



# Forty Years of Global Action on Ageing: What Has Been Achieved?

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Published online: 26 March 2022

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## Introduction

Forty years ago The World Assembly on Ageing was held in Vienna in 1982. A forum to launch an international action programme aimed at guaranteeing economic and social security to older persons, as well as opportunities to contribute to national development. *The Vienna International Plan of Action on Ageing* was the first international instrument on ageing, guiding thinking and the formulation of policies and programmes on ageing. It aimed to strengthen the capacities of Governments and civil society to deal effectively with the ageing of populations and to address the developmental potential and dependency needs of older persons.

Twenty years ago this spring saw *The Madrid International Plan of Action on Ageing and the Political Declaration* adopted at the Second World Assembly on Ageing in April 2002. It was seen to mark a turning point in how the world addresses the key challenge of “building a society for all ages”. The Madrid Plan of Action offered a bold new agenda for handling the issue of ageing in the twenty-first-century. It focused on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. It aimed to provide a resource for policymaking, suggesting ways for Governments, non-governmental organizations, and other actors to reorient the ways in which their societies perceive, interact with and care for their older citizens. It was also the first time Governments agreed to link questions of ageing to other frameworks for social and economic development and human rights.

In recognition of the 1982 *The Vienna International Plan of Action on Ageing* and the 2002 *The Madrid International Plan of Action on Ageing*, the entire Volume 15 on of the Journal of Population Ageing will focus on Global Ageing. Each issue takes a region and explores through commissioned and submitted papers key questions, highlighting the now extensive range of research being undertaken, by both

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established and new emerging researchers from across the world. Each will figure a key editorial jointly written by an academic and policy or practitioner from the region, in recognition of JPAs commitment to publish high quality research which has relevance for change. These issues coincide, and hope to contribute, to the 4th 5-year review and appraisal of the MIPAA, happening in all regions of the world, and which will culminate with a report to the UN General Assembly in 2023. Issue 2 will cover Europe with a commentary from Kenneth Howse, Oxford and Alexandra Sidorenko, Head of the United Nations Programme on Ageing (1988–2009). Issue 3 explores the Americas, with a commentary from George Leeson, Oxford and Rosa Kornfeld-Matte, the first Independent Expert on Human Rights and Older Persons, Human Rights Council, and Issue 4 considers ageing in Africa with a commentary from Jaco Hoffman, Oxford and North-West University, South Africa, and Jane Ongolo, Head of Social Welfare and Vulnerable Groups, African Union Commission.

The current issue explores questions related to the dynamics and challenges of ageing in Asia. The following commentary by Sarah Harper, Oxford and Eduardo Klien, Regional Representative Asia Pacific HelpAge International, and considers progress in Asia over the past twenty years, arguing that is illusory to think of isolated adaptation in the context of systemic past failures.

Asia's diversity is unmistakable not only in its social, cultural or geographical conditions, but in context-specific demographic situations. Japan has 28% of its population over 65 while Bangladesh only 5%. Clear contrasts are also found in living arrangements; nearly 80% of Malaysians live with an adult child or grandchild, while in South Korea only 25%.<sup>1</sup> The health systems are also very different; over 75% of the health costs in Thailand are covered by government schemes, while in Bangladesh this figure is less than 25%.<sup>2</sup> The heterogeneity of Asia is also manifested in income security. Only 5.6% of people over the age of 60 in India receive a regular pension<sup>3</sup> while in Japan the pension coverage is almost universal (90%).

Considering those different situations of ageing, 3 articles in this issue refer to East Asia, 6 to South East Asia and 4 to South Asia.

There are already over 600 m older people (60 plus) in Asia. By 2050, the UN projects that nearly a quarter of the population will be over age 60 in Asia, and more than a third in the East Asia sub-region.<sup>4</sup> And life expectancy (LE) at age 65 will reach over 85. The median age will rise from 39 at present to over 50 years by 2050. Slightly lower population ageing will occur in South East Asia, with 22% of the total population over 60 by the middle of the century and 176 m older adults. This sub-region is also facing considerable inequalities between countries. By the middle of the century, female LE at birth in Singapore will reach 91, while combined LE in Myanmar in 2050 will be only 71. There are 184 m older adults in South Asia, just under 10% of the total population, there is variation in life expectancy - currently

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<sup>3</sup> Longitudinal Ageing Study in India, LASI, Wave 1, 2020

<sup>4</sup> Source: UNDESA, World Population Prospects 2019.

those reaching 60 can expect to live to 83 in Bangladesh, 80 in India, and 78 in Pakistan – but less than in South East Asia.

Looking to the future, while the ageing process is most advanced in high-income countries, the pace of change will be fastest in low- and middle-income countries (LMICs), where 70% of people over 60 live. As HelpAge International has recently pointed out, the majority of these countries are not prepared to meet the demands of a growing older population. There is a real risk that millions of people will fail to get the access, opportunities and support they need. While public understanding tends to focus on issues of care and economic security, ageing for millions of older adults means anxiety about the future and fear of hunger, sickness, disability, loneliness, of being a burden, or not being able to cope in a crisis. As our wide-ranging JPA issue indicates, there is much more to consider than health and income security.

Firstly, population ageing does not occur in a vacuum; it is influenced by and in turn influences other global trends. Climate change is particularly impacting upon older adults in Asia in a specific manner due to their increased vulnerability, which arises both from the ageing process itself and from the societal constructs of old age. Older people are also particularly vulnerable to pandemics, as is evidenced by the current COVID-19 crisis.

Income security is high on the list of priorities for older people. Old age pensions, both publicly and privately funded, need to be reassessed in order to secure social security and economic dignity in old age. Universal pension coverage remains elusive, and women are disproportionately harmed. A universal approach is needed to adjust pension disadvantage for women until the gender pay gap and labour force participation gap are both closed. There is also strong evidence from the region that universal pension provision facilitates trickle down to younger members of the household and community. Internationally there is pressure on countries to alleviate poverty, and older adults make up a considerable proportion of poorer Asian households. And at the macro level, as Asian countries age, so the percentage of younger workers who can support the population through income transfer will fall. As more formal pension schemes are developing in LMICs, so the question of pension equality is essential.

Some still ask, given all the other problems faced by LMICs, why should public pensions be a government priority for poorer Asian countries? Yet conventional private means of contributory social security do not address the issue of old age poverty in most of these poorer countries. Universal coverage will remain elusive without non-contributory, state-financed social pensions for the general population, not only government employees. Asia has one of the lowest proportions of investment in social protection of any region in the world. Favouring macroeconomic growth with limited investment in social protection has resulted in millions of people reaching old age precariously, just above poverty levels. In this context, social pensions have become increasingly popular in LMICs in the last two decades. Currently, many countries in Asia now have a social pension, including Bangladesh, China, India, Myanmar, the Philippines, Thailand and Vietnam. These schemes have been recognised as an effective way to rapidly increase pension coverage in contexts where contributory pensions have limited reach and are only foreseen to expand slowly. Given the context of a large informal sector, universal approaches appear to be most

effective. However, a remaining challenge is the adequacy of those non-contributory pensions.

Work continues to be a main source of income in LMICs of Asia until later stages of life. Asia has not accelerated from informal to formal employment systems as rapidly as once hoped, and older populations are still heavily dependent on self-employment, informal work and household/family support in later life. Only 31.8% of the employed population in Asia-Pacific are in the formal labour market. Informality is substantially higher in South Asia. Four out of five persons in India make a living working in the informal sector. For individuals and societies alike, work at older ages will continue to be a critical part of the income equation. In Vietnam, for example, income generated by own work shifts towards child support only after age 70. At societal level, wealthier countries are already facing contractions in the proportion of people in prime working age while simultaneously increasing the proportion in later life. These clear trends require policies leading to increased productivity, lifelong learning and training as well as adapting retirement to the realities of extended longevity.

As populations age, so does the increase in non-communicable diseases (NCDs). While some countries such as Japan and South Korea are experiencing a decline in many non-communicable diseases among older populations (though an increase in dementia), NCD rates are rising quickly in poorer Asian countries. In 2000, about 62% of the total deaths in Asia were attributable to NCDs; in 2019, it was 77%. In many of these countries, these conditions coincide with still high levels of acute and infectious diseases, leading to a double burden of disease for their older populations. And over the past two years, COVID-19 has created an unexpected crisis: older people faced high risks from the virus itself combined with reduced diagnosis and treatment of NCDs as families avoided non-emergency visits to health facilities.

A major policy aim should be to decrease the gap between life expectancy and healthy/disability-free life expectancy. Health systems need to reinforce the prevention of disease and disability by expanding health-related resources across the life course. Formal and informal care is a valuable resource for society, but it too often falls as a burden on women, without formal or financial recognition. Families who provide support and care for their elders should be recognized and provided with means and assistance. As Asian societies change, so the increasing complexity of family forms, the reconciliation of family obligations with labour market demands, and the redistribution of work and care between men and women – and between families, the state and the market – need to be acknowledged and addressed. Community-based care approaches have expanded, often hand-in-hand with older people's associations in many countries in Asia. These homecare initiatives need to be complemented with training for informal care givers and primary care professionals, and integrated into the health and care systems.

Globally, the Covid-19 pandemic created exceptional challenges for older people. While it is difficult to make sweeping generalisations about those challenges because of the diversity of Asia and the lack of age-disaggregated evidence, but ultimately the pandemic highlighted the stark inequalities within and between Asian countries. Effective and inclusive health systems put some countries in a better position to respond. Amongst individuals, advantages or disadvantages accumulated

throughout life influence personal outcomes. In several countries – such as China, India, Thailand, Vietnam for example - with outside connections disrupted and public services constrained, older people's associations became crucial in supporting the most vulnerable in their communities by providing information, virus protection, care and a sense of solidarity in the face of harsh lockdowns.

*What of the next 20 years?* Monumental challenges arising from population ageing require a systemic and comprehensive approach. Health, work, education, income, social cohesion, multigenerational well-being, and climate sustainability are all interrelated. Reducing the inequalities that arise from differences within and between countries, between women and men, and between different ethnic, religious and cultural groups, is nothing short of redesigning societies. It is illusory to think of isolated adaptation in the context of systemic past failures. An early step in this multipronged adaptation to ageing societies is dispelling ageism. Ageism, the mostly negative social construction of old age, is a key determinant of the challenges older people face in all societies. Age-based discrimination and bias must be recognised as harmful and countered through a proactive policy approach, including raising public awareness, educational programmes and intersectoral action.

At the core of these systemic adaptations is the understanding that older people are a resource for their societies. In 20 years time over one billion Asians considered old cannot be ignored, or seen as idle recipients of welfare or social support. They must be an integral part of their societies. They must be active in work, to the extent they can and want to, and engaged in climate action, intergenerational initiatives, and all aspects of life, in their families, communities and countries.

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