs

- NCD program does not meet health needs yet
- NCD prevention is still limited: not focus on health promotion, risk factors, screening for early detection
 - Health system is more focused on treatment;
 - Disease management is not implemented

19

Hypertension disease management

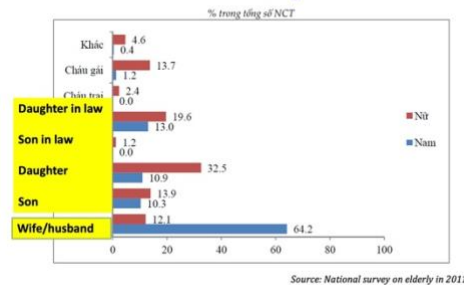


Source: Vietnam Heart Diseases Association, 2015

3. Social care for OP

- In 2011, about 1.5 million OP (60+) need to support daily activities;
- The forecast for 2019 is 4 million; and 2049 is nearly 10 million; while small family model;
- Results of research 610 OP 80+ in Hanoi:
 - 90% needed help in the necessary activities (buying, selling, cooking, cleaning clothes ...)
 - Not yet official social care paid by social insurance (only for alone OP, or paid by private),

Who support for elderly in their daily life



4 - Appropriate living arrangements

- Older persons are living in the families, where members take care of each other, OP help young for take care, teaching their children, doing housework...
- Young group take care their OP in families..
- OP living with children, 79% (1992) to 62% (2008).
- OP not living with their children increased from 9.5% (1992) to 21.5% (2008).
- OP living alone, from 3.5% (1992) to 6.1% (2008).
- Only 4.5% of OP want to live in a nursing house..
- 5/1000 OP live in nursing home/social center...

5. Enabling environment

- A friendly environment facilitates older persons to participate in physical and social activities:
- Physical activities includes walking, friend or neighbor visiting, access to public environment and transport system.
 - Physical activities include respect attitude towards older persons which facilitates their participation into voluntary activities and elimination of age group discrimination as well as encourage them to participate social activities and contribute to community development decisions.

Ageism in media



6-Loneliness and isolation in old age

- Alone OP 3,4% 1999 increasing to 5,6% /2006;
- 80% alone OP is female, 80% living in rural
- Husband died 50,7% is 3.6 time for wife died (14%)
- 6.8% increasing 7.1% (2010-2012); family have only grandfather/mother and children.. Due to migration
- 52% OP fell very happy; 36% happy; 17% unpleasant and loneness (actually only 6% OP said their children make bad treatment..) but still fell loneness...
- 18% OP said having bad social relation,
- 30% no best friend..

7 - Abuse and violence against older persons

- A survey conducted in 2012 by the Ministry of Culture, Sport and Tourism, the most popular forms of older persons abuse which are clearly recognized by interviewees as follows:
 - Insulting and mix (38%); bad words (23%);
 - Intimidation (17.0%); Forced to asset distribution (9%);
 - Financial and emotional neglects (4%); illegal use of a part of income/saving (3%); No money and isolation (2%).
 - Especially, 23% of interviewees experienced physical abuse and 17% experienced intimidation.

8. Attention to older persons in emergency situations

Older persons are prone to vulnerability in emergency, due to of weak health status, lack of adequate care from society.

- As a result of Hurricane Katrina in the United States in 2005, 75% of the dead were OP.
- In 2011, the tsunami deaths in Japan were 56% as OP 65+, although the OP 65 + only 23%;
- 70% of deaths from floods in Japan in July 2018 is OP 60+.
- Hai Yen storm in the Philippines, 40% of deaths are OP, (% OP is only 8% of the population).

9. Intergenerational relations

- In Vietnam, around 30% of family is intergenerational one. This means that old parents are living with their children.
- The Law on the Elderly speculates responsibilities of family, specifically son / daughter, to care for their parents and grandparents.
- Currently, these responsibilities are primarily based on moral values and governed by public opinion, by the "court of conscience".

9 - Intergenerational relations

- In Vietnam, around 30% of family is intergenerational
- There is a big psychological gap between old and younger. OP tend to live with their past while young ones like looking toward the future.
- OP want to live in an extended family because old and young, children can support each other as well as maintain family morality and good relationship with grandchildren.
- A research on family conducted in 2011 reveals that 37.5% of OP is always talking with their spouses. 24.8% is talking with their children and 12.5% with good friends and neighbors.
- But families is smaller and smaller.

10. Preparing younger persons for their old age

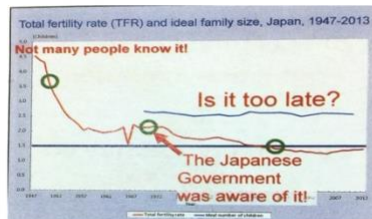
- Young should prepare for their old age, including financial and healthy life...
- The Ministry of Health surveyed 4,000 people in 2016, 70% of men and 11% of women drank alcohol or beer during the month (45% in both sexes and increase from 37% in 2010).
- It is unacceptable that half of all men drink alcohol at a health risk level.
- Only 57% of Vietnamese eat vegetables, fruits,
- Nearly 30% of the population is inactive, eating too much salt ... alarmed about the increase in NCD
- After 5 years, % physical activity of the Vietnamese people decreased from 30% to 26%

Policy on aging in Vietnam

- Constitutions, many Law, Ordinance on Older regulated on person
- Mainly on personal older person... but Aging is process in life cycle, related to 10 mentioned above issues...
- So Policy for older population is not enough; needed is Policy on POPULATION AGING,
- Vietnam and many other Asean countries, just policy for older person....
- It need POLICY ON POPULATION AGING.

Policies on Ageing in ASEAN Countries

Country	Initiative on Older Persons or Ageing
Cambodia	National Policy for the Elderly (2003) National Ageing Policy 2017-2035 (2017)
Indonesia	National Plan of Action for Older Person Welfare Guidelines 2003 National Plan of Action for Older Person 2009-2014 National Action Plan for Elderly 2016-2019
Lao PDR	National Policy for the Elderly (2004)
Malaysia	National Policy for the Elderly (1995-2005) (2010-2015)
Myanmar	National Plan of Action on Ageing 2014
Philippines	Philippines Plan of Action for Older Persons (1999-2004) National Action Plan on Senior Citizens (2006-2010) Philippines Plan of Action for Senior Citizens (2011-2016)
Thailand	First National Plan for Older Persons (1982-2001) Second National Long-term Plan for Older Persons (2002-2021)



Nhật bản vì mãi đối phó với ô nhiễm môi trường giai đoạn 1955-1970, nên quên không để ý đến vấn đề già hóa dân số, vì vậy khắc phục hậu quả rất khó. Để muộn 20 năm...

Lesson learnt, for ASEAN

* Changing population policy in time,
and Health system reform..

do not be to late

* A comprehensive strategy on ageing is
needed, not POLICY FOR OLDER
POPULATION

Little social interest in population problems

– Academia, Government, Civil Society

- Almost new demographers
- Shrinkage of the size of the Population Association
- Little research on fertility issues
- Very little media attention
- No government office to take charge of population policies

Need: Healthcare system reform

- * **SDG: Universal healthcare coverage for all age..**
- **To much hospital care base, over crowded and very costly...**
- **Must applied family medicine in grassroots level**
- **Need re-oriented to respond to an increase in NCDs and Aging..(Most Asia countries base hospital health policy, have not established long-term care system, beyond hospitals and family (informal) care-giving...)**
- * **Using ineffective Health insurance fund;**
- * **Changing medical technologies; drug**
- * **Social factor to personal health...**

Policies on Ageing in ASEAN Countries

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COVID situation in Vietnam

- 1400 infected cases, among that 35 deaths
 - 15% infected cases are older person,
 - 70% death cases are older person
- What are Vietnam doing
- Law pass by Parliament related budget using
 - Gov: Strickly control, Social distance
 - Special for older population:
 - **Medicine for 2-3 month**
 - **Healthcare for older at grass root level**
 - **Set older population is high risk group, special monitoring**

Thanks you

● Session 2: Dr. Rintaro Mori

**Life-cycle approach:
Addressing population ageing and low fertility**




Rintaro Mori MD PhD MSc FRCPCH
Regional Adviser, Population Ageing and Sustainable Development
Asia-Pacific Regional Office, UNFPA
Visiting Professor, Graduate School of Medicine, Kyoto University




COVID-19 and population dynamics

COVID-19 impacts on older persons



COVID-19 and older people in Asia Pacific 2020 in review

Dimension of COVID-19	Potential impact on fertility	
	Low-income Countries	High-income Countries
1. Access to family planning	Increase in unintended pregnancies in 2020/21	Minimal effect
2. Gender roles and division of domestic labour	Stakes fertility decline?	↑ period TFR
3. Economic recession and uncertainty	?	↓ period TFR



Two policy documents published







Life-cycle approach
<https://www.youtube.com/watch?v=CRwloZ7Qa8k>



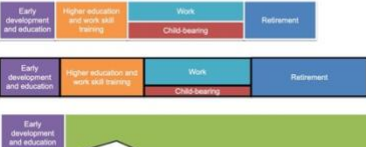
Population ageing and low fertility: Life-course





Population ageing and low fertility: Life-course

Population ageing and low fertility: Life-course



Life-long flexible choice of education, childbearing, work, and care



NCD Burden

Overview review of impact of low birth weight on life style diseases in adulthood (Developmental Origin of Health and Diseases - DOHaD)

Diseases	Methods	N	Results	References
Type 2 Diabetes	Meta-analysis	14	>500g OR 1.32 (1.06, 1.64) >400g OR 1.27 (1.01, 1.59) 20 OR 0.96 per kg (0.72, 0.96)	Am J Epidemiol 2007;165:849 JAMA 2008;300:2085
Metabolic Syndrome	Meta-analysis	11	LBW OR 2.51 (1.57, 4.08)	Rev Stat Public Health 2008;42:1
Obesity	Meta-analysis	29	>400g OR 2.07 (1.61, 2.74) >300g OR 0.61 (0.46, 0.80)	Obesity reviews 2011;12:505
Childhood obesity	Structured Review	22	Low birth weight and high BMI up to 11 years = highest risk for IHD	Can Stroke Public Health 2008;22:2081


Healthy Life Expectancy - Life Expectancy



(Mori 2012)




Robert Waldinger, Director of the Harvard Study of Adult Development



TED

"The clearest message that we get from this 75-year study is this: Good relationships keep us happier and healthier. Period."

ROBERT WALDINGER
Harvard psychiatrist, Zen priest, and psychoanalyst




Life-cycle approach

Population ageing is **not** a problem.
The problem is that societal systems often do not match what their populations need.
Rapid population ageing characterised by extremely low fertility is likely to be a symptom of societal system failures

Mitigation	Improving wellbeing for those in need today
Adaptation	Improving the current and future condition of people who have already had many aspects of their life-course in train
Resilience	Ensuring the youngest in society age well and can maximise their social and economic potential

UNFPA may particularly be interested in:

- Life-long flexible choice of education, childbearing, work, care ...
- Life-long preventive health care services
- Quality of close relationships





Already translated

- Indonesian
- Thai
- Malay
- Russian

Translation ongoing

- Korean
- Hindi
- Persian
- Sinhala
- Mandarin Chinese

● **Intervention by H.E OUK Damry, Secretary General of CAPPD, Cambodia**

**Intervention by
H.E OUK Damry
Secretary General CAPPD
and Member of the National Assembly of the Kingdom of Cambodia Online Seminar
On
“Impact of COVID-19 Pandemic on Ageing”**

Mr. Chairman, Honorables Members of Parliament, ladies, and gentlemen,

First of all, I would like to extend my appreciation to AFPPD for hosting this online seminar today and also to respectful speakers for your very knowledgeable and resourceful interventions.

Khmer culture attaches a high priority to respect and care for the elderly. In this spirit, the Royal Government always recognizes the need to ensure a high quality of life for older persons despite the fact that the proportion of older persons to the total population in Cambodia has remained low as compared to other ASEAN countries. Soon after endorsing the declaration of the Second World Assembly on Ageing (Madrid 2002), the Royal Government undertook to develop a Policy for the Elderly which was approved in 2003.

Since then, the demographic situation has changed dramatically particularly with respect to the population of older persons, defined as those who are aged 60 years or more. Apparently, the elderly population is rising in terms of both sheer numbers and proportion to the total population, and projections show that the proportion of older persons to the total population will continue to rise at an accelerating pace during the next 15 to 20 years.

Currently, Cambodia is undergoing the implementation of the National Ageing Policy 2017-2030; the step that the Royal Government of Cambodia had endorsed since 2003. The objective set forth by the Policy is to ensure that elderly people are provided access to opportunities and a fair share of the benefit of development. As mentioned by the Prime Minister of Cambodia, **Samdech Akka Moha Sena Padei Techo Hun Sen** at the launching of the National Policy in January 2018 that this policy would be a roadmap for the Royal Government to establish strategic plan in order to insure elder persons' income, to eliminate all economic risk in time of crisis, and to ensure their healthcare with equity and improve solidarity and social harmony. Meanwhile, as Cambodia has been hit by the COVID-19 pandemic, elder persons have faced some vital challenges such as access to healthcare and household economic downturn. The Royal Government of Cambodia has released cash assistance to families under poverty line, which indirectly leverage the economic risk to older citizen as they are generally being taken care of by their children in the same house. Furthermore, elderly are listed in priority group for people to get vaccinated. However, we shall prepare for the future. An older person from 60 experiences more physical and mental illnesses. In Cambodia, Non-communicable diseases are reported most frequently like joint pain, hypertension, diabetes, cough/respiratory diseases, back pain, low-sighting,

osteoporosis and fatigue. On top of these challenges, older people have been severely affected by the COVID-19 pandemic physically and mentally. COVID-19 changes their daily routines, their ability to stay socially connected and how they are perceived.

As of 2019, over 1.2 million Cambodians are aged over 60 which is 7.6% of the country's total population. The proportion of older people has increased by 40% from 849,911 since the last census was held in 2008 and this is expected to nearly triple in the coming decades. The fastest growing group of older people is the 'oldest old', or those aged over 80. Cambodians born in 2019 can expect to live to their late 60s, while babies born in 2050 are likely to live to their early or even mid-70s.

Mr. Chairman, Honorable Members of Parliament, Ladies, and Gentlemen,

As Member of Parliament of Cambodia, I strongly encourage each member of respective parliaments of AFPPD to raise and voice out the focus on Senior citizen during COVID-19 pandemic and the post COVID-19 recovery process. Furthermore, as Member of Parliament, I affirm the commitment to oversee and follow up the implementation of the National Policy on Senior Citizen in a regularly scheduled basis at both national level and grass root one. Each parliamentarian has a vital role in enhancing financial, moral, and technical supports to elderly association in the communities of their constituency.

Thank you!

Participants' List

No	Title	Name	Country	Position
AFPPD National Committees on Population and Development				
1	Hon.	D. Md Abdus Shahid	Bangladesh	MP
2	Hon.	Ouk Damry	Cambodia	MP, Commission on Investigation and Anti-Corruption of the National Assembly
3	Hon.	Viplove Thakur	India	MP, Vice-Chair of IAPPD, Vice-Chair of AFPPD
4	Hon. Prof.	Keizo Takemi	Japan	MP, Chair of AFPPD, Executive Director of JPPF
5	Hon.	Ruffy Biazon	Philippines	MP, Trustee of PLCPD
6	Hon.	Hector Appuhamy	Sri Lanka	MP
7	Hon. Dr.	Jetn Sirathranont	Thailand	MP, Secretary General of AFPPD
Japanese Parliament				
8	Hon.	Yukiko Kada	Japan	MP
9	Hon.	Tsunehiko Yoshida	Japan	MP
10	Hon.	Hikomichi Watanabe	Japan	MP
11	Hon.	Miki Yamada	Japan	MP
12	Hon.	Karen Makishima	Japan	MP, Vice-Chair of Gender Issues Committee of JPPF
13	Hon.	Takao Ando	Japan	MP, Member of JPPF
14	Hon.	Ryuji Koizumi	Japan	MP
15	Hon.	Noriko Horiuchi	Japan	MP
National Committee Secretariat				
16	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
17	Mr.	Hyundong Leo Yoo	Korea	Director General of CPE
18	Mr.	Enkhtuvshin Urtnasan	Mongolia	Secretary Officer of Mongolian Parliamentarians Group for Population and Development
19	Ms.	Nenita Dalde	Philippines	Manager of Advocacy and Partnership of PLCPD
MP Secretary				
20	Mr.	Yoshiharu Makino	Japan	Secretary to Hon. Keizo Takemi
21	Ms.	Ayako Soutome	Japan	Secretary to Hon. Yukiko Kada
The United Nations Population Fund (UNFPA)				
22	Mr.	Björn Andersson	APRO/Thailand	Regional Director of UNFPA APRO

23	Ms.	Kamma Blair	APRO/Thailand	Regional Programme Specialist (Disability, Parliamentarians, Knowledge Management, Innovation) of UNFPA APRO
24	Ms.	Mariko Sato	Japan	Director of UNFPA Tokyo
25	Ms.	Fuyo Ueno	Japan	Administrative assistant of UNFPA Tokyo
26	Mr.	Doyeon Won	Korea	Director of UNFPA Seoul
Related Institutions				
27	Prof.	Sukwon Lee	Korea	Professor at Graduate School of Public Administration, Seoul National University/Policy Planning Member of Presidential Committee for Ageing Society and Population Policy
28	Dr.	Hanna Yoon	Korea/Japan	Professor, Soongsil university, Korea/ Director, K Governance & Media Lab, Korea/ Board Member, Multi Culture Network (MPO), Korea/ Board Member, Laonchea, Korea/ Strategy & Communication Consultant, APDA, Japan
29	Dr.	Wan Noorzaleha	Malaysia	Research Officer, the Official Portal of Parliament of Malaysia
30	Ms.	Shiromi Maduwage	Sri Lanka	Public Consultant
31	Ms.	Yoko Kagawa	USA	Senior Public Sector Specialist, the World Bank Group
32		Muthana		
33		Rozana		
34		Kylechoong		
Presenter				
35	Dr.	Nguyen Van Tien	Vietnam	Former Vice-Chair of VAPPD
36	Ms.	Hadley Rose	USA	Researcher
37	Ms.	Svetlana Zhassymbekova	Kazakhstan	Researcher
38	Dr.	Rintaro Mori	APRO/Thailand	Regional Adviser for Population Ageing and Sustainable Development, UNFPA APRO
39	Prof.	Cuntong Wang	China	School of Social Development at China's Central University of Finance and Economics

Asian Forum for Parliamentarians' on Population and Development (AFPPD)				
40	Prof. Dr.	Kiyoko Ikegami	Japan	Interim Executive Director
41	Ms.	Yoko Oshima	Japan	Assistant to Interim Executive Director
19	Ms.	Nenita Dalde	Philippines	Rapporteur
The Asian Population and Development Association (APDA)				
42	Mr.	Yoshihisa Ueda	Japan	Member of the Audit and Supervisory Board
43	Dr.	Osamu Kusumoto	Japan	Secretary-General / Executive Director
44	Ms.	Hitomi Tsunekawa	Japan	Chief Manager, International Affairs
45	Dr.	Farrukh Usmonov	Japan	Assistant Manager of International Affairs/Senior Researcher
Interpreters				
46	Ms.	Minami Tsunoda	Japan	Interpreter
47	Ms.	Etsuko Abe	Japan	Interpreter
48	Ms.	Izumi Taira	Japan	Interpreter
Captioners				
49	Ms.	Divya Sharma	India	
50	Ms.	Mridul Sharma	India	