

**REPORT ON THE REGIONAL EXPERT FORUM
ON INTEGRATED CARE FOR OLDER PERSONS**

17-19 MARCH 2017

NANJING

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries. Bibliographical and other references have, wherever possible, been verified. The United Nations bears no responsibility for the availability or functioning of URLs belonging to external entities.

This report has been issued without formal editing.

The report may not be reproduced or reprinted without the permission of the United Nations.

Copyright © United Nations, Bangkok 2017

All rights reserved

Social Development Division

United Nations Economic and Social Commission for Asia and the Pacific

United Nations Building

Rajadamnern Nok Avenue

Bangkok 10200 Thailand

E-mail: escap-sdd@un.org

Contents

I.	Background.....	4
II.	Overview and objectives of the Regional Expert Forum.....	4
III.	Opening Ceremony	5
IV.	High-level panel: Responding to ageing societies – the way forward	5
V.	Panel discussion: Experiences in long-term care of older persons.....	7
VI.	Field trip.....	8
VII.	Panel discussion: Human resource requirements	8
VIII.	Panel discussion: Availability and use of appropriate technology	11
IX.	Panel discussion: Gender dimensions of ageing in the Asia-Pacific region	14
X.	Panel discussion: Experiences regarding integrated care for older persons.....	17
XI.	Review of the implementation of the MIPAA at country level	18
	Armenia	18
	Australia	19
	Cambodia	20
	China	20
	Fiji	21
	Lao PDR.....	22
	Macao, China	22
	Mongolia.....	23
	Myanmar	24
	Thailand.....	24
XII.	Recommendations and closing of the Regional Expert Forum	25
XIII.	Annexes	29
	List of Participants.....	29

I. Background

The Asia-Pacific region is experiencing population ageing at an unprecedented pace, with the number of older persons – defined as the population of 60 years and older – expected to almost triple from 514 million in 2015 to more than 1.31 billion by 2050. By then, one in four people in the region will be over 60 years old, while the “oldest-old”, those above 80 years of age, will constitute about one fifth of all older persons. In addition, due to the longer life expectancy for women, the majority of older persons are women. This demographic transition towards an ageing society in the Asia-Pacific region has deep social, economic and political implications.

II. Overview and objectives of the Regional Expert Forum

The Regional Expert Forum on Integrated Care for Older Persons was held from 17 to 19 March 2017 in Nanjing, China, jointly organized by ESCAP and Zhongshan College. More than sixty participants had been drawn from governments in the Asia-Pacific region, as well as think tanks, academic institutions, civil society, older persons organizations, UN organizations, specialized agencies, sustainable development practitioners, and independent experts.

The Forum took place within the context of the forthcoming Third Regional Review of the Madrid International Plan of Action on Ageing and within the framework of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs).

The objectives of the Forum were as follows:

1. To review and exchange good practices and experiences that focus on three priority areas, namely: (a) Human resource requirements for meeting the needs of an ageing society; (b) Availability and use of appropriate technology to enhance the access of older persons to services, including health and long-term care services; (c) Gender dimensions of ageing in the Asia-Pacific region. Background documents were provided in these three areas of enquiry.
2. To increase awareness on the key challenges and opportunities for effectively addressing population ageing and promoting the rights of older persons in the Asia-Pacific region.

The Forum focused on critical measures to address population ageing and promote the rights of older persons in the region. In particular, the key outcomes of analytical studies conducted on the three above-mentioned priority areas of focus were discussed.

The Forum also highlighted good practices and guidelines that policymakers would consider while formulating a comprehensive framework on long-term care of older persons, which was both financially sustainable and safeguards the rights of older persons.

Government experts presented progress of the implementation of the MIPAA in their respective countries, and a draft outcome document for the implementation of the MIPAA in advance of the Intergovernmental Meeting on the Third Regional Review of the Madrid International Plan of Action on Ageing was discussed amongst experts and government focal points.

III. Opening Ceremony

The meeting was officially opened with inaugural statements by Hon. S. B. Dissanayake, Minister of Social Empowerment and Welfare, Sri Lanka, and member of the AFPPD Standing Committee on Active Ageing; Mr. Gong Pixiang, Vice Chairman of the Standing Committee of Jiangsu Provincial People's Congress; Mr. Zhu Xiaojin, Vice Chairman of the Chinese People's Political Consultative Conference of Jiangsu Province; Mr. Nagesh Kumar, Director, Social Development Division ESCAP; and Mr. Chen Yi, Chairman of the Board of Zhongshan College.

IV. High-level panel: Responding to ageing societies – the way forward

The high-level panel entitled “Responding to ageing societies” was moderated by Mr. Nagesh Kumar, Director of ESCAP’s Social Development Division. It featured keynote speeches by Hon. S. B. Dissanayake, Minister of Social Empowerment and Welfare and Member of the AFPPD Standing Committee on Active Ageing, Sri Lanka and Mr. Du Peng, Professor, Renmin University. The second day of the meeting was opened with a high level address by Mr. Wang Pei’an, Vice Minister, National Health and Family Planning Commission.

Mr. Dissanayake commenced his remarks by sharing some of the challenges that population ageing poses for Sri Lanka. Sri Lanka is ageing much earlier and faster than other South East Asian countries, with the exception of Singapore and Thailand. Moreover, it was noted that the phenomenon known as the “feminization of aging” would require special attention in Sri Lanka in order to ensure that no older women would fall into poverty, particularly in view of the lack of universal pension schemes in the country and the fact that Sri Lanka’s female life expectancy is approaching 79 years, seven years longer than that of men’s.

Mr. Dissanayake further described the 2000 Protection of the Rights of Elders Act, which established the National Council for Elders under the Ministry of Social Empowerment and Welfare. The Act promotes and protects the rights and welfare of older persons. The National Secretariat for Elders, for example, is assisting older persons to live independently and with dignity, including through the establishment of 230 day centers for older persons. While 11,550 committees for older persons have been established, challenges persist in particular with respect to increasing the number of well-trained specialists in gerontology as well as improving the coverage of pension schemes and other social security measures.

Mr. Dissanayake then noted with satisfaction the re-establishment of the Sri Lankan Forum of Parliamentarians on Population and Sustainable Development (SLPPD). A National Inception Workshop was held in February 2017, and it brought together Sri Lankan Ministers and parliamentarians from different political parties and diverse religious backgrounds, representatives from local NGOs, international organizations, as well as various other stakeholders. The Workshop had successfully conducted a policy dialogue on active ageing, with a view to investing additional resources in the thematic issues of youth, gender equality and women’s empowerment. Mr. Dissanayake ended his remarks by expressing his appreciation for the on-going knowledge sharing between governments, organizations and the international community for the benefit of the welfare and rights of older persons.

Mr. Du Peng commenced his remarks by noting the urgency of designing sound policy solutions to the challenges that population ageing posed in the Asian and Pacific region. In China alone, the number of older persons is large and growing (currently 230 million older Chinese persons). Key challenges include the design and implementation of a responsive social service system for older persons, in particular with respect to appropriate and quality long-term care. The gap between urban and rural areas continues to widen and deepen, much to the detriment of the achievement of the 2030 Agenda for Sustainable Development.

At the same time, with the increase in educational level of young persons and the development of information and communication technologies to improve the delivery of health care to older persons, some definitive policy progress has been made to improve the standard of living of older persons. The President of China Xi Jinping has emphasized that older persons ought to be regarded as a potential dividend rather than a burden. Such exploration of the potential economic benefits of an ageing population, however, requires systematic efforts by the government as well as older persons and their families to create these potentially economically enabling environments.

In China, the national goal is to eliminate poverty by 2020. This goal is to be achieved by shifting the focus from merely constructing service facilities to focusing on the quality of services rendering, particularly with respect to the health care provided to older persons. "Smart ageing" is a powerful tool with a potential great impact on the health and welfare of older persons. It is however important to ensure that such technologies are available to every older person, in order to ensure that no one is being left behind. Lastly, Mr. Du Peng reflected on the role of women in care for older persons, and their unpaid contributions to economies and societies. While the overall socio-economic status of women in the Asia-Pacific region has improved, progress remains unsatisfactory, particularly with respect to pension schemes and otherwise income security for older women in particular.

Mr. Pei'an commenced his remarks with an appreciation for the collaboration between China and ESCAP. A number of comprehensive studies and fruitful exchanges have taken place in recent years. Since 2012, the National Health and Family Planning Commission of China (NHFPC) have cooperated with ESCAP specifically under the auspices of a project that seeks to strengthen national capacities to promote the rights of older persons.

Mr. Pei'an noted the great importance that the Government of China attaches to the issue of population ageing. For instance, the State Council has promulgated "Guidance on the Promotion of Health Care and Old-age Services," and the China National Health and Health Committee has also set up a health and aging working group in order to integrated "healthy ageing" into the "Healthy China 2030" strategy as well as other national development strategic planning.

As the number of disabled and partly disabled older persons now has reached 40 million older persons, Mr. Pei'an commended Jiangsu Province for pioneering an integrated model of medical facilities combined with care for older persons, thereby contributing to the solutions needed for the serious challenges that population ageing posed for China and the Asia-Pacific region.

Lastly, Mr. Pei'an closed with the following recommendations: (1) Focusing on long-term planning and to explore the establishment of a national action plan. (2) Paying attention to the combination of medical work and to strengthen departmental collaboration in order to integrate the resources necessary to meet the various health care needs of older persons. (3) Strengthening the elderly health service system, including long-term care and skilled professional care givers.

Mr. Pei'an ended his remarks by expressing his hope that other countries in the Asia-Pacific Region would join hands with China in the promotion of the integration of medical services and health care for older persons.

V. Panel discussion: Experiences in long-term care of older persons

The panel discussion entitled "experiences in long-term care of older persons" featured presentations by Mr. Marvin Formosa, Director, International Institute on Ageing, United Nations (INIA), Malta; Practice on Integrated Care Delivery Based on Hospital-Government Cooperation by Mr. Zhan Yiyang, Vice President, Jiangsu Province Hospital, China; Zhongshan Innovative Practice in Developing a Chinese Model of Human Resources Development for Elderly Care Services by Prof. Jiang Fuxin, President, Zhongshan College, China.

Mr. Formosa described and promoted the "Healthy Ageing" concept of the World Health Organization. He argued that, whilst the need to live in a care home may be rooted in frailty or a medical condition, it is of great importance that the formal activities taking place in care homes reflect the social interests and physical/cognitive abilities of the resident older persons. Many care homes are exclusively focused on the medical needs of older persons even if evidence suggests the beneficial effects that social activities and interactions have on older persons.

Mr. Yang provided an overview of the cooperation between hospitals in the Jiangsu Province and the Qixia district government. The district government benefits from the regional public hospital platform when it purchases medical care services from large public hospitals. The district government also invites doctors from larger hospitals to work in district hospitals, thereby facilitating the accessibility and availability of quality health care at the district level. Under this model, Mr. Yang concluded that the public health system had been improved, networks had been extended and through the platform built by government, more services would be delivered by the hospital to the satisfaction of older persons in particular.

Mr. Jiang deliberated on "Innovative Practiced in Developing a Chinese Model of Human Resources Development for Elderly Care Services in Zhongshan College". He noted that with the increasing demand for the care of older persons, it is estimated that six million nursing staff would be in demand by 2020, according to the Ministry of Civil Affairs of China. In order to meet this demand, Zhongshan College is collaborating with hospitals, elderly homes, and training centres in order to provide skilled staff for the care of older persons.

VI. Field trip

During the field trip in the afternoon on the first day, participants were invited to visit an “Apartment for the Aged of Jiangsu Province”, Hospital-government Cooperative Institution in Qixia District, Nanjing and Zhongshan Elderly Services Human Resources Development Area.

VII. Panel discussion: Human resource requirements

This session on the “human resource requirements for meeting the needs of an ageing society” was moderated by Ms. Usa Khiewrord, Regional Programme Manager, HelpAge. It featured a presentation from Ms. Thelma Kay, independent expert, on human resource requirements on long term care as well as an interactive panel discussion with questions to highlight national experiences and key elements for policy guidance. The panellists were Ms. Siriphan Sasat, Associate Professor, Faculty of Nursing, Chulalongkorn University and Secretary-elect, the International Association of Gerontology and Geriatrics, Asia/Oceania Region and Mr. Giang Thanh Long, Associate Professor, National Economics University/Ministry of Education and Training, Hanoi, Viet Nam.

Ms. Kay’s paper argues the importance of the human resources needs required now and in the future to adequately address the challenges of a rapidly ageing population. These challenges must be well understood and appropriately planned for. It is, however, an area in which little mapping and studies had been carried out in a comparative scale across countries in the Asia-Pacific region. The paper wishes to harness the potential to replicate good practices related to the identification of carers, training syllabus, on the job learning, etc.

Ms. Kay’s presentation on the human resource requirements for meeting the needs of an ageing society noted the changing demographics and disease burden of older persons on society at large. She then described some of the most important existing global, regional, and national response frameworks, such as the Madrid International Plan of Action on Ageing (MIPAA) and the WHO Global Strategy and Action Plan on Ageing and Health (2016-2020).

Ms. Kay noted the importance of regarding the long term care of older persons as a continuum of care, and emphasized the importance of training adequate number of care takers. She argued that, while training in gerontology exists, it is currently reportedly underutilized in some countries. Furthermore, as primary care often is provided by the private sector in many countries, there is a need to explore innovative ways to work with the private sector, such as through health care subsidies. In this respect, Ms. Kay noted the important roles that nurses, social workers and volunteers play in the current trend towards increasing de-institutionalization. Community centers require and depend upon volunteers as these centers often operate on a no-cost basis. Ms. Kay suggested initiating studies to calculate the shadow costs of volunteers. In addition, the concept of filial piety may also be reinforced - where applicable - in order to ensure that policy responses build on traditional values. Some countries also foster the concept of “social piety”, i.e. encouraging the younger generations to remember the contributions and sacrifices the older generations in order to build up their countries.

Using the example of long term care in Japan, Ms. Kay explained existing initiatives including ensuring adequate staffing, ensuring competitive pay, raising capability and skills as well as increasing efficiency and effectiveness. She pointed out the training pathway and requirements for registered nurses and social workers in detail. She further described some desirable characteristics of the long term care continuum, which included deinstitutionalization, community and home-based care and other support systems and mechanisms that would leverage technology for process improvements, connectivity, etc.

In conclusion, Ms. Kay proposed some potential components for the care model which should be based on a contextual analysis of the ageing situation in each country. These included identifying the right form of care (nursing home, community, home); forming multidisciplinary teams with community nurses; creating age-friendly environments; leveraging cultural and traditional bonds (where applicable); challenging barriers such as mindsets and ageism; and cooperating with other countries through sharing experiences and good practice.

The first panelist, Ms. Siriphan Sasat, presented on human resources development. She firstly introduced the types of personnel required for a care system involving care givers working in both formal and informal sectors. Ms. Sasat noted that the study and practice of gerontology is often under used; with current high dropouts of nursing students, there is a need to develop strategies to retain care workers in the care profession. Such strategies need to link into ways of changing attitudes towards older persons, including the recognition of care workers as a key profession. In Thailand, the use of volunteers for the care of older persons has been implemented and is successfully on-going. It is however important to ensure the quality of unpaid care givers as compared to the paid professional care givers.

Ms. Sasat noted the “Model of Quality Assurance for Elderly Care Assistant” as one example of qualification and training curriculum, which included 8 domains: Candidates; admissions; teaching and learning; management; financial and budget; graduate; follow-up graduates; and systems and mechanisms for quality assurance. In conclusion, Ms. Sasat offered some key strategies to develop human resources, including: (1) Recognize care workers as a key profession in providing care for older persons; (2) Conduct studies on care workers: Number, type, distribution, productivity to support both home care and institutional care; (3) Manage selection, maintenance, and career ladder of care workers; and (4) Incorporate quality assurance methods in all elder care assistance schools.

The second panelist, Mr. Giang Thanh Long, began his remarks by arguing for the need to carefully study the issue of affordability of long-term care. We need to look on the demand side as much as on the supply side as the actual care needs should be assessed in detail. While there is a private system for older persons in Viet Nam, it is not used because the services it offers are not affordable. He further argued to focus on the younger generation and ensure that good preventative care systems exist in order to prevent diseases in old age. In addition, in Viet Nam, income security and savings are promoted in order to protect the human rights of older persons. Human rights, such as accessible, adequate, affordable and quality health care is a priority even if accessibility is a challenge in mountainous areas where it may take as long as one day to reach a health center.

In the ensuing discussion, the example of Bangladesh was raised in the context of social exclusion of older persons and the lack of younger persons to care for them. It was argued that

there is a need for more institutional care in developing countries even if and as developed countries move towards de-institutionalized measures. Institutional care is important particularly when specialized medical care for older persons is necessary. Other experts pointed out that older persons should be trained in becoming increasingly independent so that they do not need to rely on other people. There is very limited data available on the needs for institutional long term care in developing countries. However, in countries in demographic transition, young people can be harnessed to take care of older persons while at the same time older persons also need to be trained to take care of themselves. In some situations, nursing homes and otherwise institutionalized care remain relevant. The financial implications of this is, however, significant and one should consider an incremental approach with sensible prioritization. Community based care is attractive because it is "asset-light" - and the role of older persons' associations was emphasized in this regard. Lastly, it was noted that health workers are a critical resource to make the changes in the health system. Moreover, it is important to note that health workers themselves are also ageing and so there exists a continued need for specialists and developing competencies that are required for older persons care.

VIII. Panel discussion: Availability and use of appropriate technology

This session discussed the topic of the “availability and use of appropriate technology to enhance the access of older persons to services” with a presentation from Mr. Dong-Kyun Park, Professor and Director of Health IT Research Center, Gachon University Gil Medical Center on ICT practices in four countries. The panel discussion was moderated by Ms. Soo Yeob Hyun, ESCAP and was composed of Himanshu Rath, Chairman, Agewell Foundation, India and Ms. Fiona Buffinton, First Assistant Secretary, Aged Care Access and Quality Division, Department of Health, Australia.

In his presentation, Dr. Dong-kyun Park argued that one of the main challenges associated with the phenomenon of population ageing is how to respond to the healthcare needs of older persons. In Asia and the Pacific, challenges persist in the context of health care, where older persons, particularly older women, cannot access necessary medical treatment because of high costs, a lack of healthcare providers, poor transportation or difficulties in accessing health care. There is a large and growing gap between urban and rural areas in terms of access to appropriate health care facilities. To bridge these identified gaps, it is important to adopt innovative methods to support older persons. In this respect, enhanced and more effective usage of ICT can help expand access to healthcare service and promote the rights of older persons.

Dr. Park concludes in his paper that the extensive regional coverage of ICT can help people overcome geographical distances and social obstacles. ICT may provide access to specialized health care, which may otherwise be unavailable for people living in rural or remote areas. This is of particular consequence for the marginalized, excluded, and disadvantaged older persons with limited access to the formal health system. At the same time, it is also important to better understand the ways in which ICTS can act as a lever for the increased inclusion of older persons in society. Training and awareness raising amongst older persons may be one way to ensure that ICTS does not act as a potential barrier to the meaningful participation of older persons in society.

Dr. Park reviewed the examples of the appropriate information technology, especially telemedicine that has been applied to promote the accessibility of older persons to healthcare services in four Asia Pacific countries including Republic of Korea, Japan, Australia, and China. He argued that one of the main health risks for older persons was non-communicable diseases, whose burden of disease had a two to three times greater impact on older persons in low-income and middle-income countries than those in high-income countries. In such cases, active application of technologies such as electronic health care, mobile personal health devices, telemedicine, big data analysis and artificial intelligence have become key factors in the effective management of chronic diseases and cooperative treatment of various diseases.

A telemedicine pilot project in Korea was discussed to verify the usefulness of telemedicine in the Korean context. The project consisted of three models, each of which tested the effect of telemonitoring and telemedicine on chronic disease patients in primary clinics in urban areas or health centers in rural areas. In Japan, a healthcare service that utilized telemedicine was provided for the older persons in Tono City, which showed improved test results for hypertension, diabetes, hyperlipidemia, and liver function abnormalities. In

Australia, a telemedicine pilot project named 'Home Monitoring of Chronic Disease for Aged Care' was conducted by the Commonwealth Scientific and Industrial Research Organisation (CSIRO). This one year pilot-type project was set up in 2014 to determine the suitability of telemedicine services at home and was designed to manage ageing patients with chronic diseases. China's first cloud hospital (Ningbo Cloud Hospital) is based on information technologies such as cloud computing, big data to control the increasing healthcare expenses, as well as to increase access to medically qualified personnel. Mr. Park concluded that the application of telemedicine to healthcare systems could promote accessibility between doctors and patients and that governments in Asia-Pacific countries should progressively implement related policies to promote telemedicine, while at the same time, carry out pilot tests to identify the most effective services within the context of their countries.

As the first discussant panelist, Mr. Rath discussed the variety of ICT services available, including telemedicine. In India, however, older persons often do not feel comfortable with the use of such technologies, and they prefer face to face interactions. Compounding this, older persons often lack financial resources in India. It was therefore recommended to address digital literacy as well as support systems in the family and financial support since a large number of older persons do not understand the language of digital communication. Using technology works only if older persons are trained to use it, M. Rath argued. Today, when people fall sick at the age of sixty, their children are typically thirty and capable to care for their older family members. The problem starts when older persons grow even older. When they fall sick at eighty, their children are fifty and may not be capable of care for their parents; at that age older persons have also used their savings and are oftentimes not able to live financially independent lives.

Ms. Buffinton shared the experience of Australia; the country is now trying to improve access in rural and remote areas, including by expanding doctors to service rural areas. Australia set up the Australian Digital Health Agency in 2016 with e-health records. In rural areas, telemonitoring and tele-consultations are a way for people to get better care and lower costs at the same time. The National Broadband Network is being rolled out prioritizing rural areas so they can access tele-health. People still get visits from nurses in emergency contexts, but their needs are monitored constantly. In Australia, every citizen will have an electronic health record. If an indigenous Australian from the North comes for specialized treatment to a city, the health record will be available in the city as well. Australia is now setting up community centers in remote areas to make sure indigenous peoples in remote areas can get access to telecommunication and telemedicine. Through this, the cost of care is reduced, but it also empowers older persons to remain at home.

In the ensuing discussions, panelists agreed that technology is a tool to make the life of older persons more independent. It should be used to empower older persons, not contribute to their isolation. It was also mentioned that, as the current young generation ages, there will be new challenges, as they may become increasingly isolated because they are very familiar with ICT but not used to human interaction to the same extent as earlier generations.

ICT services may make people increasingly connected through increasing interaction. Participants agreed that with smart phone technology, the use of ICTS has become easier to, e.g. measure heart pressure simply by pressing a button in contrast to computers that require a larger technological skills set. Using smart phones linked with home appliances that are in turn

linked up to the internet enables the monitoring of elderly persons so that health issues can be addressed rather than relying on older persons being proactive, as they often are reluctant to do so since they do not want to be a burden on their children.

For older persons, technology represents change, and therefore may be an additional barrier when compared to younger people. On the other hand, instead of only older persons adapting to technology, technology can also be made to adapt to older persons. Right now, some people find difficulties in using technologies, however in the future technology will likely be ubiquitous with concepts like universal design in technology so that it can be used by all.

Finally, ESCAP was commended for its on-going baseline study of the access of health care of older persons through ICTS. Within the context of this project, ESCAP will promote the accessibility and quality of health care for older persons in particular through information and communications technology. The project aims to address the gap related to the right to health of older persons in the region and the project expects ESCAP member States to adopt appropriate measures to integrate ICT into the effective delivery of health and long-term care to older persons in line with the 2030 Agenda SDG 3 “Ensure healthy lives and promote well-being for all at all ages” and SDG 10 “Reduce inequality within and among all countries”. Through the analysis of good practices using ICT for better healthcare and sharing of findings, it is expected that relevant policy makers have enhanced skills to design and improve policies and programmes to use ICT to promote and enhance the delivery of health and long term care services to older persons.

IX. Panel discussion: Gender dimensions of ageing in the Asia-Pacific region

This session discussed the topic of the “gender dimensions of ageing in the Asia-Pacific region” with a presentation from Independent Expert, Dr. Wendy Holmes. The discussion was moderated by Ms. Kim Choo Peh, Chief Executive Officer, Tsao Foundation, Singapore. Discussants included Ms. Kate Pagsolingan, Project Coordinator, Coalition of Services of the Elderly, Philippines; Ms. Wendy Walker, Principal Social Development Specialist, Urban and Social Sectors Division, East Asia Department, Asian Development Bank; Ms. Britta Baer, Technical Officer (Gender, Equity, Human Rights and Ageing), Division of Health Systems, WHO; and Ms. Aabha Chaudhary, Chairperson, Anugraha, New Delhi.

Dr. Wendy Holmes argued that the subject of the gender dimensions of ageing had been relatively neglected and poorly resourced for decades. In recent years awareness has been increasing, with many key reports from international and regional agencies, which emphasise the gender dimensions of population ageing. However, national policies and plans on ageing still often fail to respond to the different needs of older men and women, and to recognize, foster and benefit from their contributions.

Older women have an important influence on development and maternal, child, and adolescent health and older men pass on traditional skills and cultural values. These contributions are rarely acknowledged in international guidance. Advocacy for gender equality also often fails to consider the gender dimensions of ageing. Both ageing and gender need to be mainstreamed in relevant policies and programs.

Chronic non-communicable diseases, especially heart disease, hypertension, diabetes and respiratory disease, cause most deaths in those aged 60 years and older, and often remain undetected and untreated. Conditions that affect quality of life of both older persons and their family members are common and often neglected. These include sensory impairments, arthritis, incontinence, mental health problems, sexual health problems, falls and sleep disorders. For biological, social and cultural reasons women have longer lifespans than men, yet have a higher risk of poor health and disability in old age. They suffer the accumulated disadvantage of the gender inequality they experience throughout their lives. Risk factors and health behaviours also show gender differences. Women are less likely to be physically active, while older men are more likely to drink alcohol and to smoke. Because of poor literacy older women often lack health knowledge. They face greater barriers to accessing health care than older men.

Older women are more likely to need long-term care (LTC) services than older men. Caring for dependent older family members is usually the responsibility of women, and formal LTC providers are also disproportionately women. Many governments in the region are starting to develop LTC systems and services, which requires coordination of several relevant Ministries, especially the Ministry of Health and of Social Services. Family caregivers need support, help with assistive devices and respite care. They are often unable to work and as a result are unable to save for their own old age. There is much scope for groups of older persons to provide LTC services at community level for their peers.

Dr. Holmes further argued that women are more likely to experience poverty in their old age than men. They are likely to have had fewer opportunities to earn an income, more likely to have changed jobs, less likely to have made contributions to a pension fund, and often lack inheritance rights. Most older persons in the Asian region are supported by their families, and undertake housework and childcare or work in the informal sector. However, the proportion of working age adults to older persons is decreasing rapidly and there is a growing need for national pension funds with effective regulation. Pension coverage is very variable across countries. Dr. Holmes further analysed the reasons why older women were invisible and older men living in the shade in today's society: (1) Symbolic influences (they are usually stereotyped as frail, dependent, unproductive and images of them may evoke fear or guilt); (2) Organisational influences (organizations tend to lack awareness of population ageing and gender dimensions); (3) Scientific influences (it is difficult to extrapolate trends in life expectancies because of cohort effects, and some global indicators exclude older persons); (4) Economic influences (older person's domestic work is not quantified and does not appear in the national accounts).

In conclusion, Dr. Holmes proposed some key policy recommendations, including adopting a life-course approach to achieve healthy ageing; fostering respect and scaling up support; avoiding neglect and abuse in family and community life; and improving public pension systems and retirement benefits to ensure income security among older persons. She stressed the importance of LTC to older women and that in both formal and informal sectors, targeted training and protection mechanisms should be developed to ensure an enabling and supportive environment.

Ms. Pagsolingan described the experiences of the Coalition of Services of the Elderly (COSE) in the Philippines, where living arrangements and family life are influenced by the many Filipino nationals taking care of children for family members living abroad. She also agreed with the recommendation to look into more details on the situation of older men as they are more likely to experience isolation than Filipino older women, who are more inclined to join older persons' clubs. Ms. Pagsolingan further remarked that older women are invisible in humanitarian efforts, and therefore not included in cash for food programs or livelihood assistance. The national policy on ageing in the Philippines is limited; it does not cover some aspects of abuse and discrimination, specifically on the part of financial abuse committed by family members. Moreover, the delivery of health care for older persons is a major issue. Challenges persist, including limited human resources as well as the availability, accessibility and affordability of health care in the Philippines. Responding to this need, COSE has pioneered to develop community based programs and volunteers that respond to and care for older persons in their homes. A further challenge pertains to the lack of age specific and age-disaggregated data; while there are international policies and instruments, the challenge is how to trickle down to national and local level so that older persons will feel their impact, particularly in view of the limited availability of data.

Ms. Wendy Walker began her remarks by noting that the social changes in the Asia-Pacific Region are so massive, and include not only population ageing, but also rapid urbanization, migration, women's labour market participation, to mention but a few. Social norms in the future will therefore be different from today. Older women are strong members of society, they are often going past taboos and are becoming drivers for change. Ms. Walker

further remarked on the extent to which income security is a critical issue for women – financing access to services is a key issue related to women’s vulnerability. There is a rapid loss of financial stability for many women when their spouse dies. Such factors affect women’s ability to pay and to remain financially independent. The gender dimensions of the care sector are evident in that it is dominated by women; there is a need for more male caregivers. Care provision is also an emerging area for female entrepreneurship.

Ms. Britta Baer argued that gender was a determinant of health - women and men age differently - physically, physiologically, emotionally and socially. She mentioned that elder abuse was also a health and gender issue yet with limited availability of data and information. Ms. Baer stressed the importance of promoting healthy behaviors across the life course. Lastly, she recommended strengthening the evidence base on ageing and health and considering gender in the design, implementation and evaluation of policies and programmes for ageing and health in order to improve their effectiveness and sustainability.

Ms. Aabha Chaudhary highlighted the feminization of the population of older persons in India and the fact that older women are facing a triple jeopardy of being perceived as burden, widowhood, and higher incidences of morbidity and poverty. She provided an overview of research studies under the project “Productive Ageing for Socio-Economic empowerment of Rural Elderly women” that targeted approximately 3000 elderly women. According to the research result, older women in rural areas were synonymous with emotional turmoil, financial crisis, morbidity increase, stress and strains of life. At the same time, older women in agrarian economies play an active and productive role of the custodians of knowledge regarding crop varieties, their use as food, application as medicine, and their use and knowledge of crafts and various cultural practices. Their productive role in rural economies is therefore of immense value.

In the ensuing discussion, it was mentioned that very few women’s organizations are interested in highlighting the issue of older women. For example, the Ministry of Women in Bangladesh does not have any programmes for older women. It was remarked that in some instances of Muslim culture, there are some provisions for women’s income security, for example through inheritance, but in reality their brothers would not allow them to claim their rights. It is incumbent upon governments to institute mechanisms to protect such inheritance rights for women.

Various Maintenance of Parents Acts were discussed. Their enforcement is rendered complicated by the fact that in Fiji, for example, many older persons refuse to take their children to court, although they receive advice from the government to do so. In India, there are periodic reviews yet the number of cases reported is very low. There are complaints about financial abuse, e.g. when younger people put pressure on older parents to transfer their property. Knowledge of the Act is low among many people. It was also argued that in some instances, a Maintenance Act contradicts traditional beliefs. In India, parents would not sue their own children, especially in view of the Hindu belief that parents will get salvation through their children when they die. Singapore also has a Maintenance of Parents Act, which acts as a deterrent because families do not want to bring shame on the family. It has also worked to promote cooperation among siblings, although nobody has ever brought a case to court. In Sri Lanka, there is a Protection of the Rights of Elders Act with a special Maintenance Board to which neglected parents can apply. It supports older persons and promotes filial piety.

X. Panel discussion: Experiences regarding integrated care for older persons

This panel discussion was moderated by Prof. Jiang Fuxin, President, Zhongshan College. Speakers included Professor Li Jian'an, Immediate Past President of International Society of Physical and Rehabilitation Medicine; Mr. Li Zongjian, Executive Vice President, New China Life Insurance Co., Ltd.; Mr. Kang Tao, Managing Director, State Development & Investment Health Industry Co., Ltd. and Mr. Sha Weiwei, Deputy Director, Civil Affairs Department of Jiangsu Province.

Mr. Li Jian'an delivered his presentation on "Elderly Care and Rehabilitation Services in China". He stated that China was facing the challenge of dealing with demographics shaped by the one child policy. One couple will now bear the burden of four elderly persons and one or two younger persons. He also argued that with the projected increase in the Chinese ageing population, China's demographics have dramatically shifted from a pyramid towards an inverted pyramid. The market demands for medical rehabilitation of patients with chronic diseases will rise significantly especially due to the prevalence of chronic diseases like cardiac-cerebral vascular disease, hyper-tension, diabetes and obesity. Mr. Jian'an argued that insurance- and health services systems should be strengthened in order to tackle this challenge.

Mr. Li Zongjian noted that the Chinese government had provided specific policy support in areas as diverse as taxation, land management, technology, and services and that many organisations in China have invested significantly in products for older persons. The insurance industry has also made significant investments, e.g. Xinhua Insurance Corp. Ltd. is estimated to invest 4 billion RMB in total in elderly-support projects over the coming years.

Mr. Kang Tao noted the importance of focusing on older persons with disabilities. He provided the following recommendations for priority actions: (1) Build service systems for older persons with chronic diseases and provide them with targeted daily monitoring and management; (2) build revolutionary medical care institutions that offer interdisciplinary customized treatment for the elderly into the health management and services; and (3) fully integrate the advanced experience from France and Japan in order to strengthen the construction of information systems.

Mr. Sha Weiwei provided an overview of Jiangsu Province's practice and future plans in developing elderly care systems. Jiangsu was one of the earliest provinces to age (thirteen years ahead of the national average), Jiangsu was also the most aged province in China, in fact by 2030, one third of the population will be sixty years or older. Jiangsu promotes "healthy ageing" and has currently ninety-two elderly homes and 150,000 available beds in the care institutions in the province, thereby accounting for forty per cent of China's nursing homes.

In the ensuing discussion, it was argued that the role of the government is two-fold: To design policies and regulations, on the one hand, and to provide social security, on the other. Providing subsidies to the emerging market of aged care service was remarked as being of particular importance.

XI. Review of the implementation of the MIPAA at country level

Ms. Steinmayer provided an overview of population ageing in Asia and the Pacific, highlighting population trends across the region. She also stressed that ageing was closely related to gender issues, as there were more older women than men and that the gap increased steadily with age. She also emphasized that ageing should be considered positively, as older persons formed an important resource for every country, but that adequate policies had to be put in place to harness this resource.

Ms. Steinmayer described the strategy for the Third Regional Review of the Madrid International Plan of Action on Ageing (MIPAA), and the linkages between MIPAA and the 2030 Agenda for Sustainable Development. The 2030 Agenda is a comprehensive development agenda that vows to leave no one, including older persons, behind. Therefore, both agendas for action are complementary. Lastly, she described some key findings and corresponding recommendations drawn from analysis of an ESCAP-administered MIPAA survey.

Armenia

In a presentation on MIPAA implementation progress, the expert from Armenia, Ms. Sargsyan, introduced its 'Strategy on Solution of Issues Arising from the Consequences of the Population Ageing and Social Protection of the Elderly'. It was reported that the 2012-2016 Action Plan on its Implementation has been completed and that the new 2017-2021 Action Plan is in the process of approval. Ms. Sargsyan indicated the twenty-two legal acts regulating the action plan and highlighted the main priority areas, including: Social services and healthcare; promoting rights awareness and participation; establishing a list of minimum guaranteed social services; and employment and competitiveness of older persons on the labour market.

Ms. Sargsyan reported having implemented a range of policy actions and programmes to enhance the social protection and wellbeing of older persons. The government of Armenia has introduced re-training courses on geriatrics and family doctors. Moreover, Armenia has taken steps towards developing the institute of community social workers. Since 2007, a growing number of government subsidized NGOs provide services to older persons and persons with disabilities. The government also promotes measures to increase social participation of older persons. It has extended the eligibility criteria for medical assistance and improved the day-and-night care facilities. In 2014, the government has introduced a mandatory funded (cumulative) component into the pension system for public sector workers, but it remains voluntary for the workers in the private sector.

Ms. Sargsyan highlighted that the government will enact reforms in the system of social protection of older persons by extending the scope of social services for older persons and persons with disabilities. The 2017-2021 action plan will be scheduled and implemented with key measures to: (a) enhance quality of social services and specialized healthcare services; (b) extend employment years and promote competitiveness on labor markets; (c) make use of the experience and knowledge of the older persons; (d) ensure participation of older persons in community decision-making; (e) ensure equal rights and equal opportunities including for older women's social and economic empowerment; (f) poverty reduction and social integration of older persons.

Australia

In its presentation on MIPAA implementation progress, the expert from Australia, Ms. Buffinton, introduced its government structures, legislation, national policies and detailed budget on older persons. The country has a comprehensive legislative framework to promote and protect the rights of older persons, including the Age Discrimination Act 2004, the Social Security Act 1991, which provides an income support safety net for people over pension age, and the Aged Care Act 1997. The Australian Government currently funds the Human Rights Commission to protect the rights of Australia's older population by independently overseeing Australia's human rights legislation and policy.

Ms. Buffinton highlighted the measures in place to promote the social and economic engagement of older persons in development. The government prioritizes participatory policy design and implementation, as well as raising quality of information available to older persons about the services they receive. Australia offers a non-contributory aged pension to older persons in need of financial support, while encouraging pensioners to maximize their overall earnings. In Australia, My Aged Care is the main entry point to the aged care system that provides information about aged care online and through a contact centre. The Australian aged care system provides a continuum of care through dedicated programmes on home-based, residential and flexible care. Older persons are eligible for universal healthcare under Medicare system, medical supplies under Pharmaceutical Benefits Scheme, as well as comprehensive mental health services including dementia support which is a particular focus for the Australian Government. Persons with disabilities are also supported through a range of highly-flexible and multi-disciplinary package services.

The government of Australia facilitates age-friendly environments by providing several comprehensive home-based or residential care options, housing and age-friendly transportation. Moreover, under the Commonwealth Home Support Programme, older persons who are homeless or at risk of becoming homeless receive help in finding accommodation. Particular attention is given to professional training for caregivers, including accreditation in dementia care. There is an accreditation process for home-based care, residential services and facilities, as well as a voluntary National Quality Indicator Program for aged care services.

The Government has put in place a free complaints mechanism, and enabled the processes of compulsory reporting of inadequate treatment of older persons in care facilities under the Aged Care Act 1997. Lastly, Ms. Buffinton reported on measures to illustrate recognition of older persons in society. In this regard, since 1999 Australia holds an annual Senior Australian of the Year award for those Australians aged 65 and over for outstanding contributions to society.

Cambodia

In its presentation on MIPAA implementation progress, the expert from Cambodia, Mr. Som, reported on institutional structures, legislation and programmes to support and promote the rights of older persons. A dedicated government body on older persons – the Cambodian National Committee for Elderly (CNCE) was established in 1999 and currently consists of 16 ministries, institutions and NGOs at national and provincial level. The legislative framework on older persons includes the Policy on the Elderly (2003), National Health Care Policy and Strategy for Older persons (2017), rectangular strategy, National Strategic Development plan (2014-2018) and the National Population Policy (2016-2030). In its Fourth National Assembly, the government placed a greater emphasis on increasing investment in social sector programmes/projects and strengthening cooperation with national and international organizations on ageing-related themes.

Mr. Som reported the government's progress on providing social protection and healthcare to older persons. Presently, state pensions are available for veterans, government and civil servants, and Health Insurance endorsed in 2017 is likewise targeted at civil servants. Contributory Pension Schemes are set up for private sector workers and members of Older Persons' Associations (OPAs), although non-contributory pension schemes are currently not provided. Mr. Som further reported on humanitarian and disaster relief programmes implemented by NGOs, private companies and universities. In accordance with the state constitution, citizens in need, including older persons, receive free medical consultation in public hospitals. Older persons receive preventative, rehabilitative and palliative care services in health and geriatric center.

Cambodia has conducted a Friendly Ageing Forum to engage in a dialogue with older persons on their concerns and needs. It was further highlighted that the government has established 1638 OPAs nationwide and has 7 programs in OPAs: (1) community health insurance, (2) contributory pension scheme, (3) saving for old age, (4) Rice Bank and Cow bank (5) death contributory fund, (6) income generation, (7) Climate Change and Adaptation. In additional measures to create age-friendly communities, Cambodia provides free access to public transportation for older persons.

China

In its presentation on implementation of the MIPAA, the expert from China, Ms. Xiao, reported on the government structures, legislation and policies on ageing. It was indicated that the China National Working Commission on Ageing (CNWCA), consisting of 32 central and state department representatives and people's groups coordinates the works on ageing in China, including the Five-Year Plans on Ageing, in line with the 1996 Law on Protection of the Rights and Interests of Older Persons amended in 2015. CAWCA has a Secretariat, China National Committee on Ageing (CNCA). Since 2012 MIPAA Review, China has developed The 13th Five-Year Plan for National Economic and Social Development of China; The 13th Five-Year Plan for the Development of Ageing Cause and Aged Care System Construction in China; The 12th Five-Year Plan for Medical and Health Services; Plan of Constructing the System of Social Services for Older Persons (2011-2015); Plan of "Healthy China 2030"; and Mental Health Working Plan (2015-2020).

In terms of social protection of older persons, China has set up contributory pension schemes including urban employee's basic endowment insurances system, endowment insurance system for urban and rural residents, supplementary pension system and occupational pension system. The non-contributory pension schemes include old age allowance, endowment service subsidy and nursing subsidy. Among measures to enhance engagement of older persons, the government will take steps to strengthen the associations of older persons at grass-root level. Furthermore, China intends to benefit from the knowledge and expertise of older persons through the 'Pilot Programme on Organising Elder Intellectuals to Assist in the Development of the Western Regions', as well as through Opinions on the Furtherance of Roles of Retired Professional and Technical Personnel. Ms. Xiao reported that consideration of older persons' needs is well reflected in humanitarian and disaster relief programmes.

In relation to healthcare and wellbeing of older persons, Ms. Xiao reported that China has the medical insurance mechanism, including the basic medical insurance for urban employees and residents, the new rural cooperative insurance and the critical disease insurance for urban and rural residents. Further measures are planned to enhance the pension service mechanism, as well as training of pension and social care staff and importantly, unified health and pension service system. The government has issued guiding opinions on long term care insurance, as well as promotion of rehabilitation and assistive products industry.

The expert from China reported that the country is actively creating age-friendly environments by modifying infrastructure, public facilities and housing to needs of older persons. In efforts to boost the standards of care, the government has issued occupational standards for nursing professionals. Further measures are also envisaged in relation to boosting the home-based aged care service. Lastly, Ms. Xiao reported that in China, the prevention of negligence, abuse and violence against older persons is a subject of dedicated legislation and policies.

Fiji

In its report on implementation of the MIPAA, the expert from Fiji, Mr. Fatiaki, expressed the commitment of his country to developing national policies on older persons through consultation with all stakeholders, including older persons. It was stressed that the government has developed specific laws and policies on disability, gender and protection of the rights of older persons in Fiji. Furthermore, the government of Fiji has established a monitoring process using technical assistance and implementation tools by international agencies. It was reported that a Baseline Survey has been conducted in the country to collect statistical data on some of the ageing-related indicators with the aim of measuring current status and progress in implementation of the MIPAA.

In summary, Fiji is adopting a structured approach and phased implementation of the MIPAA objectives. The government is committed to strengthening the activities of the National Council for Older Persons at national, district and divisional levels to assist in implementation of the MIPAA agenda. Through monitoring tools developed in partnership with international agencies, Fiji has established national mechanisms to secure, analyse and project the progress towards developing aged-care services for older persons.

Lao PDR

In its presentation on progress of MIPAA implementation, the expert from Lao People's Democratic Republic (PDR), Mr. Tongpaothor, reported on establishment of the National Committee for Disabled People and the Elderly (NCDE) in 2013. In the same year, the government adopted an overarching legislation on Older Persons, although the national strategy or action plan on ageing has not been developed yet. Mr. Tongpaothor reported that the government is yet to take measures to enhance the social and economic engagement of older persons in development, such as steps to enable the participation of older persons in decision-making or policy-formulation, or providing opportunities for employment of older persons. While the government has disaster management plans and programmes in place, these do not address older persons in particular. Meanwhile, the efforts by charity organizations in this regard have been reported. In terms of ageing-related indicators in MIPAA, Mr. Tongpaothor suggested that currently, the government does not collect these statistical data.

In the Lao PDR the pension system consists of compulsory pension for formal sector employees and voluntary pension (extension of social insurance) for the informal sector employees. It was reported that as of 2016, 31,761 persons are covered under compulsory social insurance, 1,665 persons are covered under voluntary social insurance, whereas 389,850 persons aged 60+ do not receive any pension.

In relation to actions to promote the healthcare and wellbeing of older persons, Mr. Tongpaothor indicated that as of 2016, compulsory social insurance for healthcare covers 30,761 older persons. Another 1,665 persons have access to health care through voluntary social insurance, while 389,850 persons aged 60+ do not have any access to health care services. Lao PDR currently does not have additional measures on healthcare or statistical data on health-related indicators. Similarly, the country is not implementing measures to facilitate a more age-friendly environment in communities. Mr. Tongpaothor concluded his presentation by highlighting the need to establish a social assistance system to provide monthly allowance and health care for poor older persons, although acknowledging this as a challenge in light of the government's limited financial capacity.

Macao, China

In its presentation on progress in implementation of the MIPAA, the expert from Macao, China, Mr. Cheang, discussed the present status of implementation and future plans to drive the MIPAA agenda forward. In terms of ageing-specific policies and actions, Macao is fulfilling a 'Ten Year Plan of Action for Older Persons Services 2016-2025'. The Government plans to further strengthen the protection of older persons by establishing a 'Legal system of guarantees of the rights and interests of the older persons'.

Among measures enabling social protection, old-age pension schemes are provided under the 'Social Security System'. The government intends to expand this system by introducing legislation on 'Non-Mandatory Central Provident Fund'. In Macao, China, older persons are entitled to free public health services such as primary prevention, outpatient specialist care and medical treatments. Future plans to further advance the healthcare and medical services include the step-by-step implementation of the 'Optimization Plan of Health System Infrastructure', particularly in relation to dementia services. The Government is

promoting ageing-friendly communities and 'ageing in place' by paying particular attention to home safety of the older persons and measures to reduce accidents through the 'Project on Improved Promotion of Home Security'. Macao, China, has further plans to establish 'Specification guidelines for universal design in Macau' in order to facilitate a supportive and age-friendly environment.

In his summary remarks, Mr. Cheang expressed the Government's determination to protect older persons and engage in long term planning of ageing policies in accordance with legal frameworks. In this regard, Mr. Cheang further advocated the need for joint participation of individuals, families, community and government. The priority of the Government is in preventative, people-oriented services which particularly focus on the most vulnerable older persons, such as those living alone, frail or suffering from dementia and so on. Mr. Cheang concluded his presentation highlighting that the Government of Macao, China, is taking a range of measures to support families providing care to older persons.

Mongolia

In its presentation on implementation of the MIPAA, the expert from Mongolia, Ms. Gantuya, presented its universal social protection legislation and policies which also apply to older persons. In terms of social protection of older persons, Ms. Gantuya introduced the Pension Reform Policy 2015-2030 creating a system of joint financial responsibility among the state, individual and employer. Currently, 832,900 people are insured on compulsory basis and 185,700 people are insured on voluntary basis. 63.7 per cent of employers provide a contributory pension, while the total of pension beneficiaries in the country is 345,000 persons. The right to employment for older persons is stipulated in the Constitution and the Labour code of Mongolia. According to 2014 census, only 8 per cent of older persons are economically active, with higher labour force participation observed in rural areas where people are engaged in agriculture. The government intends to increase the employment rate up to 15 per cent by the end of 2017 under the National programme on 'Healthy Aging and Elderly Health Care' of 2013. For this purpose, Centers for Development of the Elderly have already been established in all provinces. Additionally, the Government is implementing a program on "Assistance and conditional cash benefits for people in need of social welfare assistance" since 2008. Older citizens are also covered under the 2009 Law on Human Development Fund aimed at creating and managing funds providing sustainable resource for citizens, as well as at regulating and funding the human development fund from the mining sector revenues.

Mongolia has a two-stage (2014-2017 and 2018-2020) national programme on "Healthy aging and elderly health care". The government has further fixed health care costs by introducing the National Social Insurance bond, complementing existing Law on Social Care for Elderly providing affordable access to essential medications and supplies. In other actions to support the health of older persons, Mongolia's National Mental health center in collaboration of the National Gerontology Center, have organized a "Health support program for elderly" in 2013. Ms. Gantuya also reported availability of some of health and ageing related statistics collected in the country.

Myanmar

In its presentation on implementation of the MIPAA, the expert from Myanmar, Ms. Htwe, introduced the institutional frameworks that guide the protection and support of older persons. These include the National Policy on Ageing, 2014 Plan of Action on Ageing and the Law on older persons enacted in 2016. Myanmar provides a contributory pension scheme and special assistance to oldest persons aged 90+ and 10+. Ms. Htwe reported that currently, 10 per cent of older persons are in a particular need of social care. HelpAge International is currently implementing a pilot cash assistance program targeting the most disadvantaged older persons in select provinces.

The Law of older persons has specific chapters on health care, social care, as well as a chapter on creating convenient environment for older persons. The issues of older persons have also been a subject of Older persons's Conferences held in 2015 and 2016. Under the National Plan of Action on older persons, older persons in Myanmar can receive care in Day Care Centres, while specialised training is now also available to caregivers.

Ms. Htwe reported that although very limited ageing-related statistical data is currently being collected in Myanmar, more efforts are underway to support older persons in different spheres of living, which is also evident from increasing budget allocation on older persons in 2017-2018.

Thailand

In its presentation on implementation of the MIPAA, the expert from Thailand, Ms. Aruntippaitune, introduced the institutional arrangements in place to support and protect older persons. The country has implemented 2 national plans on older persons and adopted a Thailand Declaration on Older Persons in 2000, while 2003 Act on Older Persons provides a comprehensive framework for provision of welfare services.

Ms. Aruntippaitune reported that Thailand is promoting social and economic participation of older persons in different spheres of life through Older Persons Associations, clubs, schools, centres and older persons brain bank. Thailand provides the older age allowance, old age insurance, and has a National Saving Fund and Older Persons Fund to facilitate the social protection of its older citizens.

In relation to measures on equal and affordable healthcare, the government provides a Universal Health Care Coverage, which includes free prevention, treatment and rehabilitation of older persons. Older persons are also entitled to mental health care, home-based care and long term care. The government is taking steps to create more age-friendly environments, transportation and public facilities and collaborates with local organisations and community volunteer caregivers to facilitate home improvements and community support for older persons.

Ms. Aruntippaitune concluded her presentation by emphasizing the Thai government is actively moving forward Thailand responsiveness on rapid ageing among all stakeholders from the government, academia, business sectors and civil society which is called "civil state collaboration".

XII. Recommendations and closing of the Regional Expert Forum

As a result of data analysis of MIPAA surveys received from 23 countries, a number of draft recommendations for the Outcome Document of the Asia-Pacific Intergovernmental Meeting on the **Third Review and Appraisal of the Madrid International Plan of Action on Ageing**, which will take place in Bangkok from 12-14 September 2017, was tabled for discussion. It was discussed whether, in the views and opinions of the assembled experts, these recommendations accurately reflect the recommended priority actions of individual countries and the Asia-Pacific region as a whole.

While specific recommendations are inserted per relevant paragraph below, experts recommended increased reference to (a) the family and their role in supporting older persons; (b) the role of ICTS development for the benefit of older persons; (3) the importance of strengthening older persons' associations; and (d) the "Kuala Lumpur Declaration on ASEAN 2025: Forging Ahead Together".

1. *Strengthening the development and implementation of comprehensive and integrated policy frameworks that address and mainstream population ageing into national development strategies and plans within the existing human rights framework and in line with the Madrid International Plan of Action on Ageing;*

It was recommended by experts to include reference to the Convention on the Rights of Older Persons, including the on-going work by the "Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older persons".

2. *Enhancing the technical capacity of those bodies that are responsible for a coordinated and comprehensive government response to population ageing including its gender dimensions integrated within national strategies to achieve the 2030 Agenda for Sustainable Development and the related Sustainable Development Goals;*

It was recommended by experts to include reference to sub-regional bodies within the context of enhancing technical capacity for the implementation of the MIPAA.

3. *Allocating adequate financial and human resources necessary to implement national policies and plans of action on ageing, including the institution of monitoring mechanisms that are transparent and accessible;*

It was recommended by experts to include reference to policy makers, including parliamentarians in accelerating the effective implementation of older persons' friendly policies and legislation in line with the MIPAA.

4. *Addressing poverty of older persons including through universal social pensions, enhancing access for older women and men to existing cash transfer schemes or other, as appropriate to the context of each country;*

It was recommended by experts to delete specific reference to cash transfer schemes.

5. *Taking steps towards coherent systems of income security for older persons, as appropriate in each country context, including expanding coverage of and access to existing contributory pension systems, particularly for women, while ensuring sustainability of pension systems, as well as universal social pensions;*
6. *Promoting decent work opportunities for older persons and providing learning opportunities for all ages;*

It was recommended by experts to combine current paragraphs 5 and 6 under one common theme related to income security and skills development.

7. *Addressing aged-based discrimination on the labour market including through adequate legislation, affirmative action measures, or other, as appropriate to the context of each country;*

It was recommended by experts to include specific reference to ageism.

8. *Collecting age-disaggregated data including by improving and building upon existing data sets and surveys at the national and regional level to inform policies for older persons;*

An alternative formulation was recommended by expert as follows: “Building the evidence base by promoting multi-disciplinary research on ageing, and ensuring that routinely-collected data is disaggregated by age and sex and analyzed to inform policy development and evaluation”.

9. *Reiterating the commitment to the World Health Organization’s Healthy Ageing Framework;*

It was recommended by experts to move this to the preamble, together with other relevant United Nations commitments and frameworks.

10. *Achieving universal health coverage, including financial risk protection, access to quality essential health-care services including for older persons and access to safe, effective, quality and affordable essential medicines and vaccines for all;*

It was recommended by experts to include reference to WHO's Healthy Ageing Framework as well as the concept of 'ageing in place'.

11. *Enhancing access to long-term care for older persons by adequately-trained staff, including support to family care-takers, according to country circumstances.*

It was recommended by experts to include reference to acknowledge the contribution of informal caregivers and reference the need for increasing support and capacity-building within this context.

12. *Continuing the implementation of the Incheon Strategy and in particular to enhance access to the physical environment, public transportation, knowledge, information and communication;*

It was recommended by experts to include reference to enhancing social linguistic cognitive inclusion within this context.

13. *Strengthening the role of older persons' associations and ensuring the inclusion of the voice of older persons and older persons associations in policy-making processes, especially in those issues which affect them directly;*

It was recommended by experts to include reference to ensuring inclusion of older persons in disaster risk reduction policies, strategies, and practices and in emergency response, considering their specific requirements, vulnerabilities and capacities.

14. *Addressing the gender aspects of current models of care provision including a further recognition of women's unpaid care services and the important role of the family within this context;*

It was recommended by experts to include specific reference to the gender dimensions.

15. *Strengthening the role of the Economic and Social Commission for Asia and the Pacific in (a) supporting members and associate members in implementing MIPAA, including through the periodic mid-term review of members' progress in this regard; (b) Increasing the regional knowledge base and public awareness on ageing; (c) Supporting members in formulating forward-looking policies and monitoring frameworks to prepare for and adjust to the social and economic implications of ageing; (d) Building capacities to provide comprehensive social protection systems that support populations throughout their life cycle, including older persons;*

The meeting was officially closed by Mr. Chen Yi, Chairman of the Board of Zhongshan College and Ms. Vanessa Steimayer, Social Development Division, ESCAP. Participants were thanked for their active contributions and high degree of commitment to the successful Regional Expert Forum.

XIII. Annexes

List of Participants

GOVERNMENT EXPERTS

ARMENIA

Ms. Marieta Sargsyan, Leading Specialist of the International Cooperation Division of the International Cooperation and Programmes Development Department, Ministry of Labour and Social Affairs, Republic of Armenia

AUSTRALIA

Ms. Fiona Buffinton, First Assistant Secretary, Aged Care Access and Quality Division, Department of Health, Canberra, Australia

CAMBODIA

Mr. Monorum Som, Deputy Director of Elderly Welfare Department, and Head of Technical Division of Cambodia National Committee for the Elderly, Ministry of Social Affairs Veterans and Youth Rehabilitation, Phnom Penh, Cambodia

CHINA

Ms. Hongyan Xiao, Section Chief, China National Committee on Ageing, Beijing, China, Email: xhy@cncaprc.gov.cn

FIJI

Mr. Rupeni T. Fatiaki, Director of Social Welfare, Suva, Fiji

LAO PDR

Mr. Berthor Tongpaothor, Technical Staff, Ministry of Labour and Social Welfare, Vientiane, Lao PDR
MACAO, CHINA

Ms. Kit Leng KAM, Chief Residential and Integrated Service Unit, Senior Service Division, Social Welfare Bureau, Government of Macao Special Administrative Region, Macao, China

Mr. U Keong Cheang, Senior Officer, Senior Service Division, Social Welfare Bureau, Government of Macao Special Administrative Region, Macao, China

MALAYSIA

Dr. Soon Ting Kueh, President, National Council of Senior Citizens Organizations, Malaysia

MONGOLIA

Mr. Erdenebayar Davaasambu, Head of Sector Development Policy and Coordination Department, National Development Agency of Mongolia, Ulaanbaatar, Mongolia

Ms. Gantuya Tsolmon, Senior officer, Integrated Investment Policy Division, National Development Agency of Mongolia, Ulaanbaatar, Mongolia

MYANMAR

Ms. Thandar Htwe, Deputy Director, Department of Social Welfare, Ministry of Social Welfare, Relief and Resettlement, The Republic of the Union of Myanmar

SRI LANKA

Hon. S. B. Dissanayake, Minister of Social Empowerment and Welfare, Sri Lanka, and Member of the AFPPD Standing Committee on Active Ageing

Mr. Suvinda Samarkoon Singappuli, Director, Ministry of Social Empowerment and Welfare and National Secretariat for Elders, Ministry of Social Empowerment and Welfare, Sri Lanka,

THAILAND

Ms. Siriwan Aruntippaitune, Expert on the Elderly, Ministry of Social Development and Human Security, the Department of Older Persons, Bangkok, Thailand

Ms. Arpar Ratanapitak, Senior Professional Social Worker, Ministry of Social Development and Human Security, the Department of Older Persons, Bangkok, Thailand

VIET NAM

Mr. Long Thanh Giang, Associate Professor, National Economics University, Ministry of Education and Training, Hanoi, Viet Nam

EXPERTS

Dr. Raja Syamsul Azmir Bin Raja Abdullah, Deputy Director, Malaysian Research Institute on Ageing, Universiti Putra Malaysia (UPM), Serdang Selangor, Malaysia

Dr. Aabha Chaudhary, Chairperson, Anugraha, New Delhi, India

Mr. Xueyi Deng, Director, Ageing China Development Centre, Xi'an, China

Mr. Peng Du, Professor, Renmin University of China, Beijing, China

Dr. Ismet Fanany, Research Manager, Center for Research on Healthy Aging, Universitas Baiturrahmah, West Sumatra, Indonesia

Dr. Rebecca Fanany, Director, Center for Research on Healthy Aging, Universitas Baiturrahmah, West Sumatra, Indonesia

Mr. Jiekang Gu, Former Secretary-General, Jiangsu Provincial NPC Standing committee, Nanjing, China

Ms. Wendy Holmes, Independent International Public Health Consultant, Sri Lanka

Dr. Li Jian'an, Chairman of Medical Rehabilitation Center, Jiangsu Province's Hospital, Department of Rehabilitation Medicine, Nanjing, Jiangsu Province, China

Ms. Thelma Kay, Independent Expert, Singapore

Mr. Dong Kyun Park, Director of Health IT Research Center, Gachon University Gil Medical Center, Incheon, Republic of Korea

Ms. Kim Choo Peh, Chief, Programmes, Hua Mei Centre for Successful Ageing, Tsao Foundation, Singapore

Mr. A.S.M. Atiqur Rahman, Professor, Institute of Social Welfare and Research, University of Dhaka, Dhaka, Bangladesh

Mr. Himanshu Rath, Chairman, Agewell Foundation, New Delhi, India

Ms. Siriphan Sasat, Associate Professor, Faculty of Nursing, Chulakongkorn University, Bangkok, Thailand

Dr. Md Omar Ali Sarker, Associate Professor & Programme Manager, Non Communicable Disease Control, Directorate General of Health Services, Ministry of Health and Family Welfare, Dhaka, Bangladesh

Dr. Marvin Formosa, Director, International Institute on Ageing, United Nations-Malta (INIA)

CSOs AND OTHER ORGANIZATIONS

Ms. Usa Khiewrord, Regional Programme Manager, HelpAge International East Asia/Pacific Region, Chiang Mai, Thailand

Ms. Caitlin Littleton, Programme Officer, HelpAge International East Asia/Pacific Region, Chiang Mai, Thailand

Ms. Mika Marumoto, Executive Director, Asian Forum of Parliamentarians on Population and Development (AFPPD)

Ms. Kate Pagsoligan, Project Coordinator, Coalition of Services of the Elderly, Metro Manila, Philippines

UNITED NATIONS AND SPECIALIZED AGENCY

Ms. Britta Monika Baer, Technical Officer (Gender, Equity, Human Rights and Ageing), World Health Organization, Metro Manila, Philippines

Ms. Jayati Nigam, Young Professional, Asian Development Bank, Metro Manila, Philippines

Ms. Eunice Smith, Programme Specialist for Social and Human Sciences, UNESCO, Beijing, China

Ms. Wendy Walker, Principal Social Development Specialist, Urban and Social Sectors Division, East Asia Department, Asian Development Bank, Metro Manila, Philippines

ZHONGSHAN COLLEGE

Mr. Yi Chen Board Chairman

Mr. Fuxin Jiang President

Ms. Hai'ou Li Vice Chairman

Ms. Rui Liu Chief, International Cooperation and Exchange Center

JOINT SECRETARIAT

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC (ESCAP)

SOCIAL DEVELOPMENT DIVISION

Mr. Nagesh Kumar	Director
Ms. Vanessa Steinmayer	Section Chief, a.i., Sustainable Demographic Transition Section
Ms. Channe Lindstrøm Oğuzhan	Associate Social Affairs Officer
Ms. Soo Yeob Hyun	NRL Expert on Social Policy
Ms. Lawan Uppapakdee	Research Assistant

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC (ESCAP)

SUBREGIONAL OFFICE FOR EAST AND NORTH-EAST ASIA

Mr. Li Zhou	Associate Social Affairs Officer
-------------	----------------------------------
