



Economic and Social Council

Distr.: General
20 April 2022

Original: English

Economic and Social Commission for Asia and the Pacific

Asia-Pacific Intergovernmental Meeting on the Fourth Review and
Appraisal of the Madrid International Plan of Action on Ageing

Bangkok and online, 29 June–1 July 2022

Items 2 and 3 of the provisional agenda**

Review of progress and challenges in accelerating the implementation of the Madrid International Plan of Action on Ageing, 2002, in Asia and the Pacific

**Consideration of key regional issues within the framework
of the Madrid Plan of Action, together with emerging issues**

Overview of levels and trends in population ageing, including emerging issues, and their impact on sustainable development in Asia and the Pacific

Note by the secretariat

Summary

Sixty per cent of the world's population aged 60 years or over resides in Asia and the Pacific. The region has been experiencing rapid population ageing and the share of the older population is projected to increase further, from 13.6 per cent in 2020 to 25.0 per cent in 2050. This rapid growth means that many countries have little time to adapt to the consequences of demographic ageing.

Population ageing is a human success story, resulting from improved public health, medical advancements and overall social and economic development. Although challenges and opportunities linked to population ageing have been addressed in the region, some areas, such as the provision of social protection and long-term care, need continued attention. Moreover, emerging issues such as climate change, the coronavirus disease (COVID-19) pandemic and digital transformations affect all older persons and their families.

In 2022, members and associate members of the Economic and Social Commission for Asia and the Pacific (ESCAP) are reviewing and appraising the status of implementation of the Madrid International Plan of Action on Ageing, 2002, for the fourth time. The Madrid Plan of Action complements the 2030 Agenda for Sustainable Development and the United Nations Decade of Healthy Ageing (2021–2030). This fourth review and appraisal will build upon the synergies with these other global guiding documents. Assessing the situation of older persons in the region will enable States members of ESCAP to identify opportunities to accelerate implementation of the Madrid Plan of Action and to mainstream ageing into policies and programmes.

* Reissued for technical reasons on 25 May 2022.

** ESCAP/MIPAA/IGM.3/2022/L.1.

The present document contains an overview of ageing levels and trends in Asia and the Pacific and information on the social and economic situation of older persons. The impact of the COVID-19 pandemic on older persons is analysed. Drawing on a preliminary analysis of the responses provided voluntarily by member States to surveys on implementing the Madrid Plan of Action, the document also contains information on lessons learned and good practices in responding to population ageing. In conclusion, action-oriented recommendations are made for addressing the challenges and harnessing the opportunities of population ageing and for building societies for all ages in Asia and the Pacific.

The recommendations are aimed at enabling member States, in partnership with all stakeholders, to accelerate implementation of the Madrid Plan of Action in Asia and the Pacific.

I. Introduction

1. Population ageing is a human success story, resulting from improved public health, medical advancements and overall social and economic development. The growth in the number of older persons and in the share of the older population affects economies, societies and the environment.

2. The Madrid International Plan of Action on Ageing, 2002, which is the global guiding framework on population ageing, was adopted at the Second World Assembly on Ageing. Its three priority directions are: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. The 2030 Agenda for Sustainable Development complements the Madrid Plan of Action. The call to leave no one behind resonates with the call to build societies for all ages. Moreover, addressing the priority directions of the Madrid Plan of Action supports the implementation of the 2030 Agenda.

3. In the Madrid Plan of Action, it is highlighted that systematic reviews of its implementation by States are essential for its success in improving the quality of life of older persons. Reviews and appraisals, therefore, provide the evidence base to inform effective and forward-looking policymaking.

4. The proposal for the United Nations Decade of Healthy Ageing (2021–2030) provides a work programme with voluntary policy options and strategies for use by Governments and other stakeholders to improve the lives of older people, their families and the communities they live in. The four action areas identified in the framework of the Decade are: age-friendly environments; combating ageism; integrated care; and long-term care.¹

5. In accordance with Economic and Social Council resolution 2020/8, during 2022 the regional commissions of the United Nations have been reviewing the implementation of the Madrid Plan of Action in their respective regions, for the fourth time. These regional reviews build on national reviews undertaken in 2021; together, the regional and national reviews will inform the global review to be carried out at the sixty-first session of the Commission for Social Development, to be held in 2023.

6. The present document brings together the latest evidence on population ageing and the situation of older persons in Asia and the Pacific. The information contained herein is presented in accordance with the priority directions of the Madrid Plan of Action and, where applicable, the 2030 Agenda and the United

¹ For more information on the United Nations Decade of Healthy Ageing (2021–2030), see www.who.int/initiatives/decade-of-healthy-ageing.

Nations Decade of Healthy Ageing. Prepared in the year marking the twentieth anniversary of the adoption of the Madrid Plan of Action, the present document focuses on topics that require continued (or renewed) attention and on emerging trends such as the coronavirus disease (COVID-19) pandemic, digital technologies and climate change. Consideration has been given to mainstreaming gender. The document also highlights preliminary findings drawn from the responses provided voluntarily by States members of the Economic and Social Commission for Asia and the Pacific (ESCAP) to the national survey² on implementing the Madrid Plan of Action. As at the time of writing, 19 responses to the survey had been received.³ A more detailed analysis of the responses will be contained in an information document to be issued shortly before the Asia-Pacific Intergovernmental Meeting on the Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing.⁴

II. Ageing levels and trends: from ageing to aged societies

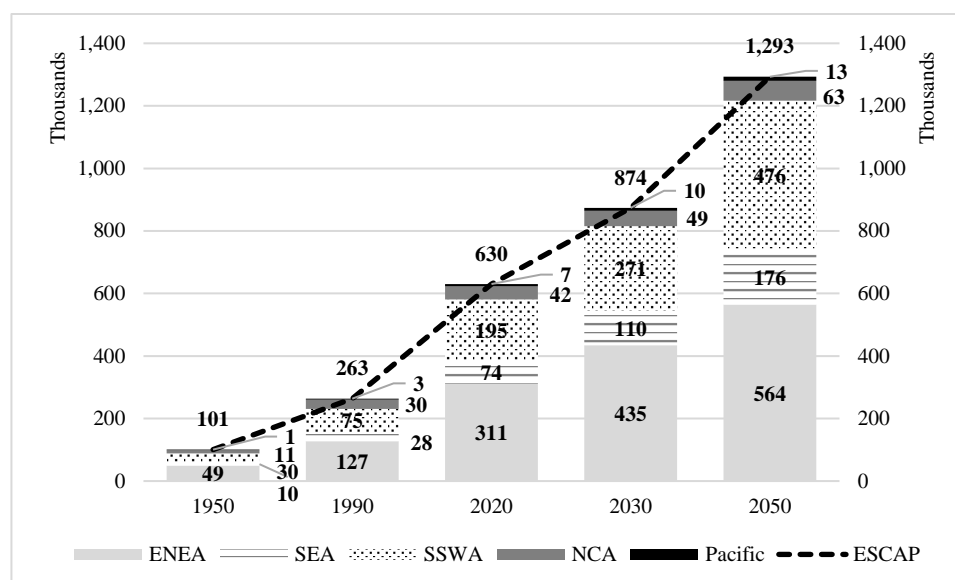
7. The number of older persons in Asia and the Pacific has more than doubled, from 263 million in 1990 to 630 million in 2020, increasing from 6.7 to 13.6 per cent of the total population. By 2050, 1.3 billion older persons, or 24.9 per cent of the total population, are projected to reside in the region (figure I). Most older persons in the region currently reside in East and North-East Asia, followed by South and South-West Asia, South-East Asia, North and Central Asia and the Pacific. In 2020, older persons accounted for 18.8 per cent of the population of East and North-East Asia, 17.7 per cent of the population of North and Central Asia and 17.5 per cent of the population of the Pacific. In South-East Asia and in South-West Asia, respectively, about 11.1 and 9.6 per cent of the total population were aged 60 years or over.

² The survey, which is structured according to the priority directions of the Madrid Plan of Action, was reviewed by the Asia-Pacific informal regional network of focal points on ageing, a networking group of the Asia-Pacific Regional Consultative Platform.

³ As at 10 April 2022, the following ESCAP member States had provided responses to the survey: Armenia; Australia; Azerbaijan; Bangladesh; Bhutan; Cambodia; India; Indonesia; Japan; Kazakhstan; Kyrgyzstan; Malaysia; Maldives; Mongolia; Philippines; Republic of Korea; Russian Federation; Singapore; and Turkey. Responses to the survey from the following States had been received by the Economic Commission for Europe (ECE) and shared with ESCAP: Armenia; Azerbaijan; Kazakhstan; Russian Federation; Tajikistan; and Turkey. Azerbaijan, Kazakhstan and Turkey submitted separate responses to ESCAP and ECE.

⁴ To be issued with the symbol ESCAP/MIPAA/IGM.3/2022/INF/1.

Figure I
Number of older persons by subregion in 1950, 1990, 2020, 2030, 2050 and 2100



Source: United Nations, Department of Economic and Social Affairs, *World Population Prospects: The 2019 Revision*. Available at <https://population.un.org/wpp/> (accessed on 12 March 2022).

Abbreviations: ENEAS, East and North-East Asia; NCA, North and Central Asia; SEAS, South-East Asia; SSWA, South and South-West Asia.

8. In 2020, Japan (34.3 per cent), Hong Kong, China, (26.1 per cent) and the Republic of Korea (23.2 per cent) had the highest proportion of persons aged 60 years or over. By 2050, more than 40 per cent of their total population, as well as of Singapore, is projected to be aged 60 years or older (table).

Top 10 countries/areas with the highest proportion of the population aged 60 years or over in Asia and the Pacific in 1950, 2020 and 2050

Rank	1950		2020		2050	
	Country/area	Percentage	Country/area	Percentage	Country/area	Percentage
1.	Georgia	14.9	Japan	34.3	Republic of Korea	44.8
2.	New Zealand	13.1	Hong Kong, China	26.1	Japan	43.9
3.	Australia	12.5	Republic of Korea	23.2	Hong Kong, China	41.5
4.	Kyrgyzstan	12.5	Russian Federation	22.4	Singapore	40.3
5.	Armenia	12.3	New Zealand	22.2	Macao, China	37.5
6.	Sri Lanka	11.0	Australia	21.8	Thailand	35.8
7.	Azerbaijan	10.3	Georgia	21.5	China	34.6
8.	Kazakhstan	10.2	Singapore	20.9	Maldives	30.7
9.	Turkmenistan	9.5	Thailand	19.2	Russian Federation	30.6
10.	Uzbekistan	9.4	Macao, China	18.9	New Zealand	29.7

Source: *World Population Prospects: The 2019 Revision* (see figure I).

A. Oldest old

9. The number of persons aged 80 years or over in the region is projected to increase at a faster rate than the total number of older persons. Between 1990 and 2050, the number of oldest old will grow more than 10 times, from 23 million to 255 million. Currently, 76 million oldest old live in Asia and the Pacific, of whom 53 per cent reside in East and North-East Asia alone. In Japan and Hong Kong, China, persons aged 80 years or older accounted for 9.0 and 5.1 per cent of the total population in 2020 respectively. Also in Japan and Hong Kong, China, the oldest old are projected to comprise 15 per cent or more of the total population by 2050.

B. Gender dimension of population ageing

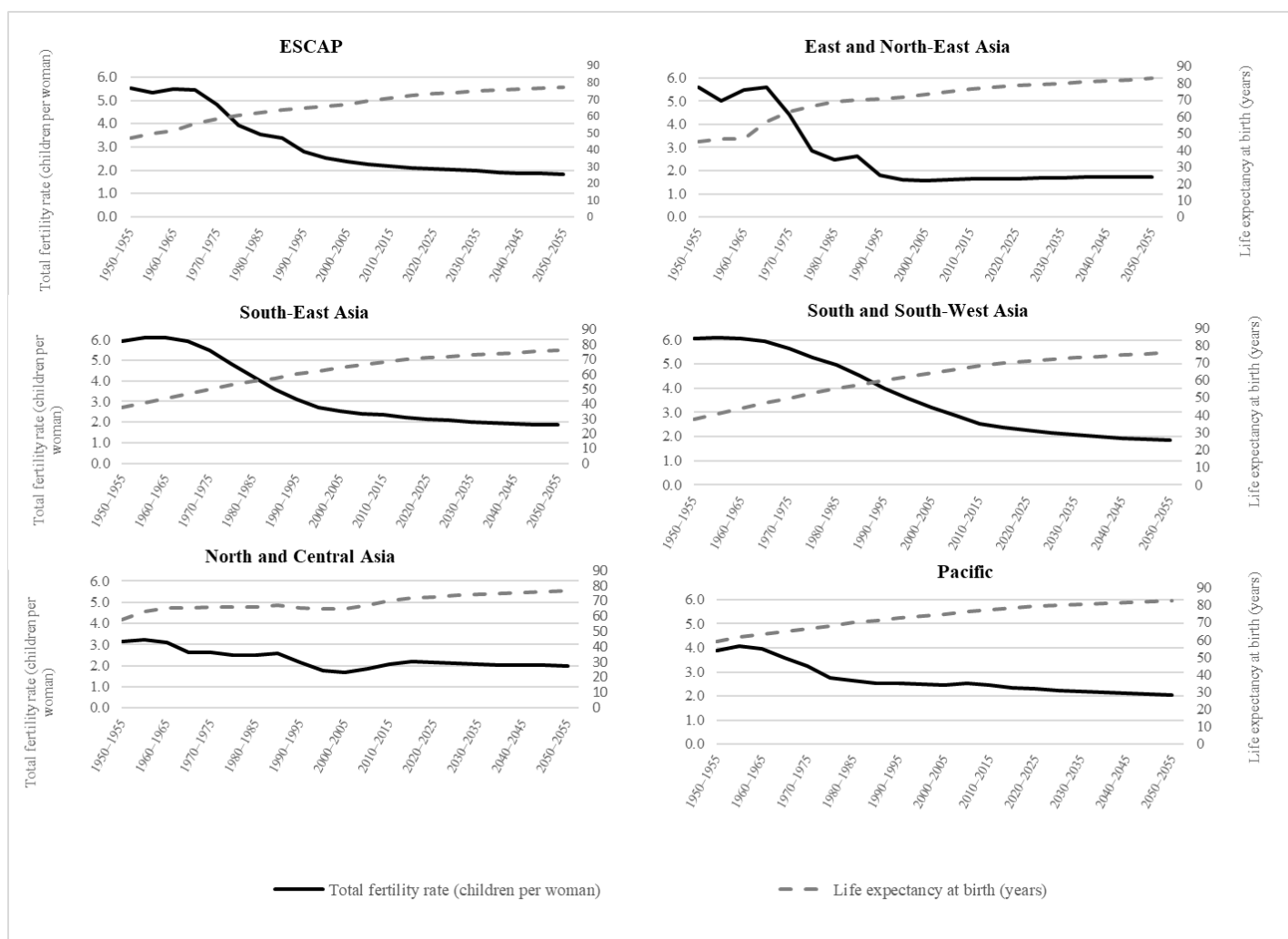
10. Given their longer life expectancy, older women generally outnumber older men. Consequently, the proportion of older women tends to rise with age. In 2020, older women accounted for 53.2 per cent of the total older population in the region and for about 61.2 per cent of the oldest old.

11. Compared to men, women, especially those in developing countries, enter old age with the accumulation of a lifetime of gender-based disadvantage. Over the life course, they typically have fewer opportunities for education, lack social protection, including access to health services, and lack access to land and income. They are often economically dependent on their spouses or other male household members. In old age, they often continue to perform unpaid care work in the home, including by caring for their typically older spouses as well as for their grandchildren. As women generally outlive men and their spouses are often older, they experience widowhood at higher rates than men. When their spouses pass away, they are vulnerable to discrimination, financial hardship and isolation. These experiences affect their social and economic situation in later life and increase their risk of living in poverty, ill-health and isolation. Thus, Sustainable Development Goal 5, on gender equality, complements the call made in the Madrid Plan of Action to mainstream a gender perspective into all policies and programmes on older persons.

C. Underlying causes of changing age structures

12. Shifts in age structures in the region are the result of significant declines in fertility and mortality, coupled with increased longevity. Total fertility decreased by more than half, from 5.5 children per woman in 1960–1965 to 2.1 children per woman in 2015–2020. The decline was most significant in South-East Asia, where fertility decreased from 6.1 children per woman in 1955–1960 to 2.2 children per woman in 2015–2020 (figure II). Although past and current fertility levels and the speed of the fertility decline vary among subregions, by 2015–2020 almost half of the 50 countries/areas with available data in the region had total fertility rates below the replacement level of 2.1 children per woman.

Figure II
Total fertility rate and life expectancy at birth in Asia and the Pacific,
by subregion, in 1950–2050



Source: *World Population Prospects: The 2019 Revision* (see figure I).

13. As fertility rates move towards the replacement level of 2.1 children per woman, mortality declines, especially at older ages, assume an increasingly important role in population ageing. Since the 1950s, life expectancy at birth increased in Asia and the Pacific by more than 25 years, from 47 years in 1950–1955 to 72 years in 2015–2020. Over the next 30 years, life expectancy at birth is projected to increase by another five years in the region. Not only are more people surviving to old age but, once they are there, they tend to live longer. For example, in the region, life expectancy at age 60 is projected to increase from 20.7 years in 2015–2020 to 22.9 years in 2050–2055, which represents an increase of 11 per cent. For older persons aged 80 years, life expectancy over the same period is projected to increase from 7.7 years to 9.2 years, which represents an increase of 19 per cent. Thus, the older the age group, the more significant are the expected relative gains in life expectancy.

14. Reductions in mortality have generally been substantially higher among women than men, in almost all age groups. For example, the female advantage in life expectancy at birth increased in Asia and the Pacific from 2.2 years in 1950–1955 to 4.5 years in 2015–2020. By 2050–2055, the gender gap is projected to decline slightly to 4.2 years. In 13 countries/areas in the region, female life expectancy at birth now exceeds 80 years, compared to six

countries/areas where male life expectancy at birth surpasses 80 years. By 2050–2055, in more than 24 countries/areas in the region, women are projected to live to more than 80 years of age, while only in 16 countries/areas are men expected to live beyond 80 years of age. Yet, many women also enter old age in poorer health than men and, although they are generally living longer, they are often in worse health during old age.

15. The COVID-19 pandemic has had a devastating impact on older persons' mortality and morbidity all over the world, although the effects on mortality and life expectancy by country have differed.⁵ According to a World Health Organization (WHO) COVID-19 strategy update, fatality rates for those aged 80 years or over, however, were five times higher in Asia and the Pacific than the global average.⁶ More data must be collected for a deeper analysis of the effects of COVID-19 on the life expectancy of older persons in different parts of the world (see also sect. VI below).

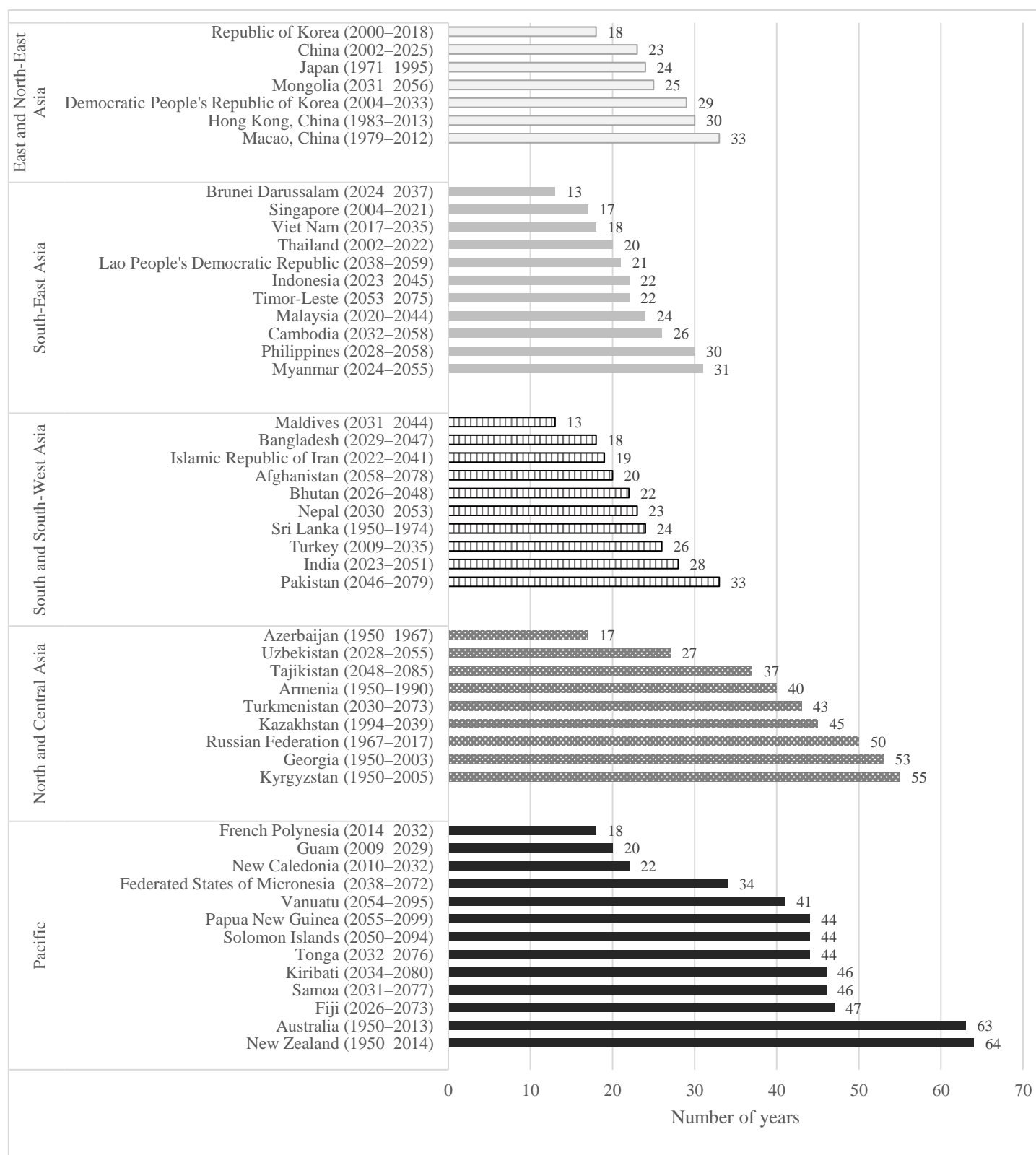
D. Speed of population ageing

16. Owing to a significant decline in fertility over a relatively short period of time, countries in Asia and the Pacific are ageing very rapidly. Whereas in countries in more developed regions it has taken about a century for the share of the older population (aged 65 years or older) to increase from 7 per cent to 14 per cent, it will take many countries/areas in the region less than 20 years (figure III).

⁵ Nazrul Islam and others, "Effects of COVID-19 pandemic on life expectancy and premature mortality in 2020: time series analysis in 37 countries", *BMJ*, vol. 375 (November 2021).

⁶ United Nations, "Policy brief: the impact of COVID-19 on older persons", May 2020.

Figure III
Speed of population ageing in Asia and the Pacific, by subregion and country/area, 1950–2100



Source: ESCAP, “2021 ESCAP population data sheet”. Available at www.unescap.org/kp/2021/2021-escap-population-data-sheet (accessed on 12 March 2022).

Note: The speed at which the population ages equals the number of years required or expected for the percentage of the population aged 65 years or over to rise continuously from 7 per cent to 14 per cent (data available from 1950 onwards).

17. Consequently, Governments in Asia and the Pacific will have less time to prepare for the impacts of population ageing. Many low- and middle-income countries are concerned that these rapid demographic shifts will lower potential gross domestic product growth rates and will hamper development. Thus, they might be growing old before they are getting rich.

18. In order to respond to rapid population ageing, some Governments have recently considered pronatalist and pro-migration policies. However, studies have shown that, in order to reverse long-term trends in fertility decline (and eventual population decline), both unprecedented and ultimately unrealistic increases in fertility and migration over decades would be required. Moreover, interlinked social and economic factors influence reproductive decisions. For example, young women and men who experience considerable pressure in school and in the labour market are unlikely to have more children, even if policymakers substantially expand pronatalist policies.

19. Instead, policymakers should focus on harnessing the potential of human capital by aiming to prolong individuals' working lives, increase participation in the formal labour market, expand social protection and improve the productivity of the labour force in order to mitigate and adapt to the inevitable effects of population ageing. Gender considerations should be mainstreamed in all of these actions.

E. Older persons and youth

20. Soon, the proportion of older persons is projected to be greater than that of children and other young persons. In North and North-East Asia, the share of older persons (18.8 per cent) already exceeds that of children and other young persons (17.2 per cent). Soon, North and Central Asia, the Pacific, South-East Asia and South and South-West Asia will follow. Thus, the balance between age groups is shifting in favour of the older population, which will have a bearing on future economic growth, demand for social services, including health care, and overall intergenerational relations.

21. Overall, the concept of old age has changed with increases in life expectancy and social and economic development. Population ageing has become a dynamic concept and a reality. Alternative measures of ageing have been proposed, such as those based on remaining life expectancy (i.e. prospective age) instead of the number of years left, or functional ability, to define healthy ageing.⁷ States are invited to consider some of these indicators⁸ and assess how applicable they are to their national context. At the same time, policies and programmes on older persons should take a life-cycle approach, in which sequential events and developmental steps throughout a person's life are recognized as factors influencing the situation of older persons.⁹ Moreover, studies have shown that ageism, or the stereotypes, prejudice and discrimination directed towards people on the basis of age, leads to the erection of significant barriers to the development of good policies and programmes for people of all

⁷ For more information on the definition of healthy ageing, see www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability.

⁸ For a discussion of these measures, see United Nations, Department of Economic and Social Affairs, Population Division, "United Nations expert group meeting on measuring population ageing: bridging research and policy, report of the meeting", ESA/P/WP/257 (New York, 2019). Also, in that paper, and following the guidance arising from the Madrid Plan of Action, older persons are generally defined for statistical purposes as persons aged 60 years or over.

⁹ United Nations Population Fund (UNFPA), "Addressing population ageing in Asia and the Pacific region: a life-cycle approach" (Bangkok, 2020).

ages. It also has profound negative consequences for older adults' health and well-being. For policymaking, therefore, it is important to recognize the risks associated with ageism and change the narrative around age and ageing.¹⁰

III. Older persons and development

22. Older persons are directly and indirectly affected by development, and they are themselves development actors. Building sustainable societies for all ages for present and future cohorts requires the deepening of solidarity between generations.

A. Work and labour force participation

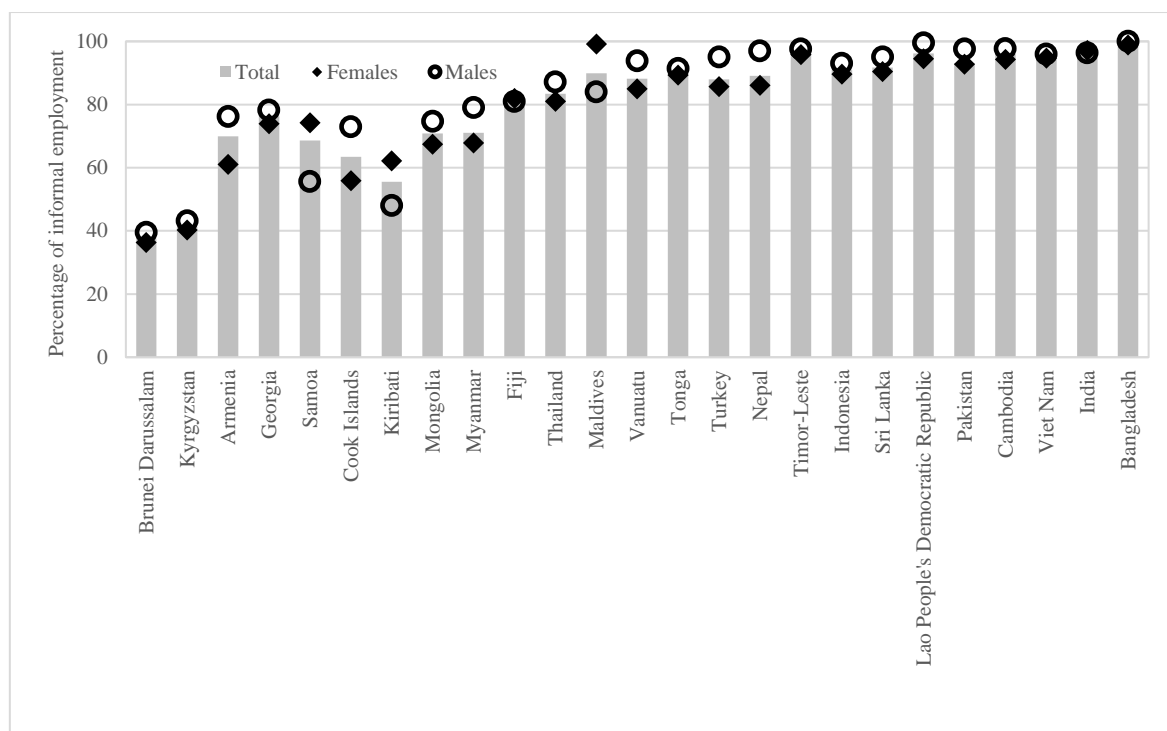
23. In several international legal instruments it is recognized that every individual has the right to work and that safeguarding this right allows individuals to live in dignity.¹¹ Moreover, the right to work contributes to the survival of the individual and to that of the family and, insofar as work is freely chosen or accepted, to the individual's development and recognition within the community.

24. Sustainable Development Goal 8, on promoting sustainable economic growth, productive employment and decent work for all, is of particular relevance to older persons. Many older persons continue to work, some voluntarily, others to meet economic and other needs. Often, due to lack of education and training, statutory retirement ages, lack of social protection, mounting health-care costs, age bias and discrimination, older persons remain active in the informal sector of the economy (figure IV).

¹⁰ For more information on ageism, see WHO, *Global Report on Ageism* (Geneva, 2021).

¹¹ As the Committee on Economic, Social and Cultural Rights has stated in its general comment No. 18 (2005), the International Covenant on Economic, Social and Cultural Rights, as laid down in article 6, deals more comprehensively than any other instrument with the right to work.

Figure IV
Employment of the older population aged 65 years or older in the informal sector of the economy as a percentage of total non-agricultural employment, in selected countries in Asia and the Pacific, by sex and latest available year



Source: International Labour Organization (ILO), “Informal employment rate by age and sex”, ILOSTAT. Available at <https://ilostat.ilo.org/data> (accessed on 12 March 2022).

25. Informal employment is generally characterized by the lack of coverage by a social security system, the lack of entitlement to paid annual or sick leave and the lack of a written employment contract. The lack of a safe, healthy and secure working environment has a detrimental impact on older persons, in particular women, and makes them vulnerable to economic and social hardships.

26. More Governments are offering work-related training and reskilling opportunities for older workers. For example, Turkey has established training programmes to enable older workers to gain up-to-date professional experience and obtain on-the-job training. In 2018, Cambodia established a national care centre for the elderly in Phnom Penh that provides work-related training and learning opportunities for older persons. Japan has developed training courses for older workers who wish to become coaches for more junior workers, and Singapore has established government agencies, such as Workforce Singapore and SkillsFuture Singapore, to help workers, including older persons, to acquire new skills and find jobs later in life. In some countries in the region, Governments (i.e., Singapore) are considering raising the statutory age of retirement, while others (i.e., Japan and Viet Nam) have already done so.

B. Poverty

27. Poverty in Asia and the Pacific has decreased significantly. In 2018, about 5.2 per cent of the total population in the region was living in extreme poverty (defined as living on less than \$1.90 per day). The incidence was highest in South and South-West Asia (10.2 per cent), followed by the Pacific (7.6 per cent), South-East Asia (3.5 per cent), North and Central Asia

(1.9 per cent) and East and North-East Asia (0.3 per cent).¹² However, ESCAP estimates that an additional 89 million people in the region have been pushed below the extreme poverty line by the socioeconomic disruptions caused by the COVID-19 pandemic, and that many of these are older persons. Older women, who even before the pandemic faced serious risks of having not enough income to survive, have been particularly affected. Moreover, old-age poverty is often more prevalent in rural areas. All measures that address poverty among older persons contribute to achieving Sustainable Development Goal 1, on ending poverty in all its forms everywhere.

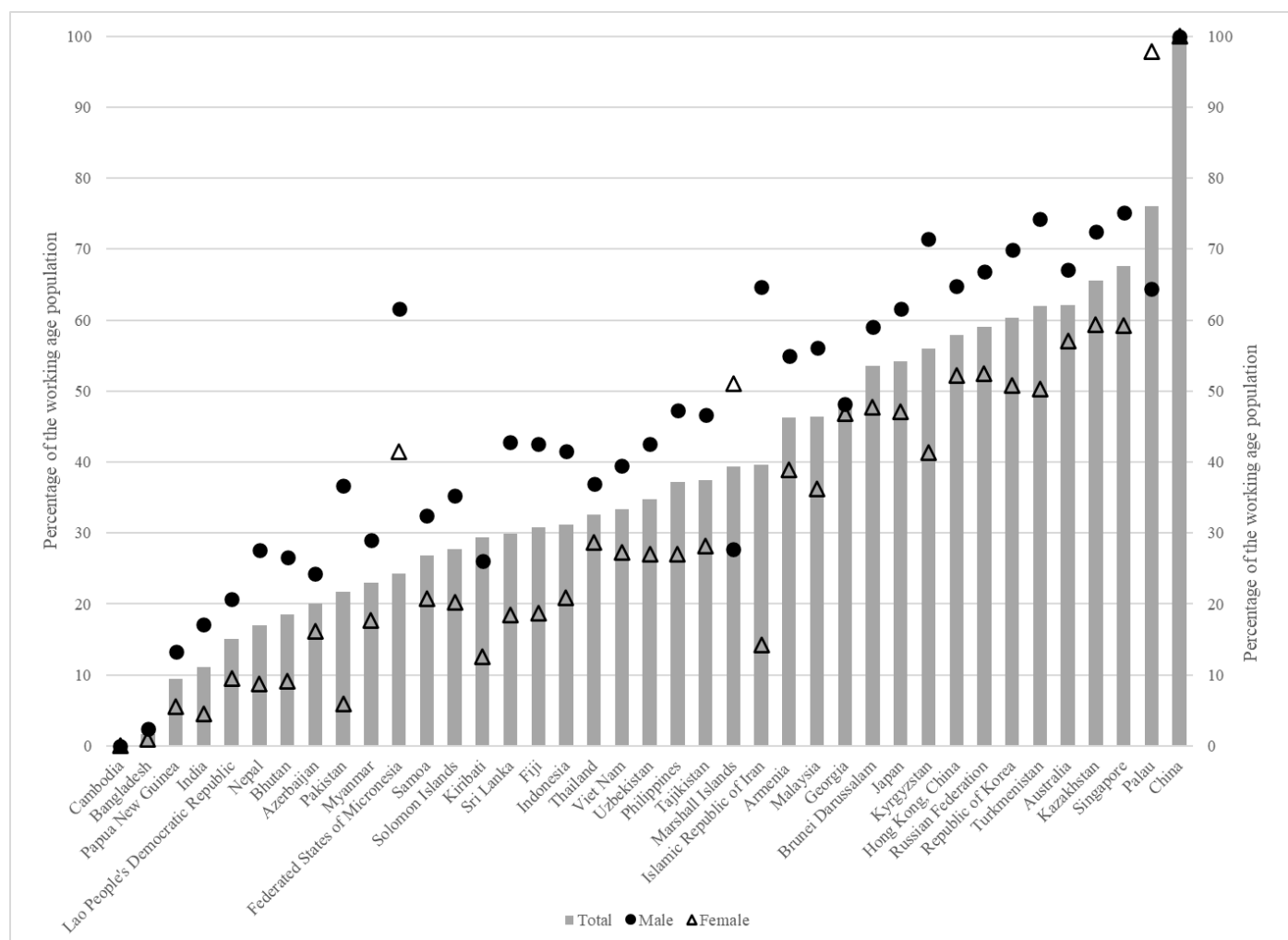
28. Some Governments have implemented measures to address poverty among older persons. For example, Bangladesh has implemented an old-age allowance programme for widows and women who have been abandoned by their husbands. There is also an urban social protection strategy and action plan and a vulnerable group feeding programme that focuses on older persons in urban areas. In Malaysia, financial assistance is provided to citizens aged 60 years or older whose income falls below the national poverty line. Azerbaijan has put in place a needs-based targeted social assistance scheme, prioritizing families with children and older persons.

C. Social protection and pensions

29. In general, contributory pension systems reduce poverty among older persons and can lead to increased consumption and savings, promoting economic growth. However, in 27 out of 39 countries in the region for which data are available, less than half of the working age population is legally covered by mandatory contributory pension systems (figure V). Often, pension benefits are available to a small section of the population. In some countries, even with pension coverage, the benefits may be insufficient for an older person to live comfortably.

¹² ESCAP, “SDG 1: no poverty”. Available at www.unescap.org/sdg/1-no-poverty (accessed on 12 March 2022).

Figure V
Legal coverage of old-age mandatory contributory pension of the working age population, in selected countries/areas in Asia and the Pacific by sex and latest available year



Source: ILO, World Social Protection Data Dashboards. Available at www.social-protection.org/gimi/WSPDB.action?id=15 (accessed 12 March 2022).

30. Some Governments in the region have taken action to provide a basic pension to their older citizens. In Maldives, for example, everyone above the age of 65 years is eligible for a monthly allowance under a basic pension scheme. In the Philippines, the social pension for indigent senior citizens provides a monthly stipend to older citizens to augment daily subsistence and cover medical costs. In the Republic of Korea, senior citizens aged 65 years or over are provided a basic pension if they fall under a certain income eligibility threshold that is calculated on the basis of the applicant’s age, income and property value. In India, the National Social Assistance Programme is a centrally sponsored scheme that provides financial assistance in the form of social pensions to older persons, widows and persons with disabilities. The national pension system of India is a voluntary contributory pension system that is open to all citizens.

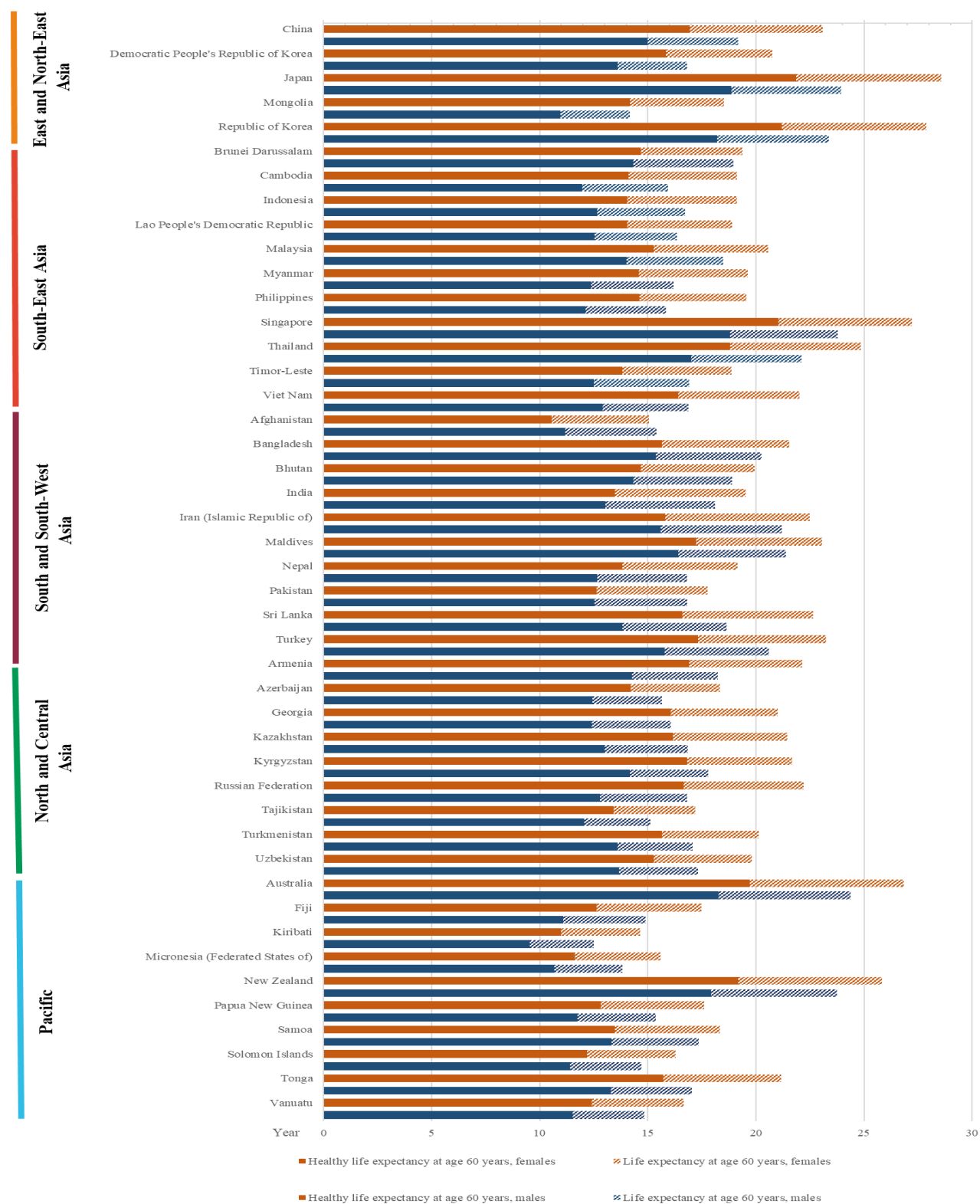
31. Despite these good practices, a universal pension system is non-existent or insufficient in many countries. For women, a lifetime of inequality makes them less likely to receive a pension in old age. Therefore, older persons are at an increased risk of living in poverty and of being highly dependent on their families.

IV. Advancing health and well-being into old age

32. According to WHO, health is a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity. Sustainable Development Goal 3, to ensure healthy lives and promote well-being for all at all ages, and two action areas of the United Nations Decade of Health Ageing focus on person-centred integrated care and primary health-care services, as well as access to long-term care. With the demographic and epidemiological transition under way, while people are living longer, they are also spending more years with disabling illnesses and/or injuries. This is particularly the case for women, who generally outlive men.

33. In many countries of the region, life expectancy at age 60 increased faster than healthy life expectancy at age 60 in recent years, and older women spent more years living with disabilities than older men. For example, in Australia, China, Iran (Islamic Republic of), Japan, New Zealand, the Republic of Korea, Singapore, Sri Lanka, Thailand and Turkey, women at age 60 were expected to spend six or more years in less than full health due to disease and/or injury (figure VI). Although they tend to live longer than men, women generally experience higher levels of morbidity. The increasing number of older persons with impairments has increased the demand for health and long-term care, and many countries in the region are not yet prepared to meet this demand.

Figure VI
Life expectancy and healthy life expectancy at age 60, by sex, in Asia and the Pacific by subregion and country, 2019



Sources: ESCAP calculations based on *World Population Prospects: The 2019 Revision* (see figure I) and WHO, Global Health Observatory data repository, available at <http://apps.who.int/gho/data/?theme=main> (accessed on 12 March 2022).

A. Noncommunicable diseases

34. Demographic and epidemiological transitions have resulted in a rise in non-communicable diseases, with many low- and middle-income countries in the region facing a double burden of disease (i.e. infectious and non-communicable diseases).¹³ While risk factors associated with non-communicable diseases, such as a sedentary lifestyle, excessive use of tobacco and excessive alcohol consumption, and underlying physiological factors, can be identified over the lifespan, non-communicable conditions account for the largest share of cases of ill-health and are the main reason why older persons seek health care. Over the past few decades, the number of older persons being admitted to hospital for cardiovascular, cerebrovascular and chronic respiratory illnesses and for cancer has increased significantly.¹⁴ The projected growth in the number of older persons, along with the rapid rise in the prevalence of lifestyle-related risk factors, will contribute to a further increase in non-communicable diseases among older persons in Asia and the Pacific.¹⁵

35. Although the region has achieved progress in terms of improving people's health and well-being, more needs to be done to prevent and effectively manage non-communicable diseases and promote universal health coverage. As noted earlier, this is particularly important for older persons, as the prevalence and treatment of most non-communicable diseases occurs among older people.¹⁶

36. The COVID-19 pandemic has had serious direct and indirect negative effects on older persons. Moreover, since COVID-19 started to spread early in 2019, less attention has been devoted to chronic non-communicable diseases or long-term conditions. The neglect in managing non-communicable diseases during the pandemic among older persons will contribute to an increase in the double burden of disease. Given this experience, it is recommended that Governments follow a multisectoral, integrated and preventive approach to addressing non-communicable diseases during health emergencies, to avoid a short-term health crisis having a negative impact on long-term public health.

B. Health care, including long-term care

37. About 63.4 per cent of the population in Asia and the Pacific is protected by a health-care scheme, which leaves some 1.6 billion people unprotected.¹⁷ Such aggregated figures hide inequalities within and across countries. Primary health care is of particular importance to older persons, since it ensures the highest possible level of health and well-being by focusing on people's needs as early as possible. The whole continuum of health-care services – from health promotion and disease prevention to treatment, rehabilitation and palliative care – is important for older persons. In many developing countries of the region, health-care costs are mostly borne by private households. With low public health spending, out-of-pocket expenditures to cover health-care costs are often extremely high. Older persons are not only at an increased risk of illness and

¹³ Vasoontara Yiengprugsawan, Judith Healy and Hal Kendig, eds., *Health System Responses to Population Ageing and Noncommunicable Diseases in Asia* (WHO, New Delhi, 2016).

¹⁴ Gerald Bloom, "Service delivery transformation for UHC in Asia and the Pacific", *Health Systems and Reform*, vol. 5, No. 1 (January 2019), pp. 7–17.

¹⁵ Vasoontara Yiengprugsawan, Judith Healy and Hal Kendig, eds., *Health System Responses to Population Ageing and Noncommunicable Diseases in Asia*.

¹⁶ Ibid.

¹⁷ ILO, *Extending Social Health Protection: Accelerating Progress towards Universal Health Coverage in Asia and the Pacific* (Bangkok, 2021).

death, they are also at risk of not being able to pay for health-care services due to low income and the lack of social protection, among other factors. On the positive side, leading healthy lifestyles and investing in health, including the provision of universal health care, reduces inequality and poverty and leads to more productive, active and fulfilled lives for all, including older persons.

38. Given the increase in the number and share of older persons, including the oldest old, and the diminished capacity of families to care for older family members, developing a comprehensive long-term care system is a particular challenge in the region.

39. Some Governments already offer comprehensive long-term care services or are in the early stages of developing them. In Maldives, for example, a residential home and a day-care facility are being built; in the meantime, bedridden older persons receive regular visits from social service providers. In Turkey, nursing homes provide continuous care and psychological, social and physical rehabilitation services for persons aged 60 years and over. Although long-term care does not exist in Bhutan, the Government offers palliative care services to older persons. Indonesia and Malaysia are currently piloting a long-term care model in several localities before rolling it out nationwide. Palliative care is already included through the provision of home health-care programmes, and geriatric care is offered through public health facilities.

40. In the region, there is a long-standing tradition that family members, including girls and women, including older women, care for other older family members. However, reductions in family size, women's increased labour force participation, urbanization and the rural exodus of young people to cities and other countries have left many older persons without a caregiver. Often, community support systems or comprehensive long-term care services are either non-existent, unaffordable or substandard. Despite the gains achieved in recent years in terms of healthy life expectancy, health-care systems must adapt to meet the needs of an ageing population, including the increased demand for labour-intensive, comprehensive and long-term care and for integrated, person-centred care. Moreover, Governments should establish a system for financing long-term care, be it by directly supporting caregivers financially or subsidizing the cost of using long-term care facilities. Offering long-term care insurance, as Japan and the Republic of Korea do, might also be an option.¹⁸

V. Ensuring enabling and supportive environments

41. It is important to promote and create enabling and supportive environments for older persons, whose surroundings are often rapidly changing. Families are shrinking and increased mobility, lack of social protection and increasing inequality in many countries are leading to uncertainty about the future. At the same time, digital technologies are now ubiquitous and make it possible for people to age while remaining healthy and active, as long as the technology is safe, accessible to all, age-friendly and ageism-free and as long as the privacy concerns of older persons are not ignored. In the context of the United Nations Decade of Healthy Ageing, it has been recognized that physical and social environments affect the physical and mental capacities of people throughout the life course and into older age.

¹⁸ For more information on this topic, see ESCAP, "Financing for long-term care in Asia and the Pacific", Social Development Policy Briefs, No. 2018/01 (Bangkok, 2018).

A. Living arrangements

42. Traditionally, older persons in Asia and the Pacific have lived with other family members. Although this still holds true in most countries, urbanization, shrinking family sizes and increased international migration are resulting in more older persons, particularly older women, living alone. This is particularly true in more developed countries like Australia and New Zealand, where about one fifth of the population aged 60 years or over resides alone.

43. Although it is preferable for older persons to age where they are (ageing in place) instead of uprooting them, it will be important to provide access to goods and services, including long-term care, to all, including older persons. Turkey, for example, has promoted ageing in place, including through the establishment of care facilities, including day-care centres for older persons. It has also introduced a home carers' allowance to support informal care at home. Cambodia and Malaysia have also prioritized ageing in place and are developing age-friendly housing options for older persons.

44. The provision of basic accessible and affordable services, including transportation and housing, are important to older persons and support their independence. Safety considerations must also be taken into consideration. In Mongolia, for example, older persons can use public transportation free of charge in the capital and in local communities, regardless of their place of residence. In Cambodia and Kazakhstan, older persons pay a reduced fare when using public transportation. And in Bangladesh, India, the Philippines and Thailand, for example, older persons are given priority seating on buses and trains.

B. Digital technologies

45. Access to information and communications technology (ICT) is an issue that affects older persons in particular. The Asia-Pacific region has been a driving force of ICT development and adoption. ICTs have proven to be useful in facilitating access to health care and other social services and in helping people to stay connected, in particular during the COVID-19 pandemic.¹⁹ Yet, there are disparities across age (the “grey digital divide”) and gender that result in older women being particularly affected. In 2019, less than 10 per cent of older persons had access to the Internet in several countries in the region, including Cambodia, Georgia, Indonesia, Kazakhstan, Pakistan, Thailand and Uzbekistan.²⁰ Older women have often the least access.

46. Where they exist and where they are accessible and affordable, ICTs provide an opportunity to enhance cost-efficient service delivery for older persons and reduce inequalities in access to services, including health care. ICT applications can support, for example, the storing and managing of patient information and health records and provide telemedicine, teleconsultation and overall health, lifestyle and educational information. ICTs include assistive, adaptive and rehabilitative devices, including smart home technologies, that can support older persons in different situations and circumstances. Importantly, such devices need to follow a universal design principle that maximizes access, including for older persons. In Australia, for example, telehealth communications and monitoring technologies provide access to health care and

¹⁹ *Using Information and Communication Technologies to Address the Health-care Needs of Older Persons Managing Chronic Disease: A Guidebook and Good Practices from Asia and the Pacific* (ST/ESCAP/2972).

²⁰ International Telecommunication Union, *World Telecommunication/ICT Indicators Database*, 23rd ed. (2019).

integration of care for older persons who are not able to travel or who live in rural or remote areas. Through its “e-Mongolia” plan, Mongolia aims to digitalize the services of the labour and social protection sector and provide services to older persons online in a transparent and efficient way.

47. The privacy of older persons must be protected. Older persons, in particular older women, are vulnerable to identity theft and online scams. Under the Malaysia Smart City Framework, for example, several strategies and initiatives are being developed to include older persons in smart city development and to establish digital technological learning programmes to ensure that older persons can use such technologies safely.

C. Climate change

48. Environmental degradation, including related to climate change, has serious direct and indirect consequences on older persons. Climate-induced weather events in the region are becoming more frequent, intense and unpredictable.²¹ Older persons are at greater risk of suffering from climate-related impacts because of greater exposure, comorbidities and overall social and economic vulnerabilities. Ageism and age-based discrimination, gender-based discrimination, social isolation, neglect, poverty, migration status and disability are among the many factors that interact with climate change and can increase the vulnerability of older persons.²²

49. Heat, extreme temperatures and air pollution, for example, increase the risk of death among older persons, especially from cardiovascular and respiratory diseases. Due to age-related physical changes, older persons are much more susceptible to heat stress than younger adults. The risk of heat-related illness can be further compounded by the use of certain prescription medicines.²³

50. Some of the most polluted cities in the world are in Asia and the Pacific.²⁴ The health risks from air pollution are especially high among individuals with pre-existing medical conditions. The combination of heat, varying temperatures, poor air quality and pollution exacerbate poor health in older persons, particularly from cardiovascular and respiratory diseases, often leading to premature death.²⁵ In 2016, for example, deaths attributable to the breathing in of fine particulate matter in people aged 60 years or over were highest in South-East Asia, East Asia and Oceania (1.87 million) and South Asia (1.78 million).²⁶

51. Increased flooding is another sign of environmental degradation. Floods displace and kill people. They also rob them of their livelihoods and have long-term health impacts by, for example, facilitating the spread of infectious

²¹ *Asia-Pacific Disaster Report 2021: Resilience in a Riskier World – Managing Systematic Risks from Biological and other Natural Hazards* (United Nations publication, 2021).

²² See A/HRC/47/46.

²³ WHO, “The UN Decade of Healthy Ageing 2021–2030 in a climate-changing world”, Connection Series 3 (Geneva, 2022).

²⁴ IQAir, “2021 world air quality report” (2021). Available at www.iqair.com/world-air-quality-report.

²⁵ *Ibid.*; and WHO, “The UN Decade of Healthy Ageing 2021–2030 in a climate-changing world”.

²⁶ Hao Yin and others, “Population ageing and deaths attributable to ambient PM_{2.5} pollution: a global analysis of economic cost”, *The Lancet Planet Health*, vol. 5, No. 6 (June 2021), pp. e356–367.

diseases. Floods also trigger post-traumatic stress disorder, depression and anxiety.²⁷ During floods, older persons are often trapped in their homes because they are unable to escape.²⁸ Floods can also disconnect older persons from basic services, such as clean water, health services and social support, including access to the Internet. In July 2020, torrential flooding on the Island of Kyushu in Japan affected more than 50 nursing homes and led to several deaths because it was difficult to evacuate the homes' older residents.²⁹

52. Older persons are not only at a higher risk of death and disability from the effects of climate change, but they are also disadvantaged in recovery assistance. Reducing their vulnerability to extreme weather events requires ensuring that they have sufficient economic, social and health-related reserves in later life. Building resilience over the life course will build resilience in old age.

53. While older persons are affected by environmental degradation, the extent to which they contribute to climate change and environmental degradation is unclear. Evidence suggests that there are generational differences in consumption patterns, contributing, for example, to different levels and trends in greenhouse gas emissions by age cohort. Because the impact of population ageing on carbon emissions remains inconclusive, there is a need to understand better how consumption patterns change over the life course and how the provision of goods and services influences consumption patterns.

54. Older individuals possess substantial knowledge, experience and skills, and can contribute to climate mitigation and adaptation. This potential needs to be harnessed by removing barriers (for example, perceived lack of awareness, interest, knowledge, ability and resources) and by ensuring that relevant programmes engage older and younger persons alike. When planning and implementing climate change mitigation and adaptation plans, older persons must have a voice, so that such programmes are age- and gender-responsive, and disability inclusive.

55. Older persons throughout the Asia-Pacific region are involved in climate activism. For example, in India, a civil society organization called Gramin Vikas Vigyan Samiti³⁰ operating in the Thar Desert that has been organizing intergenerational learning groups to bring girls and women, including older women, together to share their knowledge, understand the climate emergency, exert build political influence and foster empowerment.³¹ Although Bhutan has made no special provisions for older person in its climate change policy, the Government has recognized all individuals, including older persons, as potential “nature heroes” who are able to contribute to the conservation of the natural environment. In conclusion, older persons must not only be protected from

²⁷ Erwin William Leyva, Adam Beaman and Patricia M. Davidson, “Health impact of climate change in older people: an integrative review and implications for nursing”, *Journal of Nursing Scholarship*, vol. 49, No. 6 (November 2017), pp. 670–678.

²⁸ Olga Petrucci, “Review article: factors leading to the occurrence of flood fatalities – a systematic review of research papers published between 2010 and 2020”, *Natural Hazards and Earth System Sciences*, vol. 22, No. 1 (January 2022), pp. 71–83.

²⁹ Nishinippon Shimbun, “Japan’s nursing care facilities face challenge of safely evacuating during disasters”, *The Japan Times*, 24 July 2020.

³⁰ See www.gravis.org.in/index.php/what-is-gravis.

³¹ *Ibid.*; and HelpAge International, “A rising force for change: older people and climate action” (October 2021), available at www.helpage.org/what-we-do/society-for-all-ages/older-people-and-climate-action/.

climate change; they must also be recognized and supported as agents of climate action.

VI. Impact of COVID-19 on older persons

56. As of March 2022, 252 million people in Asia and the Pacific had been infected with the virus responsible for COVID-19, which had resulted in 2.9 million deaths. Those figures represent around 57 per cent and 48 per cent of the officially recorded global totals, respectively.³²

57. In the early months of 2020, the plight of older persons resulting from the global COVID-19 pandemic was becoming clear. By May 2020, the Secretary-General of the United Nations had issued a policy brief identifying the various impacts of COVID-19 on older persons.³³

58. Largely because of the presence of underlying health conditions, the rate of COVID-19-related deaths was significantly higher among older persons than among the population as a whole. More recent global case data³⁴ indicate that older persons comprised only 14 per cent of positive cases worldwide but 80 per cent of COVID-19-related deaths.

59. Although timely age- and sex-disaggregated regional data on COVID-19 mortality and morbidity are lacking, some national research done in Asia and the Pacific during the early stages of the pandemic reveals a heightened mortality risk for older populations.³⁵ For example, by April 2020, 77 per cent of those who had died in mainland China were aged 65 years or older³⁶ and, in India, three quarters of the deaths that had occurred between March and May 2020 were among those 50 years or older.³⁷

60. Older persons' use of health services during the pandemic also declined, as studies in the Republic of Korea and Turkey have found. Older persons were more likely to postpone hospital treatment and avoid using health-care services, including as outpatients. These delays and postponements will affect the health and well-being of older persons in the future.³⁸

61. In general, countries in Asia and the Pacific reported lower COVID-19-related death rates in long-term care facilities compared to global trends. In part, this is explained by the region's experience with pandemics in recent years. Older persons who spent time in quarantine or were locked down with family members or caregivers also faced higher risks of violence, abuse and neglect.³⁹

³² WHO COVID-19 Dashboard. Available at <https://covid19.who.int/> (accessed on 12 March 2022).

³³ United Nations, "Policy brief: the impact of COVID-19 on older persons".

³⁴ *The Sustainable Development Goals Report 2021* (United Nations publication, 2021).

³⁵ ESCAP, *COVID-19 and Older Persons in the Asia and the Pacific Region*, Social Development Policy Paper (forthcoming).

³⁶ Xiaowei Deng and others, "Case fatality risk of the first pandemic wave of coronavirus disease 2019 (COVID-19) in China", *Clinical Infectious Diseases*, vol. 73, No. 1 (July 2021).

³⁷ Manoj Kumar Gupta and others, "Trends of epidemiological and demographic indicators of COVID-19 in India", *Journal of Infection in Developing Countries*, vol. 15, No. 5 (May 2021), pp. 618–624.

³⁸ ESCAP, *COVID-19 and Older Persons in the Asia and the Pacific Region*.

³⁹ United Nations, "Policy brief: the impact of COVID-19 on older persons".

62. Studies have shown that older men in the region have tended to bear the physical health burden of COVID-19, while women have tended to bear its mental health burden, as well as increased unpaid work and care burdens at home during the pandemic. Specifically, older men have been more likely: (a) to become infected with COVID-19; (b) to have severe COVID-19-related symptoms and/or to require medical intervention; and (c) to die from COVID-19. In contrast, while older women in Asia and the Pacific were less likely to be infected with or to die from COVID-19, they were more likely to experience: (a) psychological distress, depression and/or anxiety; (b) fear of COVID-19 or of vaccine side effects; (c) declining physical activity and fitness; (d) insomnia; (e) abuse; and (f) overall poorer quality of life.⁴⁰

63. In addition to the direct effects, movement restrictions and lockdowns have had significant social, physical and mental health impacts on older persons. The fear of becoming infected with COVID-19 and of dying from it, potentially reinforced by government-mandated quarantines, social distancing orders and online misinformation, has led to depression, anxiety and distress among older persons. Social isolation measures have resulted in loneliness. Fundamental to the negative impact of social isolation was the loss of social support, particularly for those living alone.

64. Access to ICTs was crucial for mitigating the negative social effects of the COVID-19 pandemic. However, owing to the “grey” and gender digital divides, not all older persons had access to ICTs. Existing digital inequalities were further exacerbated for some during the pandemic.

65. Nevertheless, older persons’ strength and resilience, coupled with a strong sense of the importance of volunteering and social engagement, not only helped older persons in need, but also reduced distress and improved quality of life. Throughout the pandemic, older persons were caregivers and provided social and economic support to family and friends.

66. Levels of preparedness for the COVID-19 pandemic varied across the region. Vaccination efforts often reflected pre-existing national differences in economic wealth and health system readiness. Importantly, most older persons were denied a voice in the collective response to the pandemic.

67. Increased economic inequality prior to the pandemic compounded the financial impact of COVID-19 on persons in vulnerable situations. Consequently, many older persons across the region, who already lacked adequate social insurance or assistance, were forced to continue to work, find more work if underemployed, find work if unemployed or rely on their families for survival.

68. Some national data suggest that COVID-19 significantly affected the economic security of older persons. A survey carried out in Thailand, for example, showed that 55 per cent of women and 57 per cent of men aged 60 years or older reported having a lower income as a result of the COVID-19-related public health responses. A considerable proportion of persons aged 80 years or over reported having a “steady” or unchanged level of income during the pandemic.⁴¹ In their responses to voluntary national surveys, Cambodia and the Philippines reported that older persons in their countries were consuming less food during the pandemic.

⁴⁰ ESCAP, *COVID-19 and Older Persons in the Asia and the Pacific Region*.

⁴¹ For more information on the survey, see UNFPA, *COVID-19 and Older Persons: Evidence from the Survey in Thailand* (Bangkok, 2020).

69. In response to the economic hardships endured by older persons, many Governments in the region have responded by offering direct cash transfers, employment incentives, food packages, pension supplements, medical leave and ways of offsetting the cost of utilities (electricity, water and the Internet) and rent. For example, Australia, Bangladesh, Cambodia, Malaysia, Mongolia, the Philippines and Turkey all reported having provided a combination of cash allowances, food and medical provisions.

VII. Conclusion and recommendations

70. Population ageing is an irreversible trend, the scope and pace of which is unprecedented in Asia and the Pacific. It is an essential part of life in the region, one that is already leading to profound economic and social changes.

71. In order to address the challenges and opportunities linked to population ageing, and to accelerate implementation of the Madrid Plan of Action in the region 20 years after its adoption, member States should:

(a) Develop, strengthen and implement comprehensive, human-rights based and integrated policy frameworks that mainstream population ageing into national development strategies and plans and involve older persons in a meaningful and participatory way in law-making and policymaking processes;

(b) Promote the right to work of older persons by providing access to full and productive employment and decent work and ensuring life-long learning through training, retraining and skills development;

(c) Eradicate poverty among older persons, in particular older women and older persons with disabilities, by, for example, providing and strengthening adequate, inclusive national social protection systems;

(d) Adopt policies and national action plans to prepare for and respond to population ageing throughout the life course with a view to strengthening healthy and active ageing and intergenerational solidarity;

(e) Protect older persons from emergencies, including disasters and climate change, and enable them to participate meaningfully in efforts to prepare for, respond to and recover from emergencies, and recognize the positive role they can play in climate action;

(f) Accelerate efforts towards the achievement of universal health coverage in order to respond to the increasing number of older persons with high prevalence of non-communicable diseases and complex health and care needs;

(g) Develop and implement high-quality person-centred and integrated long-term care systems, while recognizing the contributions and enhancing the capacity of formal and informal caregivers and volunteers, including female family members;

(h) Address the disproportionate effects of the COVID-19 pandemic and of future pandemics on older persons by ensuring universal, equitable and timely access to quality, safe, efficacious and affordable diagnoses, therapeutics, medicines and vaccines now and in the future;

(i) Promote and protect the right to adequate housing for older persons, ageing in place and intergenerational housing options as older persons are increasingly likely to live alone;

(j) Combat neglect, abuse and violence against and ill-treatment of older persons, in particular older women, and combat also any forms of age-related discrimination and ageism and all other forms of discrimination, while recognizing the positive contribution of older persons to societies;

(k) Enhance the capacity to collect, disseminate and analyse data, statistics and qualitative information, disaggregated by age, sex and other relevant factors, in accordance with the 2030 Agenda, and request ESCAP and its regional partners for support in this regard.
