

The Global Symposium on Ageing

APDA Session: “Exchange with Parliamentarians”

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Venue: Sapphire Ballroom, Lotte Hotel Seoul	
	<u>Chair:</u> Hon. Okky Asokawaty, MP, Indonesia
12:30 - 12:55	<p>Opening Remarks Hon. Teruhiko Mashiko, MP; Vice-Chair of JPPF; Member of the Board of Directors of APDA, Japan [5 min]</p> <p>“Indian Scenario on Ageing” Hon. Chandra Prakash Joshi, MP India Read by Mr. Manmohan Sharma, Executive Secretary of IAPPD [5 min]</p> <p>“Brief Introduction of Country Experience on Ageing” Hon. Dr. Fang Xin, MP; Member of the Standing Committee of NPC; Member of the Education, Science, Culture and Public Health Committee of NPC, China [5 min]</p> <p>“Universal Health Coverage (UHC) 2002” Hon. Dr. Jetn Sirathranont, MP, Thailand [5 min]</p> <p>“How Should Policy Makers Respond to New Challenges and Opportunities of Aging in Malaysia” Hon. Tan Sri Dato' Seri Abd. Khalid bin Ibrahim, MP, Malaysia [5 min]</p>
12:55 - 13:30	<p>Discussion (Q&A)</p> <p>Closing</p>

Abbreviation

APDA	The Asian Population and Development Association
APRO	The Asia-Pacific Regional Office (of UNFPA)
Cr.P.C.	The Code of Criminal Procedure
GDP	Gross Domestic Product
IAPPD	The Indian Association of Parliamentarians on Population and Development
ICPD	The International Conference on Population and Development
IPD	In-patient department
JPPF	Japan Parliamentarians Federation for Population
KOSTAT	Statistics Korea
LTC	long-term care
MP	Member of Parliament
NOAPS	National Old Age Pension Scheme
NPC	National People's Congress
NPOP	National Policy on Older Persons
NSAP	National Social Assistance Programme
OASIS	Old Age Social and Income Security
OPD	Out-patient department
PCC	Primary Care Cluster
UC	Universal Coverage
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VAPPD	Vietnamese Association of Parliamentarians on Population and Development

Opening Remarks

Hon. Teruhiko Mashiko, MP; Vice-Chair of JPPF; Member of the Board of Directors of APDA, Japan

I thank you most cordially for joining us at our Parliamentarians' Lunch Session. At the opening, I would like to say a few words as Member of the Board of Directors of the Asian Population and Development Association (APDA) and Vice-Chair of the Japan Parliamentarians Federation for Population (JPPF).

First, I wish to express my gratitude to UNFPA for giving APDA an opportunity to host this session on the occasion of the Global Symposium on Ageing. At the same time, I thank my parliamentary colleagues for your participation managing to join us in spite of your pressing public duties. Unfortunately, I am the sole participant from Japan due to the general election that took place on the 22 October, following the sudden dissolution of the House of Representatives.

APDA has, with the support of UNFPA-APRO, organized conferences and onsite study tours regarding ageing from 2014. During the first two years, they were organized in Japan, and some of you may have visited places such as Nagano. Last year we had it in Malaysia where we learned a different kind of UHC instituted there.

You have received a copy of Policy Brief on Ageing in Asia. This was put together with eminent researchers in Japan covering APDA's numerous field works, over 35 years, literature related to population and ageing, as well as the outcomes of parliamentarians' meetings and field works on ageing from 2014. This booklet is meant to be of some use to our Asian parliamentary friends in policy-making. The booklet itself is short, but it is supported by a massive accumulation of excellent research materials which were incorporated in policy recommendations. Those can be accessed through site addresses listed at the end of the booklet.

In order to assist you in efficient use of the materials, the website provides short summaries of each material contributed by experts highlighting its significance to aging policy. Should you wish to check the original materials, the links are also provided for your access. Important points, such as making use of traditional non-institutional mechanisms, are incorporated in the seven items at the beginning of the booklet.

In closing, I hope that today's presentations on initiatives taken by each of your countries as well as your active deliberations will provide an opportunity to further promote policy responses to address population issues including aging.

I thank you for your attention.

“Indian Scenario on Ageing”

Hon. Chandra Prakash Joshi, MP India

Read by Mr. Manmohan Sharma, Executive Secretary of IAPPD

Ageing Population in India – Policy Initiatives

In India, the challenges associated with the ageing population are highly diverse and of higher magnitude. Calculations based on the World Population Prospects Data 2010 place the total elderly population (60+) in India in 2010 at approximately 85 million which is more than the total population of Germany in 2010 (82 million). The nature of ageing challenges in India is different from that of South Korea, Japan, Singapore and Germany which are the lead role models of ageing in the world.

Article 41 of the Indian constitution, which is a directive principle of the state policy, enjoins upon the State the responsibility of right to work, to education, to public assistance in case of unemployment, old age, sickness and disablement. In pursuance of this directive principle of state policy, the old age pension scheme of state governments has been introduced through administrative orders. The Hindu Adoption and Maintenance Act, 1956, laid down obligation on a person to maintain his or her aged or infirm parents. Even, Section 125 of Code of Criminal Procedure, 1973 (Cr.P.C), makes it incumbent for a person (including daughter according to recent court judgment) with adequate means to maintain his/her parents.

In this context, Government of India formulated National Policy on Older Persons (NPOP) in 1999. In 2007, Parliament of India approved Maintenance and Welfare of Parents and Senior Citizens Act. In 2008, an Integrated Programme for Older Person (2008) was initiated which is a revised central sector scheme in order to improve the quality of life of the older persons. It has become effective from the financial year of 2008. In India, Ministry of Social Justice and Empowerment looks after the welfare of the senior citizens of our country.

National Policy on Older Persons (NPOP), 1999

The Government of India adopted the National Policy for the Older Persons in January 1999. NPOP confers the status of senior citizen to a person who has attained the age of 60 years. The policy takes a comprehensive view of the needs of the aged and assures them that their concerns are national concerns and they will not be left unprotected, ignored and marginalized.

In keeping with India's commitment to the Basic Principles of the International Plan of Action on Ageing, the national policy enjoins the state and the civil society to extend support for financial security, health care, shelter and other need of older persons, provide protection against abuse and exploitation and empower them. A five-year plan of action from 2002-07 has been drawn up to identify the role of the State governments and the Central Governments, in implementing the national policy for older persons and review its implementation every three years.

National Policy Statement

The national policy assures the older persons that their concerns are the national concerns and it aims to strengthen a legitimate place to older persons in the society. The policy visualizes that the state will extend support in the areas of financial security, health care and nutrition, shelter, education, welfare, protection against abuse and exploitation, and opportunity for development of older person's potential. The policy also aims to provide special attention to older persons in

the rural areas and to the older women. It also emphasizes active and productive involvement of older persons after 60 years of age. The policy recognizes that older persons too, are a resource and believes in the empowerment of the older persons.

The policy seeks to promote and support the voluntary efforts, develop programmes to promote family values, promote gerontological studies and geriatrics and involve the media for advocacy.

Implementation Strategy

The policy also chalks out plans to implement it. It suggests preparing an action plan. The Ministry of Social Justice and Empowerment is the nodal agency. A separate bureau of older persons is to be set up and the states are encouraged to set up separate Directorate of older persons. Progress of the implementation will be monitored by an inter-ministerial committee. Budgetary provisions required for the implementation will be facilitated by the Finance Ministry. Every three years, a detailed review as a public document shall be prepared by the Nodal Ministry on the implementation of National Policy. An autonomous National Council for older persons headed by the ministry of social justice and empowerment shall be setup. Five states shall be represented on the council by rotation. An autonomous, registered National Association of Older Persons (NAOPS) at national, state and district level to be established to articulate their interests, promote and undertake programmes and activities for their well-being and advise the government on all matters relating to older persons. Panchayati Raj institution shall be encouraged to participate in the implementation of the national policy.

Old Age Social and Income Security (OASIS)

Recognizing the financial security as one of the basic needs of, ageing population, the government of India commissioned a national project titled "Old Age Social and Income Security (OASIS) in 1999 with an aim to draw up a comprehensive plan for the financial security of workers or retirement and old age in sectors where no formal arrangements for post-retirement have been made. The OASIS as and when adopted for implementation would enable each person to save during his working life for his/her and spouses financial security.

Maintenance and Welfare of Parents And Senior Citizens Act, 2007

Further to its commitment to senior citizens, Government of India came up with a significant Act in 2007. The Act is entitled as "Maintenance and Welfare of Parents and Senior Citizens Act, 2007". The Act calls for providing maintenance of parents and senior citizens, establishment of Old Age Homes, calls for special facilities for the senior citizens in hospitals like providing beds in a government aided hospital, special queue, specialized medical officers etc., protection of life and property of senior citizen etc.

Integrated Programme for Older Persons, 2008

The main objective of this programme is to improve the quality of life of the Older Persons by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government/ Non-Governmental Organizations/ Panchayati Raj Institutions/ local bodies and the Community at large.

Apart from the Ministry of Social Justice and Empowerment which is the Nodal ministry responsible for the welfare of Senior Citizens, the other ministries which have taken a lead in the care and welfare of the Senior Citizens are:

- i). Ministry of Rural Development for instance under the National Social Assistance Programme (NSAP) provides National Old Age Pension Scheme (NOAPS).
- ii). Under the Annapoorna Scheme, free food grains (wheat or rice) are provided to destitute older persons 65 years and above, especially those who are not receiving pension, though otherwise they are eligible for it.
- iii). Ministry of Finance has the proviso to provide income tax rebate to the Senior Citizens under section 88 of the Finance Act 1992, up to Rupees 15,000 or actual tax whichever is less.
- iv). Senior Citizens are excluded from 'one by six' scheme for filling up Income Tax returns under the provisions of Section 139 (1).
- v). Under section 80 (D), the Senior Citizens are entitled for deductions in respect of medical insurance premium up to Rs. 15,000/-.
- vi). Reserve Bank of India has permitted higher rates of interest on fixed deposits of Senior Citizens by 0.5%.
- vii). Ministry of Health and Family Welfare has issued instructions to state governments to provide for separate queues for older persons in hospitals for registration and clinical examinations. Some of the Hospitals offer some discounts on the OPD (out-patient department) charges to Senior Citizens.
- viii). Ministry of Railways provides discounts of 30% on base fare in case of male and 50% in case of female Senior citizens. Indian Railways provide separate counters for senior citizens for the purchase of tickets.
- ix). Similarly, Ministry of Civil Aviation provides 50% discount on basic fare for all domestic flights in economy fare to Senior Citizens having attained the age of 65 plus.
- x). Ministry of Road Transport and Highways issued instructions to its departments for the reservations of two seats in the front row of the state-run buses.
- xi). Ministry of Telecommunication provides Telephone connection on priority basis to Senior Citizens (65 plus).
- xii). On the request of Ministry of Social Justice and Empowerment, the Chief Justice of India has advised the Chief Justices of all high courts to accord high priority to cases involving Senior Citizens and ensure their speedy disposal.

To Conclude

In brief, several policies and programmes have been/are being launched by the Government of India and the States for the welfare of elderly enabling the disabled and promoting an active, productive and socially useful, healthy and happy life ahead for the Senior Citizens. A critical examination of the programmes indicates that they have insufficient coverage and most of them stay only on paper. Whether, hospitals, buses, railway stations or banks; the senior citizens have to jostle with the young for obtaining seats and attentions of the service providers. The policies and programmes do indicate the state and public awareness to the needs of the elderly. What is now required is their advocacy, sensitization of the public servants and civil society and the effective implementation of the programmes for the welfare of the Senior Citizens.

Political Support

I hereby assure this August House that we will extend full political support in and out of the Parliament for this issue.

“Brief introduction of experience on ageing in China”

Hon. Dr. Fang Xin, MP; Member of the Standing Committee of NPC; Member of the Education, Science, Culture and Public Health Committee of NPC, China

It is my great honor to briefly introduce the experience on ageing in China here. Population ageing is a global common challenge in the 21st century. Ageing problems are more and more severe, and will bring significant impact on social and economic development around the world. We need to respond proactively to population aging, especially to learn successful experiences from other countries. China is making great efforts on the studies and discussion of ageing, and enhancing international exchanges and cooperation, in order to address the problems caused by population ageing.

1. Current situation and developing trend of ageing in China

According to the statistical data, by the end of 2016, the population aged over 60 in China totaled over 230 million, accounting for 16.7% of the total population; while the numbers of population aged over 65 were 150 million and 10.8%. By 2020, it is predicted that the population over 60 will increase to 255 million, with the proportion reaching 17.8%. The population of the oldest old will increase to 29 million and the empty-nester elderly population will increase to around 118 million.

The degree of population ageing in China is increasingly serious, and we are confronting “Silver Tide” of population ageing. Compared with the developed countries, population ageing in China has four main characteristics. The first one is huge amount and fast developing. Secondly, economic development level falls behind the ageing development. The third one is unbalanced regional development, and the last one is the increasing numbers of the oldest old, empty-nester elders, old solitaires and disabled elders. These characteristics reflect not only current situation, but the developing trend in the future as well, which will definitely influence the Chinese economic development profoundly. Therefore, China needs to respond effectively to the challenges caused by population ageing.

2. Main measures

The National People’s Congress and Chinese government have always attached great importance to population ageing problems. Following the principles on “Programme of Action” of International Conference on Population and Development (ICPD) and combining with Chinese conditions, we have implemented many measures and made constant efforts on solving ageing problems. Nowadays, China has established national mechanism and legal and policy system on addressing population ageing.

First, the National People’s Congress enacted and amended relevant laws, and supervised the enforcement of these laws. In order to control the booming population, to reduce the pressure on environmental resources and to promote social and economic coordinative development, the Standing Committee of NPC adopted “Population and Family Planning Law” in 2001. While in 2013, the Standing Committee of the 12th NPC adjusted the family planning policy to adapt to the changes on population development situation. The new policy allowed married couples to have two children if one spouse is an only child. In 2015, the Standing Committee amended “Population and Family Planning Law” and implemented a universal two-child policy. The revised law explicitly stipulates that all couples are allowed to have two children. As a response to the major demographic shift that has taken place in China, the revision of the law is a move that will

have far-reaching effects on our efforts to promote the balanced development of China's population.

Furthermore, early in 1996, the Standing Committee adopted "Law on Protection of the Rights and Interests of the Elderly" and amended twice in the year of 2012 and 2015. This law is enacted in accordance with Chinese conditions, to emphasize the rights and interests of the senior citizens, which provided solid law foundation on the active response to the aging.

Meanwhile, the Standing Committee also takes actions to urge relevant government departments to work toward complete and effective enforcement of these laws. We promote the coordinative development between ageing career and social economic affairs, and gradually achieve the aim that elders gain access to good care, medical treatment, positive activities, learning and happiness.

Second, Chinese government enacted and perfected the supporting regulations of protecting rights of the elderly and developing old-age care services. We are constantly expanding the coverage of basic old-age pensions and basic health insurance, and increasing the level of benefit year by year. The elderly service system has been formed, which is based on the family supply, supported by the community, supplemented by the organizations and integrated treatment and convalesce.

China presses ahead the construction of age-friendly living environment, and optimizes the conditions of the elderly participation in society. The culture, sports and education career of the elderly develop faster and faster, and the spiritual and culture life becomes increasingly rich. More preferential projects for the elderly have been implemented, and the coverage is broader. We have established a social climate respecting and supporting the elderly, and the senior citizens gain a strong sense of benefit and happiness. Nowadays, the elderly security system covering the urban and rural areas has established, and old-age care services are developing rapidly. The elderly participant in society has been generally regarded.

In future, the NPC and Chinese government will make great efforts on exploring an endowment pattern and system suitable all over China, through taking further actions and learning from the successful experiences of other countries. We try to respond and solve ageing problems. While developing our economics, we will continuously perfect elderly security system, establish more sound old-age care institutions, strive to develop old-age care system and home-based community services, step up the development of old-age care facilities, support social power setting up old-age care institutions and improve the service quality of these institutions.

In conclusion, population ageing is a global problem which should be paid more attention by all the countries. We hope to take active measures to address it in advance, step by step. We need to change the challenges to opportunities, and establish comprehensive measures suitable for all the countries, in order to make new contributions to the balanced development between population and social economics.

“UHC 2002”

Hon. Dr. Jetn Sirathranont, MP, Thailand

Thailand has provided UHC since 2002 (15 years ago), while there is a question about increasing proportion of the elderly in OPD (out-patient department) and IPD (in-patient department) cases.

In the year 2016, the number of the elderly increased from 7.9 million, or 16.4%, from 14.4% in year 2012. More and more elderly people come to receive medical services: 6.874 million elderly people, or 86.8% of the elderly, received OPD services.

Similarly, IPD elderly patients increased from 900,000 in 2012 to 1.064M in 2016; from 1.553M visits in 2012 to 1.868 million visits in 2016. This means 18.2% increase in number and 20.22% increase in visits in 5 years. In the rapid growth of the elderly issue, increasing number of OPD and IPD cases will have a lot of impact especially on the hospital staff.

The budget for UHC in the year 2018 was 111,179.08M Baht (3,369M USD), which increased by 1.57% or 48.2M. The expense for (hospital staff) salary is 2,773.5M USD, which is a 6% increase from last year.

When Thailand launched the 30-Baht Scheme in the year 2002, or 15 years ago, the capitation was 1,202.4 Baht, or 36.4 USD. From 2018 the budget for LTC was only 35M USD or 1,159.2M Baht for 608,948 dependent elderly (medium to severe degree).

LTC budget increased from 600M Baht and 900M Baht from 2016 and 2017 respectively. The budget has provided for training and salary for care managers and care givers, but the money cannot be used efficiently currently because of the problems of the local administrative law.

The Thai Constitution in Section 258: National reform in various areas shall be carried out to at least achieve the results, including establishing a primary health care system in which there are family physicians to care for the people in an appropriate proportion.

Family physicians or family medicines working in Primary Care Cluster (PCC) can solve cloudy outpatient at Hospitals (Community, Provincial and Regional Hospitals) by provide satellite PCC around hospitals. 3 medical doctors with 14 nurses and 2-3 officials (may be dentist, pharmacist or laboratory technician for one PCC) making a good relationship between patients and medical staff.

Each PCC takes care of 30,000 people in its catchment area, like clinic or poly clinic. It is intended that patients do not have to walk long. Public Health Ministry plans to provide 6,500 medical doctors to take care Thai people all over the country in 10 years.

These family medicines and staff will treat OPD cases in the morning and visit homes in the afternoon for home-bound and bed-bound elderly for care and programmes including prevention. For family medicines budget in the year 2018, the budget bureau provides only 1,000M Baht (30M USD).

Income security for elderly

Safety net for 3 groups of elderly: Thailand has a government official pension fund for retired officials, Social Security Fund for labors, and lacking group.

Informal sector

National Saving Fund which involves co-payment by the insured and the government. After reaching age 60, the insured receives an elderly pension. The National Saving Fund Act will assist those

nearing retirement who have no other pension option so that they can enroll in the NSF. This measure aims to ensure social safety net for the vulnerable and growing elderly segments of the population. If this National Saving Fund can cover all people in informal sector, then all of elderly in Thailand are in financial security. But after the Act was announce in the government gazette in 2011, the number of members was only 500,000—a long way forward to reach the target.

The Thai National Assembly has just passed adopted Elderly Law in first reading to increase the monthly allowance for poor elderly. Currently, every elderly person aged more than 60 years, rich or poor, can ask for monthly universal elderly living allowance from the government. Elderly aged more than 60 can receive 600 Baht per month, more than 70 years old can receive 700 Baht, more than 80 years old can receive 800 Baht, more than 90 years old can get 900 Baht, and those who are more than 100 years old can get limited 1,000 Baht per month.

This populist policy consume a lot of budget, about nearly 2,000M USD for 8.1 million elderly in the year 2017, making budget for the elderly in the year 2016 to be 300,000M Baht (nearly 10,000M USD) including the Pension Fund for retired government official and some part of the Social Security Fund. That is 2% of GDP (and going to double in the year 2022) or about 14% of the government budget. This populist policy consumes a lot of government budget but the poor received too small money because it is universal budget.

Last month the Finance Ministry proposes the adopted Elderly bill to get fund from sin tax from Tobacco and Alcohol about 4,000M Baht. This bill ear marks tax, and the source of fund is 2% from sin tax, 200,000M Baht maximum cap at 4,000M USD. The excess will send to Finance Ministry, which will send to the poor on top of monthly allowance that they received. It is not universal, and only for the poor.

The poor elderly is defined by those elderly who registered, with an income less than the poverty line, about 2,640 Baht per month in 2015. Some money excess from monthly allowance will send to Social Development Ministry for building and repairing house of the poor, providing projects for the poor, lending for the poor about 30,000 Baht in each case, hiring poor elderly for work, and providing salary of care managers and care givers for LTC (19.0% home-bound elderly and 1.5% bed-bound).

Population and Service Rate for the Elderly 60+ of UC 2012-2016 List

	2012	2013	2014	2015	2016
1. UC Population (Person)					
- All age groups	48,441,999	48,682,727	48,411,833	48,362,555	48,268,385
- Aged 60+	6,971,926	7,255,460	7,434,158	7,623,605	7,917,544
Percent, Aged over 60+ (Per Total UC)	14.4	14.9	15.4	15.8	16.4
2. Out-patient (OP) Elderly 60+					
Person	5,256,251	5,637,282	5,824,207	6,280,111	6,874,089
Visit	39,465,389	41,963,716	46,881,561	49,773,625	54,497,306
Rate of OP (Times / Elderly 60+ of UC)	5.66	5.78	6.31	6.53	6.88
3. In-patient (IP) Elderly 60+					
Person	900,072	949,561	978,556	1,023,573	1,064,394
Visit	1,553,900	1,631,093	1,713,272	1,791,343	1,868,163
Rate of IP (Times/ Elderly 60+ of UC)	0.223	0.225	0.230	0.235	0.236

Source: OP & IP Information Service from Information Security Administration Bureau (IT) NHSO. Cal 12 July 17
 1. OP service source: OP individual and OP e-claim 2. IP Service source: e-claim.

“How Should Policy Makers Respond to New Challenges and Opportunities of Aging in Malaysia”

Hon. Tan Sri Dato’ Seri Abd Khalid bin Ibrahim, MP Malaysia

I would like to thank the organizers of Global Aging Symposium to give me the opportunity to share my thoughts about the aging population in my country Malaysia.

In October 1995 the National Policy for Older Persons was approved by the Government. Malaysia is one of the earliest countries in the Asia Pacific region to have its own policy for older persons. Older persons are defined as persons aged 60 years and above.

Malaysia has a fairly developed health care system and achieved universal health coverage (UHC) way back in the 1980s. This is one of the main reasons why the aging population has since increased. But truth be told, like many other Asian countries, Malaysia does not have a sustainable program that can cater to the increasing number of the aging. As one of the 222 parliamentarians in Malaysia, I have called on the Government to initiate a foresight report to curb any crisis in social care for the aging.

And what do we see for the aging community in Malaysia in the next 10-15 years?

Slower population growth rate: In 2010 the population growth rate was 1.8% but in 2040 it will decline to 0.8%. This results in the change of population age structure where the percentage of old age increases significantly. From a mere 5% in 2010, the aging population will make up 14.5% of the Malaysian population in 2040. This in turn will affect among others the increase of the independent ratio. We know this would lead to economic implications.

As I mentioned earlier, my country Malaysia is not ready for this. The health care industry will face major staffing shortages. There is little progress in ensuring that communities are equipped to help the aged live independently for long. Savings levels remain far too low, and the future generation of older people find themselves poorer, creating a new group of poverty population. Then there is also a housing issue as Malaysia is facing huge undersupply of retirement housing and mainstream housing is not meeting the needs of older people.

We also foresee Malaysian economy losses billions of ringgit due to underemployment of older people, who cannot work because of age limitation or shortage of suitable job. To make it worse, Malaysia is moving away from the extended family structure as the younger generation prefers a smaller family. Previously the extended family structure provided the social support needed for the elderly. This happening faster compared to the government’s ability to provide a sustainable solution.

It creates an urgent situation for the Government to focus on addressing the crisis. For this, we recommend for a white paper on the “Future of an Aging Population in Malaysia” to be presented to Parliament of Malaysia.

Thank you. Kamsahamnida.

Discussion (Q&A)

Chair: Hon. Okky Asokawaty, MP Indonesia:

Thank you for the speech Honorable Ibrahim. As parliamentarians, we have to control the government.

Distinguished Ladies and Gentlemen, now we are in a question-and-answer session. I will first collect some questions and then ask for answers. Please introduce yourself first.

Prof. Ikki Kim, Xin'ao International Outstanding Professor, Renmin University of China:

My name is Ikki Kim. I am originally from Korea. I used to teach at University in Korea, but now I am teaching at Renmin University in China. My question is that in Japan I heard the definition of aging has changed from those who are 65 and above to those who are 75 years and above. So I am wondering if there are any such changes.

Chair:

Thank you. Next question please.

Hon. Hajah Khairiah Binti Mohamed, MP Malaysia:

Thank you. I am very interested in the presentation of Hon. Dr. Jetn Sirathranont from Thailand, especially the allowance to the senior citizens. My question is how much annually does the country spend for this allowance, and is there any contribution by the private sector? Thank you.

Chair:

From the center there is a question for the panelist, please.

Dr. Tien Van Nguyen, former MP Vietnam:

Thank you, Madam Chair. I am Dr. Tien, former parliamentarian from Vietnam. I listened to many experts at international seminars and, especially from Japan and Korea, who recommend the reduction of the residential care because of the burdens for the government. But I see in many countries like Vietnam, Philippines, Indonesia and China, they have not had enough residential care.

My question is how many elderly people should be living in residential care; how many of them in the community and home care? I heard that in Shanghai and other provinces, about 1% of the elderly are living in residential care, and 2% in the community care, while others in the family care. I would appreciate it if Honorable Member of Parliament from China explains about the principles, so that other countries can apply. In Vietnam so many experts and international consultants come and recommend the government not to set up so many residential care institutions, but actually we have a very limited residential care. So I would like to know the suitable percentage of such care centers for developing countries, like those sitting here, except Japan and Korea? Thank you.

Chair:

Thank you. Hon. Dr. Fang Xin, please consider it for answer. The next question please.

Ms. Jenifer Butler, Deputy Regional Director, UNFPA APRO:

I'm Jenifer Butler, Deputy Regional Director of UNFPA Asia-Pacific Regional Office (APRO). Thank you very much for having this session today. I have learnt quite a lot in last two days. I am interested in how Members of Parliament would advise all of us to engage in lower national level, to engage in municipal level, to work with local cares and opportunities for lower level responses, not just the national level. Thank you.

Chair:

Thank you. We have only 10 minutes left, so first Hon. Mashiko can respond to question from Korea.

Hon. Teruhiko Mashiko, MP Japan:

First of all, thank you very much for your question. The government has not changed the retirement age from 65 to 75 officially. As most of you know, Japan's life expectancy is one of the highest in the world: the female average life expectancy is 87 years old and the male life expectancy is 81. Thus, many think that having the retirement age at 65 is too young, and there are discussions as to whether the retirement age should be increased to 75 years old. At the private sector, their retirement age policy used to be 60 years old, but recently it was raised to 63 years old on the average and is increasing; it is about to reach 65 years old. More and more companies are joining this retirement age policy.

Japan's life expectancy, especially healthy life expectancy, is getting longer, so the age at which individuals can begin receiving the basic pension has been gradually raised. Those who were born after the World War II in 1947-1949 are called baby boomers, and in 2025 these baby boomers will all become over 75 years old, among the "old-old" (75 or older). Before this turning point, we are looking for solutions for the best ways to provide nursery services, health care services and realize "work-style reforms".

Lastly, how to mobilize resources to address this ageing issue is very critical. Five years ago, when the Democratic Party (DP) was in power before the incumbent Abe administration, DP decided to increase the consumption tax from 5% to 10% and to use that additional 5% for pension, nursing, healthcare, social security and welfare. However, the Abe administration increased by 3%, and postponed twice the remaining 2% tax hike. And the promise to use the revenue from the consumption tax for social security and welfare issues are not fulfilled.

The issues of how to finance social security and welfare issues, how better to use the consumption tax for these issues is going to be a very important political and social discussion in Japan.

Prof. Ikki Kim, Xin'ao International Outstanding Professor, Renmin University of China:

During yesterday's presentation by Dr. Hiroko Akiyama, she mentioned about changing the definition of the old age from 65 to 75 years old. That's why I asked this question.

Chair:

We will ask Hon. Dr. Jetn Sirathranont to respond to the question.

Hon. Dr. Jetn Sirathranont, MP Thailand:

Thank you. Last year, the total budget for elderly allowance was about 2000M USD and by the new

law the sin tax will be raised by 2% to support this budget. The tax hike will raise about 4000M Baht annually and additional 3600M Baht on the top of the money allowance. The rest money goes through the Social Welfare Ministry for building and repairing new houses for elderly care and salary for managers and other employees.

Chair:

Thank you. Hon. Ibrahim, please respond to Ms. Jenifer Butler from UNFPA.

Hon. Tan Seri Abd. Khaled Ibrahim, MP Malaysia:

Thank you very much. I think the role of parliamentarians is to optimize the amount of resources the country has, in order to give the best welfare service to everybody. But unfortunately the economic development and budget is not sometimes in tandem. Especially, in Malaysian experiences, the moment we started to urbanize, we have a new problem with aging population. Because the extended family is not there - in the urban areas - so we have to come out with the budget to support the need of the people in the urban areas. The way we plan the housing and the units, we must consider the space for the elderly and the way they live. In other words, we may want to give the lower flats to the elderly and higher for the young couples.

In Malaysia we still have a long way of coming out with the total program because we do not know how to handle it. I mentioned about a white paper, so that we talk it out. We do not know how to handle it because, for example, as my fellow parliamentarian from Malaysia asked how much Thailand gives welfare dollars, everybody's expectation is so high but we cannot even afford it. This is a worry we have, and I think this is an issue that we really need to handle very carefully.

Chair:

Thank you, Hon. Ibrahim. Hon. Dr. Fang Xin from China, next please.

Hon. Dr. Fang Xin, MP China:

Thank you. As you know in China the older people can get assistance under support by the community, so by the end of 2015 about 96% have home care, 3% community care, while 1% institutional care. Thank you.

Chair:

Thank you. Before I close the session, I would like to add more to respond to Ms. Jenifer. The functions of Members of Parliament are budgeting, legislation and controlling. What we can do is to make recommendations to the government and call upon government to take action, but we do not have any sanction against them even if they are not doing our recommendations. Integration between the Parliament, Civil Society, local leaders and international community is very important to raise this matter.

Thank you for all speakers and participants. With this I would like to close this session.

Policy Recommendations

- I. Demographic structure cannot be adjusted to fit existing social systems. It is important that social systems are built to fit the demographic structure.
- II. As policy responses to population ageing inherently involve questions of values, any responses require both the active involvement of parliamentarians and the creation of platforms for public discussion of these issues.
- III. To make social security systems sustainable and to increase the cost effectiveness of such systems, we need to clarify what areas require the development of institutions, and not just push through with the institutionalization of entire systems. A well-balanced framework should be put into place, so that instead of merely relying on establishing a public system, a system is designed that can also draw on the support of non-institutional mechanisms, including those provided by communities.
- IV. Rather than build a UHC system on an assumption of future population increase, it is important to construct a system in a sustainable and economically rational way, so that it functions even when a country is confronted with an ageing population and fertility decline.
- V. At the same time, there is a need to promote research and implement policies to stem very low fertility and so avoid too rapid a decline in population.
- VI. It is necessary to strengthen the gathering of statistics, in particular the census system, and to establish family registration systems in order to identify the paid subscribers and beneficiaries of social security, and to avoid a breakdown in the system resulting from the so-called tragedy of the commons. For this, information technology could be useful to reasonably link beneficiaries and paid subscribers.
- VII. The development and introduction of robotics should be encouraged as a way of reducing the heavy dependence on human labor that care of the elderly entails.

http://www.apda.jp/pdf/p06_koureika/policy_en.pdf

Participants List

No.		Name	Nationality	Affiliation
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Developing World Faces Challenge of Large Ageing Population

By Amna Khaishgi

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Over the next decade, China will be home to the world's largest elderly population, while India -- because of its demographic dividend -- will require jobs for the world's largest workforce. Credit: Neeta Lal/IPS

SEOUL/NEW DELHI, Oct 28 2017 (IPS) - Experts on population ageing converged in Seoul this week to discuss how to make reaching one's "golden years" a happy and sustainable process across the world.

They gathered at the Global Symposium on Ageing 2017. The two-day symposium on Oct. 23-24 was aimed at "Promoting Resilience and Sustainability in an Ageing World".

Organized by the United Nations Population Fund (UNFPA) and Statistics Korea (KOSTAT), it brought together thought leaders in the field of ageing, including policy makers, academics, civil society, the private sector, and representatives of international agencies, to review past developments, current challenges, and future actions.

"Population ageing is no longer a phenomenon of developed countries. The pace of population ageing is progressing most quickly in developing countries. By 2050, around 80 percent of people aged 60 or older will live in what are now low- or middle-income countries," said Dr. Natalia Kanem, executive director of UNFPA.

"Ageing is the outcome of great achievements in health and nutrition, in social and economic development, and it reflects a better quality of life around the globe. It is a triumph of development. We must now turn our focus from merely helping people reach old age to helping them reach a happy old age," she added.

Countries like Bangladesh, China, India, Indonesia, Japan, Malaysia, Manoglia, Nepal, Philippines, Republic of Korea, Sri Lanka, Thailand and Vietnam participated in the symposium and shared their experiences. UNFPA also announced the establishment of its permanent liaison office in Seoul to work on population ageing.

During the two-day symposium, participants reviewed the progress of the Madrid International Plan of Action on Aging (MIPAA), which was adopted at the Second World Assembly on Ageing by government representatives from all over the globe in 2002.

MIPAA continues to serve as one of the main guiding frameworks for UNFPA's work of stock-taking on global ageing. It recognizes ageing as a global trend and relates this to social and economic development and human rights. MIPAA promotes a "society of all ages" and assures the wellbeing of a large and growing number of older persons.

The symposium also debated how population aging might affect social and economic development, and discussed whether government policies regarding education, health, and woman's empowerment are really supporting their ageing population.

One in nine persons across the world is aged 60 or older. This is projected to increase to one in five by 2050.

On the eve of the conference, the [Asian Population and Development Association \(APDA\)](#) also issued a 'Policy brief on Ageing in Asia'.

"We live in a world in which globally the population is ageing, and a demographic transition taking place," said Yasuo Fukuda, a former

"Having never encountered ageing on a global scale before, humanity is still grappling with this issue through a trial and error approach." -- Yasuo Fukuda, Chair of APDA

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Prime Minister of Japan and Chair of APDA, in his introduction.

“Having never encountered ageing on a global scale before, humanity is still grappling with this issue through a trial and error approach, and despite multitudinous research on the topic, a one-size-fits-all solution has yet to be found,” he said.

“This report too is limited in its scope, and is by no means a compendium of the vast amount of research that has been done on ageing and social security, and does not offer definitive solutions,” Fukuda added. “What it does aim to do is to clearly set out issues surrounding this topic and present critical views that can help Asian countries develop better policies for population ageing.”

While sharing the details and findings of the policy brief, Fukuda said that it is necessary to strengthen the gathering of statistics, in particular the census system, and to establish family registration systems in order to identify the paid subscribers and beneficiaries of social security, and to avoid a breakdown in the system resulting from the so-called tragedy of the commons. He also emphasized that there need to promote research and implement policies to stem very low fertility and so avoid too rapid a decline in population.

According to the Policy Brief, issued by APDA, the world’s ratio of population ageing will increase from 9.3 percent to 16.0 percent from 2020 to 2050. In Asia, the ratio will more than double, from 8.8 percent to 18.2 percent. In more developed regions and less developed regions, the ratios will rise from 19.4 percent to 26.5 percent and from 7.4 percent to 14.4 percent respectively.


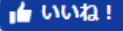
“Asia’s population, however, is estimated to age rapidly thereafter so that by 2050, the ratio in six countries and areas will be 30 percent or over, which is considered the ratio at which point a country can be described as a super-ageing society, 20-30 percent in 11 countries and areas, 10-20 percent in 25 countries and areas, and less than 10 percent in nine countries and areas (and less than 7 percent in five of these nine),” the brief said.


“The projections show that around 90 percent of Asian countries will be either ageing or super-ageing societies by 2050. Ageing in Asia is particularly characterized by the rapid pace of ageing in East Asian countries,” the report said.

“Whereas it took more than 40 years for the ratio of population ageing to double from 7 percent to 14 percent in Western countries, it took less than 25 years in countries such as South Korea, Singapore, and Japan.”

According to the report, the projections of the ratio of population ageing in 51 countries and areas in Asia in 2020, the ratio is estimated to be 15 percent or over in five countries and areas (including Japan, South Korea, and Singapore), 10-15 percent in eight countries and areas (including Thailand, China, and Sri Lanka), 7-10 percent in seven countries (including North Korea, Vietnam, and Malaysia), 5-7 percent in 11 countries and areas (including India, Iran, and Indonesia), and less than 5 percent in 20 countries and areas (including Cambodia, Mongolia, Pakistan, and Iraq).

The data show that in 2020, 20 countries and areas will reach the 7 percent mark, which is considered the benchmark indicator of an ageing population, while 31 countries and areas will fall short of the 7 percent mark. Countries and areas with a young population structure will make up about 60 percent of all countries and areas in this region.

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