



Report on the Policy Dialogue of Asian Parliamentarians and Experts on Ageing



DoubleTree Hilton,
Kuala Lumpur, Malaysia

11-12 October 2016



TABLE OF CONTENTS

ACKNOWLEDGEMENTS	5
EXECUTIVE SUMMARY	6
ACRONYMS AND ABBREVIATIONS	12
DAY 1 TUESDAY, OCTOBER 11, 2016	13
Programme	13
Group Photo	15
OPENING SESSION	16
Address of the Organizer, Mr. Yoshinori Kodama , Minister, Embassy of Japan in Malaysia on behalf of Hon. Sadakazu Tanigaki, Chair of the Japan Parliamentarians Federation for Population ...	16
Address of the Host, Hon. Dato’ Seri Haji Ahmad Husni Mohamad Hanadzlah , MP and President of the Asian Forum of Parliamentarians on Population & Development Malaysia.....	18
SESSION 1 DEMOGRAPHIC TRANSITION AND POPULATION AGEING	20
<i>How Population Ageing Affects the Macro-economy</i> , Mr. Rikiya Matsukura, Assistant Professor, Nihon University, Japan.....	20
<i>Demographic Transition and Prospects of Population Ageing in Asia</i> by Mr. Diego Palacios, UNFPA Representative in India	22
Q&A Session 1	24
SESSION 2 PARLIAMENTARIAN ROLES: POLICIES AND MEASURES ON AGEING	27
<i>An Ageing Vietnam: Situation and Challenges</i> , Dr. Tien Van Nguyen, Former Vice-Chair of Parliamentary Committee for Social Affairs and former Vice-Chair of AFPPD	27
<i>Parliamentarian Roles: Polices and Measures on Ageing in Malaysia</i> , Hon. Tan Sri Dato’ Seri Abd Khalid Ibrahim, MP, Malaysia.....	30
<i>Position Statement</i> by Ms. Nora Murat, International Planned Parenthood Federation East and South East Asia and Oceania Region (IPPF-ESEOR), Regional Director.....	32
Q&A Session 2	33
SESSION 3 CONCRETE MEASURES FOR AGED SOCIETY: HEALTHY AGEING AND SOCIAL PARTICIPATION	36
.....	36
<i>Active Ageing in East Asian Countries</i> , Prof. Dr. Minah Kang, Department of Public Administration, College of Social Sciences, Ewha Woman’s University, Republic of Korea	36
<i>Healthy Ageing and Social Participation in Malaysia</i> , To’ Puan Dr. Safurah Jaafar, Director, Family Health Division, Ministry of Health, Malaysia.....	38
<i>Position Statement</i> by Hon. Li Changcai, MP, Vice-Chairman of ESCPH Committee of the National People’s Congress, China	41
SESSION 4 SOCIAL SECURITY SYSTEMS FOR AGEING	43
<i>Social Security Systems for Ageing: The Case of Malaysia</i> ,	43
Prof. Dr. Tengku Aizan Tengku Ab. Hamid, Director, Malaysia Research Institute on Ageing, Universiti Putra Malaysia	43
<i>Towards Sustainable Health and Social Care in Singapore</i> ,	45
Dr. Ng Wai Chong, Chief, Clinical Affairs, Hua Mei Centre for Successful Ageing, Tsao Foundation, Singapore	45
DAY 2 WEDNESDAY, OCTOBER 12, 2016	47
Programme	47

STUDY VISITS	48
Study Visit to Little Sisters of the Poor, St. Francis Xavier Home for the Elderly, Cheras.....	48
Background of St. Francis Xavier Home for the Elderly	48
Report of the Site Visit	48
Q&A Session.....	50
Study Visit to Rumah Seri Kenangan, Cheras	56
Background of Rumah Seri Kenangan, Cheras	56
Report of the Site Visit	56
Study Visit to the University of the Third Age (U3A) Kuala Lumpur and Selangor at the Malaysian Research Institute on Ageing, UPM, Serdang	57
Report of the Site Visit	57
Q&A Session.....	59
WRAP-UP SESSION	61
SUGGESTIONS & RECOMMENDATIONS	62
CONCLUSION	63
APPENDIX	64
List of Participants.....	64

ACKNOWLEDGEMENTS

The Policy Dialogue of Asian Parliamentarians and Experts on Ageing 2016 is jointly organized by the Japan Parliamentarians Federation for Population's (JPFP) Secretariat APDA (the Asian Population and Development Association) and the Asian Forum for Parliamentarians on Population and Development (AFPPD) Malaysia. The organizers would like to thank all the Members of Parliament and National Committees on Population and Development as well as the resource persons and experts on ageing who participated in the event. In addition to the local organizing committee members, we would also like to thank the generosity of our study visit hosts from the Little Sisters of the Poor St. Francis Xavier Home for the Elderly (Cheras), Rumah Seri Kenangan Cheras and the University of the Third Age (U3A) Kuala Lumpur and Selangor.

EXECUTIVE SUMMARY

Background

Countries in the Asia Pacific region are experiencing demographic transitions where populations are ageing. According to the latest population projections by the United Nations (2015), the number of older persons aged 60 years or over in Asia is expected to increase from 0.5 billion (12%) in 2015 to 1.3 billion (25%) in 2050 (see Table 1). Many countries in Asia are expected to follow in Japan's footsteps and undergo rapid population ageing, but at much lower levels of development.

Table 1: Number and Proportion of Older Persons (60+) by Region, 2015-2050 (*in millions*)

Region	2015		2020		2030		2040		2050	
	n	%	n	%	n	%	n	%	n	%
Asia	508	11.6	599	13.0	844	17.2	1,067	20.7	1,294	24.6
Eastern	270	16.7	311	19.0	435	26.4	517	31.8	578	36.9
South-central	159	8.4	190	9.4	266	11.9	357	14.9	476	18.9
South-eastern	59	9.3	73	11.0	106	14.7	139	18.2	167	21.1
Western	20	7.9	25	8.9	37	11.6	54	14.9	72	18.3
World	901	12.3	1,046	13.5	1,402	16.5	1,735	19.0	2,092	21.5

Source: World Population Prospects, the 2015 Revision, UN Dept. of Economic and Social Affairs (United Nations, 2016)

In recognition of this global phenomenon of population ageing, there is an urgent need for governments around the world to formulate and put in place policies and programs that address the impact of rapidly changing populations. This policy dialogue is co-hosted by the Japan Parliamentarians Federation for Population's (JPFP) Secretariat APDA - the Asian Population and Development Association, and the Asian Forum of Parliamentarians on Population and Development (AFPPD) Malaysia. The purpose of the dialogue is to explore possible specific actions for countries in the region based on the experiences and diverse cultural background of ageing societies in Asia.

The report of the Policy Dialogue of Asian Parliamentarians and Experts on Ageing from 11-12 October 2016 is herein summarized and divided into the following seven chapters:

Chapter 1 contains key highlights and remarks made in the opening address by representatives of the organizers and the host country.

Chapter 2 reports on the first dialogue session on “*Demographic Transition and Population Ageing*” in the region. The chapter gives an overview of two key presentations on demographic analyses on the impact of changing population age structure through National Transfer Accounts (NTA) and the role of United Nations Population Fund (UNFPA).

Chapter 3 documents the second session on the theme of “*Parliamentarian Roles: Policies and Measures for Ageing*”. The chapter summarizes the presentations and remarks by two parliamentarians’ and a representative from the International Planned Parenthood Federation (IPPF) on policy initiatives in their respective countries and regional efforts.

Chapter 4 reports on the third session and contains a summary of the presentations and discussions under the theme “*Concrete Measures for Aged Society: Healthy Ageing and Social Participation*” by invited experts from Korea and Malaysia. A representative from China also shared the People’s Republic experience on the issue.

Chapter 5 is a report of the fourth and final session that summarizes the presentations on “*Social Security Systems for Ageing*” by invited experts from Malaysia and Singapore. As in Chapter 2, 3 and 4, each session’s Q&A is also presented at the end of the write-up.

Chapter 6 documented the site visits and the issues and matters raised with the hosts.

Chapter 7 provides a summary of the closing or wrap-up session and the proposed key recommendations being deliberated.

Summary and Highlights

Approximately 20 Members of Parliament and National Committees on Population and Development from eight (8) Asian countries (China, India, Indonesia, Malaysia, Philippines, Sri Lanka, Thailand, Vietnam) participated in the policy dialogue with six (6) resource persons and experts from five (5) different countries (Japan, the Republic of Korea, Malaysia, Singapore, Vietnam). The event was also attended by representatives from the United Nations Population Fund’s (UNFPA) Representative in India, the International Planned Parenthood Federation for East and South East Asia and Oceania Region (IPPF-ESEAOR), the Asian Population and Development Association (APDA) as well as the Asian Forum of Parliamentarians on Population and Development (AFPPD) Malaysia.

The policy dialogue began with an opening address by Mr. Yoshinori Kodama, Minister, Embassy of Japan in Malaysia on behalf of Hon. Mr. Sadakazu Tanigaki, Chair of the Japanese Parliamentarians Federation for Population (JPFP). This is followed by a speech

from the host country by Hon. Dato' Seri Haji Ahmad Husni Mohamad Hanadzlah, Chairperson of AFPPD Malaysia. The first session on demographic transition and population ageing featured speakers from the Nihon University College of Economics, Assistant Professor Rikiya Matsukura and the UNFPA Representative in India, Mr. Diego Palacios. Assistant Professor Matsukura presented a paper which explored the ways in how population ageing affects the macroeconomy, citing the fertility data and life expectancy statistics from Japan and other East Asian as well as Southeast Asian countries. He also shared details on the National Transfer Accounts (NTA) project and highlighted policy implications of a shrinking labour force in ageing societies. Mr. Palacios reiterated UNFPA's commitment to addressing population ageing issues and challenges in collaboration with other national and international partners. He noted that Asia Pacific's older population will almost triple in number between 2015 and 2050, presenting many new challenges and opportunities to governments in the region. Mr. Palacios calls for the government to not just invest in the young and working-age population but also to invest in old age by making important policy decisions for the future.

In the second session on Parliamentary roles, Dr. Tien Van Nguyen and Hon. Tan Sri Dato' Seri Abd Khalid Ibrahim shared some of the policies and measures on ageing in Vietnam and Malaysia, respectively. A common concern revolved around affordable long-term care for the elderly, in particularly the kind of healthcare and socio-economic reforms needed to ensure that older persons are well taken care of by their families and the community. Ms. Nora Murat, the Regional Director of IPPF-ESEAOR, highlighted the connections between ageing and sexual and reproductive health rights (SRHR), pointing out the need for more champions or spokespersons for national ageing issues and challenges. Parliamentarians were urged to go beyond welfare-based approaches and look at other modalities to incentivize families to care for the aged, which include engaging private sector employers and civil society groups to play a bigger role in building more elderly-friendly societies.

Professor Dr. Minah Kang from the College of Social Sciences, Ehwa Womans University, the Republic of Korea and To' Puan Dr. Safurah Jaafar, Director of the Family Health Development Division, Ministry of Health Malaysia, presented two papers at the third session on concrete measures for aged society to promote healthy ageing and social participation of the elderly. Drawing on her research using the East Asian Social Survey (EASS) data in three (3) countries (China, Japan and the Republic of Korea), Prof. Kang shared an empirical analysis of the various determinants of happiness and urged for an active ageing policy strategy that balances individual or family responsibilities with social rights

secured by public-funded provisions. To' Puan Dr. Safurah highlighted Malaysia's commitment to action under the various national policies, programs, and services and shared the latest effort by the Ministry to regulate aged care facilities. She called for greater cooperation and connectedness of policies across different government ministries, departments and agencies as it can help to reduce costs, improve efficiency and avoid redundancies in catering to the needs of the older population. The Hon. Li Changcai, MP and Vice-Chairman of Education, Science, Culture and Public Health (ESCPH), Committee of the National People's Congress, also shared China's country experience in managing a rapidly greying population.

The fourth and final session focused on social security systems for ageing featured two presentations by Professor Dr. Tengku Aizan Hamid, Director, Malaysian Research Institute on Ageing, Universiti Putra Malaysia, and Dr. Ng Wai Chong from the Hua Mei Centre for Successful Ageing, Tsao Foundation, Singapore. Prof. Dr. Tengku Aizan presented on the social protection system in Malaysia and issues related to income security in old age. While healthcare provisions are near universal in Malaysia, the coverage of pension programs often fall short for informal sector workers. Malaysia's social security system - a mix of social insurance, social assistance, social allowances, national provident fund, voluntary retirement savings, and employer liability measures, is regarded as marginal to the national development process. State assistance is considered a choice of last resort. This is echoed by Dr. Ng from Singapore where the family and the community play a central role as the government promotes self-reliance and a "many helping hands" approach. There is a reliance on foreign caregivers and domestic helpers in Singapore as dual-income families become the norm. As older persons are asset rich and income poor, there is a need to unlock the value of property ownerships as well as encourage old age employment to meet their daily living needs. Dr. Ng also shared some of the community programs for the elderly by Tsao Foundation, a charity in Singapore.

On the second day of the event, the participants visited the Little Sisters of the Poor's St. Francis Xavier Home for the Elderly at Cheras, Kuala Lumpur. After the visit to the NGO-operated home, the participants travelled to Rumah Seri Kenangan Cheras, a government-operated facility for the aged in Kajang, Selangor. In the afternoon, the group travelled to Universiti Putra Malaysia to learn more about the University of the Third Age (U3A) Malaysia programme - a lifelong learning initiative for the elderly adapted from international models for Kuala Lumpur and Selangor.

Key Recommendations

During the wrap-up session, the Parliamentarians and other participants deliberated on the optimal policies across the Asian countries at different stages of demographic transition. It was evident that population ageing is a complex phenomenon and a one-size-fits-all approach would be unsuitable, especially considering the socio-economic differences among the countries in the region. For some countries, fertility levels are still relatively high and for others, their society is already at advanced stages of population ageing.

Parliamentarians need to play a role to mobilize public opinion and draw strength from the wisdom of their own cultures, religions, and traditions in finding practical solutions so that older persons can lead a happy life with dignity and respect. In his closing remarks, Hon. Tan Sri Dato' Seri Abd Khalid Ibrahim called for Parliamentarians to think global but act local, as ultimately the ideas and solutions must be localized to best utilize available resources. In this instance, faith-based organizations (FBOs) have to play a role and there has to be a balance between population control and economic growth. Proper systems must be put in place so that older persons in Asia can age in an elderly-friendly environment where they can continue to contribute to the family, community, and society.

Points of Consensus

To this end, the participants of the policy dialogue calls upon the governments in the region to:

- **RECOGNIZE** that population ageing is a global phenomenon and many developing countries in Asia are ageing at lower levels of development with unique economic, political, socio-cultural, health, and environmental situations;
- **BUILDING ON** the heritage, traditions, and strengths of the respective Asian communities to seek innovative, appropriate and practical solutions in addressing the multidimensional needs of ageing populations;
- **PRIORITIZE** limited resources to address the issues, challenges, and opportunities related to the rapid ageing of populations to ensure the well-being of older persons.
- **ENGAGE** key national and regional stakeholders (public, private and civil society) to bridge the gap between policy, research and practice on ageing through smart partnerships;

- **RECOMMEND** that Governments adopt specific short-term and long-term measures to invest in old age and to harness the untapped potentials of the elderly for national development, and;
- **PROMOTE** the need for greater awareness, dialogue and sharing of expertise on ageing among the developed, developing and less developed countries so that important lessons could be learned from each other.

The event concluded with a broad consensus that the participating Parliamentarians will bring the dialogue on ageing back to their respective countries and set down the ideas as well as plans for specific country recommendations. It was hoped that more policy dialogues could be held in the future to explore ways that countries could collaborate and benefit from their respective experiences.

ACRONYMS AND ABBREVIATIONS

AFPPD	Asian Forum for Parliamentarians on Population and Development
APDA	Asian Population Development Association
CBR	Crude Birth Rate
CDR	Crude Death Rate
ESCAP	Economic and Social Commission for Asia and the Pacific, United Nations
FBO	Faith Based Organisations
FP	Family Planning
FR	Fertility Rate
GSO	Government Statistics Office (Vietnam)
GST	Goods and Services Tax (Malaysia)
ICPD	International Conference on Population and Development
ICPPD	International Conference of Parliamentarians on Population and Development
IPPF	International Planned Parenthood Federation
ICT	Information Communication Technology
IMR	Infant Mortality Rate
JICA	Japan International Cooperation Agency
JFPF	Japan Parliamentarians Federation for Population
JSDF	Japan Social Development Fund
JTF	Japan Trust Fund
MDG	Millennium Development Goals
MIPAA	Madrid International Plan of Action on Ageing
NCD	Non-communicable Diseases
NTA	National Transfer Accounts
RH	Reproductive Health
SDG	Sustainable Development Goals
TFR	Total Fertility Rate
U3A	University for the Third Age
UPM	Universiti Putra Malaysia
UNGA	United Nations General Assembly
UNFPA	United Nations Population Fund

DAY 1 | TUESDAY, OCTOBER 11, 2016

Programme

Tue, 11 Oct	DAY 1
8:30-9:00	Registration (Venue: "Hibiscus Room", 10 th Floor, DoubleTree by Hilton)
9:00-9:20	Address of the Organizer Hon. Mr. Yoshinori Kodama , Minister, Embassy of Japan in Malaysia on behalf of Hon. Sadakazu Tanigaki, Chair of JFPF, Japan Address of the Host Hon Dato' Seri Haji Ahmad Husni Mohamad Hanadzlah , MP, Chairperson of the Asian Forum of Parliamentarians on Population and Development (AFPPD) Malaysia
9:20-9:30	Group Photo (Venue: "Hibiscus Room", 10 th Floor, DoubleTree by Hilton)
Session 1: Demographic Transition and Population Aging	
9:30-10:30	Mr. Rikiya Matsukura , Assistant Professor at the College of Economics Nihon University, Japan [30 min] Mr. Diego Palacios , UNFPA Representative in India [30 min]
10:30-11:10	Discussion [30 min]
11:00-11:15	Coffee Break (Venue: "Hibiscus Room", Foyer, 10 th Floor, DoubleTree by Hilton)
Session 2: Parliamentarians' Roles: Policies and Measures on Aging	
11:15-12:15	Dr. Tien Van Nguyen , former MP, Vietnam [20 min] Hon Tan Sri Dato' Seri Abd Khalid Ibrahim , MP, Malaysia [20 min] Ms. Nora Murat , IPPF-ESEOR Regional Director [20 min]
12:15-12:45	Discussion [30 min]

Tue, 11 Oct	DAY 1 (cont'd)
12:45-13:45	Lunch (Venue: Makan Kitchen, 11 th Floor, DoubleTree by Hilton)
Session 3: Concrete Measures for Aged Society: Healthy Aging and Social Participation	
13:45-14:45	<p>Prof. Dr. Minah Kang, Department of Public Administration College of Social Sciences, Dean, Career Development Center, Ewha Womans University, Republic of Korea [25 min]</p> <p>To' Puan Dr. Safurah Jaafar, Director, Family Health Development Division, Ministry of Health Malaysia [25 min]</p> <p>Hon. Li Changcai, MP; Vice-Chairman of Education, Science, Culture and Public Health (ESCPH) Committee of the National People's Congress [10 min]</p>
14:45-15:15	Discussion [30 min]
15:15-15:30	Coffee-Break (Venue: "Hibiscus Room" Foyer, 10 th Floor, DoubleTree by Hilton)
Session 4: Social Security Systems for Aging	
15:30-16:30	<p>YBhg. Prof. Dr. Tengku Aizan Tengku Ab. Hamid, Director, Malaysia Research Institute on Ageing, Universiti Putra Malaysia [30 min]</p> <p>Dr. Ng Wai Chong, Chief, Clinical Affairs, Hua Mei Centre for Successful Ageing, Tsao Foundation, Singapore [30 min]</p>
16:30-17:00	Discussion [30 min]
20:00	<p>Official Dinner hosted by The Asian Forum of Parliamentarians on Population and Development (AFPPD) Malaysia</p> <p>Venue: Pullman City Center & Residences, 4, Jalan Conlay, 50450 Kuala Lumpur</p>

Group Photo

THE POLICY DIALOGUE OF ASIAN PARLIAMENTARIANS AND EXPERTS ON AGEING, 11-12 OCTOBER 2016, DOUBLETREE BY HILTON, KUALA LUMPUR, MALAYSIA



Figure 1. Participating Members of Parliament and National Committees on Population and Development from Asia with invited experts on ageing.

Back row, standing (*left to right*): Mr. Rikiya Matsukura, Mr. Diego Palacios, Dr. Nguyen Van Tien, Mr. Manmohan Sharma, Dr. Ng Wai Chong, Dr. Osamu Kusumoto

Front row, seated (*left to right*): Hon. Le Thi Yen, Hon. Husain Dalwai, Ms. Nora Murat, Ms. Nguyen Ngoc Thu, Hon. Alfred A. Garbin, Hon. Mariany Mohammed Yit, Hon. Datuk Alexander Nanta Linggi, Hon. Dato' Seri Haji Ahmad Husni Mohamed Hanadzlah, Hon. Dr. Tan Seng Giaw, Hon. Tan Sri Dato Seri Abd. Khalid Ibrahim, Hon. Dato' Noraini Ahmed, Hon. Dr. Jetn Sirathranont, Hon. Sriyani Wijew ickrama, Hon. Li Changcai, Hon. Ren Maodong

OPENING SESSION

Address of the Organizer, **Mr. Yoshinori Kodama**, Minister, Embassy of Japan in Malaysia on behalf of Hon. Sadakazu Tanigaki, Chair of the Japan Parliamentarians Federation for Population



The policy dialogue began with an opening address by Mr. Yoshinori Kodama, Minister, Embassy of Japan in Malaysia on behalf of Hon. Sadakazu Tanigaki, Chair of the Japan Parliamentarians Federation for Population (JFPF). He read a prepared address by the JFPF Chair who welcomed all the parliamentarians and experts from different countries as well as the representatives of UNFPA and IPPF to the policy dialogue in Kuala Lumpur.

Hon. Sadakazu Tanigaki apologized for not being able to deliver the opening address in person and the inability of Japanese Parliamentarians to participate in the event due to a pending supplementary budget measure back home. He thanked the Malaysian hosts for co-organizing the dialogue with the Asian Population and Development Association (APDA), JFPF's Secretariat, and noted the long-standing relationship between AFPPD Malaysia and APDA who have worked closely in the past 35 years to find sustainable solutions to the ever-changing population issues in the Asia-Pacific region. APDA continues to work with the relevant national committees in many different countries throughout Asia and is particularly keen to share Japan's own experiences with population ageing.



Figure 2. Hon. Mr. Yoshinori reads out a prepared Opening Address on behalf of the JFPF Chair.

He noted that due to the development and population-related policies in the past, many countries in the region are experiencing demographic transitions and are “predicted to follow in Japan's footsteps and undergo rapid ageing”. This phenomenon is unavoidable in the path to population stabilization and Asian societies need to formulate appropriate responses. In cognizance of this fact, APDA have organized seminars in Japan in 2014 and 2015 for Asian parliamentarians, bringing them for study tours in rural regions such as the Nagano prefecture in order to show what Japan is doing.

Hon. Sadakazu Tanigaki singled out Malaysia's efforts to achieve universal health coverage (UHC) for praise and noted that while it differs from Japan's UHC system, citizens can receive basic medical treatment regardless of race or nationality. He pointed out that Malaysia is an Islamic country with different cultural background compared to the East Asian countries and expressed interest to learn more about "Malaysia's experiences, outcomes and remaining challenges", so as to derive different models in addressing population ageing issues and challenges. Citing past studies, the JFPF Chair noted that national policies on ageing are "very much tied up with people's views on life and death", rooted in their respective cultures and religions. He cautioned against developing a one-size-fits-all approach and called for culturally relevant and sensitive solutions.

In concluding his opening address remarks, Hon. Sadakazu Tanigaki hoped that the event will encourage discussions and debates that can contribute to the formulation of ageing policies that "reflect the diversity that exists within Asia" and participants will be able to bring the resulting outcomes from the dialogue back to their home countries.



Figure 3. (Clockwise from top left) a. The Local Organizing Committee, Ms. Chin Pek Lean and her registration team from AFPPD Malaysia; b. Dr. Ng Wai Chong and Dr. Osamu Kusumoto during tea-break; c. Participants awaiting the commencement of the Policy Dialogue in the Hibiscus Room.

Address of the Host, **Hon. Dato' Seri Haji Ahmad Husni Mohamad Hanadzlah**, MP and President of the Asian Forum of Parliamentarians on Population & Development Malaysia



Hon. Dato' Seri Haji Ahmad Husni Mohamad Hanadzlah began his speech by thanking the Chair of JPFP, Mr. Sadakazu Tanigaki and extended his warm welcome to all Members of Parliament, representatives from the press, and other distinguished guests to the event. He stated that the dialogue is an important platform to share expertise, experience, knowledge and innovative ideas on the impact of population ageing and it was indeed an honour for Malaysia to be hosting the conference.

He called to attention the issue of population ageing around the world where older persons aged 60 years and above make up 12% of the global population at present. By 2050, the global percentage of older population will increase to 22% or 2 billion people. The greying of the world's population is a pressing situation that demands immediate action and he duly noted that 65% of older population live in Asia and this is projected to increase to 80% by 2050.

In commending of the joint-effort of the sponsors and the organizing committee, he acknowledged that the conference's mission is to enhance the capacity of parliamentarians to respond to the issues and challenges of population and development. As the President of AFPPD Malaysia, he was pleased that the conference has brought together parliamentarians and experts on ageing from different countries to engage in an active dialogue to bridge research and policy gaps. This, he hoped, will result in the suggestion of legal and/or policy measures that are concrete and evidence-based. He also noted that the content of the dialogue is well-planned, comprising of the sharing and deliberations on demographic transitions and population ageing, parliamentary roles, concrete measures for aged societies, as well as social security systems for ageing nations.

He recounted the issues facing the Asia-Pacific brought by the demographic transition and enjoins the participants in the active ageing approach through the introduction of policy and framework for the wellbeing of older persons. The national policy of older persons, he reminded, should acknowledge the older persons as citizens with a heterogeneous background and vast experiences. He stated that, as a citizen, older persons should have the "right to enjoy a comfortable and respected life and contribute to the development of the nation."

In the second part of his speech, he reiterated the active ageing approach and called upon the Parliamentarians in their role to promote “health-conscious community and political administration” and the resolve to deliver better and affordable health care, adequate provision of shelters, financial security and employment opportunities for older persons. Quoting the MIPAA, he affirmed that concrete measures for ageing will be necessary for older persons’ health, wellbeing and continued role in the society. Healthcare services, disease prevention and improvements in quality of life are part of the strategy of advancing of health and wellbeing into old age. In preparing for an ageing society, he reinforced the need for a comprehensive approach in enhancing enabling and supportive environments for older persons in the social domain (intergenerational interdependence, caring society, and capacity-building of organizations), human governance (elderly-specific law enforcement and policy structures), and not forgetting, elderly-friendly spaces and assistive technologies.

With regards to the importance of social security systems in ensuring health and wellbeing of older persons, Dato’ Seri Haji Ahmad Husni commented that the Malaysian government has developed savings and investments schemes in various sectors for the population to prepare for their financial security and health care in old age. For the lower income and more vulnerable groups, financial assistance is needed. In addition, older Malaysians are also encouraged to engage in lifelong learning activities to foster active and productive roles in the family, society and the nation. On the prominence of family and intergenerational solidarity for the support and care of older persons, he noted that the wellbeing of the family should be strengthened by positive values, from generation to generation, regardless of status, gender and age. The care of older persons, he observed, should be supported by programmes such as home help, care services and homes for older persons.

He envisioned the older persons of the future will be different in their demographic characteristics - with higher education and better living standard and quality of life - thus requiring a critical re-evaluation of existing policies. In the closing, he thanked the delegates and wished them a productive two-day dialogue and taking the opportunity to enjoy their stay in Kuala Lumpur.



Figure 4. Hon. Dato' Seri Haji Ahmad Husni taking questions from journalists and media representatives after the Opening Session

SESSION 1 | DEMOGRAPHIC TRANSITION AND POPULATION AGEING

How Population Ageing Affects the Macro-economy, Mr. Rikiya Matsukura, Assistant Professor, Nihon University, Japan



Asst. Professor Rikiya Matsukura from the Nihon University College of Economics, Japan, presented the first paper for the session on demographic transition and population ageing. His presentation focused on how population ageing affects the macroeconomy and Mr. Rikiya began by defining the population ageing phenomenon, characterized by (1) relative increase in the number of the old and relative decrease in the number of the young, (2) declining fertility, and (3) declining mortality. Using Japan as an example, he described the situation of ageing in Asia and around the world. With human longevity possibly approaching 150 years in the future, older persons are living longer and in larger numbers than before. As Total Fertility Rates (TFR) decline, this creates a situation where the growth of the older population outstrips the rate of growth for the younger population. By 2035, the proportion of 60+ will reach 40% in Japan. These changes in population age-sex structure will have an impact on patterns of consumption, especially the shrinking working-age population impacts the labour force and economy in general.

Mr. Rikiya shared projections of the 65+ population in Asia from 2015 till 2100 and it showed countries in the region facing rapid population ageing. Using the National Transfer Accounts (NTA) approach since 2003, 49 countries participated in a study that analyzes income and consumption at each age group in a country, by integrating macro-level (public) and micro-level (familial) data. In interpreting the NTA lifecycle graph for example (*see right*), Japan's public spending for older persons increase in later ages due to the costs associated with Long-term Care Insurance and other aged care costs. In many Asian countries, the cost of elder care is borne by families as private consumption.

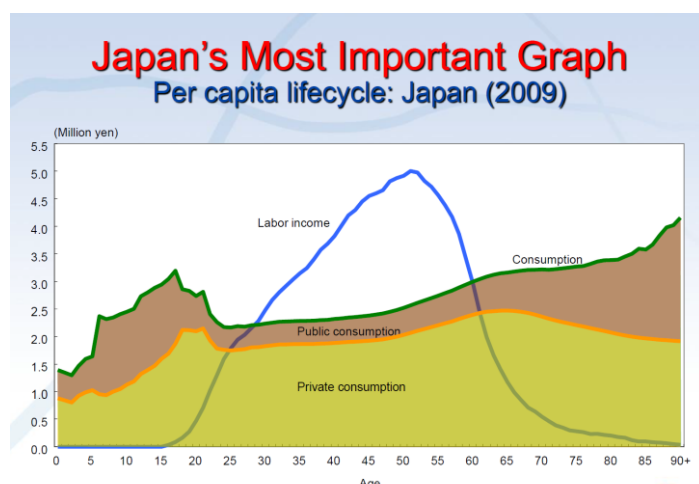


Figure 5. Income and Consumption at Different Ages in Japan, 2009

It is evident, over time, the number of working years is shrinking and the lifecycle deficit per child or in retirement increases. NTA analysis attempts to answer the question if children and the elderly are competing for limited public and private resources, i.e. if they are crowding-out each other. Many countries in Asia still have strong family support ratios but the lack of a strong fiscal support ratio will mean that when families fail, government policies

and programs are not yet in place.

Mr. Rikiya noted that several countries in the region are still enjoying or reaping the benefits of the first demographic bonus, namely, the increasing proportion of the working age population with a shrinking dependent

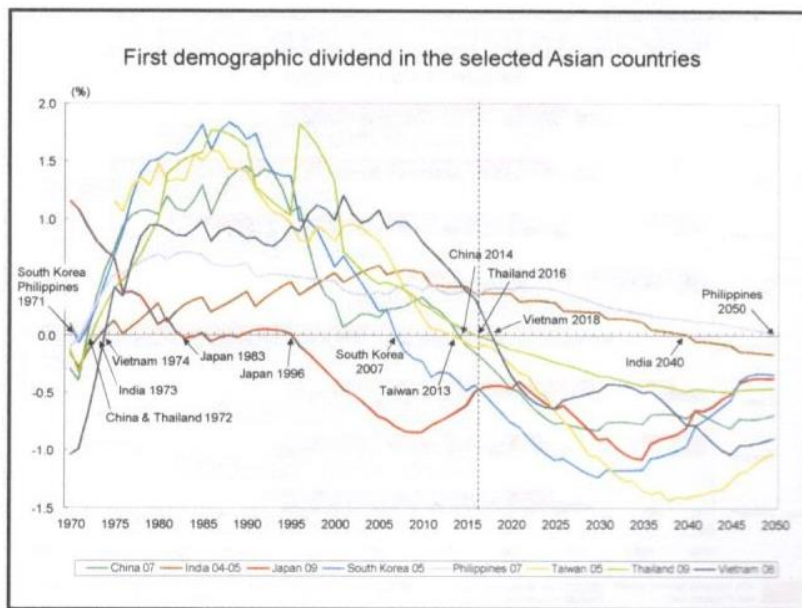


Figure 6. The Beginning of the First Demographic Dividend in Selected Asian Countries

population (young and old). Nevertheless, in countries like China, Japan, Thailand, Vietnam, Taiwan and South Korea, the first demographic dividend is over or almost ended. To generate a second demographic dividend, governments need to maintain the economic support ratio at current levels and there are three (3) kind of approaches. In Japan, the ratio is maintained by pursuing an extension of the period for income-generation where people work longer or work more by extending retirement ages. In China, the end of the one-child policy was an attempt to maintain the ratio by improving fertility but that has been proven to be difficult. Mr. Rikiya noted that it is almost impossible to reverse downward fertility trends. A third approach is by expanding the labour force participation rates. This could mean that governments encourage the participation of women in the workforce or to improve their work capacity to boost overall productivity. A healthier population, for example, can contribute better to the economy.

Mr. Rikiya ended his presentation with a plea to policymakers to stop thinking just about affordability when it comes to designing pension systems. He urged policymakers to

think about the impact of laws and regulations on the lives or the happiness of average citizens. Research or survey data is needed to assess if a proposed change is wanted or even welcomed by the people, and to study its effect and implications over time.

Demographic Transition and Prospects of Population Ageing in Asia by Mr. Diego Palacios,
UNFPA Representative in India



On behalf of the UNFPA Regional Director for Asia and the Pacific, Ms. Yoriko Yasukawa, Mr. Palacios conveyed her apologies for not being able to join the policy dialogue in Kuala Lumpur. Mr. Palacios began his statement by reiterating the key message by Mr. Rikiya on the implications and trends of population ageing and its links to financial sustainability issues. He focused on the policy implications of changing population structure and reflected on several related elements such as the speed of ageing, the time to prepare, ageing and development as well as economic growth issues.

Mr. Palacios reiterated UNFPA's mission, mandate and commitment to addressing population ageing issues and challenges in collaboration with other national and international partners. He noted that Asia Pacific's older population will almost triple in number between 2015 and 2050, presenting many new challenges and opportunities to governments in the region. Ageing is a sign and reflection of success in development, as well as the improved position of women, better education and adoption of family planning methods. Population ageing, he reiterated, is not necessary a disaster as long as the right policies are appropriately enacted. As such, awareness of population ageing issues and challenges, the utilization of research data, where available and evidence-based policymaking are needed more than before.

The decline in fertility and increase in longevity are really the twin reasons for the rapid increase in the older population. The improvements in quality of life, especially better health care facilities and living conditions, means that people can and will live longer. Mr. Palacios calls for the government to not just invest in the young and working-age



Figure 7. Mr Diego Palacios delivering his presentation from the floor.

population but also to invest, at the same time, in old age by making important policy decisions for the future. Young people today will be the older persons of tomorrow and preparations need to start today to avoid problems in the future. The next 30 years or so

will be the critical period, as he noted, that governments will need to take actions from now, at this moment, to prepare for the coming ageing societies.

Mr. Palacios provided an illustration of three (3) different scenarios of population ageing, countries where they are just starting to age to countries that are well advanced into a super-aged nation status such as Japan, Singapore or South Korea. In Japan, for example, the percentage of older persons is increasing from 33% to 43% by 2050. China has a much lower percentage of older persons today, but the speed of ageing over the next few decades will be astounding, especially in the growth of the oldest-old (85 years or over). India and Pakistan have slower rates of ageing, but effectively, many countries in the Asia Pacific region are becoming old before they are becoming rich. Wealthy countries have more time to plan and to have put in place pension or health systems to care for older persons. However, many developing countries do not have such resources nor the time to do so. The time taken for developing countries to double its older population from 7% to 14% is significantly shorter than the developed countries.

Specific policies or gender policies are also needed to address the matters of widowhood, living arrangements and health care or caregiving challenges. Many countries in the region face dual challenges - the need to support and invest in the younger population to reap the first demographic dividend and also to plan for the second demographic dividend in order to ease the financial burden of an ageing population. Population health is also changing from communicable diseases to non-communicable diseases (NCD), or what is known as lifestyle diseases. Countries in the region also have very different pension systems and much more has needed to be done to strengthen their coverage, adequacy and sustainability.

In his concluding remarks, Mr. Palacios noted that policies and action plans on ageing are needed and governments can no longer afford to wait as any further delays can make it very difficult to implement meaningful and effective measures in time.



Figure 8. The policy dialogue in session.

Q&A Session 1

Q1: Dr. Ng Wai Chong, Singapore:

My question is to Mr. Rikiya regarding generational transfers, specifically in the estimation of labour income on whether non-compensatory work are accounted for, such as housewives at home caring for the younger and the older generations or older populations who are retired for work but are actively contributing to the family or community.

A1: Mr. Rikiya Matsukura, Japan:

Informal work such as housekeeping or other forms of in-kind work are being included in the National Time Transfer Account (NTTA), an idea where women's work at home, for example, is also put into the system to make it more precise.

Q2: Hon. Ren Maodong, MP, China:

According to Mr. Matsukura's projections for China and Japan, the fertility levels will eventually drop to zero, so I would like to know if there are any measures to prevent any further decline or to solve the problem?

A2.1: Mr. Rikiya matsukura, Japan:

It is difficult, if not impossible, to increase the fertility rate. As an example, Japan is pushing for a TFR replacement rate of 1.8 but it is simply not feasible. Even the reversal of China's one-child policy does not change the fact that it is costly to have children nowadays. Especially in China, Singapore, Korea and Japan, it is very expensive to have kids now and it is hard to change people's values or ideas that they cannot afford to have more. Instead, we try to focus on increasing the capacity of the elderly because if they are healthy, they can contribute to the economy and the impact on GDP is significant.

A2.2: Mr. Diego Palacios, UNFPA, India:

Europe tried many different policies to increase fertility. However, it has been proven difficult to achieve higher fertility goals. Measures include setting policies in place, e.g. compensatory policies for women to have more children, giving financial incentives, state-provided childcare services where mothers work, but even these measures have not really been successful. Many countries in Europe turn to balancing fertility promotion measures with immigration-friendly policies where younger people are brought in to join the labour force.

Q3: Dr. Tien Van Nguyen, Vietnam:

I have two questions, one each for the presenters in the first session. What form of consumption or resources used by the elderly in Japan (e.g. for daily living, health care or otherwise) and recommend the form of policy changes needed to effectively take care of the elderly.

For Mr. Palacios, the pension system coverage in Thailand and Nepal is very high but it wasn't clear what kind of pension is being described. I can share my recent experience heard from a Korean expert who stated that suicide among the elderly is one of the highest in the world due to weaknesses in the pension system. Could you address the discrepancies and informed the floor of the pensions system in Vietnam where the government provides a basic public pension of about USD20 a month for older persons aged 80 years old or over?

A3.1: Mr. Rikiya Matsukura, Japan:

Japan's consumption for the elderly mostly comes in the form of long-term care insurance started in the 1990s, a form of public transfer. You can see the breakdown in percentages. The use of technology in the care of the elderly is too expensive even for Japan, in particularly the use of robotics and the likes. It is cheaper than before and getting more popular but it is still very expensive.

A3.2: Mr. Diego Palacios, UNFPA, India:

The data I used is from ESCAP and I agreed that the presentation shown is not indicative of the quality of the pension system. In comparing between Korea and Nepal for example, there are huge differences in terms of the benefits or amount received. What is important, is to indicate the developing countries like Nepal are putting in place pension system and structures that are comparable to more developed countries, namely, the actions taken by the government and policymakers to address the coming challenges of population ageing.

Q4: Hon. Datuk Alexander Nanta Linggi, MP, Malaysia:

Thank you, Mr. Matsukura, for sharing Japan's experience on this ageing phenomenon. Can you tell us the main thrust of the policies and strategies that Japan is now taking to mitigate the problem?

A4: Mr. Rikiya Matsukura, Japan:

Japan is really trying to address the challenges through the labour market by increasing the elderly labour force participation. This is difficult because in Japan there is a strong seniority-based system or work environment where older workers typically have higher income. If this was to change to an income-based system grounded on productivity, it will make it easier for

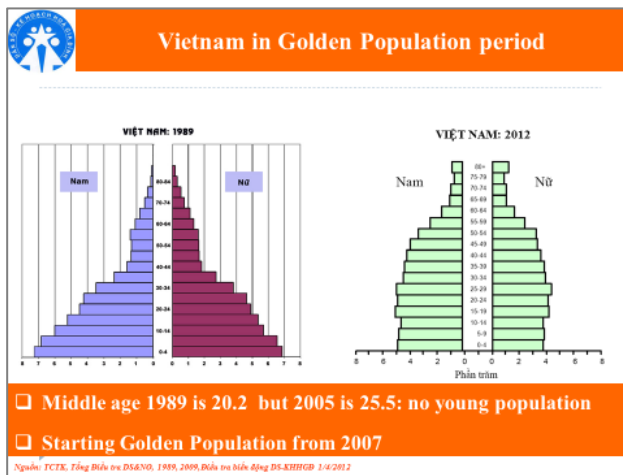
older persons to remain working in later life. They can continue working in less demanding positions and remunerated based on their productivity, not seniority.

SESSION 2 | PARLIAMENTARIAN ROLES: POLICIES AND MEASURES ON AGEING

An Ageing Vietnam: Situation and Challenges, Dr. Tien Van Nguyen, Former Vice-Chair of Parliamentary Committee for Social Affairs and former Vice-Chair of AFPPD



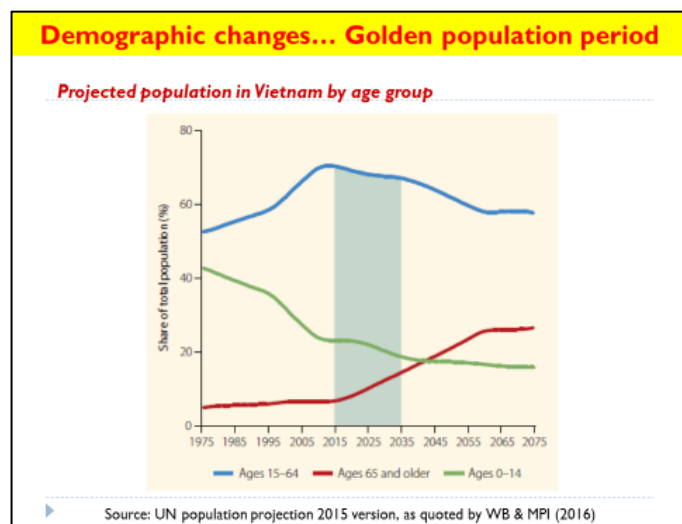
Dr. Tien Van Nguyen commenced his presentation by describing Vietnam as a Southeast Asian country that has achieved the lower-middle income status according to



World Bank standards. Vietnam has made great strides in productivity, literacy and economic development, resulting in high levels of economic growth and ranked 14th in the world in terms of population scale in 2011. Nonetheless, the nation's economic transition also happened at a time of declining population growth rate and rapid change in population structure

towards ageing. The population growth rate has been declining since the 1960s and is projected to reach zero by 2050. As shown in the above slide, he commented that in such a short period (1989-2012), the country's age pyramid has changed to a smaller base but more elongated shape.

In the following slides, Dr. Tien pointed out that the country's working population is expected to decline, initiating a slowdown in the economic growth whereas the number of older people dependent on support is increasing. In the slide depicted, he showed that Vietnam's percentage of working-age population started to increase in the 1970s and reached its peak in 2007. Subsequently, Dr. Tien also shared UN projections of the trend in working age population across East and Southeast Asia from 2010 to 2040,



depicting the negative change in Vietnam alongside Singapore, Thailand and many East Asian societies.

In 2015, the ratio of the population ages 65 and older started increasing and is projected to peak sometime around 2060. Vietnam entered the period of population ageing in 2011 and experienced rapidly increasing elderly ratio. The change in age structure in Vietnam population was attributed to the reduction in fertility and mortality as well as good family planning. The country's TFR has remained around 2.0 for 10 years since 2003. The CBR has declined drastically from 30.1 in 1989 to 17.2 in 2014. The TFR in Vietnam is the third lowest in Southeast Asia, after Singapore and Thailand. Because of the drastic change in fertility, Vietnam will face a shorter transition period from being an ageing to an aged nation, i.e. between 17 to 20 years. In other words, Vietnam's ageing situation mirrors the challenge commonly faced by many middle income countries – the risk of getting old before getting rich.

The demographic change has been remarkable and is expected to be more profound in the coming decades. With a rapidly ageing population, Dr. Tien highlighted the challenges and opportunities for the country's development that will require policymakers to respond with immediate and effective actions. The challenges of population ageing include the increase in public spending for health, the need for more caregivers, and the shrinking of labour forces. Due to the changing population age structure, the older population will be dependent on an increasingly smaller base of working-age population.

The demographic shift has also shifted the burden of disease from infectious and acute illnesses into non-communicable, chronic diseases (NCD) that would put a strain on the health system. Based on the National Survey of the Elderly by Government Statistics Office (GSO) 2011, some 40% of older Vietnamese did not have health insurance that would lead to lower access to healthcare in the privatized system. In terms of health condition, it was reported that 62.7% older Vietnamese had weak to very weak health compared to only 5% who reported having good health. Health inequalities were also found in which females and rural elderly reported poorer health. Morbidity and disability are also common among the elderly as 95% of the elderly had some form of NCD and 27% required personal assistance in daily living tasks.

In most of Asian countries, the pension systems funded by the government are also not fully developed. Due to the lack of social protection, the older population has to rely on family for old age support. As found in the National Survey on the Elderly (2011), Dr. Tien highlighted that 70% of Vietnamese population were living in the rural area and working in the agricultural sector. In terms of social security, the survey also found that 70% of older

person did not have any pension while 62.3% were facing some form of economic difficulties. The survey also reported that 72.3% of elderly people lived with their descendants amidst the general trend of declining family size. Another 10% of elderly were found to live alone which can create possible disadvantage and potential risks.

On the positive aspect, he also observed that ageing will expand the markets for homecare, supportive instruments and health care services for the elderly. Dr. Tien noted the potential target industries in healthcare, housing, pharmaceuticals, medical equipments, automation and assistive devices. The new generation of older consumers can also afford more luxury as retirement is now becoming a lifestyle. Having the right policy can help the country respond to the challenges of population ageing and secure potential benefits.

On that note, he discussed the policy approach on aging currently found in Vietnam and called for parliamentarians to think about broader solutions to the changing demographic situation. The measures for Vietnamese ageing population can be found in the laws, policies and programmes for the elderly. The Law on the Elderly 2009 outlined the rights and responsibilities for the elderly, family members and the State. The law also stipulated provisions for the poor elderly in terms of health and social security. However, in light of the demographic situation, he emphasized the importance of understanding the ageing process to decide when, how and what to change through social and reproductive health policies.

Policy on Ageing

- > **Constitution;**
- > **Law on the Elderly**
- > **National Program for elderly and many other policies (Health care, Welfare, Working...)**
- > **Government: National Committee for elderly**
- > **Elderly Association; Private sectors engagement**
- > **Vietnam Elderly Day (6/6)**
- > **Volunteer club for elderly at community..**
- > **Basic social protection (15\$/month, 80+)..**
- > **Starting family doctor system..**

He also noted that parliamentarians should see ageing as both a challenge and a business in that the laws should ensure the development and access to social and health insurance, long-term care insurance, and appropriate model for elderly care (family care and homecare paid by health insurance fund). The traditional family link should be strengthened and elderly should remain active in their communities. Healthy living and preparedness for ageing should be emphasized. He proposed a universal healthcare coverage for all ages and called for a healthcare system reform. The reform will be required because the current focus on hospital-based care and excessive spending on pharmaceuticals would not be sustainable over the long term. Instead, he reaffirmed the need for family physician in the primary care setting and more policy support for elderly healthcare.

Parliamentarian Roles: Policies and Measures on Ageing in Malaysia, Hon. Tan Sri Dato' Seri Abd Khalid Ibrahim, MP, Malaysia



Hon. Tan Sri Dato' Seri Abd Khalid Ibrahim began by asserting that many governments in the Asian region are simply not read for population ageing, hence the need for this policy dialogue. He called for Parliamentarians to initiate a foresight report on the future of an ageing population where governments focus on provisions of social care that is financially sustainable.

About 8.9% of the total 30,261,700 population in Malaysia in 2014 consists of older persons aged 60 years or over. Life expectancy at birth for men and women in the same year was 72.5 years and 77.2 years respectively. Although Malaysia is going to be an aged nation soon, Hon. Tan Sri Dato' Seri Abd Khalid Ibrahim opined that Malaysia is not ready because of healthcare staffing shortages, low levels of savings for retirement among the future generations of the elderly, increasing loneliness and isolation of older persons in the community, a funding gap in social care, an undersupply of retirement housing and underemployment of older persons due to shortages of flexible working opportunities. As Malaysian families are becoming smaller (nuclear family), he contended that social support for the elderly is declining more rapidly than the government's ability to set-up viable, alternative systems. This problem is particularly acute in urban areas where the housing design is not conducive for multigenerational families.

The Hon. Tan Sri called for a White Paper on the "Future of an Ageing Population in Malaysia" to be tabled to the Parliament of Malaysia so that urgent deliberations could be



Figure 9. The Hon. Tan Sri Dato' Seri Abd Khalid Ibrahim delivering his presentation.

made on the kind of measures needed to ensure the wellbeing of older persons in the country. He proposed that focus be given on ensuring funding for health and social care and increasing retirement savings. The depletion rate of savings from the Employees Provident Fund (EPF) is alarming and many older persons will retire to poverty. Increasing

savings for old age is related to the increase of wages and salaries, thus rendering it a broader economic problem as a whole.

The situation is exacerbated with a growing disparity between the haves and have-nots where 20% of population controls 60% of the wealth in the country. The Hon. Tan Sri proposed that businesses should better respond to the needs of older persons and look into ways it can tap into the silver-haired market. Older consumers are increasing and they need to be more informed of their choices. He called for a strengthening of the social contract between the young and the old to improve intergenerational relationships.

Among some of the suggested action plans, the Hon. Ibrahim wanted an end to age discrimination, especially the opportunities for the elderly to continue working beyond retirement ages. He called for the need to see population ageing issues as a matter that affects everyone and not just the aged, as preparations are needed many years in advance. Malaysia needs over 700 geriatric specialists but as of 2014, the country only has about 20 geriatricians and 10 psycho-geriatricians. He also called for more flexible working opportunities and addresses the problem where many older workers were forced to leave the labour force early. Incentives for older workers and employment are needed and he cited examples of policies and programs in Singapore that could be studied. Extra care housing concept should be explored as to find new ways to help families care for ageing parents. He cited new laws enacted in China in 2013 which requires adult children to care for their ageing parents and noted that while it is difficult to legislate loyalty or love, more laws were passed to make filial responsibilities a legal requirement, especially in terms of finances as per the Maintenance of Parents Act in Singapore. He also shared some examples of transportation, nutrition and housekeeping programs in the United States that could be replicated in Malaysia.

The Hon. Tan Sri Dato' Seri Abd Khalid Ibrahim ended his presentation with a challenge to all the Parliamentarians at the policy dialogue by asking them what is the one thing they can do to make their country a great place to age in.



Figure 10. Hon. Tan Sri Dato' Seri Abd Khalid's last presentation slide.

Position Statement by Ms. Nora Murat,
International Planned Parenthood Federation East and South East
Asia and Oceania Region (IPPF-ESEOR), Regional Director



Ms. Nora Murat, the Regional Director of IPPF-ESEAOR began with a brief introduction of the Federation's history and work in the region. The International Planned Parenthood Federation has been around for over 65 years internationally and the East and South East Asia and Oceania Region office covers 26 countries. The IPPF-ESEOR is a leading advocate on sexual and reproductive health (SRH) rights. She highlighted the connections between ageing and sexual and reproductive health rights (SRHR), as the older population are becoming increasingly female, consisting of widows with little or no income in later life.

Ms. Nora pointed out the need for more champions or spokespersons for national ageing issues and challenges. The role of parliamentarians cannot be over-emphasized as there is a general lack of policies and laws on ageing that has to be addressed. Parliamentarians were urged to go beyond welfare-based approaches and look at other modalities to incentivize families to care for the aged, which include engaging private sector employers and civil society groups to play a bigger role in building more elderly-friendly societies.

She noted that ageing is not just about numbers or older persons alone as it affects all segments of the society. She challenged the conventional notions of old age as the newer generations of older persons are healthier, more economically stable, and often they cannot be physically distinguished from their younger counterparts in terms of age. As more and more nuclear families began to dominate, new modalities are needed to assist family members in taking care of the elderly. Ms. Nora highlighted the issues faced by sandwiched generations or known as the *penyet* generation in the Indonesian language, where adult children have to cope with caring for both the younger offspring and their older parents at the same time. She pointed out that in such situations, most families do not get financial assistance and they could not afford hired help or carers. As such, new incentives and employee benefits are needed. She urged the Parliamentarians to move away from a welfare perspective and look holistically at other modalities that are more community-friendly. Ms. Nora shared some examples of programs overseas where college students live rent-free with

the elderly or the set-up of intergenerational day care facilities. However, all these cannot take place without the right incentives and encouragement from the government.



Figure 11. Ms. Nora Murat, Regional Director of IPPF-ESEOR.

Ms. Nora informed the participants that IPPF recently commissioned a four-country study on population policies in the South-east Asian region. She promised to share the report as soon as it becomes available and highlighted two key results from the study. Firstly, there is a significant gap between the needs of older persons and the implementation of existing laws and policies. Secondly, there is no policy on sexual and reproductive health for older persons promulgated in these countries. There is a

general lack of information and data on older persons and their sexual or intimacy needs. She reiterated her hope to work with Parliamentarians and government agencies to increase better awareness on sexual health in old age as well as better access to medical treatment and care for diseases such as prostate cancer, gynaecological disorders or other reproductive health related problems.

In her concluding remarks, Ms. Nora implored the Parliamentarians to make In-vitro Fertilisation (IVF) more affordable for Malaysian couples and seek to understand that family planning is not about restricting the number of children but about the options, choices and decisions to have a family of the right size at the right time, quoting the motto - “Not too young, not too old, have the family that you want when you are able to”. She also urged for more family-friendly policies at the workplace and the implementation of the universal health coverage system.

Q&A Session 2

Q1: Hon. Dr. Jetn Sirathranont, MP, Thailand:

It is important for the network of parliamentarians to learn from the experiences of different countries in the region. I can share the experience of Thailand in the establishment of contributory and non-contributory pensions. The Old Age Allowance, started in 1993, was increased from 200 baht to 300 baht a month in 1999. In 2007, local administration increased

it to 500 baht a month and extended to all older persons in Thailand in 2009 (universal social pension). More than 6 million older persons received the allowance and in 2012, further revisions resulted in better benefits at older ages. For example, older Thais aged 60 to 69 years receive 600 baht while those in the 80-89 age group receives 800 baht and those aged 90 years or over receiving 1,000 baht per month. About 5 years ago, the government introduced a National Savings Fund Act to help informal sector workers to save with joint contributions from the government and the workers themselves. Thailand also learned from Japan's experience in setting-up long-term care (LTC) fund but the LTC and pension funds have been shown to be a huge financial burden to the Japanese government. Together with the Japan International Cooperation Agency (JICA), Thailand is now developing community-based care for home-bound or bed-bound elderly.

A1: Hon. Tan Sri Dato' Seri Khalid Ibrahim, MP, Malaysia:

While some calculations have been made in regards to future needs in terms of funding, many countries do not have such sinking funds to meet the promised pension pay-outs. This resulted in the need to increase taxes to meet pension obligations and that is the reason why the government must prepare a White Paper to understand and identify the side effect of certain measures or choices taken today. It is not just about the monetary amount but the real value of money after considering inflationary forces. Everyone should think about ways people can harness this change to make it more sustainable and equitable, rather than living from one crisis to another. The political reality of the situation is that older persons are strong voters and there is a need to take care of this key constituency although it may risk diverting resources from the younger generation, at their own future expense. I hope that more thought be given into understanding and make sense the dynamics involved to tackle the problem.

Q2: Dr. Osamu Kusumoto, APDA Secretary General, Japan:

We should think about the different points of view at play. In terms of pension systems in Japan and many developing countries in the world, most pensioners who currently receive the benefits did not contribute to the fund in a pay-as-you-go system (PAYG). It is a common secret in Japan that after World War Two there is a shortage of budget for post-war reconstruction. To collect more funds (rather than taxes) and to encourage savings, pension funds were started and were used to aid in the early years of post-war development. From this perspective, we should think of pension systems as a mechanism where collective interest is served by appealing to the commons (economic theory: tragedy of the commons) or a shared-resource system. Perhaps, some wisdom is needed where limited resources or properties that

are important to the society could be efficiently used to achieve its maximum impact and that is where the direction of the discussion should go. Thinking about the ageing situation at the local level, as most development is only focused in the urban areas. As a result, there is a tendency to think about the towns and cities instead of the suburb and rural areas. If the problem is framed as a financial or monetary matter, then there is very little that could be done. Truth is, it is not just about cash income but a balance between income and expenses. For example, elderly people can do something on their land like growing their own vegetables and it can supplement the nutritional needs of a household.

Q3: The Hon. Mr. Husain Dalwai, MP, India:

I would like to know more about China's experience and adoption of a law to ensure care of the elderly by their children. When I was a labour minister in Maharashtra, India I tried to draft a law for domestic workers so that they will be able to receive pension as an organized sector in the form of a provident fund. At the age of 65 years, the contributors will be able to get something back for the retirement.

SESSION 3 | CONCRETE MEASURES FOR AGED SOCIETY: HEALTHY AGEING AND SOCIAL PARTICIPATION

Active Ageing in East Asian Countries, Prof. Dr. Minah Kang,
Department of Public Administration, College of Social Sciences,
Ewha Woman's University, Republic of Korea



Professor Dr. Minah Kang from the Republic of Korea began her presentations with an overview of the active ageing concept as part of the broader theories on ageing in social gerontology. Based on the WHO Active Ageing framework and also work by Walker and Aspalter, Prof. Kang outlined the guiding

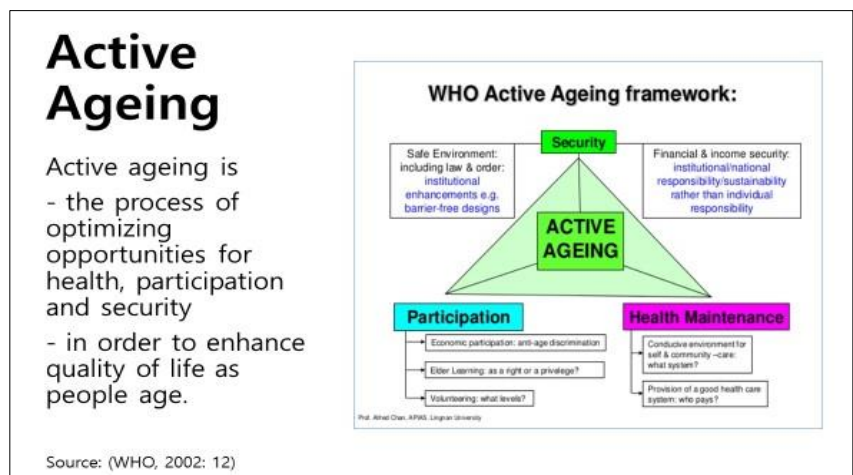


Figure 12. The WHO Active Ageing Framework

principles of active ageing and shared a European Active Ageing Index developed by Zaidi (2014).

She noted that ageing in East Asian countries face the twin challenges of ageing and development, namely, demographic changes in the context of major socio-economic transformation. The traditional structure and functions of the family is also changing. Using empirical data from the different waves of the East Asian Social Survey (EASS), a biennial social survey project in China, Japan and Korea in 2010 and 2012, Prof. Dr. Minah sought to provide a comparative analysis of social life in the three different older populations aged 65 years or over. She started with the EASS survey results on the perception of happiness and subjective health status. The data showed that the level of perceived happiness is the lowest among South Korean elderly. Older persons in Korea also reported consistently higher levels of health problems and limitations in terms of daily activities. The level of unmet healthcare needs is the highest among the Chinese elderly (43.7%), followed by the South Korean elderly (24.3%) and the Japanese elderly (14.1%). More than one-third of the Japanese elderly (34%) are currently engaged in paid work, but similar employment rates are found in

China and South Korea at 31% each. Older Japanese are also the most socially active among the three groups, and participate in the community as volunteers.

		China		Japan		South Korea	
		β	t	β	t	β	t
Social demographic characteristics	Gender(male=1)	-0.044	-1.415	-0.041	-1.4	-0.125	-1.957
	Living alone (Yes=1)	-0.004	-0.142	-0.084	-2.85**	-0.089	-1.585
	Household income compared	0.285	8.839***	0.128	4.017***	0.102	1.792
	Years of education	-0.067	-1.946	0.038	1.231	0.079	1.154
	<u>Age</u>	0.082	2.489*	0.053	1.619	0.069	1.146
Participation	Employment status (Yes=1)	-0.008	-0.239	-0.074	-2.407	-0.017	-0.292
Health	<u>Subjective health condition</u>	0.036	0.94	0.125	3.52***	0.047	0.664
	Chronic diseases	0.03	0.866	0.043	1.379	-0.066	-1.126
	Limitation in daily activities(Yes=1)	-0.046	-1.275	0.024	0.777	-0.002	-0.033
	Positive emotions	0.161	4.045***	0.188	5.663***	0.158	2.42*
	Negative emotions	-0.14	-3.654***	-0.164	-4.967***	-0.151	-2.222*
Security	<u>Neighborhood environment</u>	0.032	1.017	0.191	6.385***	0.067	1.264
	Fear of ageing	-0.011	-0.297	-0.019	-0.602	-0.155	-2.415*
	<u>Worry of access to health care</u>	-0.127	-3.555***	-0.034	-1.062	-0.029	-0.479
	<u>Trust in people</u>	0.046	1.504	0.006	0.201	0.077	1.464

Figure 13. Multivariate analysis results by country.

Prof. Dr. Kang proceeded with a multivariate analysis of the various determinants of happiness and urged for an active ageing policy strategy that balances individual or family responsibilities with social rights secured by public-funded provisions. The results showed that household income, positive and negative emotions, as well as neighbourhood environment are significant predictors of happiness in old age, although there are some differences by gender and by country. The results showed that, at least among the Korean elderly, societal values in the form of fear of ageing is the stronger determinant of happiness in old age more than anything else. Prof. Kang contended that old age employment status is not a good predictor of happiness in old age. She found that further analysis showed that high-income jobs in old age does improve happiness but not for the low-income group.

Prof. Dr. Minah Kang called for a broader understanding of active ageing beyond just participation in the labour force. She believes there is a need to move away from a needs-based approach to a rights-based approach where both the individual and society makes old age a more pleasant phase of life. Governments need to decide on how to best interpret and implement the active ageing approach. In the face of rising costs of care, Prof. Kang urged for a greater balance of individual or family responsibilities with government provisions that are funded collectively.

Healthy Ageing and Social Participation in Malaysia, To' Puan
Dr. Safurah Jaafar, Director, Family Health Division,
Ministry of Health, Malaysia



To' Puan Dr. Safurah Jaafar, Director of the Family Health Development Division, Ministry of Health Malaysia, presented a paper on concrete measure for aged society, specifically on the healthy ageing and social participation of older Malaysians. She started by identifying five (5) barriers to healthy ageing, namely a) outdated and ageist stereotypes, b) inadequate policies, c) lack of accessibility, d) inadequate or absent services and e) lack of consultation and involvement from stakeholders. To' Puan Dr. Safurah highlighted the need for more connectedness in terms of policymaking across the many different government ministries and agencies (e.g. health, housing, social welfare, transportation) in creating more affordable choices and alternative for the elderly.

Using the WHO's key areas for developing age-friendly cities and communities, she began by calling for the need of more affordable housing with suitable design and facilities for the aged and the disabled. To' Puan noted that the social participation of older persons is key to their well-being and more community-based services and activities, such as volunteering, caregiver support, and civic participation can generate a better sense of belonging among the aged in their neighbourhood. Respect and the social inclusion of older persons begin by ensuring their income security in old age and allowing the elderly, if they wish, to work beyond the usual retirement age. With the developments in information and communication technology, elderly-friendly gadgets should help older persons to stay connected to their family and community. Older persons need access to affordable health and social care services and they also need elderly-friendly outdoor spaces, building and transportation to move about.



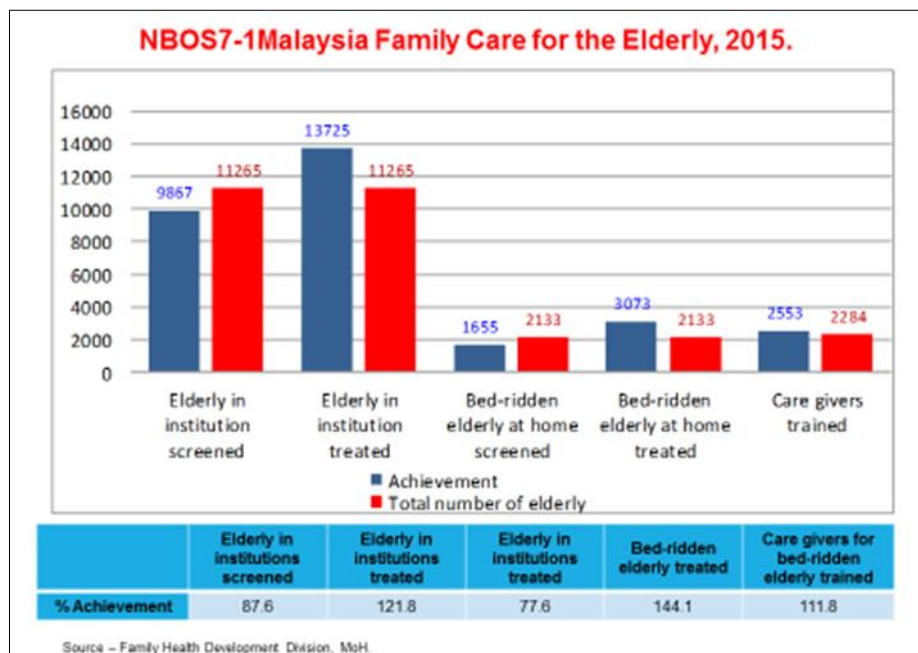
Figure 14. To' Puan Dr. Safurah making her presentation.

The key point to remember is that there is no “typical” older persons and governments should learn to invest in healthy ageing. By maximizing the functional ability of the seniors, they are free to pursue their interests and live out the remaining years of their lives with meaning and dignity. To' Puan Dr. Safurah highlighted Malaysia's commitment to action under the various national policies, programs, and

services and shared the latest effort by the Ministry to regulate aged care facilities. Malaysia's first National Policy for the Elderly was introduced in 1995 and revised to become the National Policy for Older Persons in 2011. Together with the 1997 Plan of Action for the inter-sectoral national policy, a National Advisory and Consultative Council for the Elderly was established and the Department of Social Welfare under the Ministry of Women served as the national secretariat. In 2008, the Ministry of Health developed a National Health Policy for Older Persons to strategize the human and physical resources needed to meet the healthcare needs of a rapidly ageing society. Under the Town Planning Department, a guideline was developed to assist in the physical planning of facilities for the elderly in 2012.

To' Puan Dr. Safurah shared some key health statistics on older Malaysians and the five (5) most common morbidities among older persons in government hospitals and primary care clinics are hypertension, diabetes, joint pains, problems with eyesight and heart problems. In a study conducted in 2014, almost 90% of the elderly outpatients have chronic illnesses. Recognizing the potential problem of unmet health care needs, the 1Malaysia Family Care (under the National Blue Ocean Strategy NBOS7) program was initiated in 2012 to provide holistic

health and social support to older persons, the disabled and single mothers where different government agencies network, collaborate and share resources to deliver services to the homes of the target recipients. In



2015 alone, more than 15,000 elderly in institutions or bedridden elderly at home were screened and treated.

To' Puan Dr. Safurah noted that the government wanted to better regulate aged healthcare facilities with the aim of ensuring a minimum quality of care. She hoped that there

will be a strong political will for the development of long-term care services. In conclusion, she reiterated her call for greater cooperation and connectedness of policies across different government ministries, departments and agencies as it can help to reduce costs, improve efficiency and avoid redundancies in catering to the needs of the older population.

Position Statement by Hon. Li Changcai, MP, Vice-Chairman of ESCPH Committee of the National People's Congress, China



The Hon. Mr. Li Changcai, MP from China thanked the organizers for providing an opportunity for PRC to share their strategies and measures to cope with the problems of population ageing and in promoting active ageing. He began by highlighting the general situation of ageing in China, characterized by its large scale, high proportion and lower income levels. It was estimated that by the end of 2015, there are 144 million older persons aged 65 years or over in China, making up about 10.5% of the total population. By 2053, people aged 60 years or over will make up over one-third (34.9%) of the total population at 487 million persons. As China is still a developing country, the population ageing problem is unprecedented in terms of its size and speed.

The key principles and measures adopted by China centre around the ideas outlined in the ICPD's Plan of Action. Notable development occurred in terms of legislation where the Law on the Protection of the Rights and Interests of Elderly people adopted in 1996 were revised twice in 2012 and 2015. According to Hon. Mr. Li, this law made dealing with population ageing a long-term national strategic task and a clear definition outlining the responsibilities of the family, government and society helps to safeguard the interests of the elderly. The law not only protects the older persons through legislation, but also systematically accord social protection in old age in all cities, towns and villages, including health and medical care services. Improvements were recorded in terms of the coverage and treatment for chronic diseases in old age as subsidies for health insurance increased by 10.6% in 2016. Beijing, Shanghai and Shandong are currently experimenting on the implementation of a long-term care insurance system.

The Chinese government, at different levels, have adopted an active approach in managing the older population by strengthening the aged care and support industry. Cash transfer programs and transportation assistance / subsidy for older persons are designed around the social insurance concept and the community forms the basis of old age care and security. As China encourages active participation of the elderly in social governance and voluntary services, more than 20 million older persons serve as volunteers throughout the

country. Lifelong learning activities and participation of the elderly in cultural activities aim at enriching the spiritual lives of the older Chinese.

There has been a revision in the one-child population policy to ease the burden of an ageing society from a structural perspective, but the ultimate goal is to cope with the long-term impact of a rapidly ageing population. Hon. Mr. Li stated that more systematic research and effort is needed to improve past measures and coming up with new ones, including ways to encourage old age employment, building elderly-friendly cities and promote the healthy China, healthy ageing project. He pointed out that China is ready to work with other countries and the international community to address the issues and challenges of population and development issues.

In concluding his speech, he noted that in the next 10 years, while China will still have a relatively abundant working age population and the social dependency burden is relatively light, the country will expand its economy in a reasonable range and make structural adjustment in order to provide a rare opportunity to cope with population ageing.

SESSION 4 | SOCIAL SECURITY SYSTEMS FOR AGEING

Social Security Systems for Ageing: The Case of Malaysia,
 Prof. Dr. Tengku Aizan Tengku Ab. Hamid, Director, Malaysia
 Research Institute on Ageing, Universiti Putra Malaysia



The fourth and final session focused on social security systems for ageing and Professor Dr. Tengku Aizan Hamid, Director, Malaysian Research Institute on Ageing, Universiti Putra Malaysia, presented the case for Malaysia. She began with some definitions that categorizes nations by their level of population ageing and shared some key statistics of the phenomenon in the Southeast Asian region. Malaysia's older population aged 60 years or over stood at 2.2 million in 2015, making up about 7.9% of the total population. Most of the older Malaysians are living in urban areas, differentiated by ethnicity and geographical locations.

Prof. Dr. Tengku Aizan noted that Malaysia has not made its submission to ILO for the Social Protection Floors Recommendation (No. 202). She deliberated on the social protection system in Malaysia and highlighted issues related to income security in old age. While healthcare provisions are near universal in Malaysia, the coverage of pension programs often fall short for informal sector workers. Malaysia's social security system - a mix of social insurance, social assistance, social allowances, national provident fund, voluntary retirement savings, and

liability measures, is regarded as marginal to the national development process. State assistance is considered a choice of last resort. If the main concern of the Employee Provident Fund (EPF) is on its adequacy and coverage, the civil service pension fund's problems are mainly

Social Protection System in Malaysia

Source: Holzmann, 2015, p. 3

	Name of Program Institution	Benefit Type	Financing Type
Pillar 0: Basic benefits through social pensions or at least social assistance	<i>Bantuan Orang Tua</i> (Cash benefits)	Basis cash benefit of RM300 per month	General revenue
	<i>Rumah Seri Kenangan</i> (retirement homes)	In kind benefit	General revenue
	<i>Pusat Jagaan Harian Warga Emas</i> (elder daycare centers)	In kind benefit	General revenue
Pillar 1: Mandated, unfunded, defined benefit or contribution schemes	Civil Service Pension Fund	Old-age, disability, survivorship	General revenue
	SOCSCO	Work injury, disability, survivorship	Employer contribution; Employer and employee contribution
Pillar 2: Mandated, fully funded, occupational or personal schemes	LTAT (armed forces)	All benefits	Employer and employee contribution
	EPF (private sector)	Lump sum/phased withdrawal	Employer and employee contribution Voluntary contribution by self-employed
Pillar 3: Voluntary, fully funded, occupational or personal schemes	PRS: Private Retirement Scheme	Lump sum, (fixed term) annuity	Voluntary premium, tax incentives RM 3,000
Pillar 4: Access to informal and other formal provisions, and personal assets	Family Basic health care Public housing	Cash and in kind benefits	Family members, budget-financed, budget support

Source: Author drawing, *inter alia*, on Ong and Hamid 2010, Othman 2010, and World Bank 2002.

Figure 16. Multipillar pensions system in Malaysia

related to its fiscal burden and sustainability.

Prof. Dr. Tengku Aizan pointed out that Malaysia spends almost half a billion Ringgit a year on cash transfers for older persons (means-tested) which benefits about 140,000 recipients. In 2012, more than RM14 billion goes to payment for pensions and gratuities of retired civil servants or their dependents. On average, EPF contributors at the age of 54 years only have a cumulated total savings of RM180,153 in 2014, and the amount can hardly last for more than a few years after their retirement. She noted that income security for old age is weak unless they are on public pension and there is a need to rethink the different short-term, medium-term and long-term strategies to improve the financial situation of older Malaysians.

Although Malaysia has near universal healthcare coverage, less than one-fifth of the older population is covered under some form of old-age pension. With the amendment of the mandatory retirement age of civil servants to 60 years and an introduction of a Minimum Retirement Age Act 2012 (Act 753), labour force participation rates of older workers have increased. Female labour force participation rates have also increased across the board compared to 10 years ago. This raises some key issues and concerns, who is caring for the young and the old? Malaysia's public healthcare system has been praised by WHO as one of the most efficient in the region but it is faced with congestion issues in highly dense urban locations. Past studies by researchers at UPM has shown that life (8.2%) and medical (4%) insurance coverage among the older population is low, and it's worse for the elderly at the bottom 40% of households in Malaysia.

She listed six (6) possible reasons why the spread of social security is weak in developing countries, namely:

1. The pre-dominance of informal or unorganized sectors in the economy
2. Forces of globalization introduce greater uncertainties
3. The promotion of foreign investment affected small-scale sectors
4. Tax competition and populist measures result in constraints to the national budget
5. Prevalence of low wages due to supply of surplus labour, local or foreign, and
6. Poor management or the inefficiency of the public sector

In conclusion, Prof. Dr. Tengku Aizan reiterated that social security is a human right and people should be guaranteed a basic social protection against poverty and social exclusion. The way forward is for countries to examine their own priorities and find ways to expand coverage and benefits in a sustainable manner. Often, diversification of aid and the engagement of stakeholders in the private and civil society sector are often overlooked.

Towards Sustainable Health and Social Care in Singapore,
 Dr. Ng Wai Chong, Chief, Clinical Affairs, Hua Mei Centre for
 Successful Ageing, Tsao Foundation, Singapore



Dr. Ng Wai Chong from the Hua Mei Centre for Successful Ageing, Tsao Foundation, Singapore provided a brief overview of the ageing situation in the country. In 2015, one out of eight (8) Singaporeans is an older person and the number is expected to grow from 440,000 to 900,000 by 2030. The average life expectancy of Singaporeans is the highest in the Southeast Asian region at 81.7 years and they also stay healthy longer. It was expected that out of the 900,000 older persons above the age of 65 years in 2030, 87% will be healthy and independent.

Dr. Ng pointed out that the social security system in Singapore promotes self-reliance and a “many helping hands” approach. The family and the community play a central role as the government is the helper of last resort, where beneficiaries must go through means-testing. Co-payments are used to safeguard against over-consumption. He shared that there is a reliance on foreign caregivers and domestic helpers in Singapore as dual-income families become the norm. As older persons are asset rich and income poor, there is a need to unlock the value of property ownerships as well as encourage old age employment to meet their daily living needs.

From the Central Provident Fund to the different health insurance schemes, the State put in place provisions to ensure that all Singaporeans do enough to prepare for their own retirement.

To illustrate this point, Dr. Ng shared the health and social care system in

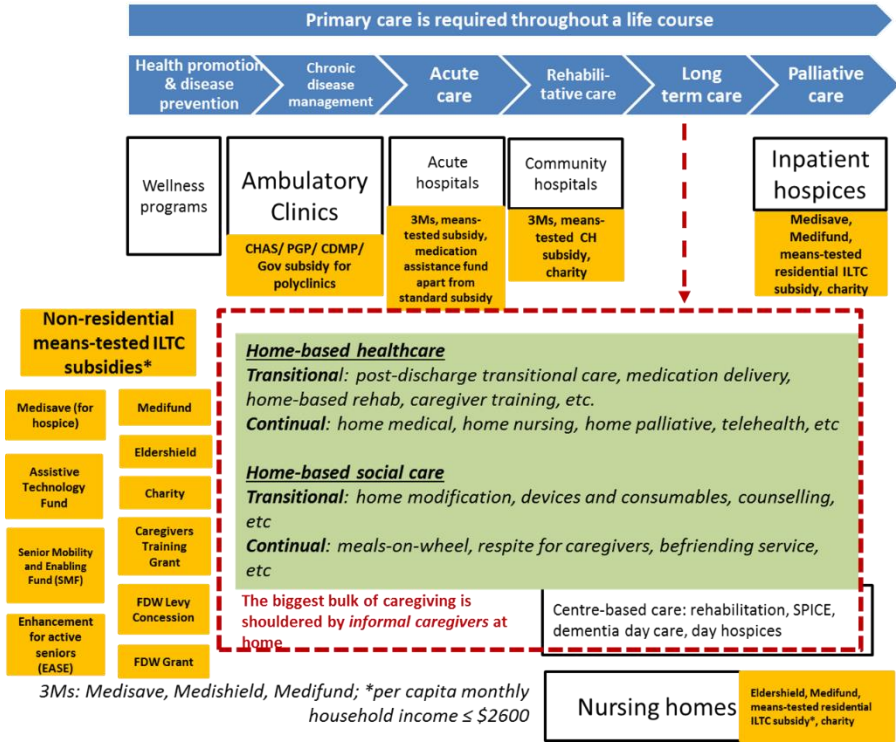


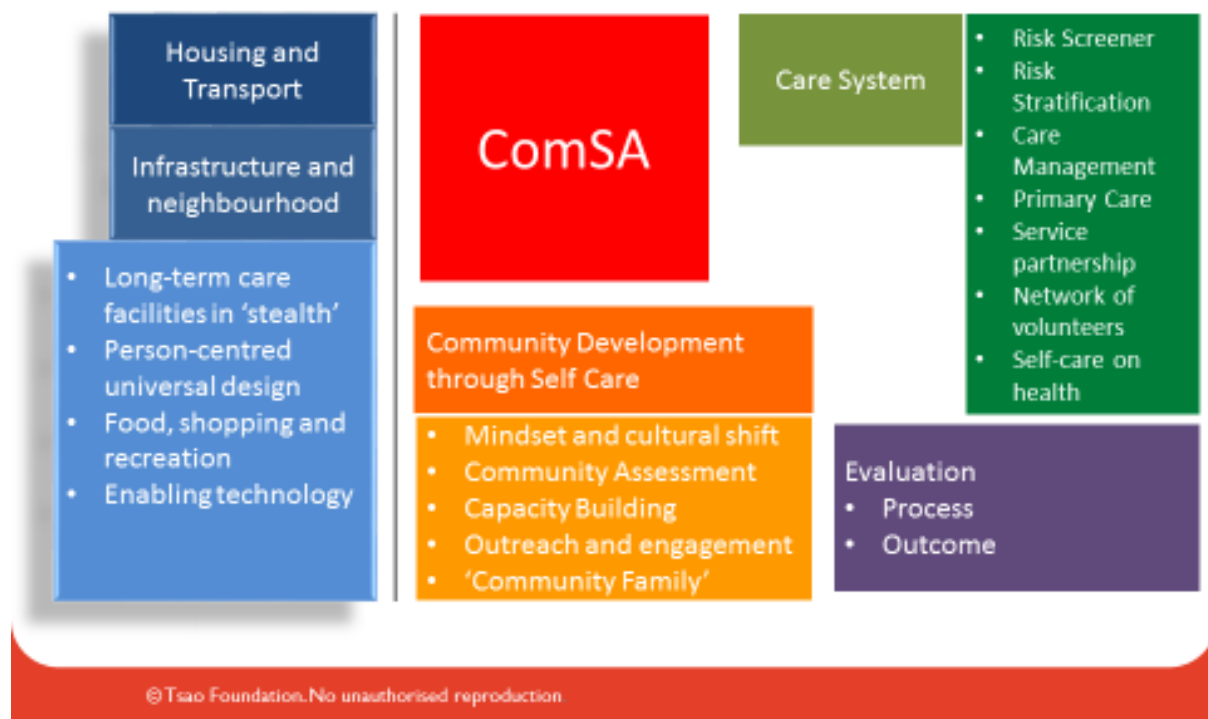
Figure 17. Health and Social Care System in Singapore

Singapore and noted that the cost of care is mostly contained under the 3Ms health insurance model.

In 1984, Singapore established a committee on the problems of the aged to spearhead cross-ministerial efforts on the ageing phenomenon. In 1999, an inter-ministerial committee on ageing was established and in 2011 a Ministerial Committee on Ageing and the Ageing Planning Office was set-up. In 2015, the Ministerial Committee on Ageing came up with an Action Plan for Successful Ageing with three (3) key thrusts to provide opportunities for all ages, creating a village/kampong for all ages and developing a city for all ages, emphasizing elements of self-help, community support and elderly-friendly environment.

Dr. Ng also shared some of the community programs for the elderly by Tsao Foundation, a charity in Singapore. In Whampoa, as part of a city for all ages project, Tsao Foundation undertook efforts to improve its public and neighbourhood services, community development, and care system for the aged. The program has successfully established a care management system in the community and developed support groups for the carers.

THE ComSA COMPONENTS



DAY 2 | WEDNESDAY, OCTOBER 12, 2016

Programme

Wed, 12 Oct	DAY 2
08:30-09:00	Meeting at the hotel lobby
09:00-09:45	<p>Travel to Little Sisters of the Poor St Francis Xavier Home for the Elderly - <i>NGO operated residential aged care facility</i></p> <p><i>Venue: 3, Jalan 5/96 off Jalan Sekuci, Taman Sri Bahtera, Batu 5 Cheras, 56100 Cheras, Kuala Lumpur</i></p>
09:45-10:45	Tour and Briefing
11:00-11:30	<p>Travel to Rumah Seri Kenangan Cheras, km18 Jalan Cheras Kajang, Department of Social Welfare Malaysia - <i>Government operated residential aged care facility</i></p> <p><i>Venue: KM 16, Jalan Cheras Kajang, 43000 Kajang, Selangor Darul Ehsan</i></p>
11:30-12:30	Tour and Briefing
12:45-13:15	<p>Travel to Cruise Tasik Putrajaya</p> <p><i>Venue: Jeti Putra, Jambatan Putra, Presint 1, 62000 Putrajaya</i></p>
13:15-14:30	Lunch on Cruise Tasik Putrajaya
14:45-15:15	<p>Travel to the University of the Third Age (U3A) Kuala Lumpur & Selangor @ the Malaysian Research Institute on Ageing, Universiti Putra Malaysia - <i>NGO operated lifelong learning program for the elderly</i></p> <p><i>Venue: Senate Meeting Room, Universiti Putra Malaysia (UPM) 43400 UPM, Serdang, Selangor Darul Ehsan</i></p>
15:15-16:15	Break and Exhibition
16:15-17:45	<p>Wrap-up Session: Optimal Policies across Asian Countries at Different Stages of Demographic Transition</p> <p><i>Venue : Senate Meeting Room, Universiti Putra Malaysia (UPM) 43400 UPM, Serdang, Selangor Darul Ehsan</i></p>
18:00-18:45	Return journey to hotel - DoubleTree by Hilton

STUDY VISITS

Study Visit to Little Sisters of the Poor, St. Francis Xavier Home for the Elderly, Cheras

Background of St. Francis Xavier Home for the Elderly

The St. Francis Xavier Home for the Elderly in Cheras was chosen as a site for the study visit, representing a charity home for the elderly, under the Congregation of the Little Sisters of the Poor. The LSP community has two homes in Malaysia, first in Penang and later on, in Cheras. The home is built on over 5.6 acres of land, neighbouring a hospice and a retirement village. The home has a build-up area of 120,000 square feet and can take up a maximum of 70 residents.

Report of the Site Visit

Sister Agnes welcomed the delegates upon their arrival at St. Francis Xavier Home for the Elderly in Cheras. The delegates had an earlier start as they arrived ahead of schedule. Madam Chin and from the Parliamentarian Office in Malaysia introduced Sister Agnes to the delegates. Sister Agnes informed some of the MPs from India and Sri Lanka, that the congregation has about 14 homes in various cities in India and one in Sri Lanka. She also told the delegates that there are two homes in the Philippines. After being introduced to all the

delegates, Sister Agnes expressed her blessing, gratitude and honour to have the delegates from various countries visit the home. She then led the delegates to the auditorium for the briefing. On the way to the auditorium, the delegates were introduced to Sister Fatima, who also assisted with the study visit.





Sister Agnes began with a brief presentation on the history of the home, who the Little Sisters of the Poor (LSOP) are, the work of the group, and the concepts of caring for the poor elderly in Malaysia. Sister Agnes mentioned that the LSOP is an international congregation of sisters with homes in five continents. She shared the story of the mother

home that was founded in France in 1839 by Saint Jeanne Jugan. Saint Jeanne Jugan started the work by opening her home to an elderly, infirm and destitute woman. When others joined in her effort, the congregation of the LSP was born and the sisters continue the mission to dedicate their life to the care of the aged.

According to Sister Agnes, the first LSP home in Malaysia was found in 1965 in Penang. Then, the sisters found a home at a hill along Old Klang Road, Kuala Lumpur in 1966 which was then moved to Weld Road in 1971. After two years, LSP moved again to Cheras. In the old homes, the elderly residents lived in a dormitory setting. The older women were residing in the top floor and older men on the ground floor in a building with kitchen and other amenities. She pointed out that, as they are part of the international congregation, the homes has had to comply with the European standards (i.e. the home in France) in the physical set up and also in the delivery of care. She recounted the old home in Cheras had to be demolished in 2000 and replaced with the new building because of the inconvenience and problems that they were facing with the old home. Residents were moved to their Penang home for the whole year during the construction of the new building.

She also related that the new home was built with the future older people in mind, stressing the fact that in the year 2000, many changes have taken place including people's mindset, ideas about caregiving, and the standards required by the government, similar to what the other LSPs have also experienced in Europe. Since the homes in Europe has already some experience with the changing demographics, they felt that the construction of the new home in Cheras must be done properly with facilities that will be suitable for the comfort, convenience and safety of the elderly. They enlisted the help of an architect, who was a

friend of the international congregation in France, to develop the design concepts of the new building based on the needs of an ageing population. Despite many obstacles, when the building was completed, it turned out to be very well-designed for the needs of the older population. Everything was in place since the design incorporated values such as respect and dignity for the elderly until they die. Thus, each residents have their own room with attached bathroom and shower, including all the facilities for the handicapped. The briefing were followed by a question and answer session and continued with a tour of the facilities in the home.

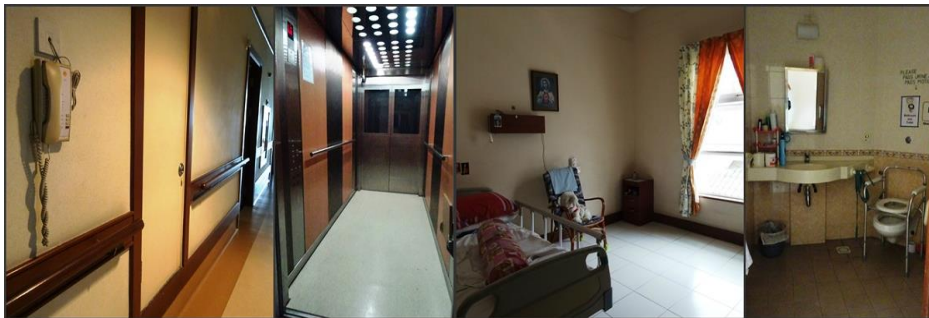


Photo credit: seniorsaloud.com (Nov 4, 2016)

Q&A Session

Q1: Hon. Husain Dalwai, MP, India:

How the home is funded, financially?

A1: Sister Agnes:

Home is operated through the generosity of public donations. As they are also a part of a large international network, every member contributes in whatever way they can, to ensure the care of the elderly. When everyone plays his or her role and when the public gives, the sisters are then able to provide the care for the elderly.

Q2: Hon. Husain Dalwai, MP, India:

What is the experience of bringing in vagrants who sometimes prefer get back on the street because their old habits?

A2: Sister Agnes:

We also have similar experiences when admitting older vagrants. A few of the residents could not adjust from a “free” life on the streets to the more structured and more disciplined life in the home. When new residents have problems adjusting, they should not be forced and some do indeed choose to leave on their own volition.

Q3: Hon. Li Changcai, MP, China:

What type of people do you normally take?

A3: Sister Agnes:

We are aware of the strong demand for senior living and care in Malaysia. Wherever possible, we try to help as many individuals as possible and we take in the elderly who needs care the most, especially those who could not obtain help from other places in the community (e.g. charity cases).

Q4: Hon. Husain Dalwai, MP, India:

What about any language barriers with the residents?

A4: Sister Agnes:

When caring for old people, it is more to do with the language of love. In Malaysia, as there are many languages and dialects, it will be difficult to figure out in terms of which dialect is being spoken. But as long as the residents can understand the use of basic words/ instructions, we are able to attend to them and provide care.

Q5: Hon. Li Changcai, MP, China:

What is the capacity of the home and total expenses per elderly each year?

A5: Sister Agnes:

Home can take in 70 residents. It is hard to determine the expenditure per resident because we did not calculate the cost like that and also because the residents do not pay anything. Funds are raised through donations to pay for the bills, building maintenance, and food - all are given by people. When the residents needed something, there will be people who fulfilled their needs.

Q6: Hon. Li Changcai, MP, China:

How much is the total cost each year, in general, based on the all the expenses, e.g. utilities, maintenance and food and what is the number of staff servicing the elderly in the home

A6: Sister Agnes:

I don't know exactly but perhaps another Sister in charge will have an estimation. Some homes are charging around RM2000 (USD450) per month to RM4000 (USD900) per month, depending on the level of comfort. Medical care in the private homes can be expensive as it incurs many additional costs. Utilities costs range in the thousands of Ringgit per month.

As for staff, the whole house has 25 staff and we sometimes face difficulties in hiring locals to work with the elderly, especially in doing the physical tending and menial work. There is also high turnover as the workers tend to leave after a few months when they find another job.

Q7: Hon. Dr. Jetn Sirathranont, MP, Thailand:

How do you find the residents?

A7: Sister Agnes:

We did not find the residents as they are referred by others.

Q8: Hon. Husain Dalwai, MP, India:

Do the residents have any family members and which categories of residents (male or female) are higher in number?

A8: Sister Agnes:

As a charity home that the older persons that they take in were unmarried or without children but were in need of care. There were also some residents who did not meet the criteria and as such, were evaluated on a case by case basis. Home is also registered with the Malaysian Department of Social Welfare. There are more females than males in the home.

Q9: Hon. Dr. Jetn Sirathranont: MP, Thailand:

How the staff handle elderly people who are sick - whether they go to the hospital or call the doctors?

A9: Sister Agnes:

Sister who is in charge of medical will evaluate the resident in consultation with a doctor - if it is something that they can attend themselves, they will do it. Otherwise, we will call the ambulance from a neighbouring hospital to pick up the resident.

Q10: Hon. Dr. Jetn Sirathranont: MP, Thailand:

Do they have an in house doctor?

A10: Sister Agnes:

We only have volunteer doctors, six of them, with different medical backgrounds.

Q11: Hon. Husain Dalwai, MP, India:

Who pays for the elderly insurance or medical charges?

A11: Sister Agnes:

Elderly here have a card (e.g. senior citizen - ID card, persons registered as alms/welfare recipients, persons with disability card) and when they were brought to the hospital they do not have to pay or only pay a very small sum. (Note: Malaysia has universal healthcare coverage and older persons only have to pay a token sum of RM1 or USD0.23 for each visit to the out-patient department/ first visit to specialist and RM5 or USD1.13 for subsequent visits to specialist).

Q12: Hon. Li Changcai, MP, China:

Do all elderly have this card (which qualifies them for free medical treatment)?

A12: Sister Agnes:

Some medical charges will be borne by the home (for in-patient and also private clinics).

Q13: Hon. Le Thi Yen, MP, Vietnam:

Does home face any difficulties at all?

Q13: Sister Agnes:

Like any other home, we do face some difficulties, for instance, some fights/quarrels break out among the residents due to dissatisfaction with others.

Q14: Hon. Alfred A. Garbin, MP, Philippines:

How the money was received and whether it is stable.

A14: Sister Agnes:

All public donations were pooled and channelled to benefit everyone in the home.

Q15: Hon. Mariany Mohammad Yit, MP, Malaysia :

Do you have information on the cost of running the home.

A15: Sister Agnes:

Home has a big compound and with many facilities on average require about RM80,000 (approx. USD18,000) per month to cover the major expenditures such as salary (highest portion of the expenditure) and utilities (mainly on electricity). Since 2004, the maintenance cost is also getting higher.

Q16: Hon. Alfred A. Garbin, MP, Philippines:

How the home survived through public donations? How overloaded this home?

A16: Sister Agnes:

Our ability to sustain such high standards of service through public donation is nothing short of a miracle and we will thus continue as long as we can.

We can take up to 70 residents. It will be unethical for us to take in more residents if we can't provide them with care.

Q17: Dr. Tien Van Nguyen, Vietnam:

What is the way that the home deal with residents who have chronic diseases - how and where do they get the treatment and medication?

A17: Sister Agnes:

Residents will be taken for follow-up treatments to the public hospitals, where they also get their medication.



Study Visit to Rumah Seri Kenangan, Cheras

Background of Rumah Seri Kenangan, Cheras

The Rumah Seri Kenangan, Cheras is one of the nine (9) federal-funded government homes for older persons aged 60 years or over. It was rebuilt with a current capacity of nearly 200 older persons and is fully operated by the Department of Social Welfare, Malaysia.

Report of the Site Visit

The delegation was welcomed by the Superintendent of RSK Cheras and representatives from the State welfare department office and key staff of the facility.

Study Visit to the University of the Third Age (U3A) Kuala Lumpur and Selangor at the Malaysian Research Institute on Ageing, UPM, Serdang

Background of the University of the Third Age (U3A) Kuala Lumpur and Selangor

The first University of the Third Age (U3A) was started by Professor Pierre Vellas in 1972 as a summer school for retirees at the University of Toulouse, France. In 1982, Professor Peter Laslett from Cambridge University, United Kingdom, developed a self-help model based on the principle that the University (U3A) “shall consist of a body of persons who undertake to learn and help others learn. Those who teach shall also learn and those who learn shall also teach” (Laslett, 1996, p. 228). Today, there are many U3A models all over the world and the International Association of Universities of the Third Age (IAUTA), established in as early as 1975, has represented third age education on UNESCO, the Council of Europe as well as other international bodies (Swindell & Thompson, 1995).

After a successful pilot program in 2007 known as LLIFE - A Lifelong Learning Initiative for the Elderly, the Malaysian Research Institute on Ageing (then the Institute of Gerontology), Universiti Putra Malaysia (UPM), with the support of UNFPA Malaysia, introduced a hybrid model of the University of the Third Age (U3A), Malaysia program in 2008. Like other U3As, there are no academic degrees conferred but it is simply a cooperative of persons who wants to learn and help others learn. True to the ideals of U3A as a program of older persons, for older persons and by older persons, pro-tem committee members of the lifelong learning initiative officially registered the Association of Lifelong Learning for Older Persons (U3A) in Kuala Lumpur and Selangor (No. 2522-10-SEL) on 25th October 2010. Today, U3A KL and Selangor is an autonomous and self-sustaining body that manages all activities of the lifelong learning program at UPM as well as other cooperating government agencies, departments and private bodies.

Report of the Site Visit

The visit was hosted by the U3A Kuala Lumpur and Selangor committee members (2015-2017) at the UPM Senate Meeting Room located at the university’s administration building in Serdang. Led by the Deputy President, Mr. Shuib Dahaban and other Exco members such as the Secretary, Y. M. Ms. Engku Tik Azizah, committee members Ms. Lily Fu and others, the group made a presentation explaining the history and origins of the lifelong learning program.

The Association's Advisor, Y. M. Prof. Dr. Tengku Aizan Hamid, Director of the Malaysian Research Institute on Ageing, UPM, was also in attendance.

Mr. Shuib welcomed the delegation of Parliamentarians and began by introducing the U3A members who are present at the briefing. He informed everyone that the U3A program aims to promote healthy, active and productive ageing among older Malaysians by optimizing their potential, ability and experience through lifelong learning. It was hope that by improving the social, economic and cultural participation of older Malaysians, they can look forward towards an active and productive old age where they can continue to contribute to national development.

At its core, the lifelong learning program at U3A KL and Selangor is a series of weekly courses on topics ranging from health and exercises, computing, agriculture, arts and craft to languages and culture, organized into two semesters a year. Any senior citizens aged 50 years or over can participate in the activities with the payment of a token fee of about RM30 per course. Because the program is partially supported by government funds, participants get to enjoy learning new knowledge and skills at a lower cost. There are no entry qualifications, no exams and no other rewards for participation except the personal satisfaction of sharing or acquiring knowledge on various subjects of interest.

Since 2008, there are more than 800 registered members and every year over 200 members actively participate in the courses and activities organized by the committee members, elected in an Annual General Meeting once every two years. The executive committee, led by its President, not just only organize the courses but also manage all aspects of the financial and general operations of the program. The U3A Kuala Lumpur and Selangor also has its own gamelan troupe and choir group that performs on upon request. It also works

closely with the Malaysian Research Institute on Ageing, UPM on many different research projects, studies and outreach activities. With the support of Universiti Putra Malaysia and the Department of Social Welfare Malaysia, the U3A program is highlighted as one of the model activities for replication at the national level under the 11th Malaysia Plan.



Q&A Session

Q1: Hon. Tan Sri Dato' Seri Abd. Khalid bin Ibrahim, MP, Malaysia:

What is the number of students participating in the program now?

A1: Mr. Shuib:

The term 'member' is used instead of 'student'. As of 2015, about 500 over active members participate regularly in courses with a majority of them being women. In truth, the capacity of the programs are being limited by the number of participants it can accommodate (e.g. size of lecture halls, laboratories etc.). The lopsided balance in terms of gender is probably reflective of the broader trend at institutions of higher learning and in other countries as well.

Q2: Dr. Tien Van Nguyen, Vietnam:

What was the government support given when the program began, such as lecturers, facilities or instrument for teaching.

A2: Prof. Dr. Tengku Aizan:

The courses are organized around available facilities and resources in the UPM campus, for example when normal university students are having a semester break. The classes are scheduled on days when the facilities are not in use for teaching and U3A members come in. The university management has been very supportive of the program especially in terms of the negotiated use of available space and facilities till this day.



WRAP-UP SESSION

During the wrap-up session, the Parliamentarians and other participants deliberated on the optimal policies across the Asian countries at different stages of demographic transition. It was evident that population ageing is a complex phenomenon and a one-size-fits-all approach would be unsuitable, especially considering the socio-economic differences among the countries in the region. For some countries, fertility levels are still relatively high and for others, their society is already at advanced stages of population ageing.

Parliamentarians need to play a role to mobilize public opinion and draw strength from the wisdom of their own cultures, religions, and traditions in finding practical solutions so that older persons can lead a happy life with dignity and respect. In his closing remarks, Hon. Tan Sri Dato' Seri Abd Khalid Ibrahim called for



Parliamentarians to think global but act local, as ultimately the ideas and solutions must be localized to best utilize available resources. In this instance, faith-based organizations (FBOs) have to play a role and there has to be a balance between population control and economic growth. Proper systems must be put in place so that older persons in Asia can age in an elderly-friendly environment where they can continue to contribute to the family, community, and society.



SUGGESTIONS & RECOMMENDATIONS

Points of Consensus

To this end, the participants of the policy dialogue calls upon the governments in the region to:

- **RECOGNIZE** that population ageing is a global phenomenon and many developing countries in Asia are ageing at lower levels of development with unique economic, political, socio-cultural, health, and environmental situations;
- **BUILDING ON** the heritage, traditions, and strengths of the respective Asian communities to seek innovative, appropriate and practical solutions in addressing the multidimensional needs of ageing populations;
- **PRIORITIZE** limited resources to address the issues, challenges, and opportunities related to the rapid ageing of populations to ensure the well-being of older persons.
- **ENGAGE** key national and regional stakeholders (public, private and civil society) to bridge the gap between policy, research and practice on ageing through smart partnerships;
- **RECOMMEND** that Governments adopt specific short-term and long-term measures to invest in old age and to harness the untapped potentials of the elderly for national development, and;
- **PROMOTE** the need for greater awareness, dialogue and sharing of expertise on ageing among the developed, developing and less developed countries so that important lessons could be learned from each other.

The event concluded with a broad consensus that the participating Parliamentarians will bring the dialogue on ageing back to their respective countries and set down the ideas as well as plans for specific country recommendations. It was hoped that more policy dialogues could be held in the future to explore ways that countries could collaborate and benefit from their respective experiences.

CONCLUSION

Countries in the Asia Pacific region are experiencing demographic transitions where populations are ageing. According to the latest population projections by the United Nations (2015), the number of older persons aged 60 years or over in Asia is expected to increase from 0.5 billion (12%) in 2015 to 1.3 billion (25%) in 2050 (see Table 1). Many countries in Asia are expected to follow in Japan's footsteps and undergo rapid population ageing, but at much lower levels of development.

Table 1: Number and Proportion of Older Persons (60+) by Region, 2015-2050 (*in millions*)

Region	2015		2020		2030		2040		2050	
	n	%	n	%	n	%	n	%	n	%
Asia	508	11.6	599	13.0	844	17.2	1,067	20.7	1,294	24.6
Eastern	270	16.7	311	19.0	435	26.4	517	31.8	578	36.9
South-central	159	8.4	190	9.4	266	11.9	357	14.9	476	18.9
South-eastern	59	9.3	73	11.0	106	14.7	139	18.2	167	21.1
Western	20	7.9	25	8.9	37	11.6	54	14.9	72	18.3
World	901	12.3	1,046	13.5	1,402	16.5	1,735	19.0	2,092	21.5

Source: World Population Prospects, the 2015 Revision, UN Dept. of Economic and Social Affairs (United Nations, 2016)

In recognition of this global phenomenon of population ageing, there is an urgent need for governments around the world to formulate and put in place policies and programs that address the impact of rapidly changing populations. This policy dialogue co-hosted by the Japan Parliamentarians Federation for Population's (JPFP) Secretariat APDA - the Asian Population and Development Association, and the Asian Forum of Parliamentarians on Population and Development (AFPPD) Malaysia aimed to explore possible specific actions for countries in the region based on the experiences and diverse cultural background of ageing societies in Asia. Over a two-day period, the Parliamentarians and the invited experts on ageing exchanged information and view point on population ageing and many country experiences were shared on health and social care systems, pension systems and legislature enacted to protect and improve the well-being of older persons in Asia. The event ended on a note of promise of more sharing and mutual learning from the experiences of other countries, including the lessons to be learnt from European or American governments outside the Asian region.

APPENDIX

List of Participants

Policy Dialogue of Asia Parliamentarians and Experts on Ageing, 11-12 Oct. 2016, Kuala Lumpur

MPs and National Committees on Population and Development from Asia				
1	Hon.	Li Changcai	China	MP; Vice-Chairman of Education, Science, Culture and Public Health (ESCPH) Committee of the National People's Congress (NPC)
2	Hon.	Ren Maodong	China	MP; Vice-Chairman of Education, Science, Culture and Public Health (ESCPH) Committee of the National People's Congress (NPC)
3	Ms.	Wang Lina	China	Deputy Director-General, Office of General Administration, ESCPH Committee of NPC
4	Mr.	Zhang Chuansheng	China	Director, Office of General Administration, ESCPH Committee of NPC
5	Ms.	Chen Feng	China	Deputy Director, Office of Education Affairs, ESCPH Committee of NPC
6	Mr.	Jing Zhenyi	China	Secretary to Hon. Li Changcai
7	Hon.	Husain Dalwai	India	MP
8	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
9	Hon.	Ermalena Muslim Hasbullah	Indonesia	MP; Chair of IFPPD
10	Hon.	Dato' Seri Haji Ahmad Husni Mohamad Hanadzlah	Malaysia	MP; Chair of AFPPD Malaysia
11	Hon.	Tan Sri Dato' Seri Abd. Khalid b. Ibrahim	Malaysia	MP
12	Hon.	Datuk Alexander Nanta Linggi	Malaysia	MP
13	Hon. Dr.	Tan Seng Giaw	Malaysia	MP
14	Hon.	Mariany Mohammad Yit	Malaysia	MP
15	Hon.	Dato' Noraini bt. Ahmad	Malaysia	MP
16	Hon.	Alfred A. Garbin	Philippines	MP
17	Hon.	Sriyani Wijewikrama	Sri Lanka	MP
18	Hon. Dr.	Jetn Sirathranont	Thailand	MP; Secretary-General of AFPPD
19	Hon.	Le Thi Yen	Vietnam	MP, Member of Standing Committee on Social Affairs
20	Ms.	Nguyen Ngoc Thu	Vietnam	VAPPD officer

Resource Persons/Experts				
21	Mr.	Rikiya Matsukura	Japan	Asst. Professor, Nihon University
22	Dr.	Minah Kang	The Republic of Korea	Dean, Ewha Womans University
23	To' Puan Dr.	Safurah Jaafar	Malaysia	Director, Family Health Development Division, Ministry of Health Malaysia
24	YBhg. Prof. Dr.	Tengku Aizan Tengku Ab. Hamid	Malaysia	Founding Director, Malaysia Research Institute on Ageing, Universiti Putra Malaysia
25	Dr.	Ng Wai Chong	Singapore	Chief, Clinical Affairs, Hua Mei Centre for Successful Ageing, Tsao Foundation
26	Dr.	Nguyen Van Tien	Vietnam	former MP, former Vice-Chair of VAPPD
Government/Embassies				
27	Mr.	Yoshinori Kodama	Malaysia	Minister, Embassy of Japan in Malaysia
28	Mr.	Hiromichi Sakai	Malaysia	Second Secretary, Embassy of Japan in Malaysia
UNFPA				
29	Mr.	Diego Palacios	India	UNFPA Representative in India
IPPF				
30	Ms.	Nora Murat	Malaysia	Regional Director, IPPF-ESEAOR
31	Mr.	Gessen Rocas	Malaysia	IPPF-ESEAOR
32	Ms.	Begona Fernandez	Malaysia	IPPF-ESEAOR
AFPPD Malaysia				
33	Mr.	Chyairreil Annwar b. Akmal	Malaysia	
34	Mr.	Zamrizam b. Samsuri	Malaysia	
35	Ms.	Durgashni Casimir	Malaysia	
36	Ms.	Emilda bt. Md. Yusop	Malaysia	
37	Ms.	Chin Pek Lean	Malaysia	
38	Mr.	Mohsin b. Abdul Malek	Malaysia	
39	Ms.	Siti Rosnani bt. Haji Musa	Malaysia	
40	Mr.	Mohd. Azhari b. Ismail	Malaysia	
41	Ms.	Marzila bt. Muslim	Malaysia	
42	Ms.	Nur Shiema bt. Halim	Malaysia	
43	Mr.	Mohd. Mohsin Ghani b. Esan Ghani	Malaysia	
44	Ms.	Nur Azlin bt. Anuar	Malaysia	
Research Officers				
45	Dr.	Sayuti Hassan	Malaysia	
46	Mr.	Johari Junid	Malaysia	
47	Ms.	Rozana Abdullah	Malaysia	
48	Ms.	Badrah Yusof	Malaysia	
49	Mr.	Mustafar Ramzuan	Malaysia	
50	Ms.	Sayani Umar	Malaysia	
51	Ms.	Nurrul Saffida bt Kusaini	Malaysia	

Emcees				
52	Ms.	Siti Hajar bt. Mohd.Taib	Malaysia	
53	Ms.	Mazidah bt. Mohamed	Malaysia	
54	Ms.	Fatin Izzati bt. Mohd.Radzi	Malaysia	
Public Relation Officers				
55	Mr.	Tengku Nasaruddin b. Tengku Mohamed	Malaysia	
56	Mr.	Albasya'ari Abdul Latif	Malaysia	
57	Mr.	Mohd.Khairul Adnan b. Khalip	Malaysia	
The Asian Population and Development Association (APDA)				
58	Dr.	Osamu Kusumoto	Japan	Secretary-General/Executive Director
59	Ms.	Hitomi Tsunekawa	Japan	APDA
60	Dr.	Farrukh Usmonov	Japan	APDA
Media				
61	Mr.	Wong Onn Kin	Malaysia	Sin Chew Daily
62	Mr.	Ainor Rahim	Malaysia	Bernamea
63	Mr.	Zubai Dah	Malaysia	Bernamea
64	Mr.	Amirul Azmi	Malaysia	Bernamea
65	Mr.	Kumara	Malaysia	Malaysia Gazette.com
66	Ms.	Beatrice	Malaysia	NST
67	Mr.	Asywar Ahd Samuel	Malaysia	Sla-TV
Observers				
68	Sr. Dr.	Siti Uzairiah Mohd Tobi	Malaysia	Senior Lecturer, UTM Razak School of Engineering & Advanced Technology
69	Dr.	Shele Aswani bt. Inche Zainal Abidin	Malaysia	Family Health Development Division, Ministry of Health
70	Ms.	Divya Sharma	India	
71	Ms.	Drishti Sharma	India	
72	Mr.	Mridul Sharma	India	
73	Mr.	Vipan Sharma	India	
Rapporteurs				
74	Dr.	Rahimah Ibrahim	Malaysia	Associate Professor; Deputy Director, Malaysian Research Institute on Ageing, Universiti Putra Malaysia
75	Mr.	Chai Sen Tyng	Malaysia	Research Officer, Malaysian Research Institute on Ageing, Universiti Putra Malaysia
Photographers and Videographer				
76	Mr.	Alias Abdul Samad	Malaysia	
77	Mr.	Mohd Fuad b. Alias	Malaysia	Videographer
78	Mr.	Muhammad Aizuddin b. Abdul Rahman	Malaysia	Assistant Videographer
79	Ms.	Natalia Fitri bt Alias	Malaysia	Photographer