OLD AGE POVERTY AND ACTIVE AGEING IN ASEAN

Trends and Opportunities

one vision
one identity
one community

OLD AGE POVERTY AND ACTIVE AGEING IN ASEAN

Trends and Opportunities

The ASEAN Secretariat
Jakarta

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The Senior Officials Meeting on Social Welfare and Development (SOMSWD), together with the ASEAN Secretariat, spearheaded the development of the Study on Old Age Poverty and Active Ageing in ASEAN: Trends and Opportunities with funding support from the ASEAN Development Fund (ADF).

The Study contributes to the implementation of the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN adopted by the ASEAN Leaders in 2016 and its Regional Plan of Action which was adopted by the ASEAN Ministerial Meeting on Social Welfare and Development (AMMSWD) in 2021.

The Study presents updated data and evidence to inform the analysis on the nexus between old age, poverty and active ageing, and sharpen the focus of implementation of the Regional Plan of Action with key recommendations. Such analysis and recommendations aim to ensure a comprehensive and cross-sectoral approach in promoting the rights and well-being of older persons in ASEAN.

The SOMSWD highly recognises the leadership and guidance from SOMSWD Thailand and SOMSWD Malaysia, as the Chairs of SOMSWD during the implementation of this project, covering the development of the draft report in 2022, and the validation of the findings and recommendations through the Regional Validation Workshop held on 18 April 2023, via video conference.

The SOMSWD expresses its appreciation for the team of consultants from the Universiti Putra Malaysia (UPM) for the expertise in supporting the development of this Study. The leadership of Dato' Dr. Tengku Aizan Hamid, FASc, Professor in Gerontology and Social Policy of UPM led to the development and finalisation of the Study that is grounded on ASEAN's context and experience.

Finally, the SOMSWD acknowledges the invaluable support from the ASEAN Secretariat, first and foremost, for initiating this study and for the funding support under the ASEN Development Fund (ADF) for the implementation of this initiative. The SOMSWD commends the significant inputs from the ASEAN Secretariat, particularly the Poverty Eradication and Gender Division (PEGD), Labour and Civil Service Division (LCSD), Health Division (HD), and Human Rights Division (HRD), which facilitated substantive review and enhancement of the report in consultation with relevant ASEAN Sectoral Bodies as pivotal towards obtaining SOMSWD's endorsement of the study report.

Foreword from the ASEAN SECRETARIAT

ASEAN is committed to improving the lives of older people leaving no one behind cognisant of the emerging trends and global challenges that disproportionately impact older persons.

Ageing populations is a megatrend that is affecting the whole world. According to the Social World Report 2023, the number of people aged 65 years or older in the world will double, from 761 million in 2021 to 1.6 billion in 2050. In ASEAN, the population of those aged 60 years and over is projected to reach 127 million in 2035. The Silver Economy is forecasted to gain strength due to the increase in number of seniors, growing by 3.2 percent every year (compared to 0.8 percent of the whole population) by 2030.

ASEAN recognises the profound implications of ageing societies which requires effective measures on health care and social welfare systems, among others, to adapt to this emerging challenge. The promotion of healthy, active and productive ageing and an enabling and empowering environment is key to ensuring the well-being of older persons as well as realising their valuable role as agents of change in society.

To this end, ASEAN places great importance on empowering older persons, especially the most disadvantaged and those facing high risks and vulnerabilities, to build strong resilience and achieve lasting and sustainable progress and development.

The Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN adopted by the ASEAN Leaders (2016) demonstrates the high-level political commitment of ASEAN in addressing ageing issues. The ASEAN Declaration complements the United Nations Madrid International Plan of Action on Ageing (MIPAA) and ASEAN's support to the realisation of the United Nations 2030 Agenda on Sustainable Development.

ASEAN's collective efforts for older person's rights and welfare are also evident in the *Regional Framework and Action Plan to Implement the ASEAN Declaration on Strengthening Social Protection* (2015). The framework outlines actions at the national and regional levels that aims to facilitate equitable access to social protection, including for older persons. The ASEAN Post-2015 Health Development Agenda (2021-2025) (2021) sets out regional commitments in promoting healthy lifestyle to ensure healthy lives and promote well-being for all at all ages. Moreover, the implementation of the *ASEAN Enabling Masterplan 2025: Mainstreaming the Rights of Persons with Disabilities* (2018) reinforces ASEAN's efforts in advancing disability rights, including rights of older people with disabilities.

In forging ahead, the *Regional Plan of Action for Implementing the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN* (2021) further concretises key action points and priorities in promoting the empowerment and welfare of older persons in the region.

Under the leadership of the Senior Officials Meeting on Social Welfare and Development (SOMSWD) together with the ASEAN Secretariat, the **Study on Old Age Poverty and Active Ageing in ASEAN: Trends and Opportunities** was developed to support ASEAN Member States in the review and development of policies and programmes related to ageing rights and welfare.

This study analyses and informs ASEAN's present and future cooperation in addressing the intermediate and long-term impacts of rapid ageing, particularly in view of ASEAN's commitments in the Regional Plan of Action for Implementing the Kuala Lumpur Declaration on Ageing. It sheds light on the intersection between old age, poverty and active ageing, and identifies opportunities brought about by developments in ASEAN Member States, particularly for older persons living in poverty, and those with multiple risks and vulnerabilities, especially older women, older persons with disabilities, older persons in rural and remote areas, those in disaster prone areas and in other precarious and risky conditions.

I commend the strong leadership of SOMSWD in developing this important report. I applaud the collaboration and partnership between SOMSWD and the Senior Officials on Health Development (SOMHD) and Senior Labour Officials Meeting (SLOM), among others, which resulted in enriching the analysis and recommendations of this Study.

It is my hope that decision makers and readers of this report will find the analysis and recommendations useful in informing policies and programmes to promote empowerment of older persons and foster longer and healthier lives.

Ekkaphab Phanthavong
Deputy Secretary-General of ASEAN for ASEAN Socio-Cultural Community

Foreword from the SOMSWD CHAIR

The number of ageing population within ASEAN is rapidly increasing. This phenomenon, coupled with inadequate social security and social protection measures, has increased the vulnerability of older persons to poverty, discrimination and unhealthy life, among others. This necessitates ASEAN's focused efforts on developing and implementing social welfare and development policies and strategies to empower older persons in the region. Such an approach strengthens older persons' resilience to health, social, and economic challenges, including the impact of climate change, disasters and by the pandemic. Doing so will contribute to reducing old-age poverty, promoting active ageing, and harnessing the longevity dividend to further stimulate a thriving Silver Economy across Southeast Asia.

The Senior Officials Meeting on Social Welfare and Development (SOMSWD) continues to fulfill its mandate in raising the standard of living of older persons in the region through the implementation of the *Regional Plan of Action on Implementing the Kuala Lumpur Declaration on Ageing; Empowering Older Persons in ASEAN* which was adopted by the ASEAN Leaders during the 38th and 39th ASEAN Summits in 2021. In particular, SOMSWD is undertaking concrete actions towards the empowerment of older persons through the priority initiatives outlined in the *SOMSWD Work Plan 2021-2025 & Its Results Framework*.

The Study on Old-Age Poverty and Active Ageing is one of the key initiatives of SOMSWD that aims to accelerate the implementation of the regional plan of action on ageing and SOMSWD's work plan particularly through evidence and data on the nexus between old-age poverty and active ageing.

This Study presents key findings and offers valuable recommendations drawing upon a comprehensive analysis and synthesis of current policies and programmes in ASEAN Member States. The analysis encompasses the determinants of active ageing and other cross-cutting factors such as gender, culture, technology, and knowledge and research, and provides recommendations on old-age poverty eradication and active ageing as well as insights on utilising the longevity dividend to pave the way for the rise of silver economies. These are essential considerations for the effective implementation of ASEAN's commitments for older persons in the region.

The importance of this Study cannot be over emphasised as it contributes to building the evidence-based strategies towards promoting the rights and welfare of older people in ASEAN. On this, I would like to commend the active cooperation of SOMSWD Focal Points in all ten ASEAN Member States and appreciate the support from the ASEAN Secretariat for the dedication, resources, expertise, and unwavering commitment that led to the development of this study.

I hope this study will serve as a catalyst for transformative social change and inspire collaborative efforts towards building an ASEAN Community that respects and recognises older persons as valuable and contributing members of society.

H.E. Datuk Dr. Maziah binti Che Yusoff
Chair of the Senior Officials Meeting on Social Welfare and Development

EXECUTIVE SUMMARY

Background

In support to the development and implementation of the Regional Plan of Action to implement the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN (2015), the ASEAN Secretariat under the guidance of the Senior Officials Meeting on Social Welfare and Development (SOMSWD) commissioned a study to identify the trends and opportunities on poverty and active ageing in ASEAN, as endorsed during the 14th Senior Officials Meeting on Social Welfare and Development (SOMSWD) held in September 2018, Singapore. **The focus of the study is on specific groups of older persons from two socio-economic perspectives: a) older persons living in poverty and at-risk/vulnerable conditions; and b) older persons in active ageing**. The analysis is critical for helping ASEAN Member States to better protect the rights of older person and review their respective policies, plans and programme related to the UN 2030 Agenda for Sustainable Development Goals and the ASEAN commitment towards building an inclusive, sustainable, and resilient regional community that promotes human rights, equitable access to opportunities, and high quality of life for all.

Introduction

The conceptual framework of the study is based on the following: a) adoption of an expanded active ageing construct by the International Longevity Centre Brazil (ILC-BR, 2015) in optimising opportunities for health, security, participation, and lifelong learning to enhance the quality of life as one ages; and b) life course perspective which highlight the right and responsibilities of older person since ageing is a lifelong process shaped by earlier experiences as well as interactions with institutional or social forces.

In line with the study first and second objectives, the study goes into some depth on the overview of the situation on old-age poverty and active ageing and identify opportunities brought about by longevity and technological advances in ASEAN Member States (AMS), accomplished through desk review of existing literature and publicly available data. The report goes into depth in chapter two and three on population ageing trends, situation of old-age poverty and state of active ageing pillars (health, security, participation, and lifelong learning) to reflect the diversity in current circumstances among AMS. Current analyses indicated that there has significant development on old age and ageing issues in ASEAN. But, maximising the gains from longevity and minimising the costs of a greying society require a focus on healthy and productive ageing to allow older persons to remain active and productive.

Key Findings of the Study

Population Ageing Trends

Population ageing is inevitable as the Total Fertility Rate (TFR) has dropped drastically in the Southeast Asian region since the 1960s with over half AMS fallen below the replacement level (≤2.1). Similarly, life expectancy at birth has risen steadily, the lowest being Myanmar at 67.8 years in 2020 while Singapore is the highest at 84.1 years. The number of older persons aged 60 years or over in AMS totalled 74.4 million in 2020, making up 11.1% of the total population of the ten (10) countries. The speed of ageing in ASEAN countries is much faster than in most developed countries. For example, in Thailand the share of populations aged 60 years and over is expected to jump from about 10% to over 30% between 2000 and 2040. The demographic transition in Southeast Asia is outpacing the region's economic growth. Therefore, AMS need to accept and embrace population ageing and prepare accordingly to adjust to the global phenomenon. Preparations are needed following the rapid changes in population age-sex structure as well as urbanisation due to economic development and improvements in public health.

As most AMS are ageing at lower levels of development, balancing economic growth and demographic transition is key to sustainable development. With the exception of Brunei Darussalam and Singapore that are high-income economies, most AMS are getting old before getting rich. The increasing number and proportion of older persons in AMS is a regional megatrend with profound implications.

From a study of the past documents, including the Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Elderly (2010), the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN (2015) to the ASEAN Plus Three Statement on Active Ageing, Vientiane (2019), it is evident that there has been significant development on old age and ageing issues in ASEAN. From early emphasis on care of the older person by the family, the focus on older persons in ASEAN have progressed to one of empowerment and inclusion. The growing emphasis and focus on active ageing are evident but there are significant overlaps with other work programmes SOMHD and SLOM. Ageing has been prioritised by two sectors in ASEAN, namely the Social Welfare and Development Sector (Senior Officials Meeting on Social Welfare and Development - SOMSWD) and the Health Sector (Senior Officials Meeting on Health Development - SOMHD), with recent involvement of the Labour Sector (Senior Labour Officials Meeting - SLOM) on best practices on various aspects of decent work including on improvement of coverage and quality of social pension. It is evident that old age and ageing issues are receiving broader attention in ASEAN, but there is a need for greater inter-sectoral and regional coordination and response to the global phenomenon.

Old Age Poverty

Poverty is a multidimensional phenomenon that encompasses various deprivations experienced by individuals and its measurement is linked to a number of absolute and relative measures. Six (6) AMS are lower middle-income economies while two (2) each in high-income and upper-middle income categories, each with different levels of demographic transition. The poverty headcount ratio at National Poverty Lines varies between 5% to 20% of the population, and the proportion increases correspondingly at standardised thresholds of $1.90, $3.20 or $5.50 a day (2011 PPP). Nevertheless, there is a clear downward trend in poverty rates for all AMS, and the same patterns are observed for the aged poor. In countries like Cambodia, Lao PDR, the Philippines and Viet Nam, the poverty rate of older persons is below the overall national poverty rate. In comparison, the old age poverty rate is marginally higher for countries such as Indonesia, Malaysia and Thailand.

Poverty in later life is influenced by age, gender, geographical location, living arrangement and levels of family support. A few determinants affect old age poverty including pandemics and epidemics, macroeconomic shocks, environmental disasters and emergencies, conflicts and wars, social inequality and exclusion/marginalisation, access to services and cumulative impact of life trajectories. Poverty has significant implications on the health, social inclusion and basic livelihood of older persons.

Active Ageing

Active ageing is a construct borne out of the classic activity theory by Havighurst (1961) that posited that older persons who are more active and socially engaged enjoy greater life satisfaction. WHO (2002) defined active ageing as the “continuing participation in social, economic, cultural, spiritual and civic affairs, and not just the ability to be physically active or to participate in the labour force” with the goals of optimising opportunities for health, participation, security and lifelong learning to enhance the quality of life as one ages. Walker (2002) outlined seven (7) key principles of active ageing for policy development, namely that a) its activities consist of all meaningful pursuits that contribute to wellbeing of the individual, family, local community or Society-at-large; b) it must encompass all older people, even those who are frail and dependent; c) should be primarily a preventive concept, involving all age groups with an emphasis on preventing ill-health, disability, or loss of skills; d) maintaining intergenerational solidarity; e) embody both rights and obligations; f) with a strategy that is participative and empowering, a combination of top-down and bottom-up approaches; and g) respecting national and cultural diversity.

An influential Active Ageing Index (AAI) was developed under UNECE based on WHO’s active ageing framework and measures the potential of older persons for active and healthy ageing across different countries in Europe. It consisted of four (4) domains and 22 indicators on 1) Employment; 2) Participation in Society; 3) Independent; Healthy and Secure Living; and 4) Capacity and Enabling Environment for Active Ageing. In recent years, researchers have adapted and modified the AAI for Asian countries including Thailand, Viet Nam and Indonesia.

The situation of health, security, participation, and lifelong learning as key pillars of active ageing showed significant diversity in the situation of older persons in AMS. Older persons are living longer, and age-related diseases are on the rise. It was estimated that the demand for aged care will more than double in the next two (2) decades. A review of the residential and non-residential (community or home care) aged care services indicated new modalities but their coverage and financing are limited. Apart from challenges in research data collection and sharing, AMS face significant issues with trained human resources (care workers and caregivers), availability of age-friendly facilities and services, issues of low utilisation, and the financial constraints faced by healthcare system in AMS, especially the total health expenditure and share of out-of-pocket (OOP) spending on health. This is closely related to income security concerns as older persons in AMS have few sources of income, as State-funded social protection schemes or pensions are limited in reach and value. In countries like Brunei Darussalam (100%) and Thailand (89.1%) where coverage is high, the value of old age assistance is small and unsustainable. Pension reformed are needed to ensure sustainability and make care provisions viable for all actors. The dependency on transfer for children is high, but old age employment is on a downward trend as more elderly in the future are in the formal sector with fixed retirement ages. Due to scarcity of comparable data, it is not immediately clear the magnitude and value of assets held by older persons that conform to the asset rich, income poor narrative, but it is widely acknowledged that the elderly is a vulnerable group in disaster management and preparedness.

Issues and Challenges

Most AMS have Older Peoples Associations of Senior Citizens Clubs where the elderly gathers for activities. There is a strong culture of communal spirit and sense of the collective in AMS, but this is more common among the older generation than the younger population. Senior centres have been targeted and used as locations to promote active ageing activities and this may include places of worship and gatherings at community halls. The challenge in increasing the participation of older persons in economic, social, and cultural activities is with the institutionalisation of older volunteers and older workers, not necessarily through an extension of mandatory retirement ages but also re-training and re-employment policies. As such, the lifelong learning activities must move beyond its leisurely orientation and serve a more practical purpose, including active citizenship education. Adult education and lifelong learning for older persons should go hand in hand with social activism and improving self-independence. There is still general apathy on old age abuse, neglect and maltreatment issues as the authorities have not provided meaningful alternatives apart from familial or kinship support.

Positive narrative focused on healthy and active ageing, broadly defined beyond physical participation and employment could create compelling potentials for increased economic productivity and long-term opportunities for multiple market sectors. However, activity in older age limited by long-term ill-health and disability underpinned by poverty, poor neighbourhoods, ageism, and insecure, gendered, racialised and sectarian space (Barret and McGoldrick, (2013) and policy and resource constraints which inadequately support older people's welfare (Lymbery, 2012), when older persons are likely to be among societies' poorest e.g. DOSM (Department of Statistics Malaysia, 2020). Albeit recognising multiple barriers to active ageing, poverty among older persons seems to be prominent factor as it negatively affects multifaced aspect of older persons' life. At the same time, active ageing and continual participation can be (potentially) used as- and/or to complement current strategy to combat poverty in old age. In summary, it is evident that rapid population ageing combined with lack of adequate social security increases the vulnerability of poverty in old age. As a result of low pension coverage and low benefit levels, older person resorted to work for income. In most AMS, older persons participation is driven by poverty, leaving them with little choice but to work mostly in an informal sector and menial jobs, and still unable to make ends meet. Poor older persons often live with adult children who are themselves living in poverty, hence the common living arrangement does not shelter them from poverty. Feminisation of poverty persisted even in old age due to their lower labour force participation in the formal sectors and consequently have less access to pensions. Older persons who are poor suffer from various disability preventing them from continue to being active yet having limited access to care services. Older persons are also more vulnerable in emergencies and crisis especially those in poverty as they are likelier to live in housing that are inadequate to withstand the calamities or not having adequate protection. The nature of old age poverty differs from poverty experienced in young segment prompting the need to track older persons vulnerability to poverty accurately and over time, but only a handful studies available for AMS.

Recommendations

Following this, recommendations which can contribute to old-age poverty eradication, encourage active ageing and harnessing the longevity dividend to promote a silver economy in Southeast Asia were put forward based on analysis and synthesis of current policies and programmes in the region as described under Chapter IV of the report. The discussion and recommendations follow the outlined determinants of active ageing and other cross-cutting elements or factors (gender, culture, technology, and knowledge/research). The analytical synthesis with key policies on ageing in the region provided insights on how the longevity dividend may lead to the rise of silver economies. The report put forward many recommendations for action to turn into demographic changes into most consequential development opportunities, which include among others:

- Developing a specific and dynamic poverty measure for older person – e.g. Multidimensional Poverty Measure [for Older Person] and conducting Poverty Participation Analysis (PPA) among older person.
- Promotion of multi-stakeholder partnership for research and comprehensive disaggregated data and multidisciplinary study on ageing to develop evidence-based policy formulation and to monitor and evaluate policies and programme related to older person.
- Ensuring the establishment of gender responsive policy on ageing since feminisation of poverty and feminisation of ageing co-existed, hence accentuating gender inequality in old age.

For the objective on providing recommendation for the development and implementation of Regional Plan of Action for the Kuala Lumpur Declaration on Ageing (RPA) (2015), the study mapped out the old age poverty and active ageing with the RPA. The discussion and recommendation related to poverty in later life and active ageing at country level are organised under the determinants of active ageing - Economic Determinants, Social Determinants, Personal Determinants, Behavioural Determinants, Health and Social Services, as well as Physical Determinants. To achieve active ageing in the region, gender, culture, technology, and knowledge are treated as cross-cutting elements. These macro factors are overarching and critical for ASEAN's future development.

The recommended actions at the national level are focused on strengthening income security in old age and recognising older persons as agents of change. This is achieved through positive ageing and the promotion of healthy living over the life course, including the adequate provisions of equitable health and social care services. AMS also must consider the impact of climate change and natural disasters, as well as the development of age-friendly environments.

The Regional Plan of Action on Ageing (RPA) is comprehensive and address all determinants of active ageing including the multiple stakeholder roles in implementing the action plan. The RPA lack the monitoring and evaluation aspect to track challenges and progress of implementation. The opportunities for regional action and cooperation can be carried implemented by ASEAN Secretariat in line the ASEAN Communities, Committees and Work groups to address poverty and active ageing and the implementation of RPA.

The 15 recommendations for regional action for poverty alleviation and promotion of active ageing in ASEAN begins with harmonisation of age and sex-disaggregated data in the region, and a corresponding effort to combatting ageism. Greater coordination and cooperation are needed among the ASEAN Secretariat's health and social welfare officials, including partnerships with other international bodies. With a regional clearinghouse on elderly poverty and active ageing, efforts to synchronise the definition and measures of poverty and active ageing can be achieved. Reforms in social security or social protection systems are needed, including efforts to develop integrated care and long-term care systems for the elderly. With a regional caregiver training standard, transborder care issues can be effectively addressed. A regional NGO on Ageing for AMS will also strengthen the voice of the elderly. Disaster preparedness and older persons are closely interlinked, and ASEAN need to champion the promotion of active ageing and age-friendly environments. The care economy and silver industry have to be promoted and evidence-based policymaking can reduce wastage caused by trial-and-error approaches.

Conclusion

AMS are addressing population ageing issues in unison with the development of the country. Bearing in mind that Member States are ageing before becoming rich and the preparation lead time is short, Member States need to adopt cross-sectoral approach in planning and preparation of population ageing. Policy makers need to take cognisant of the growth of the old-old and oldest old in the population of older people when designing strategies. The mixed ageing rates among member state create opportunities for learning and collaboration as there are best practices in Member States that can be replicated and adopted to suite local need. Member States can harness the longevity dividend through the adoption of digital technology and creation of new business opportunities to support resilient economic growth where silver population can be turned into gold with appropriate policy interventions.

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ABBREVIATIONS

AAI	Active Ageing Index
ADB	Asian Development Bank
AEC	ASEAN Economic Community Council
ACAI	ASEAN Centre for Active Ageing and Innovation
ADF	ASEAN Development Fund
AMS	ASEAN Member States
APSC	ASEAN Political Security Community Council
ARNA	ASEAN Research Networking on Ageing
ASEAN	Association of Southeast Asian Nations
ASCC	ASEAN Socio-Cultural Community Council
CBR	Crude Birth Rate
CDR	Crude Death Rate
DOSM	Department of Statistics Malaysia
DSWD	Department of Social Welfare and Development, Philippines
GDP	Gross Domestic Product
GNAFCC	Global Network of Age-friendly Cities and Communities
GNI	Gross National Income
ICPD	International Conference on Population and Development
ILC-BR	International Longevity Centre Brazil
ILO	International Labour Organisation
MARN	Malaysian Ageing Research Network
MIPAA	Madrid International Plan of Action on Ageing
MOH	Ministry of Health
MPI	Multidimensional Poverty Index
NTA	National Transfer Accounts
OADR	Old Age Dependency Ratio
PSR	Potential Support Ratio
OPA	Older People's Association
PPA	Poverty Participation Analysis
PPP	Purchasing Power Parity
RAA-21	Research Agenda on Ageing for the 21st Century
SDG	Sustainable Development Goals
SEA	Southeast Asia
SOMHD	Senior Officials Meeting for Health Development
SOMSWD	Senior Officials Meeting on Social Welfare and Development
TFR	Total Fertility Rate
VIPAA	Vienna International Plan of Action on Ageing
WB	World Bank
WHO	World Health Organisation
UN	United Nations
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific

Chapter 1: INTRODUCTION

The Association of Southeast Asian Nations (ASEAN) was established in 1967 with aims for economic, socio-cultural, technical, and educational cooperation, as well as the promotion of regional peace and stability. The ten (10) ASEAN Member States (AMS) signed a charter in 2008 that provided a legal and institutional framework towards achieving the ASEAN Community and established the ASEAN Coordinating Council for the biannual ASEAN Summit and three ASEAN Community Councils - APSC, AEC and ASCC. The ASEAN Socio Cultural Community is committed towards building an inclusive, sustainable, and resilient regional community that promotes human rights, equitable access to opportunities, and high quality of life for all. Recognising the issues and challenges of rapidly ageing populations in the Southeast Asian region, the ASEAN Secretariat commissioned a study to identify the trends and opportunities on poverty and active ageing in ASEAN.

1.1 Background

In the 14th Senior Officials Meeting on Social Welfare and Development (SOMSWD) held in September 2018, Singapore, a study on active ageing and older persons in ASEAN was proposed. The study, supported by the ASEAN Development Fund (ADF), is expected to provide analysis that would support the development and implementation of the Regional Plan of Action to implement the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN (2015). The focus of the study is on specific groups of older persons from two socio-economic perspectives:

i. Older persons living in poverty and at-risk/vulnerable conditions (including older women, older persons with disabilities and older persons living in precarious conditions such as in disaster prone areas) in rural, peri-urban, and urban areas; and

ii. Older persons in active ageing, those who are able to and who possess the means to support themselves in old age.

An invitation to quote was made in 2020 and UPM Consultancy and Services was appointed in February 2021.

1.2 Objectives

This report aims to provide an overview of the situation on old-age poverty and active ageing in AMS based on a desk review of existing literature and publicly available data. Through an analysis and synthesis of current policies and programmes in the region, the report makes recommendations that can contribute to old-age poverty eradication, encourage active ageing and harnessing the longevity dividend to promote a silver economy in Southeast Asia.

The specific objectives of this study are:

a. To identify trends in population ageing, old-age poverty, and active ageing pillars in Southeast Asia;

b. To identify opportunities brought about by longevity and technological advances for policy recommendations that would guide ASEAN's cooperation on ageing; and

c. To provide recommendations that feed into the future development and implementation of the Regional Plan of Action for the Kuala Lumpur Declaration on Ageing (2015).

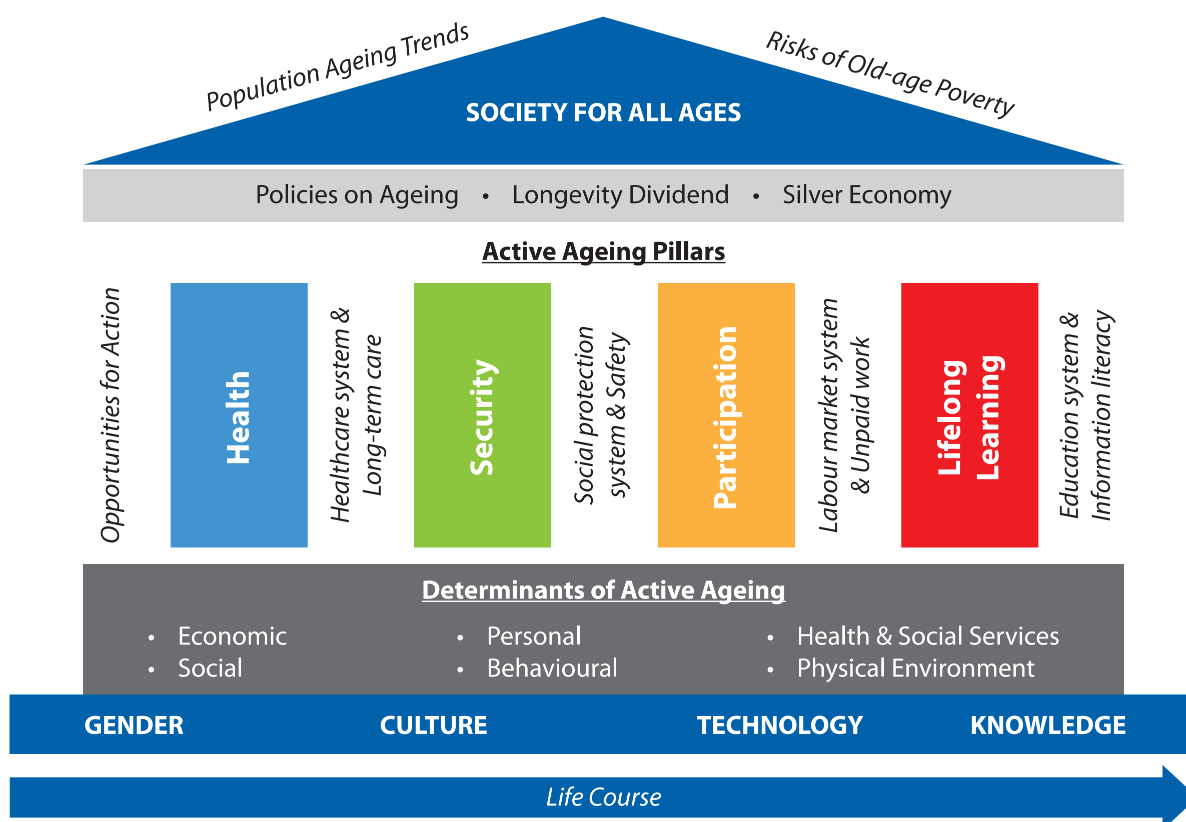
The report focuses on how ASEAN's regional cooperation on active ageing and poverty eradication can promote the empowerment older persons, as well as strategies on how older persons can actively contribute to the economy. This study report will be validated through a regional workshop that is attended by SOMSWD focal points or their representatives and other relevant stakeholders.

1.3 Conceptual Framework

A conceptual framework underpins the general approach of a study and its interrelated components. For this paper, an expanded active ageing construct by the International Longevity Centre Brazil (ILC-BR, 2015) was used. Active ageing, as defined by the WHO Active Ageing Policy Framework (2002), is the *"continuing participation in social, economic, cultural, spiritual, and civic affairs, and not just the ability to be physically active or to participate in the labour force"* with the goal of optimising opportunities for health, security, participation, and lifelong learning to enhance the quality of life as one ages.

The four (4) active ageing pillars provide a useful shorthand in assessing the healthcare system, social protection system, labour market system and education system of respective AMS to provide an overview of the situation on ageing in these countries (Figure 1.1). By taking a multidisciplinary approach that is concerned with the understanding of interlinkages between an individual's biopsychosocial development with changing social structures across the life cycle, we hope to illustrate how the timing of lives, diversity in life course trajectories, and human agency can influence the cumulative advantages or disadvantages over time.

Figure 1.1: Conceptual Framework of the Study



If this study is to make recommendations that will promote innovative ideas in the way we think, feel and act on old age and ageing, it must begin from a position that recognises both the rights and responsibilities of older persons from a life course perspective. The current situation of aged populations in each country is a unique circumstance set in its own time and place - a multifaceted milieu affected by a range of economic, socio-political, personal, familial, and environmental determinants, just to name a few. This conceptual framework was developed to take into consideration the micro-, meso- and macro-level aspects of human development at different life stages, recognising that ageing is a lifelong process shaped by earlier experiences as well as interactions with institutional or social forces (Alwin, 2012; Gill & Taylor, 2012). Echoing the approach outlined in the ILC-Brazil (2015) report, the following are eight (8) key principles of the active ageing policy framework.

1. *Activity is* ***not restricted to physical activity or to labour force participation****. Being "active" also covers meaningful engagement in family, social, cultural and spiritual life, as well as volunteering and civic pursuits.*
2. *Active Ageing* ***applies to persons of all ages****, including older adults who are frail, disabled and in need of care, as well as older persons who are healthy and high functioning.*
3. *The* ***goals of active ageing are preventive, restorative and palliative****, addressing needs across the range of individual capacity and resources. Assuring quality of life for persons who cannot regain health and function is as important as extending health and function.*
4. *Active Ageing* ***promotes personal autonomy and independence as well as interdependence*** *- the mutual giving and receiving between individuals.*
5. *Active Ageing* ***promotes inter-generational solidarity****, meaning fairness in the distribution of resources across age groups. It also encourages concern for the long-term well-being of each generation and opportunities for encounter and support between generations.*
6. *Active Ageing* ***combines top-down policy action*** *to enable and support health, participation, lifelong learning and security,* ***with opportunities for bottom-up participation*** *- protagonism, empowering citizens to make their own choices as well as to shape policy directions.*
7. *Active Ageing* ***is rights-based rather than needs-based****, acknowledging the entitlement of people to equality of opportunity and treatment in all aspects of life as they develop, mature and grow older. It respects diversity and fulfils all human rights conventions, principles and agreements promulgated by the United Nations, with particular focus on the rights of persons who experience inequality and exclusion throughout life. It especially recognises the human rights of older people and the United Nations Principles for Older Persons of independence, participation, dignity, care and self-fulfilment. A comprehensive rights-based approach to policy will produce services and structures that will empower older persons. It will result in "more inclusive, equitable and sustainable development".*
8. *Active Ageing simultaneously* ***promotes an individual responsibility*** *to take up the opportunities made possible by the rights that are recognised. It is nevertheless mindful of the important requirement not to blame individuals who have been systematically excluded from society and who have missed opportunities throughout life for healthier choices, lifelong learning, participation and so forth.*

- International Longevity Centre Brazil, 2015, p. 40-41

Mirroring how the chapters two and three are organised in this report, population ageing trends, situation of old-age poverty and state of active ageing pillars (health, security, participation, and lifelong learning) reflect the diversity in current circumstances among AMS. Discussion and recommendations follow the outlined determinants of active ageing and other cross-cutting elements or factors (gender, culture, technology, and knowledge/research). Thus, the analytical synthesis with key policies on ageing in the region provided insights on how the longevity dividend may lead to the rise of silver economies. Cognisant of the many related international blueprints such as the Madrid International Plan of Action on Ageing (2002), Sustainable Development Goals (2015), and the UN Decade of Healthy Ageing (2021), links to the regional plan of action and opportunities for action are examined and summarised.

1.4 Methods

This study was completed through a desk review of related literature and analysis of publicly available secondary data. Relevant information and key policy documents were compiled for synthesis. Existing reports, data and microdata on old-age poverty and active ageing in Southeast Asia were utilised in the writing of this report. Drafts of the report was circulated among key resource persons in the ASEAN Secretariat for comments and feedback.

Findings from the report is validated in a regional workshop with the SOMSWD from all AMS and other relevant ASEAN Sectoral Bodies, international organisations, UN Agencies, such as UN ESCAP and civil society organisations and other key stakeholders, including HelpAge International, among others, with the ASEAN Secretariat.

As the assignment's twin focus is on ageing populations with emphasis on (1) economically vulnerable older person; and (2) those who are actively involved in both paid and unpaid work, the desk review for old-age poverty and active ageing was carried out simultaneously. Based on past available work since 1980, the consultants reviewed related national policies on ageing and programmes for older persons. The period covers the two World Assemblies on Ageing in 1982 and 2002. A detailed description of the literature review selection or scoping review was provided

in Annex I. In total, 116 records for poverty and 201 records for active ageing were included for review and analysis. Original research papers in journals make up the bulk at 28.7%, followed by review papers (22.6%), reports (18%), chapter in a book (9.3%), conference proceeding (6.8%), conference or meeting presentations (6.2%), books (5.4%), and others (3.0%). Most of the studies were related to active ageing and poverty in a general context (n = 29), with Asia including ASEAN (n = 45) and ASEAN in general (n = 29) making up the bulk of publications. Country specific papers include Malaysia (n = 37), Thailand (n = 35), Indonesia (n = 29), Singapore (n = 26), Viet Nam (n = 19), Cambodia (n = 17), Philippines (n = 16), Brunei (n = 16), Myanmar (n = 14), and Lao PDR (n = 5).

The following table outlines the desk review strategies that were carried out in this study:

Table 1.1: Summary of Desk Review Activities and Search Strategy

Parameter	Old-age Poverty	Active Ageing
Academic Search	Search in electronic database = **SAGE, Scopus, PubMed, Google Scholar**	
Time Frame	1980 - 2021	
Population	"**older person**" = "older people", "older adult", "elderly", "aged", "retiree", "senior", "generation", "pensioner", "grandparent", "pioneer"	
Region/Country	[**country**] = "Brunei", "Cambodia", "Indonesia", "Lao", "Malaysia", "Myanmar", "Philippines", "Singapore", "Thailand", "Viet Nam", "ASEAN", "Southeast Asia", "SEA"	
Keyword Logic	"**poverty**" **AND** "**older person**" **AND** "**[country]**" Additional search terms: "silver economy", "silver-hair", "income", "pension", etc.	"**active ageing**" **AND** "**older person**" **AND** "**[country]**" Additional search terms: "health", "long term care", "social support", "social security", "environment", etc.
General Search	Search in government websites (NSOs, key ministries/departments/agencies), including think tanks, universities, civil society groups, international agencies (e.g. ASEAN, UNDP, UNFPA, WHO, UNESCAP, ILO, World Bank, ADB, HelpAge, ERIA), and others for related **published policy, programme and review documents** as well as relevant research reports on the subject	
Secondary Data	Analysis of related indicators/variables from UN World Population Prospects, WB Databank (World Development Indicators), WHO Global Health Observatory, International Labour Statistics (ILOSTAT), World Values Survey (WVS-7)	

1.5 Output and Outcome

The study examines the current situation of old-age poverty and active ageing in the respective AMS and this report is an output from a synthesis of the compiled data and literature review. This study provides an estimation of the old-age poverty incidence and socioeconomic status of older persons in AMS, including key demographics as well as health, security, participation, and lifelong learning factors. Major international and regional documents were examined and national policies and programmes on ageing were studied for RPOA implementation recommendations. Policy option suggestions also focused on the role of ASEAN Secretariat to harness the longevity dividend as well as to address key issues and challenges faced by the older population in Southeast Asia.

It is hoped that the report will contribute to the collective ASEAN response to population ageing in the region from a life course perspective, utilising available qualitative and quantitative research evidence that builds on current policies and practices. The situation of older persons in each AMS is unique due to the different stages of demographic transition and economic development. The issues and challenges, however, remain highly similar, namely a) the shifting trends in disease patterns (epidemiological transition); b) the demand and burden on health and long-term care; c) changing labour force arrangements and family structures; and d) extended periods of retirement and dissaving, and other issues with old-age income security. By focusing on poverty in later life and active ageing, this report aims to promote the empowerment of older persons as an integral member of the Society through deliberative planning for key actions among AMS and the ASEAN Secretariat in general.

1.6 Limitations of the Study

Due to constrains in time and resources, the study adopted a desk review methodology to gather information for the report and relied on secondary data from international databases to develop country comparisons. The scoping review was conducted using electronic sources from four (4) academic databases. In addition, official websites of relevant government ministries or agencies in all 10 countries were accessed to search for latest policies and programme reports related to the study topic. Further, the study did not adopt disability perspective but use key words search for materials related to disability. Due to the strategies adopted in the literature search, there are limitations arising from the method adopted, specifically in terms of languages. Only documents in the English language as well as Malay and Mandarin were utilised. There may be other relevant literature that may be omitted due to unfamiliarity with the local languages.

The most common issue with data compiled through desk research is the timeliness of information as statistics and data might be updated less often online. Publications may be dated and fail to reflect latest developments that were reported in the press and media. Specific data indicators such as poverty among older population might also be difficult to come by for certain countries, or the comparability of the information collected is not possible due to method or time differences. Therefore, caveats are put in place wherever such situations arise, and the report does not represent an exhaustive record of all issues and challenges but a focused summary of ageing matters pertinent to the region that were highlighted, with suggestions and recommendations made accordingly. The report is written by triangulating desk review results, combining information from several different sources (e.g. academia, government, international agencies). In the next chapter, we begin with the population ageing trends and policy responses to the rising number and proportion of older persons in the AMS.

Chapter 2:
DEMOGRAPHIC TRENDS AND POLICY RESPONSES

The Southeast Asian region is home to over 670.2 million people in 2020, with 77.4 million or 116% consisted of older persons aged 60 years or over (UN, 2022). The growth of the older population, in both absolute and proportionate terms, is unprecedented, pervasive, enduring and has profound implications (United Nations, 2002; UNESCAP, 2017). All societies throughout the world, be it the more developed or less developed countries, are no exception to this trend. According to the World Population Prospects 2022, 68.9% of the 1.06 billion older persons aged 60 years or over in 2020 are found in less developed regions (UN, 2022). While the more developed regions are older (higher proportion of aged population), the less developed countries are ageing more rapidly in numbers. Geographically, more than half (71.1%) of the world's older persons in 2020 are living in Asia. Older persons in the Southeast Asia sub-region are expected to grow by 124.0% from 77.4 million in 2020 to 173.3 million in 2050. The share of older population (60+) in Southeast Asia will increase from 1 in 9 persons to 1 in 5 persons over the next 30 years. In this chapter, we will review the demographic transition in AMS, their policy responses and highlight the linkages between regional and international blueprints on ageing.

Table 2.1: Number and Percentage of Older Persons (60+) by Region, 2020 & 2050

Region/Sub-region	2020		2050	
	N_{60+} ('000)	$\%_{60+}$	N_{60+} ('000)	$\%_{60+}$
World	1,060,593	13.5	2,132,389	22.0
Africa	73,724	5.4	215,0686	8.7
Asia	619,139	13.3	1,337,587	25.3
Western Asia	23,4394	8.2	76,074	19.0
Central Asia	6,620	8.9	16,296	15.7
Southern Asia	189,219	9.6	474,541	19.2
Eastern Asia	322,478	19.4	597,330	39.2
South-Eastern Asia	**77,383**	**11.5**	**173,346**	**22.0**
Europe	191,351	25.6	252,054	35.9
Latin America & the Caribbean	83,799	12.9	188,111	25.14
Northern America	85,091	22.8	125,644	29.8
Oceania	7,489	17.0	13,925	24.1

Source: United Nations, 2022 (World Population Prospects 2022)

2.1 Population Ageing Trends among ASEAN Member States

South-East Asian countries, like many other developing nations around the world, are experiencing rapid population ageing with the convergence of low fertility and mortality rates (Lee, 2008; Fu & Hughes, 2009; Asher, 2010; UNESCAP, 2017; 2021). Crude birth rates have been declining steadily, although there are significant differences between AMS. As shown in Table 2.2 five (5) AMS have a fertility level lower than 2.1 children per woman in 2020. By 2060, all countries in the region would have fallen below replacement level Total Fertility Rate (TFR). The inverse relationship between economic growth and fertility rate within and between nations are well documented, especially with

higher levels of female participation in the labour force, higher urbanisations, and higher income per capita (Lee et. al., 2014; Ha & Lee, 2018; Sudharsanan & Bloom, 2018). AMS are clearly ageing from the bottom as greying trends are driven by declines in fertility, with significant increases in life expectancy at birth and at 60 in the same period (Table 2.3). Increasing longevity and shrinking families will drive future demands for formal aged care, challenging our traditional norms in education, work, and retirement over the life course. The increase of the oldest-old will increase the burden of care unless we can prolong a healthy third age and delaying the onset of illnesses in the fourth age of life.

Table 2.2: Crude Birth Rate and Total Fertility Rate, ASEAN Member States, 1960-2080

Country	Crude Birth Rate (births per 100,000 population)						
	1960	1980	2000	2020	2040	2060	2080
Brunei Darussalam	44.0	31.6	19.0	14.2	10.9	9.2	8.9
Cambodia	43.7	48.0	27.6	19.9	15.2	12.2	10.6
Indonesia	44.5	33.6	21.9	16.7	13.8	11.6	10.5
Lao PDR	45.3	43.3	33.6	22.5	15.8	12.5	9.9
Malaysia	42.8	31.1	23.1	15.4	11.4	9.9	9.0
Myanmar	42.2	33.5	22.9	17.4	13.6	11.7	10.6
Philippines	46.5	37.2	28.8	22.0	17.2	13.9	11.8
Singapore	41.4	17.6	13.5	7.0	5.9	6.3	6.6
Thailand	43.8	26.8	13.5	9.2	7.5	6.8	6.8
Viet Nam	41.3	33.5	18.1	15.4	11.7	10.2	9.8

Country	Total Fertility Rate (children per woman)						
	1960	1980	2000	2020	2040	2060	2080
Brunei Darussalam	6.8	4.1	2.4	1.8	1.7	1.7	1.7
Cambodia	6.3	5.8	3.8	2.4	2.0	1.8	1.8
Indonesia	5.6	4.5	2.5	2.2	1.90	1.8	1.8
Lao PDR	6.3	6.3	4.4	2.5	2.0	1.8	1.7
Malaysia	6.4	4.1	2.9	1.8	1.7	1.7	1.7
Myanmar	6.0	4.8	2.8	2.2	1.9	1.8	1.7
Philippines	7.2	5.1	3.7	2.8	2.3	2.0	1.9
Singapore	5.8	1.8	1.6	1.0	1.2	1.3	1.4
Thailand	6.3	3.4	1.6	1.3	1.4	1.5	1.5
Viet Nam	6.3	4.9	2.1	2.0	1.9	1.8	1.8

Source: United Nations, 2022 (World Population Prospects 2022)

Table 2.3: Life Expectancy at Birth and at 60, AMS, 1960-2080

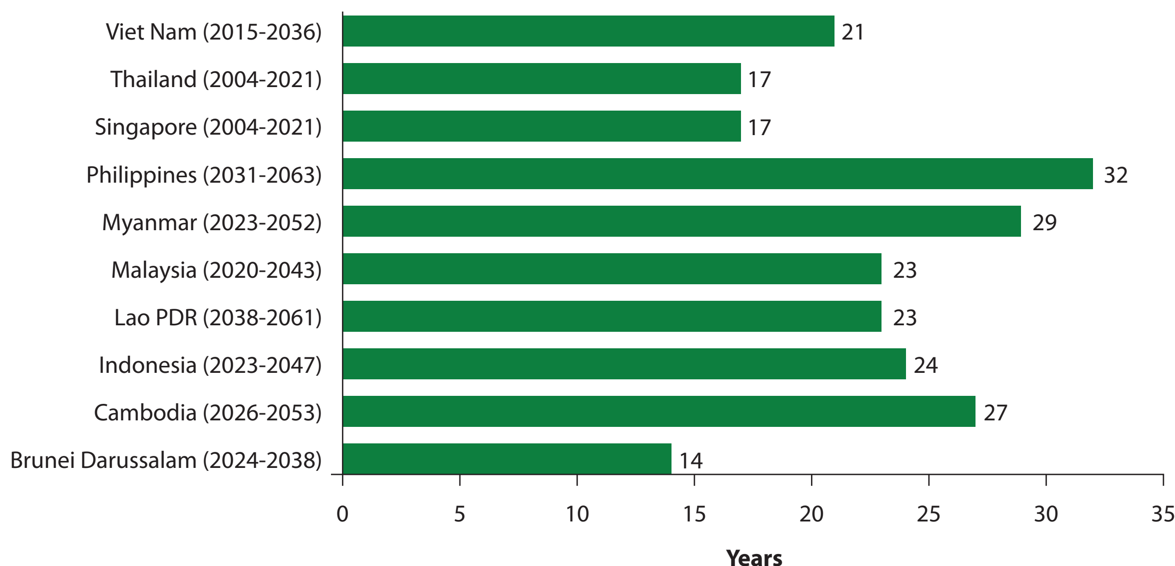
Country	Life Expectancy at Birth						
	1960	1980	2000	2020	2040	2060	2080
Brunei Darussalam	56.8	69.3	74.1	74.8	77.8	80.7	83.5
Cambodia	42.4	47.6	58.6	70.4	74.2	77.2	80.2
Indonesia	46.5	58.8	66.4	72.3	68.8	78.7	81.6
Lao PDR	44.8	48.1	58.4	68.5	73.04	76.3	78.9
Malaysia	561.6	68.2	72.8	75.9	79.2	82.4	85.2
Myanmar	43.9	54.4	60.2	66.8	70.5	73.6	76.7
Philippines	59.2	62.5	69.4	72.1	74.2	76.8	79.9
Singapore	64.8	71.7	79.1	82.9	86.4	88.8	91.2
Thailand	51.0	64.0	72.3	79.3	83.1	85.9	88.3
Viet Nam	59.7	66.2	72.5	75.4	77.6	80.9	83.8

Country	Life Expectancy at 60						
	1960	1980	2000	2020	2040	2060	2080
Brunei Darussalam	14.8	17.1	19.3	19.6	21.6	23.7	25.8
Cambodia	13.3	14.6	16.7	18.6	20.3	22.0	23.9
Indonesia	14.4	15.5	16.5	16.1	19.0	20.7	22.7
Lao PDR	1335	14.3	15.5	17.0	18.5	20.5	22.5
Malaysia	12.6	164	18.2	20.0	22.4	24.9	27.1
Myanmar	13.8	15.0	15.7	16.5	17.6	18.9	20.8
Philippines	15.6	16.1	17.4	18.3	19.5	21.14	23.2
Singapore	14.8	17.3	21.9	24.8	27.8	29.9	32.0
Thailand	15.1	18.2	21.1	24.8	29.1	28.9	30.5
Viet Nam	17.0	18.5	20.4	21.8	22.8	24.8	26.7

Source: United Nations, 2022 (World Population Prospects 2022)

As noted in other reports, there is a linear relationship between GDP per capita and the level of ageing (United Nations, 2002; Bloom, Canning & Fink, 2008; Bloom, David & Finlay, 2009). What is evident is that developing countries are ageing at a much more rapid pace than developed countries. It took developed countries like France (1865-1980), Sweden (1890-1975) and Australia (1938-2011) between 73 to 115 years to double its older population aged 65 years from 7% to 14% (Kinsella & Velkoff, 1995; Kinsella & He, 2009), but will take AMS only about 24 years on average to achieve the same milestone (see Figure 2.1). For example, it has taken the United Kingdom (1930-1975) 45 years but Singapore and Thailand only took 17 years to double its 65 years or over population from 7% to 14%. The rapid speed of ageing means governments has less time to prepare for the transition into aged nation status, regardless of the definitions used (Cowgill & Holmes, 1972; Chen & Jones, 1989; Coulmas, 2007). Although the rate of ageing differs from one country to another, most AMS are ageing at lower levels of development. It is also important to note that since women tend to live longer than men (Table 2.5), a lifetime of inequalities means older women face a double jeopardy with the feminisation of ageing.

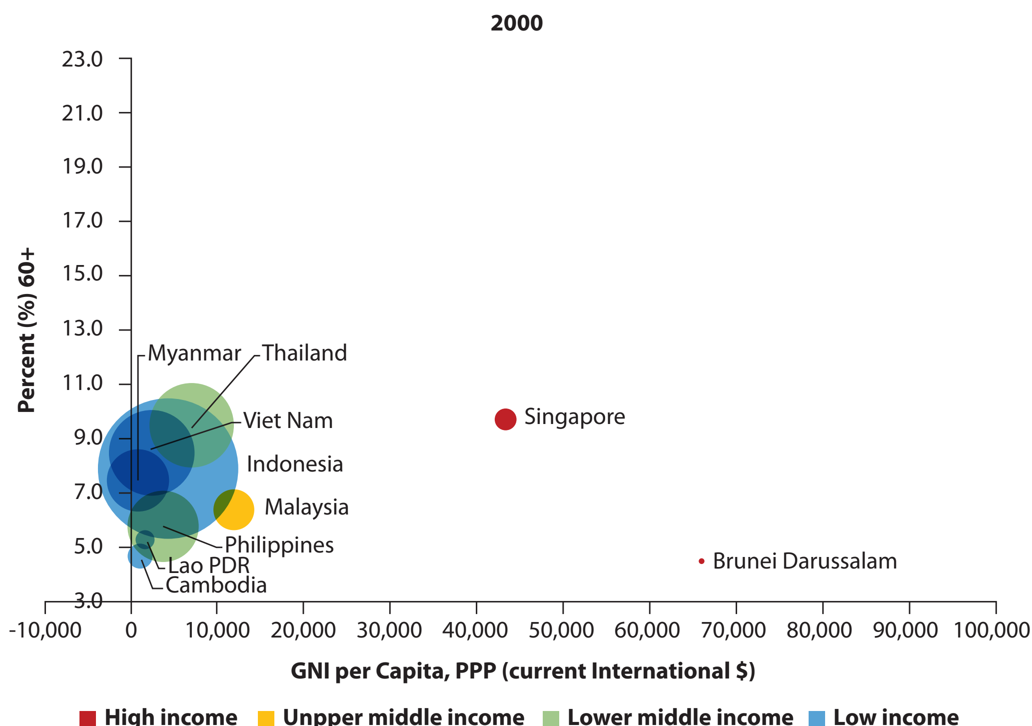
Figure 2.1: Years taken for AMS 65+ Population to Double from 7% to 14%

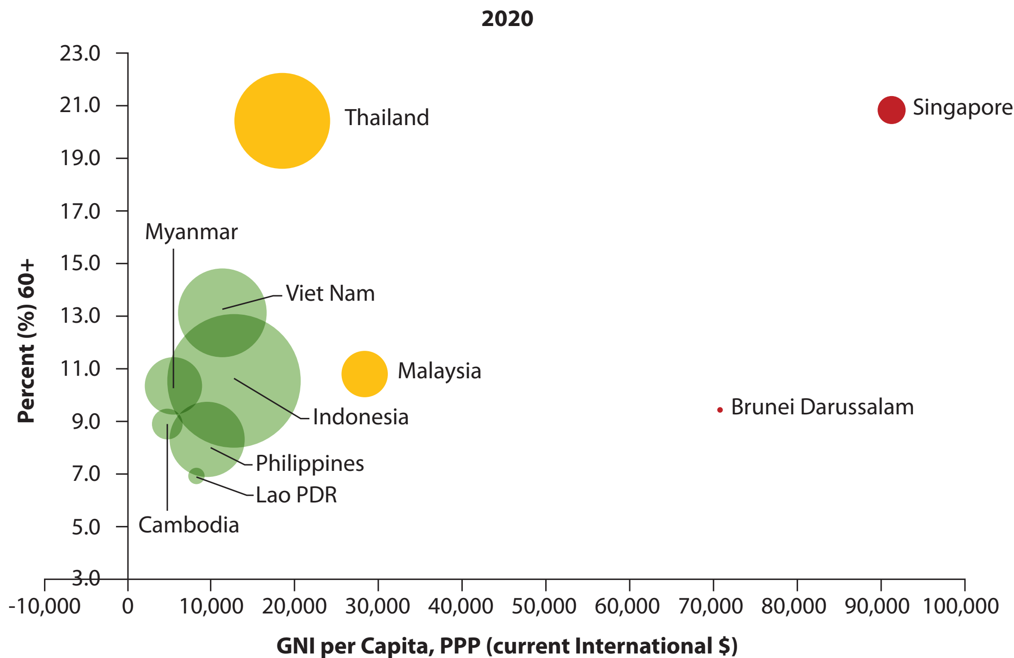


Source: UN, 2022

As shown in Figure 2.2, the number of older persons aged 60 years or over in countries such as Philippines has more than doubled between 2000 (4 million, 5.1%) and 2020 (9.4 million, 8.6%), but it remains a lower middle-income country. In the past two decades, the increase in absolute numbers and percentages among AMS is evident, but except for Singapore, the hike does not follow a commensurate rise in GNI per capita. While there are no longer any low-income countries in ASEAN in 2020, the GNI per capita in the five (5) lower middle-income countries ranged from $4330 to $8630 (PPP, current international $). The share of agriculture sector to total GDP in 2020 is the highest for Myanmar (22%), Cambodia (17.3%) and Lao PDR (13.9%) compared to the other AMS economies (ASEAN, 2021). Industry, which includes manufacturing, electricity, gas and water supply, construction as well as mining and quarrying, made up about 64.2% of Brunei Darussalam's GDP, dominated by the oil and gas sector. Meanwhile, services accounted for the lion share of Singapore's GDP at 74.1% in 2020. Corresponding to the major types of economic activity in each AMS, their level of development and labour market situation, we can expect significant diversity in the social protection systems as well as heterogeneity in family life course patterns.

Figure 2.2: Size and Proportion of Older Persons (60+) by GNI per capita, PPP (current international $), 2000 & 2020

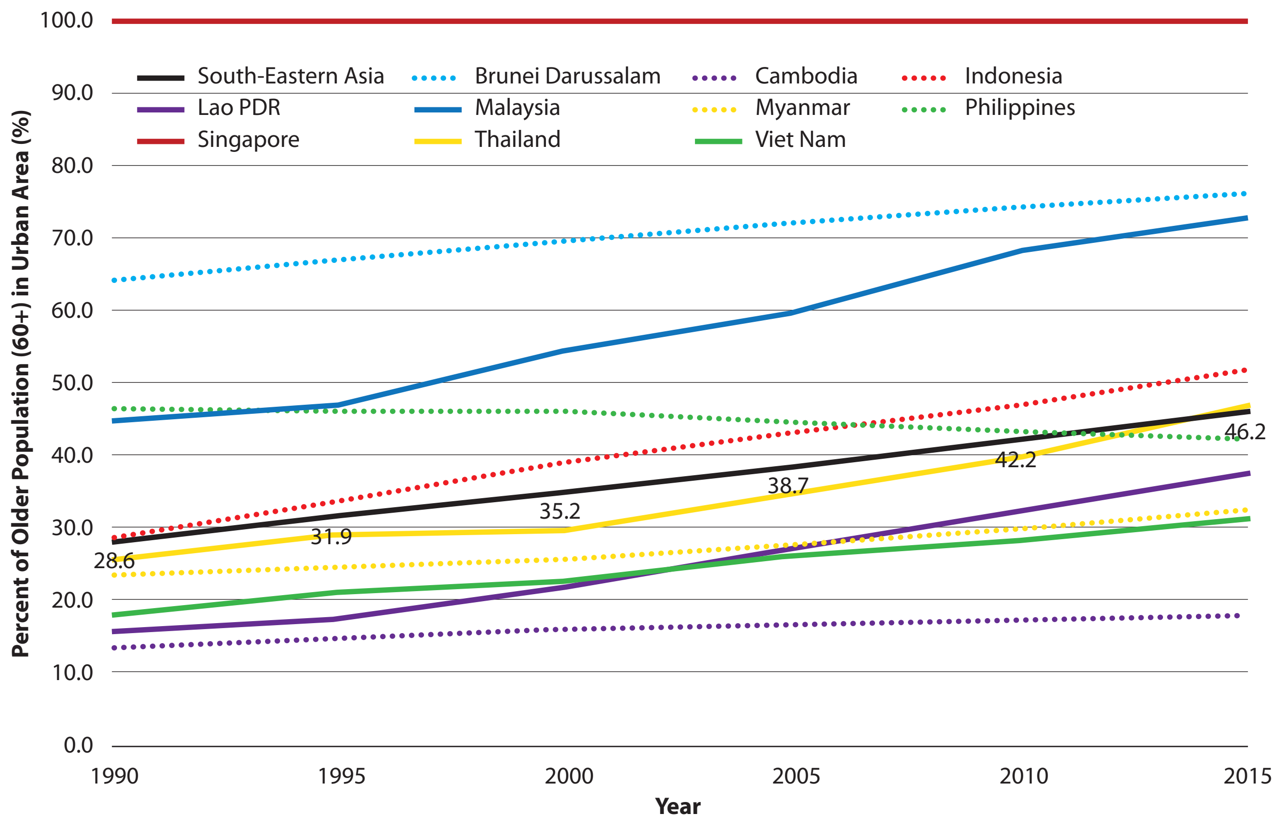




Source: UN, 2022 & WB, 2022

Table 2.4 shows the growth of the older population aged 60 years or over in absolute number and percentage from 1960 to 2060. Taken together, the AMS are ageing rapidly although there are significant variations from one country to another. In Southeast Asia, Lao PDR is the youngest (6.9%) country while Singapore is the oldest (20.8%) in 2020. Of the 77.4 million older persons living in ASEAN countries, nearly 37% are found in Indonesia, followed by Thailand (19%) and Viet Nam (16.1%). What is evident, however, is the fact that a majority of AMS are getting old before getting rich. Except for Brunei Darussalam and Singapore, the remaining AMS are upper middle-income and lower-income countries (Table 2.5). In brief, the situation of population ageing in AMS is noted for its rapidity. UNESCAP (2021) has published a datasheet that provided data on key indicators to reflect the status of population ageing and situation of older persons among AMS in 2020. The average median age in Southeast Asia is expected to increase from 29.6 years in 2020 to 39.4 years in 2060 (UN, 2022). This rapid transition will have significant impacts on economic growth, as well as shifting needs and demands for healthcare and social protection systems. As more and more people survive into older ages, the longevity of the ASEAN population will lead to changes in intergenerational relationships and care expectations. Cambodia's lopsided old age sex ratio of 71.2 older men to 100 older women in 2020 is an outlier due to impact of past conflicts but conforms to the general trend where females outnumber males in later life (Table 2.5). As indicated by the Old Age Dependency Ratio (OADR) in Table 2.5, the working age population has to support an increasing number of older persons, but this varies from country to country. New policies and programmes are needed to effectively address the rise of new generations in an increasingly urbanised and modern ASEAN community. This trend is perhaps best illustrated by Figure 2.3 that showed the increasing proportion of older persons living in urban areas in AMS. In the case of Malaysia, the percentage of older persons living in towns and cities grew from 44.9% in 1990 to 73.1% in 2015 (ILO, 2020). The singular exception to this trend is the Philippines where the share of older population in urban areas dropped from 46.7% in 1990 to 42.5% in 2015. The increasing number of older persons in higher density urban areas will create greater demand for localised services and the need for more age-friendly environments. Location of residence influences accessibility to services, thus affecting quality of life. A conducive environment enhances liveability and promotes healthy and active ageing.

Figure 2.3. Percentage of Older Persons (60+) Living in Urban Areas, AMS, 1990-2015



Source: ILO, 2020

Table 2.4: Older Population and Proportion of Older Persons (60+) in ASEAN Member States, 1960-2060

Country	Area (km²)	1960		1980		2000		2020		2040		2060	
		N_{60+} '000	$\%_{60+}$	N_{60+} '000	$\%_{60+}$	N_{60+} '000	$\%_{60+}$	N_{60+} '000	$\%_{60+}$	N_{60+} '000	$\%_{60+}$	N_{60+} '000	$\%_{60+}$
Brunei Darussalam	5,765	4	5.0	8	4.2	15	4.5	41	9.4	108	21.8	150	30.6
Cambodia	181,035	251	4.5	306	4.9	573	4.7	1,462	8.9	2,754	14.2	4,506	21.8
Indonesia	1,904,569	3,850	4.4	8,556	5.8	16,829	7.9	28,518	10.5	53,849	17.5	72,609	22.7
Lao PDR	237,955	98	4.6	180	5.4	290	5.3	502	6.9	1,029	11.3	1,999	19.7
Malaysia	330,803	341	4.4	696	5.3	1,478	6.4	3,584	10.8	7,164	18.2	12,278	29.2
Myanmar	676,578	1,255	5.8	2,198	6.6	3,360	7.4	5,484	10.3	9,647	16.3	13,046	21.9
Philippines	300,000	1,112	3.9	2,511	5.2	4,549	5.8	9,268	8.3	18,643	12.9	30,962	18.4
Singapore	729	51	3.2	180	7.5	394	9.7	1,228	20.8	2,377	37.1	2,773	45.1
Thailand	513,120	1,245	4.7	2,361	5.2	5,997	9.5	14,548	20.8	24,038	33.9	26,646	42.1
Viet Nam	331,699	2,556	7.8	4,234	8.0	6,682	8.5	12,649	13.1	23,113	21.8	31,645	29.8
ASEAN	**4,482,253**	**10,763**	**5.0**	**21,230**	**6.0**	**40,167**	**7.7**	**77,284**	**11.6**	**142,722**	**18.7**	**196,614**	**24.7**

Source: United Nations, 2020 (World Population Prospects 2019)

Table 2.5: Summary of Population Ageing Indicators, ASEAN Member States, 2020

Country	Median Age	OADR [65+/20-64]	Sex Ratio$_{60+}$	CBR	CDR	Life Expectancy at Birth			Life Expectancy at 60			Broad Age Groups '000			GNI per capita
						Total	Male	Female	Total	Male	Female	0-19	20-64	65+	
Brunei Darussalam	31.3	8.5	95.2	14.2	5.0	74.8	72.8	77.0	19.6	18.0	21.2	134	283	24	66,940
Cambodia	26.2	9.4	71.2	19.8	6.2	70.4	68.0	72.7	18.6	17.4	19.5	6,294	9,294	865	4,330
Indonesia	29.2	11.3	82.8	16.6	9.0	68.8	66.7	71.0	16.1	14.6	17.6	91,986	161,631	18,240	11,820
Lao PDR	23.5	7.9	90.2	22.4	6.4	6,859	66.5	70.6	17.0	15.8	18.1	3,019	3,987	313	7,700
Malaysia	29.5	11.4	93.5	15.8	5.3	75.9	73.7	78.5	20.6	18.6	21.5	10,450	20,422	2,328	26,700
Myanmar	28.8	10.8	78.4	17.4	8.8	66.8	63.8	70.0	16.5	15.0	18.2	18,041	31,34	3,448	5,050
Philippines	24.3	9.6	83.3	20.0	5.62	72.1	70.2	74.0	18.3	17.1	19.4	45,384	60,948	5,859	8,820
Singapore	41.2	18.8	100.3	7.0	5.1	82.9	80.5	85.3	24.8	22.72	26.8	988	4,144	777	86,340
Thailand	38.8	21.6	81.2	9.2	7.3	79.3	75.0	84.7	24.8	22.0	27.3	15,695	45,881	9,900	17,360
Viet Nam	31.6	13.7	72.4	15.4	6.2	7,548	70.8	79.9	21.8	18.9	24.2	28,912	59,591	8,145	10,550
SEA	**29.6**	**12.5**	**81.0**	**16.6**	**7.5**	**71.7**	**68.9**	**74.5**	**18.7**	**16.9**	**20.4**	**221,527**	**398,669**	**49,969**	**n/a**

Source: United Nations, 2022 (World Population Prospects 2022) & World Bank, 2022 (World Development Indicators)

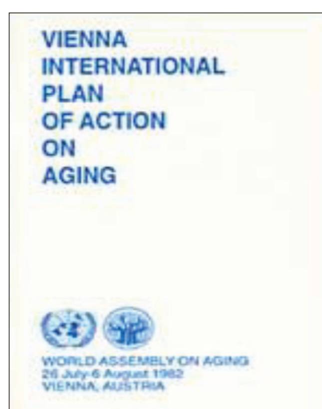
Individual life trajectories are linked to cohort dynamics, and the situation of ageing in the AMS is both historical and cultural. Broader social forces have impacted the circumstances in which an individual age, especially on its timing within the life course. For example, relatively higher TFR in the Philippines (2.5), Cambodia (2.4) and Lao PDR (2.5) when compared to the other AMS essentially kept the rate of ageing in check. As Rammohan (2004) noted, fertility transition in the South, Southeast and East Asia regions coincided with a period of rapid economic growth, together with the increase in urbanisation and greater female education as well as labour force participation. It is perhaps unsurprising that family planning and reproductive decisions become more egalitarian in Societies where women are empowered to make strategic life decisions (Prata et al., 2017). Richer States recorded higher life expectancies and lower birth rate in general, and whether it is borne out of scarcity in resources or changing family values or priorities, this is something that needs to be studied further.

The policy actions by each successive AMS governments will influence how the individual; micro-level life course will be shaped. As the proportion of children and teenagers (0-19 years) shrink, the increasing number and share of older persons (65+) will lead to structural changes of the population. Consider Singapore, despite its relatively open immigration policy[1], the Lion city's younger (16.8%) and older (13.3%) populations are almost equal in 2020. On the opposite end is Lao PDR, where the under 20 population (41.7%) is nearly ten-times the size of its older (4.3%) population aged 65 years or over (Table 2.5). We will not go into the details of the many similarities and differences in population ageing demographics in this chapter, but the next section will highlight the major international and regional documents that have helped shaped the ASEAN narrative on old age and older persons.

2.2 International, Regional and National Blueprints on Ageing

The current policies and programmes on ageing in AMS did not happen in vacuum and were broadly influenced by international and regional developments (Williamson, 2015), in particularly the two (2) world assemblies on ageing. As such, it is useful to note key moments in past and its related documents that has influenced the development of ageing policy responses among AMS.

2.2.1 International and Regional Blueprints



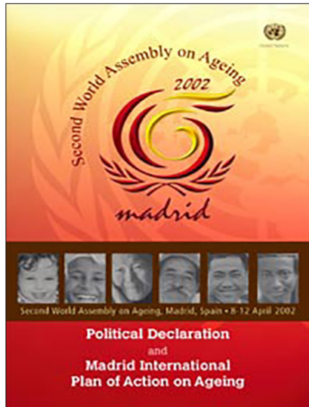
The first World Assembly on Ageing in Vienna (26 July - 6 August 1982) was meant to be a forum to launch an international action programme aimed at guaranteeing economic and social security of older persons. The **Vienna International Plan of Action on Ageing** (VIPAA, 1982) was the first international instrument on ageing that provided a basis for the formulation of policies and programmes on ageing and was endorsed by the United Nations General Assembly in the same year (Resolution 37/51). VIPAA contained 62 recommendations for action addressing research, data collection and analysis, training, and education, as well as in the sectoral areas such as health and nutrition, protection of older person consumers, housing and environment, family, social welfare, income security and employment, and education (United Nations, 1982). Among the national reports submitted as background document included countries such as Indonesia, Malaysia, and Thailand from Southeast Asia. The International Day of Older Persons (IDOP) was observed on the 1st of October since 1991 (Resolution 45/106) and the United Nations Principles of Older Persons outlined 18 principles grouped under five (5) themes of Independence, Participation, Care, Self-fulfilment and Dignity, to be incorporated into national programmes whenever possible.

Together with the International Conference on Population and Development (ICPD) held in Cairo in 1994, both the VIPAA and the **ICPD Programme of Action** (PoA) have outlined actions for the wellbeing of older person people (United Nations, 1995), recognising that the population ageing trend is fast becoming a global phenomenon. To draw attention to the issues and challenges of a greying world, the United Nations declared 1999 to be the International Year of Older Persons (IYOP), choosing an intergenerational theme "*Towards a Society for All Ages*".

In 1998, the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) adopted the Macao Declaration on Ageing for Asia and the Pacific at a regional meeting on a regional Plan of Action on Ageing (28 September - 1 October 1998). The **Macao Plan of Action on Ageing for Asia and the Pacific** called for actions on major areas of concern, specifically issues and challenges on A. Social position of older persons, B. Older persons and the family, C. Health and nutrition, D. Housing, transportation and the built environment, E. Older persons and

[1] 47% of all residents in Singapore were foreign-born (Nowrasteh, 2018)

the market, F. Income security, maintenance and employment, and G. Social services and the community (UNESCAP, 1998). The Macao document also outlined implementation structures and processes on I. National infrastructure for ageing and older persons, II. Planning and targeting, III. Intersectoral collaboration and support, IV. Coordination and monitoring, V. Resource mobilisation and allocation, as well as VI. Regional and international cooperation.



The second World Assembly on Ageing in Madrid (8-12 April 2002) was convened twenty years after Vienna to help States develop policies that can ensure older persons continue to contribute to the Society, review the results of the first World Assembly and adopt a revised Plan of Action to reflect realities of the new 21st Century. All the AMS were represented at the Assembly. The **Madrid International Plan of Action on Ageing** (MIPAA, 2002, United Nations, 2002) comprises of three priority directions or pillars with its own Issues, Objectives and Actions, namely i) Older Persons and Development (8 issues); ii) Advancing Health and Wellbeing into Old Age (6 issues); and iii) Ensuring Enabling and Supportive Environments (4 issues) (United Nations, 2002). MIPAA outlined 3 pillars, 18 issues, 33 objectives and 117 actions for adoption and implementation. A review takes place every five years and currently it is in its fourth review cycle at the international and regional levels (2020-2023).

UNESCAP adopted the **Shanghai Implementation Strategy** for the Madrid International Plan of Action on Ageing 2002 and the Macao Plan of Action on Ageing for Asia and the Pacific 1998. The Shanghai Implementation Strategy was developed after a regional survey on national policies and programmes on ageing in June 2002.

The **Research Agenda on Ageing for the 21st Century** (RAA-21) was a tool developed to support the implementation and monitoring of policy actions proposed in the MIPAA. Through UN Resolution 57/177 the research agenda was adopted in 2002, and governments were called upon again in 2005 to consult and utilise the RAA-21 as a tool for strengthening national capacity on ageing (UN Resolution 60/135). Regional (Africa, Europe, Latin America & Caribbean & Asia/Pacific) research priorities were developed and in 2007 an update of the RAA-21 was published (UN Programme on Ageing, 2007).

The Road from MDG to SDG

The Millennium Declaration was signed in September 2000 by leaders of 189 countries that committed to the achievement of eight (8) goals by 2015. The eight (8) **Millennium Development Goals** (MDGs) set measurable targets in the fight against poverty, hunger, illiteracy, gender inequality, child mortality, maternal mortality and universal access to reproductive health, HIV and AIDS, environmental degradation, and a global partnership for development.

In 2012, a new set of **Sustainable Development Goals** (SDG) were proposed during the United Nations Conference on Sustainable Development at Rio de Janeiro to carry the MDG momentum beyond 2015. In July 2014, the UN General Assembly Open Working Group proposed a document containing 17 goals to be put forward for approval and this set the ground for the SDGs. The 2030 Agenda for Sustainable Development was adopted by 193 countries at the United Nations Summit from 25 to 27 September 2015. The 17 Sustainable Development Goals are defined in a list of 169 SDG Targets with its progress tracked by 232 Indicators.

What sets the SDGs apart from the MDGs is its key philosophy of leaving nobody behind and specific mention of older persons. The concept of the SDGs was born with the objective of producing a set of universally applicable goals that balances the three dimensions of sustainable development: Environmental, Social and Economic. Ageing was included as a core theme for development. The 2030 Agenda recognises ageing and older people as an integral part of international development plans. The SDG framework's 17 goals and 169 targets outline expectations that improvements can be made in older people's lives - in healthcare, nutrition, transport, and gender equality - no matter where they live. No goal will be considered met unless it is met for all social groups. As such, the SDGs directly address the needs of the older people and calls for an end to poverty for all (SDG 1); specifying the right to health "*for all at all ages*" (SDG 3); promoting "*lifelong*" learning (SDG 4); including targets that lift historic age-caps on data collection for gender-based violence (SDG 5); encouraging the development of sustainable, inclusive, and accessible urban environments, including for older persons (SDG 11); and reducing all forms of violence, including physical, psychological, or sexual violence, among all persons, regardless of age (SDG 16) (UNDP, 2016). The word 'older person' itself appeared 4 times in the SDG document and phrases such as 'for all' appeared 27 times, with references to 'all people', 'all ages', 'lifelong' and 'all men and women'. Annex II offers an illustration of how SDGs and older persons are linked. As ageing is multidimensional and crosscuts into areas like economy (poverty), health, social (family), psychology and the environment (housing), it is useful to compare SDG Goals, Targets and Indicators with MIPAA Pillars, Issues, Objectives and Actions. While it is important to address the vulnerability of older persons, it is also important to recognise that older persons are active agents of development, and a life-course approach calls for the promotion of the rights of older persons in the implementation of the 2030 Agenda (UN, 2017).

Recent Developments

An **Open-Ended Working Group on Ageing** was established by the United Nations General Assembly in December 2010 (Resolution 65/182) to consider the existing international framework of the human rights of older persons and identify possible gaps and how best to address them. The 11th Session of the Open-ended Working Group on Ageing for the purpose of strengthening the protection of the human rights of older person was held from 29 March till 1 April 2021.

In May 2016, the World Health Organization (WHO) adopted the Global Strategy and Action Plan on Ageing and Health (2016-2030). The first action plan was refined into ten (10) priorities for a decade of concerted action. At the 73rd World Health Assembly in 2020 the proposal for a Decade of Healthy Ageing 2020-2030 was endorsed. Through a resolution tabled through the Global Health and Foreign Policy agenda item, the UN General Assembly welcomed the proposal and proclaimed 2021-2030 as the **United Nations Decade of Healthy Ageing** (Resolution 75/131). The four (4) Decade Action Areas are:

1. Age-friendly Environments
2. Combatting Ageism
3. Integrated Care
4. Long-term Care

The UN Decade of Healthy Ageing requires a whole-of-government and whole-of-society response through four (4) key enablers, namely a) Voice and Engagement; b) Leadership and Capacity Building; c) Connecting Stakeholders; and d) Strengthening Research, Data, and Innovation. The United Nations Decade of Healthy Ageing (2021-2030) is a global collaboration, aligned with the last ten years of the Sustainable Development Goals, that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.

Other significant international blueprints include the WHO's Global Age-friendly Cities: A Guide (2007) and its subsequent publications, including the influential Global Network of Age-friendly Cities and Communities (GNAFCC). The ILO's Social Protection Floors Recommendation (2012) is another key document, as well as other ILO working papers and reports on population ageing that looks into the future of work and the care economy (Harasty & Ostermeier, 2020; ILO, 2018). The many international and regional blueprints have influenced the development of ASEAN documents on ageing and older persons, as shown in the following sub-section.

2.2.2 Related ASEAN Developments

At this juncture, and pertaining to the focus of this report, it is important that related and relevant ASEAN documents on ageing and older persons are systematically examined. The earliest document that outlined specific action on (and mention of) the older person was in the Ha Noi Plan of Action (HPA) adopted on 15 December 1998, the first in a series to realise the long-term plans of ASEAN Vision 2020. Under measure IV. Promote Social Development and Address the Social Impact of the Financial and Economic Crises, the HPA called for action to "*Enhance the capacity of the family and community to care for the older person and the disabled*" (4.6).

Regional cooperation in the social sector began with the adoption of the **ASEAN Work Programme on Social Welfare, Family and Population (2003-2006)** by the inaugural ASEAN Senior Officials Meeting on Social Welfare and Development in October 2002 at Siem Reap, Cambodia. The emphasis on the family unit is core to the first ASEAN Work Programme on Social Welfare, Family and Population[2], and the same context of Caring Societies is used in the ASEAN Social-Cultural Community (ASCC) Plan of Action. The older person in these documents is recognised collectively as a vulnerable group together with children, youth, women, and persons with disabilities. The ASCC Plan of Action (Specific Measures I. Building a Community of Caring Societies) called for the promotion of "*community-based support systems for the older person to supplement the role of families as primary caregiver and to build the capacity of health care professionals to address the needs of the older person*".

The Vientiane Action Programme (VAP) 2004-2010 was adopted in 2004 during the 10th ASEAN Summit as successor to the HPA to unify the strategies and goals of the ASEAN Community's three pillars (political and security, economic and socio-cultural). Under the ASEAN Socio-Cultural Community Council's Programme Areas and Measures, 3.1. Building a Community of Caring Societies, the older person was highlighted under Ref. No. 3.1.1 Raising the standard of living of marginalised, disadvantaged groups (3.1.1.5 Develop and strengthen regional cooperation for promoting self-reliance of older person and disabled people to be productive members of the community) and Ref. No. 3.1.3 Reducing the social risks faced by children, women, the older person and persons with disabilities (3.1.3.6 Collect and exchange information on best practices in family and community-based care for the older person and capacity building for professionals involved in older person care). The Ministry of Health, Labour and Welfare, Japan, has held the ASEAN and Japan High Level Officials Meeting on Caring Societies since 2003 to strengthen the development of human resources and promoting collaborative relationships in social security. In 2005, the first ASEAN Plus Three Symposium on Older Persons was held in Bangkok, and the initial phase of the ASEAN-ROK Project on Homecare for Older Persons started. The second ASEAN Plus Three Forum on Ageing with the theme Homecare and Community Service was held in Beijing in 2006. Section D (Socio-Cultural and Development) of the ASEAN Plus Three Cooperation Work Plan (2007-2017) highlighted the development of vulnerable groups by supporting efforts to provide care and promote empowerment (4.1).

[2] Overall Objective: The work programme aims to assist the ASEAN Ministers of Social Welfare and Development to realise the ASEAN Leaders' vision of a socially cohesive and caring ASEAN by 2020 where hunger, malnutrition, deprivation and poverty are no longer basic problems; where families as the basic units of society tend to their members, particularly the children, youth, women and older person, and are capable of meeting new challenges arising from rapid social and economic changes; where the civil society, including the community is empowered and gives special attention to the disadvantaged, disabled and marginalised.

The **ASEAN Strategic Framework and Plan of Action for Social Welfare, Family and Children (2007-2010)** identified two concerns related to the aged, namely:

a. *Ensuring that the older person is adequately cared for by promoting community-based support systems to supplement the role of the family as primary caregiver; and*

b. *Strengthening regional cooperation to promote self-reliance of older persons and persons with disabilities to be productive members of the community.*

The seventh ASEAN Ministerial Meeting for Social Welfare and Development in 2010 saw the adoption of the **Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Older Person**. Concerted efforts to promote the quality of life and well-being of the older person as well as to reduce the social risks they face include the following actions:

a. *Develop social support system and encourage the development of education programme to enhance the ability of families to take care of the older person;*

b. *Provide appropriate care and support, including community volunteer approach and other forms of alternative family and community care arrangements, to the older person;*

c. *Promote the quality of life of the older person by creating conditions that enhance their self-reliance and ability to remain economically active;*

d. *Provide life-long opportunities for individual development, self-fulfillment and well-being through, for examples, access to welfare and social services, resources, skills training, lifelong learning and participation in the community;*

e. *Achieve secure, active and healthy ageing by reducing the incidence of poverty among the older person;*

f. *Promote quality health care, support and social protection for the older person, including preventive and rehabilitative health care;*

g. *Support capacity building of primary health providers, social workers, caregivers, and volunteers in delivering care of the older person;*

h. *Promote the awareness and ability of the younger generation to live a healthy lifestyle, nurture a life course approach to growing older and respond to the issues relating to ageing;*

i. *Facilitate the conduct and exchange of researches and studies in gerontology and geriatrics; and*

j. *Strengthen inter-sectoral collaboration with the relevant ASEAN bodies and promote closer partnerships with the civil society, private sector, older persons' associations and the older person themselves, to promote the well-being of the older person.*

In the **ASEAN Strategic Framework for Social Welfare and Development (2011-2015)**, the third strategic framework building on the past frameworks of 2003-2006 and 2007-2010, eight (8) activities under Priorities on the Older Persons, complete with Expected Results and Country Coordinator(s) were outlined. Annex III(a) lists the activities under the plan of action focusing on various thematic areas such as income security in old age, active and healthy ageing, community involvement and support and strengthening policy formulation and policy-action translation.

The **ASEAN Declaration on Strengthening Social Protection** was adopted at the 23rd ASEAN Summit in 2013, anchored on the universal human right to social security and embeds the principles of non-discrimination, social justice, social solidarity, equity, and accessibility through a participatory and inclusive approach, the gradual extension towards universal coverage based on a life-cycle perspective, and adopting a diverse range of interventions combining social insurance, social assistance and social welfare, and provision of social services. A Regional Framework and Action Plan[3] to Implement the ASEAN Declaration on Strengthening Social Protection was adopted in 2016 across four (4) key result areas 1) Policy and Programme Development; 2) Capacity Building; 3) Monitoring and Evaluation; and 4) Institutionalisation and Sustainability with corresponding strategic actions.

[3] Document available via https://asean.org/wp-content/uploads/2018/11/26.-November-2018-ASEAN-Declaration-on-Strengthening-Social-Protection-1st-Reprint.pdf

In 2015, the **Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN** was adopted by the Heads of State/Government of AMS who agreed to foster concrete actions towards the empowerment of older persons subject to each AMS' national laws, policies, and programmes:

1. *Promote a shared responsibility approach in preparation for healthy, active and productive ageing by supporting families, care givers/care workers and strengthening communities in delivering care for older persons;*
2. *Promote intergenerational solidarity towards a society for all ages by raising public awareness on the rights, issues and challenges of old age and ageing;*
3. *Promote rights-based/needs-based and life-cycle approach and eliminate all forms of maltreatment on the basis of old age and gender through equitable access of older persons to public services, income generation, health care services, and essential information, as well as preventive measures, legal protection, and effective support system;*
4. *Mainstream population ageing issues into public policies and national development plans, and programmes, which may include flexible retirement age and employment policies;*
5. *Promote the development of human capital and expertise in gerontology, geriatrics and other related professional and para-professional manpower including care workers to meet the current and future demands for health and social services for older persons;*
6. *Promote the development of reliable information, evidence-based and gender disaggregated data on ageing, including improved capacity to bridge the gaps in policy, research and practice;*
7. *Strengthen the capacity of government agencies, corporate bodies, civil society organisations, including voluntary welfare organisations, communities, and relevant stakeholders, for better coordination and effectiveness in the delivery of quality services for older persons at local, national and regional levels;*
8. *Encourage the development of older people's associations or other forms of networking including older person clubs and volunteers networks in each ASEAN Member State by strengthening their capacity, and providing them with multi-sectoral platforms of dialogue with the government on ageing issues;*
9. *Promote age-friendly communities/cities in the region through sustainable and accessible infrastructure; and*
10. *Build and strengthen the networking and partnerships within and among AMS as well as with Dialogue Partners and Development Partners including UN Agencies, civil society organisations, private sector, and relevant stakeholders in supporting and providing adequate resources and effective implementation of the commitments reflected in this Declaration.*

A Regional Plan of Action[4] was endorsed in 2021 and the Kuala Lumpur Declaration on Ageing is an important milestone on ageing in ASEAN. Further discussion and analysis of the RPA is included in Chapter 4.

The Objective for Priority Area on Older Persons in the **ASEAN Strategic Framework on Social Welfare and Development (2016-2020)** was to promote healthy, active and productive ageing in an enabling and supportive environment. Ten (10) programmes/projects/activities were listed with specific timeline of implementation and potential partners apart from country coordinators (Annex III(b)).

In 2016, the **ASEAN Plus Three Statement on Active Ageing** made in Vientiane, Lao PDR by the Heads of State and Government of AMS agreed to promote greater inclusion for active aging in national policy making and action plans, including active employment policies, social protection, welfare and healthcare services, as well as mainstreaming those policies and action plans across government sectors in older person care and health, economic empowerment and supportive environment for inclusive society.

Older Person Care and Health

1. *Promote an inclusive approach and a community-based model in older person care with the involvement of all relevant stakeholders;*
2. *Facilitate exchanges and sharing of lessons learned, experiences, and practices in social protection for older persons and the design and delivery of targeted assistance for the needy older person;*
3. *Promote capacity building and expertise in older person care for the family, community, and social as well as medical personnel in gerontological services and increase the availability of care takers through home visit services by health professional or community health workers;*

[4] Document available via https://asean.org/wp-content/uploads/2021/11/RPA-KL-Declaration-on-Ageing_endorsedbyAMMSWD.pdf

4. *Encourage the establishment of official standardisation and certification for social workers and caregivers servicing older persons in order to enhance their competencies;*
5. *Promote awareness on the role of family in caring for the older persons and to enhance capacity building of care givers in providing quality care;*
6. *Enhance regional efforts to promote the life course approach and access to healthcare services aligned with the needs of older populations and address barriers to healthcare services;*
7. *Promote access to affordable and appropriate health services for older persons and develop a sustainable health financing system, protecting older persons against illness-induced poverty and undue out-of-pocket payment, which work to deliver universal and equitable healthcare;*
8. *Promote collaboration in research and development on older person health issues identified as priorities by ASEAN Plus Three countries;*

Economic Empowerment

9. *Encourage older persons to be economically active after retirement, including through promotion of part-time employment, promotion of self-employment, promotion of tax incentives for entrepreneurs, improvement of working environments and working conditions conducive to job retention, and encouragement of private saving during work years;*
10. *Enhance regional effort in mobilising financial resources for active ageing, bearing in mind the differences of demographic trends and income support schemes for older persons;*
11. *Promote lifelong learning opportunities and access to vocational training;*

Supportive Environment for Inclusive Society

12. *Encourage social interest groups as an active platform for older persons to enhance their engagement and connection to the community;*
13. *Promote age-friendly communities including in rural areas through sustainable and accessible hard and soft infrastructures, as well as the development of healthcare industries that facilitate older persons to be self-reliant in their daily life, and provide convenient access to public services;*
14. *Encourage the exchange and sharing of experiences among member countries in embracing universal design and innovations to promote supportive environments for older persons, including those that require intensive care/with mobility constraint. For example, the ASEAN+3 Regional Conference Age-Friendly Environment which was held in Thailand in February 2016 and the Track 1.5 Workshop "Caring for Elderly in ASEAN Plus Three - Research and Policy Challenges in Long Term Care" which was held in Singapore in March 2016;*
15. *Encourage scientific and research institutions in ASEAN Plus Three countries to build networks and strengthen their research capacity on ageing to develop innovative solutions that address specific needs and promote better quality of life and well-being of older persons; and*
16. *Promote intergenerational solidarity towards a society for all ages by raising public awareness on the issues and challenges of all ages and ageing through traditional and new media.*

The latest **ASEAN Strategic Framework for Social Welfare and Development (2021-2025)** was adopted in 2021 with two (2) strategic outcomes for older persons, namely 1) healthy, active and productive ageing is promoted in an enabling and supportive environment; and 2) well-being of older persons is secured by promoting strategies for poverty reduction, economic stability and financial security that focuses on the elderly, with a special attention to older women. Eleven (11) indicators were identified for five (5) outcomes, namely:

1.1 *Regional standards for accessible and affordable quality care and support to older persons, with a focus on the gender dimension of population ageing, is promoted and pursued.*

1.2 *Policies and programmes inclusive of older persons are strengthened ensuring health, welfare, dignity, and economic security of the ageing population against emerging challenges including the pandemic based on evidence.*

1.3 *AMS are capacitated to develop and deliver comprehensive care and support services for older persons that are inclusive and adaptive.*

2.1 *AMS recognise the importance and accelerate the use of updated age and sex disaggregated data on ageing and strengthen analysis of the current realities of older persons, especially the older women, with monitoring and evaluation system for policies and programmes for older persons in place.*

2.2 *Knowledge development, technical assistance and sharing of good practices on uplifting living conditions of older persons and promoting inclusive society for older persons is encouraged and promoted among AMS and functional network of partners.*

Seven (7) regional initiatives were listed in the SOMSWD Work Plan 2021-2025 (see Annex III(c)). In comparison to previous work plans, there is an evident, renewed focus on research and preventive measures.

Not to be overlooked are the related **ASEAN Senior Officials Meeting on Health Development** (SOMHD) work programme (2016-2020) clusters 1) Promoting Healthy Lifestyle; 2) Responding to All Hazards and Emerging Threats; and 3) Strengthening Health System and Access to Care. Health Priority 6 in Cluster 1 specifically called for the Promotion of Healthy and Active Aging with three (3) Programme Strategies and four (4) Project Activities (see Annex III(d)). In the 2021 to 2025 work programme, the promotion of healthy and active ageing comes under ASEAN Health Cluster 1 on Promoting Healthy Lifestyles (See Annex III).

In 2019, the **ASEAN Centre for Active Ageing and Innovation** (ACAI), located at the Ministry of Public Health in Nonthaburi Province, Thailand, was launched. ACAI is expected to serve as a knowledge centre on active ageing and innovation, support evidence-informed policies, strategies, and guidelines on active ageing, implement capacity development programmes, and conduct research and development and innovation on active ageing in ASEAN through regional and international collaboration and partnerships. The centre is also supposed to facilitate cooperation among AMS, international and regional partners in supporting active ageing in the region.

In recent years, a number of related documents have been adopted by AMS such as the ASEAN Enabling Masterplan 2025: Mainstreaming the Rights of Persons with Disabilities 2018 and the ASEAN Comprehensive Recovery Framework Implementation Plan 2020. While the former emphasises on the inclusion of vulnerable and disabled elderly/older persons, the latter framework highlighted additional strategies to strengthen human security (i.e. community integrated aged care, provision of health services to the elderly during the COVID-19 pandemic, social protection for the elderly or other public health emergencies, or natural/man-made disasters). In the **ASEAN Comprehensive Framework on Care Economy 2021**, the first Strategic Priority is on Promoting Healthy Ageing and Leveraging Opportunities in Ageing Societies in Southeast Asia. With the adoption of the Declaration on Culture of Prevention (CoP) for a Peaceful, Inclusive, Resilient, Healthy and Harmonious Society at the 31st ASEAN Summit in 2017, the new work plans began to emphasise on pre-emptive measures, and this is reflected in ASEAN's approach to poverty and active ageing. The **ASEAN Framework Action Plan on Rural Development and Poverty Eradication (2021-2025)** for example emphasised the inclusion and participation of the elderly/older persons in policymaking and ensuring equitable access for all, especially in health and social welfare services. The **ASEAN Labour Ministers' (ALM) Work Programme 2021-2025 and Work Plans of the Subsidiary Bodies**[5] did not highlight older workers or ageing workforce in specific terms, but its focus on migrant workers and TVET have significant impact on care workers in the region.

At first glance, the number of ASEAN documents, from declarations to strategic frameworks and work plans that referenced the elderly and older persons has grown considerably from the turn of the new millennium till the present. There is also a shift in tone from a welfare-centric approach that focuses on care and income security to the now aspirational goals of active ageing, empowerment of the elderly, and an inclusive voice in nation-building. It was no longer routine to address the needs of older persons together with other marginalised or vulnerable groups. Ageing societies are recognised as part of national development with untapped potentials and new opportunities for both the economy and community at large. There has been a significant development on old age and ageing issues in ASEAN. In the Vientiane Action Programme (2004-2010), we can see the emergence of elements on independence and self-reliance, and this carried over into the ASEAN Strategic Framework and Plan of Action for Social Welfare, Family and Children (2007-2010). In the Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Elderly, the call for older persons to remain economically active, engage in lifelong learning and stay healthy and active is clear and unmistakable.

In the three subsequent ASEAN Strategic Framework for Social Welfare and Development (2011-2015; 2016-2020; 2021-2025) as well as in the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN (2015), goals towards healthy, active, and productive ageing are highlighted prominently in both the thematic areas and

[5] Document available via https://asean.org/wp-content/uploads/ALM-Work-Programme-2021-2025-Final-July-2021_rev_.pdf

activities. This has led to the ASEAN Plus Three Statement on Active Ageing made in Vientiane and the establishment of the ASEAN Centre for Active Ageing and Innovation (ACAI) in 2019. The growing emphasis and focus on active ageing are evident but there are potential overlaps with other work programmes under the ASEAN Strategic Framework on Health Development (2016-2020; 2021-2025) and the action plan to Strengthening Social Protection in ASEAN. There must be greater harmonisation and coordination not just in the activities carried out among the AMS but also alignment in strategies between healthcare, pension reforms and social welfare work activities. This includes alignment of regional goals with broader international aspirations such as the SDGs, MIPAA and latest being the UN Decade of Healthy Ageing. Greater cooperation with regional entities such as the UNESCAP, UNFPA's APRO and other international agencies can foster stronger collaborative work.

In the following sub-section, we will look at the national policies and programmes on ageing among AMS and how it relates to the respective country situations, cultural contexts, and recent initiatives in the region.

2.2.3 National Policies and Programmes

There have been many published resources on national ageing policies and programmes in AMS (Lee, 2008; Ariffin & Ananta, 2009; Asher, Oum & Parulian, 2010; Williamson, 2015; DSWD, 2016; UNESCAP, 2017; World Bank, 2019; 2021; ASEAN, 2020). Since the 2nd World Assembly on Ageing in 2002, many governments of the world have become signatory to the MIPAA and developed their own policy responses. All AMS have developed policies, plans of action and laws as a preparatory measure to address emerging population ageing issues and challenges. Over the years, these policies have been updated and revised according to concurrent developments in health care and social welfare provisions. As population ageing is inevitable and a sign of success in economic development, AMS need to put in place corresponding programmes and services to maximise its benefits and opportunities. Forward planning is crucial as the region has shorter time to prepare population ageing compared to the developed countries, as previously explained in the earlier section of this chapter. The current national policies, laws, programmes, and plan of action on ageing in AMS is presented in Table 2.6. Most, if not all, AMS policies and action plans on ageing have focused on aspects of social welfare and active ageing in their national documents.

Table 2.6: Mapping of Policies, Programmes and Laws on Ageing and Older Persons in AMS

Country	Policies, Programmes and Laws	Elements and Features	Key Agencies / Entities
Brunei Darussalam	• Old Age Pension and Disability Act (Amendment) Order, 2021	• Under the condition that they are physically present or have been residing in the country for the times specified in the Act, Brunei Darussalam citizens or permanent residents without national status of any other country may receive old age pensions and disability allowances. • Introducing Care Provider Allowance under Regulation 8A (1) (Care Provider Allowances) Old Age and Disability Pensions Regulations, in the amount of $250.00 per month only for recipients of disability allowances, under the guidelines of the Department of Community Development. • Revising the criteria in assessing the eligibility for disability allowances, by eliminating the condition of being "unable to work", and instead replacing this with certification by a medical practitioner, who will assess the functional impact of the disability, based on Guidelines to be issued by the Director-General of Medical Services. • In accordance with the regulations contained in the Schedule, be granted in pursuance of this Act: a. Old age pension; b. Allowances for the blind; c. Allowances for any person suffering from Hansen's disease; d. Allowances for mental disorder; e. Disability allowances; f. Care provider allowance. • Statistics as of November 2022, recorded 45,300 recipients under this act receiving pension and allowances as following: a. 40,209 old age pensions; b. 236 for the blind; c. 01 person suffering from Hansen's disease; d. 892 Allowances for mental disorder; e. 3,632 receiving disability allowances. • 330 receiving care provider allowance.	• Ministry of Culture, Youth and Sports • Department of Community Development (JAPEM) Co-Lead • Ministry of Finance and Economic • AGC • Ministry of Home Affairs • Ministry of Health

Country	Policies, Programmes and Laws	Elements and Features	Key Agencies / Entities
	• Plan of Action for Older Persons (2022-2026)	• Plan of Action Towards Successful Ageing (2022-2026) objectives: a. Strengthen governance to promote healthy and successful ageing; b. Transforming Brunei's society towards healthy ageing; c. Advocate and educate on healthy and successful ageing; d. Strengthen comprehensive services through an integrated approach; e. Foster technological and social innovation; and f. Strengthen monitoring and surveillance systems and research.	• *Jawatankuasa Khas Bagi Menangani Isu Warga Emas dan Orang Berkeperluan Khas*, National Council on Social Issues (*Majlis Kebangsaan Isu Sosial*, MKIS) • Senior Citizens and Pensions Division (*Bahagian Warga Emas dan Pencen-pencen*), Community Development Department (JAPEM), Ministry of Culture, Youth and Sports • Ministry of Health
	• Senior Citizen Activity Centres (Pusat Kegiatan Warga Emas, PKWE)	• First Senior Citizen Activity Centre (PKWE) established in 2013. • PKWE Guideline published in 2020. • 4 PKWEs have been established throughout the country.	• Ministry of Culture, Youth and Sports • Department of Community Development (JAPEM)
	• Pusat Amal Cerah Sejahtera (PACS) for Person with Dementia (elderly), Ministry of Health	• PACS established in 2015 to provide nursing and rehabilitation services to elderly patients. About 1513 patient registered, 300 elderly patients were actively receiving rehabilitation from Home-Based Nursing Unit. • In 2020, PACS received $2,000 donation through Volunteerism Among Youth for Elderly Care (VAYEC) Project for care and rehabilitation for elderly in Brunei Darussalam.	Ministry of Health
	• National Physical Activity Guideline (2011)	• The National Physical Activity Guideline had established its 2nd edition this year 2022.	Ministry of Health
	• International Day of Older Persons	• First celebrated in 1999. • The Ministry of Culture, Youth and Sports (MCYS) through the Community Development Department (JAPEM) in collaboration with the Senior Citizens Activity Centre (PKWE), Wargamas Association, volunteers and partners held a *Tahlil* and *Doa Kesyukuran*.	• Ministry of Culture, Youth and Sports • Department of Community Development (JAPEM)

Country	Policies, Programmes and Laws	Elements and Features	Key Agencies / Entities
Cambodia	• Law of Pension Fund, 1987 • National Policy on the Health Care for Elderly and Disabled People (NPHCED), MOH, 1999 • National Policy for the Elderly (NPE), MOSVY, 2003 • Guidelines for the Establishment and Management of Older People's Associations (OPAs), 2009 • National Guidelines on Home Based Care for Old and Frail People, MOSVY, 2012 • National Health Care Policy and Strategy for Older People, MOH, 2016 • National Ageing Policy 2017-2030 • National Social Protection Policy Framework 2016-2025 (NSPPF)	• Article 47, Constitution of Cambodia states that "*Parents shall have the duty to take care of and educate their children to become good citizens. Children shall have the duty to take good care of their elderly parents according to Khmer traditions*". • NAP has 9 priorities, 1) ensuring financial security, 2) health and well-being, 3) living arrangements, 4) enabling environment, 5) Older People Associations and active ageing, 6) intergenerational relations, 7) elder abuse and violence, 8) emergency situations, and 9) preparing the younger population. • The roles of 32 ministries, agencies and other institutions are spelled out in the NAP. • OPAs in Cambodia are a mainstay feature in the government's response to population ageing. • There are no specific governmental social assistance programmes which target older people, but they may receive aid/assistance from general welfare programmes (MOSVY, 2021).	National Committee for the Elderly, Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MOSVY) Ministry of Health
Indonesia	• Law No. 04/1965 on Social Assistance for Older People • Law No. 13/1998 on Older People's Welfare • National Plan of Action for Older Person Welfare Guidelines, 2003 • National Plan of Action for Older Persons, 2003-2008 • Law No. 40/2004 on the National Social Security System (Sistem Jaminan Sosial Nasional, SJSN) • Government Regulation on the Implementation of Initiative in Improving Older People's Social Welfare No. 43/2004 • National Commission for Older Persons (Presidential Decree No 52/2004) [Komnas Lansia dissolved in 2020]	• Indonesia first celebrated its National Day of Older Persons (Hari Lanjut Usia Nasional) on 29 May 1996 through a Presidential Decree. • In 2008, the Minister of Home Affairs Decree No. 60/2008 on Formation of Regional Commission on Ageing. All 16 regional (3 provinces & 13 regencies) ageing policies were adopted between 2007 to 2018 (Lestari, Stephens & Morison, 2021). • Its National Plan of Action for Older Persons (*Rencana Aksi Nasional (RAN) Kesehatan Lanjut Usia*) is renewed every 5 years, the latest being 2020-2024. Six (6) strategies were outlined in the latest RAN, namely: *S1: Menyusun dan mensosialisasikan kebijakan dan regulasi serta norma, standar, prosedur, kriteria mengenai pelayanan kesehatan lanjut usia* *S2: Meningkatkan kuantitas dan kualitas fasilitas pelayanan kesehatan yang santun lanjut usia serta akses terhadap pelayanan kesehatan yang santun lanjut usia serta perawatan jangka panjang*	Ministry of National Development Planning (Bapennas) Ministry of Health (Kemenkes) Ministry of Social Affairs (Kemensos) Coordinating Ministry for Economic Affairs (Kemenko) Ministry of Home Affairs (Kemendagri)

Country	Policies, Programmes and Laws	Elements and Features	Key Agencies / Entities
	• Director General of Treasury's Regulation (Peraturan Direktur Jenderal Perbendaharaan) No. 20 of 2006 on Technical Cash Disbursement for Severely Disabled People and for the Vulnerable Elderly (Petunjuk Penyaluran dan Pencairan Dana Jaminan Sosial Penyandang Cacat bagi Penyandang Cacat Berat dan Jaminan Sosial Lanjut Usia bagi Lanjut Usia Terlantar)	*S3: Membangun dan mengembangkan kemitraan juga jejaring pelaksanaan pelayanan kesehatan lanjut usia yang melibatkan lintas program, lintas sektor, dan organisasi profesi, lembaga pendidikan, swadaya masyarakat, dunia usaha, media massa, dan pihak terkait lainnya* *S4: Meningkatkan ketersediaan data dan informasi di bidang kesehatan lanjut usia* *S5: Meningkatkan peran serta dan pemberdayaan keluarga, masyarakat, dan lanjut usia dalam upaya peningkatan kesehatan lanjut usia* *S6: Meningkatkan peran serta lanjut usia dalam upaya peningkatan kesehatan keluarga dan masyarakat*	
	• National Plan of Action for Older Person (NPA. 2009-2014) • Law No. 11/2009 on Social Welfare • Legislation on Health Care no 23/1992 and Legislation No. 36/2009 • Law No. 24/2011 on Social Security Agency • Law No. 13/2011 on Poverty Eradication • Ministry of Health Regulation on Geriatric Services in the Hospital Setting No. 79/2014 • Ministry of Health Regulation on Older People's Health Service in the Community No. 67/2015 • National Plan of Action for Older Persons (NPA. 2016-2019) • Ministry of Social Affairs Regulation on the National Standard of Social Rehabilitation for Older People, 2019 • National Plan of Action for Older Persons (NPA, 2020-2024)	• Social welfare of the elderly is addressed through the Social Rehabilitation Assistance (Asistensi Rehabilitasi Sosial, ATENSI) programme through PKH (Program Keluarga Harapan Komponen Lansia [since 2016]), BANTU LU (Bantuan Bertujuan Lanjut Usia) and BPNT (Bantuan Pangan Non-Tunai) for old age health, in-kind assistance (i.e. rice) and pension security. ATENSI is a one-stop or single window service with an inclusive approach to improve accessibility. • The Ministry of Social Affairs' Technical Implementation Unit (UPT) has implemented initiatives in the form of Elderly Social Rehabilitation Centers, such as the Bekasi "Budhi Dharma" Elderly Center, Elderly Center "Gau Mabaji" Gowa and "Minaula" Elderly Center, Kendari. • According to Statistics Indonesia (BPS, 2020), about 19% of the older households receive in-kind aid via cash card (Kartu Keluarga Sejahtera, KKS) where they can purchase basic goods/ groceries such as rice, cooking oil and eggs. • Under PKH, eligible elderly aged 70 years or over receive Rp600,000 quarterly or Rp2,400,000 a year and this has benefitted 11.1% of older households in 2020. • For the BANTU LU cash transfer programme (previously Asistensi Sosial Lanjut Usia Terlantar or ASLUT (2012-2018), formerly Jaminan Sosial Lanjut Usia or JSLU (2006-2011)), non-PKH elderly who are living alone or with spouse, the annual aid amount is the same at Rp2,400,000 (or about USD14 per month).	

Country	Policies, Programmes and Laws	Elements and Features	Key Agencies / Entities
Lao PDR	• National Committee for the Elderly 2001 • National Policy for the Elderly, 2004 • Prime Minister Decree on organization of the National Committee for People with Disabilities and the Elderly, No. 232/ PM, 2013 • National Social Protection Strategy, 2020	• The elderly is also included under the Social Welfare Development Strategy (2011-2020) prepared by the Ministry of Labour and Social Welfare (MoLSW, 2010). • Under the new National Social Protection Strategy in 2020, Lao PDR is exploring financial assistance programmes for older persons.	National Committee for the Elderly, Ministry of Labour and Social Welfare (MoLSW)
Malaysia	• Bantuan Orang Tua/Warga Emas • National Policy for the Elderly, 1995; Plan of Action, 1997 • National Health Policy for Older Persons, 2008 • National Policy for Older Persons, 2011 • Physical Planning Guideline for the Elderly, 2013 • Physical Planning Guideline for Older Person, 2018 • Senior Citizen Activity Centre (Pusat Aktiviti Warga Emas, PAWE), 2012	• Malaysia celebrated its first National Day of Older Persons in 1992. • Promoting healthy, materially, and mentally support to the older person for their well-being. • Empowerment of older persons by looking into incorporating the development and reintegration of older persons into society by optimising their self-potential through healthy, positive, active, productive, and supportive ageing to lead a well- being life. • NPOPs acknowledges the older persons as citizens with varied background and experiences, have the rights to enjoy a comfortable and respected life and contribute to the development of the nation.	Department of Social Welfare, Ministry of Women, Family and Community Development Family Health Development Division, Ministry of Health Ministry of Housing and Local Government
Myanmar	• Myanmar National Social Protection Strategic Plan (2014) • Elderly People Law (2016) • Myanmar Elderly People Committee (2017 to Present) Bylaw of Elderly People Law (2022)	• Myanmar celebrated its first National Day of Older Persons in 1999. • Universal social pension for age 85 years old and above. (MMK 10,000 per month). • In order to properly manage such a large number of beneficiaries, Ministry of Social Welfare, Relief and Resettlement, Department of Social Welfare is developing the Social Pension Programme which is included in SMIS is 80% completed. • Department of Social Welfare established the Day Care Center for Elderly in 2013 to relieve the social loneliness of elderly and age 70 years old and above older persons are eligible to join in this center. Moreover, Trainings for Care Givers who are taking care elderly systematically and in accordance with the needs of elderly.	Department of Social Welfare (DSW) of the Ministry of Social Welfare, Relief and Resettlement

Country	Policies, Programmes and Laws	Elements and Features	Key Agencies / Entities
		• Inclusive Self-Help Groups (ISHGs) were formed since 2019 in order to raise awareness for the public to have a healthy lifestyle, implement the small income generating activities, guide to access social protection services within the community. In these groups, older people are assigned as leaders and other vulnerable group which are persons with disabilities, women and active people are group members.	
Philippines	• Philippines Plan of Action for Older Persons, 1999-2004 • National Action Plan on Senior Citizens (2006-2010) • Expanded Senior Citizens Act 2010, Republic Act No. 9994, on the social pension), 2011 • Philippines Plan of Action for Senior Citizens 2006-2010 (PPASC), 2011-2016	• Social Pension Programme for Indigent Senior Citizens aged 60 and older, assessed as poor by the National Household Targeting System for Poverty Reduction (NHTS-PR); PHP500 per month. • Promoting a healthy and productive lifestyle and a better quality. The new amendment focusses on the vison of society for all ages, where senior citizens are empowered to achieve active ageing.	Department of Social Welfare and Development (DSWD)
Singapore	• Committee on the Problems of the Aged (1982-1984) • Medisave, 1984 • National Policy on Older Persons (NAP), 1989 • Retirement and Re-employment Act (1993) • Medishield, 1990 & MediFund, 1993 • Tripartite Committee on the Employability of Older Workers, 1995; 2005 • Inter-ministerial Committee on the Health Care of the Elderly, MOH, 1997 • National Advisory Council on the Family and the Aged, 1989 was replaced by the Inter-ministerial Committee on the Ageing Population in 1998	• In 1990, a "Code on Barrier-Free Accessibility in Buildings" was enacted to ensure that new buildings conform to a set of standards on barrier-free provisions. Housing Development Board (HDB) studio apartments equipped with elder-friendly fittings and features were also introduced in 1998 as a customised housing option for the elderly. • In 1999, the Ministry of Community, Youth and Sports (MCYS) introduced year-round public education programmes on active ageing, highlighting the need to plan early for old age and maintain an active, engaged senior lifestyle. • In 2016, the Silver Support Scheme was introduced to support the bottom one-third of Singaporeans aged 65 and above, who had low incomes during their working years and now have less in retirement. Today, eligible seniors can receive up to S$900 per quarter, depending on their housing type and level of household support. Providing opportunities for Singaporeans through building a cohesive "kampong" for all ages, where there is inter-generational harmony and understanding.	Ministry of Social and Family Development (MSF) Ministry of Health (MOH) Ministry of Manpower (MOM)

Country	Policies, Programmes and Laws	Elements and Features	Key Agencies / Entities
	• Eldercare Master Plan (1994-2000; 2001-2005) • The Maintenance of Parents Act (Cap 167B) was passed in 1995 and the Tribunal was set-up in 1996 • Eldercare Fund, 2000 & Eldershield 2002 • Committee on Ageing Issues, MSF (2004-2006) • Council for Third Age (C3A), 2007 • CPF Lifelong Income for the Elderly (CPF LIFE), 2009 • National Silver Academy (NSA), 2015 • Action Plan for Successful Ageing, 2016 • Tripartite Workgroup on Older Workers, 2018	• In 2005, the Government committed $20 million to the Golden Opportunities! (GO!) Fund, which provides seed funding for programmes and activities promoting different aspects of active ageing. • In July 2002, the Family Matters! Singapore Taskforce on Grandparenting and Inter-generational Bonding was set up to promote activities or events that foster interaction and bonding between people of different generations. • The Council for Third Age (C3A) was set up in 2007 to promote active ageing in Singapore through public education, outreach and partnerships. C3A is the administrator of National Silver Academy (NSA) and the Silver Volunteer Fund (SVF). • Under the MSF, Singaporeans who are unable to work because of old age, illness or disability with low income can apply for ComCare Long-term Assistance (public assistance) that provides cash assistance (SGD600/person), secondary assistance (recurring essentials) and discretionary assistance (one-off essentials). • Home Caregiving Grant (HCG) replaced the Foreign Domestic Worker (FDW) Grant in 2019, which provide a monthly grant support of SGD200 to defray costs of caregiving. • In line with the recommendation of the Tripartite Workgroup on Older Workers, the Government committed to raise the statutory Retirement and Re-employment Age to 65 and 70 respectively by 2030.	
Thailand	• The First National Long-term Plan of Action for the Elderly (1986-2001) • The Second National Plan on the Elderly (2002-2021) • Older Persons Act 2003, with 2009 (universal pensions) amendment and 2011 (National Savings Fund Act)	• Old Age Allowance: For elderly aged 60 and older, not receiving any other pension. Transfer amount is tiered according to age: - THB600 per month for age 60 to 69 - THB700 per month for age 70 to 79 - THB800 per month for age 80 to 89 - THB1000 per month for age 90 or older • "Encouraging older persons' well-being where they lead their life as an asset to the society".	Ministry of the Interior Ministry of Health

Country	Policies, Programmes and Laws	Elements and Features	Key Agencies / Entities
Viet Nam	• National Policy for the Elderly, 2004 • Law on the Elderly 2009/10 • National Action Plan/Programme on Vietnamese Elderly/People in the period of 2012-2020 • Decree 67/2007 Programmes of Regular Allowance as amended by Decree 13/2010 • National Action Programme for the Elderly for 2021-2030 • National Action Programme on Vietnamese Elderly (2021-2030)	• Aged 60 to 79, needy, and living alone without family support; or aged 80 or older and not receiving a social insurance pension. • VND405,000 a month is paid if aged 60 to 79, needy, and living alone without family support. • VND540,000 a month if older than age 80. • VND675,000 if aged 60 or older with an assessed loss of work capacity of at least 81%. • VND1,080,000 a month if aged 60 or older, needy, and with an assessed loss of work capacity of at least 81%, or aged 60 or older and living in extremely difficult circumstances. • To ensure continuous improvements in the quality of life of the people, especially older persons of the present as well as of the future, toward successful ageing. • In December 21, 2021, Prime Minister Pham Minh Chinh issued Decision No. 2156/QD-TTg approving the National Action Programme for the Elderly for 2021-2030. • Allowance for the elderly has increased from VND90,000 (US$3.9) to VND360,000 (US$15.8) per month. Some beneficiaries receive more than VND1 million (US$44) per month. • The government will propose to amend the Law on the Elderly by 2024, especially focusing on reducing the age at which the elderly can enjoy social allowances, he said.	Viet Nam Association of the Elderly Ministry of Labour, Invalids and Social Affairs (MOLISA)

Old Age Poverty Eradication and Active Ageing Policies and Programmes

All countries have national policies, action plan and laws regarding older persons. However, the stage of implementation varies. Therefore, their achievements also vary. In addition, a few countries are in the process of reviewing their policies (Indonesia and Malaysia), while Cambodia's latest policy have been endorsed by the government and have yet to be implement. On the other hand, Viet Nam's new amended policy have yet to get the endorsement from the government.

It must be noted that Cambodia has not fully implemented the new National Ageing Policy 2017-2030 which incorporate elements of active ageing. The earlier policy focused more on human resource development and health care for her citizens. While in Myanmar, National Plan of Action on Ageing (2016) focuses on welfare related aspects of ageing while promoting good health among her citizens. Similarly, for Viet Nam the new policy has just been endorsed by the government. Malaysia, Thailand, and Indonesia provided a wide scope in their policies to support active ageing and promote age friendly environment. Singapore's Successful Ageing Action has put in place measures to promote empowerment of older persons to improve and maintain their health as they age through building an age-friendly environment and using innovative technology, among others.

Rapid ageing combined with rising wealth inequality is a development concern that requires active intervention to ensure no one is left behind. AMS governments' determination to eradicate poverty is reflected in their commitment to adhere to international and regional frameworks as well as the choices and strategies to combat poverty, especially in old age. The two approaches to poverty reduction are mainly through strong economic growth and direct intervention via income redistribution (Priebe et al., 2014). Firstly, the AMS realised that a progressive economic model is important to ensure poverty, including aged poverty, is addressed through a more inclusive growth – expanding employment and economic opportunities to all. Consequently, AMS governments commitment towards achieving SGD 1 is manifest when poverty eradication strategies are embedded in– and/or realigned to their economic development plans. This includes a Nation's direction to ensure inclusive economic growth and enabling the provisions for sustainable jobs and promoting class equality. The summary of AMS' poverty alleviation philosophies or policies are as follows:

Brunei Darussalam: Brunei Vision 2035, aims to enhance its Human Development Index (HDI) ranking, improving her people's quality of life and targeting Zero Poverty by 2035 (Ministry of Planning, 2020). An integrated Plan of Action on Poverty Eradication based on the strategy of "inclusive and whole nation Approach" is outlined with 10 strategies: skills training; education; employment; entrepreneurship; finance; infrastructure (housing); infrastructure (transportation); mindset; childcare; as well as policy, legislation, and guidelines. Its poverty eradication philosophy is based on self-reliance and empowerment, albeit acknowledging the needs of special segments of the population such as older persons. The total expenditure reported in the VNR was over USD 118 million, with about two-thirds (USD 79.9 million) for old age pensions. The second largest item was for other safety net programmes (Elder, 2020). **Cambodia:** Based on similar whole of government approaches (Elder, 2020), Cambodia's poverty eradication strategy is embedded in the Royal Government of Cambodia (RGC's) long-term development vision as articulated in Vision 2050, and in its medium-term instruments – the RS-IV (Rectangular Strategy Phase IV) and the NSDP 2019-2023. The list of relevant policy mentioned are: National Social Protection Policy Framework 2016-2025 (NSPPF) - a strategic plan to ensure income security as well as to reduce economic and financial vulnerability; National Social Security Fund for Civil Servants (NSSFC); National Social Security Fund (NSSF); National Fund for Veterans (NFV); People with Disabilities Fund (PWDF); and the National Population Policy 2016-2030, reflecting efforts to continuously improve the people's well-being and using social solidarity to maximise poverty reduction efforts. Cambodia relied considerably on funds from official development assistance (ODA) and NGOs (Elder, 2020). **Indonesia:** Indonesia had integrated the SDGs into its national development plan and aligned it with the Nawacita – i.e. the nine-national vision of Indonesia (Ministry of National Development Planning, 2019). Indonesia adopted a right-based approach in its poverty policy. The government strategy in in poverty eradication programme are formulated according to the following structure: (1) Cluster 1: Social assistance with the objective of providing direct assistance to ease the burden of the poor in meeting basic needs; (2) Cluster 2: community empowerment to increase the involvement of the poor in the development process and at the same time increase their capacity and income; (3) small and microenterprise (SME's) to improve access and enhance the economy of SME (Suryahadi et al., 2010). Consequently, poverty eradication policy is made in line with the philosophy explained earlier – e.g. Health Card (kartu sehat) with the objective of protection health of the poor through increasing access to health facilities and Premium Assistance Beneficiaries Programme (Penerima Bantuan Iuran/PBI) which provides health insurance to the poor and Government assistance for natural disaster victims. But, the biggest programme by far is Family Hope Programme (Program Keluarga Harapan/PKH-Conditional Cash Assistance) which is meant to ensure lowest socioeconomic status families have access to basic services like education and health. In 2018, the Indonesian government had allocated a budget of 17.42 trillion Rupiah (Elder, 2020). Despite not directly targeted to older person, the poverty

eradication programme has benefitted older person through their families (Priebe et al., 2014). **Lao PDR:** Its poverty eradication strategy is embedded in the Lao PDR's Development Strategy 2025 and Vision 2030 – i.e., to focus on sustainable development and economic growth, consistent reduction of poverty, and graduating from Least Developed Country status (Lao PDR, 2018). The strategy focuses on the provision of infrastructure which is expanded to rural areas (Elder, 2020). **Malaysia:** The implementation of SDG in Malaysia is aligned with strategies and initiatives of the five-year national development plan – and Shared Prosperity Vision (SPV) 2030 with the aim of providing its citizens a decent standard of living by 2030 (Department of Statistics Malaysia, 2020). **Philippines:** The PDP [Philippine Development Plan 2017-2022] serves as the implementation mechanism of the SDGs in the Philippines (Elder, 2020) and realigned it with the Philippines's long-term vision of AmBisyon Natin 2040 – i.e. Filipinos' vision for the Philippines in 2040 – a prosperous, predominantly middle-class society where there is equality of opportunities and poverty has been eradicated (National Economic Development Authority, 2017). The VNR explained that "the country has employed a whole-of-government and whole-of-society approach to SDG implementation" (Elder, 2020). **Singapore:** Singapore's emphasis is in fostering culture of self-reliance, hence empowering its people to improve their own lives. However, social assistance is available (albeit limited) to support the specific needs of targeted recipients (Ministry of Foreign Affairs, 2018). The approach to achieve SDG 1 are "Whole-of-Nation, bottom-up approach". Examples of poverty related policy listed are: (1) Retirement adequacy – the Central Provident Fund (CPF) and Silver Support Scheme. The Silver Support Scheme caters to the bottom 30% of Singaporeans aged 65 and above who have had low incomes throughout their lives and little family support, by providing quarterly cash pay-outs to supplement their retirement incomes; (2) Employment-related schemes for Lower-wage Workers – Various schemes such as Workfare Income Supplement, which supplements the wages of lower-wage workers and tops up their CPF savings for retirement, with older workers receiving more, and the Progressive Wage Model which helps to increase wages of workers through upgrading skills and improving productivity; (3) Subsidised Public housing; (4) Affordable healthcare through subsidies in public healthcare institution and health insurance; and (5) Social safety nets – i.e. social safety nets provide targeted assistance to individuals in need, such as financial assistance for basic living expenses, and support for housing and healthcare needs (Ministry of Foreign Affairs, 2018). **Thailand:** The SDG 1 is in conformity with Thailand's Sufficiency Economy Philosophy (SEP)'s people cantered development as the core principle of National Economic and Social Development Plan and 20-Year National Strategy Framework (2017-2036) to catapult Thailand to become high-income country by 2036 (Ministry of Foreign Affairs, 2017). **Viet Nam:** Viet Nam's vision towards a "developed economy with socialist orientation" by 2045. The government aims to ensure continuous improvements in the quality of life of the people, especially older persons of the present as well as of the future, toward successful ageing.

The following section focuses on poverty eradication programme for older person – i.e., specifically on social pension. In addition, the review on work, employment, and retirement in old age – i.e., an element in active ageing which is useful strategies to alleviate poverty and promote active ageing at the same time.

Social Pension

Social protection, especially the social assistance scheme is useful in enhancing social welfare which served as a means of mitigating the impacts of poverty and destitution. Social assistance in AMS consists of programmes dedicated to assist the aged poor, together with programmes meant for the eligible public. Nevertheless, these programmes benefit older person tremendously through the improvement of economic situation of the family whom older person are living with. Table 2.7 summarises the coverage of social protection system in ASEAN countries. Any cash transfer programmes could have reduced poverty for older people (Giang & Hoang, 2013). An assessment of social protection in ASEAN countries reveals inadequacies in the range, mechanism and type of assistance provided across ASEAN. These inadequacies will have an impact on poverty eradication efforts in the future because of the constraints presented by economic developments.

A few of the AMS have implemented non-contributory social pension programmes. Brunei Darussalam, Indonesia, the Philippines, Viet Nam, and, most recently, Myanmar are among them. Thailand's pension system was expanded in 2011 through the National Savings Fund to include several contributory schemes for government officials, private sector employees and informal economy workers. However, the coverage of social pension is quite limited, except for Brunei Darussalam and Thailand, which have universal coverage. Payments are means-tested based on income and assets, ensuring that they go to the most vulnerable and needy. They are administered by the government or its agencies.

In countries where there is no basic non-contributory pension, such as Malaysia and Singapore, public social assistance schemes for low-income older persons are linked to the household income and the level of household support, and housing type. Eligibility will be automatically evaluated every year. Those who qualify will receive a

notification letter in December of the preceding year. The National Survey of Senior Citizens conducted in 2011 (NSSC 2011) suggested that the assistance will benefit not just the low-income older persons who qualify, but also their children who might themselves be facing financial stress. Although social pension is not accessible in Cambodia or Lao PDR, the government does provide health care services in both urban and rural areas. Laos' social protection system is still in its early stages, with coverage being confined to individuals working in the formal sector. The pension amount is small and not sufficient to be useful (Singh, 2007). It is still far from the poverty line.

Table 2.7: Effective Coverage of Social Protection System in AMS, 2020 or Latest Available Year

Country	SDG 1.3.1	People Protected by Social Protection Systems including Floors							SDG 3.8.1	Related Agencies
	Population covered by at least 1 Social Protection Benefit	Children	Mothers with New-borns	Workers in case of Work Injury	Persons with Severe Disabilities	Un-employed	Older Persons	Labour Force covered by Pension Scheme (active contributors)	Vulnerable Persons covered by Social Assistance	Universal Health Coverage	
Brunei Darussalam	34.1	-	62.9	91.2	100.0	0.0	100.0	41.7	14.7	81.0	ETF
Cambodia	6.2	4.5	-	17.2	70.1	0.0	0.1	2.9	4.3	60.0	NFV, NSSF
NSSF CS											
Indonesia	27.8	25.6	28.4	22.5	2.5	0.0	14.8	24.0	16.5	57.0	BPJS Ktk, BPJS Ks
Lao PDR	12.1	-	12.7	8.0	0.3	7.6	6.3	7.9	7.7	51.0	LSSO
Malaysia	27.3	2.8	46.5	49.8	30.5	3.0	18.6	48.7	2.1	73.0	EPF, SOCSO
Myanmar	6.3	2.1	1.6	8.5	10.6	0.0	14.9	8.4	1.1	61.0	SSB
Philippines	36.7	31.1	12.4	27.8	3.3	0.0	20.5	37.3	22.4	61.0	ECC, GSIS, HDMF, PHIC, SSS
Singapore	100.0	-	89.3	86.0	57.7	0.0	33.1	56.8	100.0	86.0	CPFB
Thailand	68.0	21.0	40.0	31.0	92.0	61.0	89.1	42.0	54.3	80.0	GPF, NSF, NHSO, SSO
Viet Nam	38.8	-	44.0	26.2	83.5	66.6	40.9	26.2	24.6	75.0	VSS

Source: ILO, 2021 & ASSA, 2022

Brunei Darussalam - Employees Trust Fund (ETF)
Cambodia - National Fund for Veterans (NFV)
National Social Security Fund (NSSF)
National Social Security Fund for Civil Servants (NSSF - CS)
Indonesia - BPJS Ketenagakerjaan (BPJS Ktk)
BPJS Kesehatan (BPJS Ks)
Lao PDR - Lao Social Security Organisation (LSSO)
Malaysia - Employees Provident Fund (EPF)
Social Security Organisation (SOCSO)
Myanmar - Social Security Board (SSB)
Singapore - Central Provident Fund Board (CPFB)
Philippines - Employees Compensation Commission (ECC)
Government Service Insurance System (GSIS)
Home Development Mutual Fund (HDMF)
Philippine Health Insurance Corporation (PHIC)
Social Security System (SSS)
Thailand - Government Pension Fund (GPF)
National Health Security Office (NHSO)
National Savings Fund (NSF)
Social Security Office (SSO)
Viet Nam - Viet Nam Social Security (VSS)

Employment and Retirement

Work environment in AMS consisted of both formal and informal sectors. In mostly agrarian country such as Lao PDR, majority of the employment are in agriculture and in informal sectors. Based on World Bank data, the percentage of employment in agriculture in AMS in 2019 are as follows: Lao PDR (61.44%); Myanmar (48.85%); Viet Nam (37.22%); Cambodia (34.53%); Thailand (31.43%); Indonesia (28.50%); Philippines (22.86%); Malaysia (10.28%); Brunei Darussalam (1.95%) and Singapore (0.03%). Studies (e.g. Priebe et al., 2014) indicated this employment pattern is parallel to that of older persons – i.e., mostly working in agricultural sectors for most AMS. With the absence of age requirement, informal employment allows older person to remain active economically and the opportunity of supporting their own old age. However, labour market-based poverty alleviation strategy in this setting would pose a bit of a challenge.

However, for labour force participation in a formal setting, except Philippines, which retirement age is already high. Most AMS have revised its retirement age upwards. Some AMS such as Singapore had also introduced re-employment policies (Table 2.7).

Table 2.8: Retirement Age in AMS

Country	Current Retirement Age	Previous Retirement Age
Brunei Darussalam	60 (2010)	55
Cambodia	55 female, 60 male	
Indonesia	57 (2019)	56
Lao PDR	60	
Myanmar	62 (2022)	60
Malaysia	60 (2018)	58
Philippines	65	
Singapore	63 (2022)	62
Thailand	60	
Viet Nam	60	

Source: World Economic Situation and Prospect 2019 report

Singapore introduced the re-employment policy in 2012. Under the Retirement and Re-employment Act, workers who have reached the statutory retirement age must be offered re-employment until the statutory re-employment age. The statutory retirement and re-employment ages were raised to 63 and 68 respectively in July 2022, and will be progressively raised to 65 and 70 respectively by 2030. This allows older workers to remain in productive employment longer and enable businesses to draw from a larger pool of workers. Over the years, the government introduced various incentives to support employers in hiring and retaining older workers. This includes the Senior Employment Credit which provides wage offsets to employers, the Senior Worker Early Adopter Grant which encourages employers to raise their companies' internal retirement and re-employment ages ahead of the statutory increases, as well as the Part-time Re-employment Grant which encourages employers to offer the flexibility of part-time work to older workers upon reaching the retirement age.

Singapore also seeks to foster age-friendly workplaces through the Tripartite Standard on Age-friendly Workplace Practices, which is an accreditation that recognises progressive employers who adopt age-friendly workplace practices. Such practices include putting in place training to support older workers in performing their jobs effectively, implementing workplace health programmes and designing jobs and workplaces to be age friendly.

In Malaysia, the reemployment is practiced among selected retirees. Nevertheless, the authors do not have access to the regulation/policy. To encourage reemployment of older persons, the Government in Budget 2021 proposed further deductions given on the remuneration of individuals employed in a fulltime capacity be extended to the year of assessment (YA) 2025 (Ministry of Finance, Malaysia 2021). The monthly remuneration for employees in these categories cannot exceed RM4,000. This proposal has now been legislated pursuant to the Income Tax (Deduction for Employment of Senior Citizen, Ex-Convict, Parolee, Supervised Person, and Ex-Drug Dependant) (Amendment) Rules 2021 [P.U.(A) 47] gasetted on 9 February 2021. In a recent study, 42% of employers offer contractual work for retirees, with 7% preferring older workers for client-facing roles (ILMIA, 2019). Retirees from government sectors

can be rehired on contractual basis and the pay scheme depend on the scheme developed by the agencies. If they are rehired in the government sector, similar benefit will be given as before they retired, depending on the scheme they are rehired for. As for local university, rehiring of professors has been done for quite a while and the pay scheme is based on whether he or she is hired under the academic scheme, or any other scheme developed by the university. In the Academic scheme, retirees will enjoy similar pay as before retirement and received the same perk as before and contribute to the Employees Provident Fund. The fund to implement this program comes from internal revenue of the university. The minimum wage order [P.U. (A) 265/2018] implemented in January 2019 (pua_20181128_P.U.(A)305.pdf (jtkswk.gov.my) is seen as a positive move to enable workers to be rehired.

Another country that implements re-employment of retirees is Brunei Darussalam. Government retirees can be rehired into government service, and they are paid daily wages (Brunei Representative, 2013). Re-employment policy in other countries were not available. From available information, it seems that Singapore has a rather comprehensive policy on reemployment of older persons compared to Malaysia and Brunei Darussalam. The government of Singapore encourages it citizens to be self-reliant even in old age through policy intervention as the government to not subscribed to welfarism. Information on re-employment of older persons in other AM states were not accessible. Many older workers in AMS continue to work beyond retirement age in all countries to earn income to support their livelihood. Thailand also encourage employment to reduce older person poverty (Jitapunkul and Chayovan, 2001). Similarly, the government of Philippines establishment of the National Poverty Sectoral Council for Older Persons which involves older persons in the planning and implementation of programmes and activities to address poverty issues in their sector (Community Services for the Elderly in the Philippines, 2007).

Enabling Environment

The environment where people live will have reciprocal effect on the supply and demand of services and facilities, which will influence the quality of life of the older residents. Recognising the need to ameliorate the negative impact of urbanisation, ASEAN develop the Sustainable Urbanisation Strategy (ASUS) with emphasis on six areas and 18 sub-areas as shown in Figure 2.4. The six areas are civic & social; health & well-being; security; quality environment; built infrastructure and industry & innovation (ASEAN Secretariat, 2018). The areas in the framework are also relevant for active ageing and poverty eradication in AMS. Moreover, the implementation of the strategies will promote age friendly environment.

Figure 2.4: ASEAN Framework for Sustainable Urbanisation

Source: ASEAN (2018), ASEAN Sustainable Urbanisation Strategy

2.3 Summary

Ageing population is inevitable. Total Fertility Rate (TFR) has dropped drastically in the Southeast Asian region since the 1960s with over half AMS fallen below the replacement level (≤2.1). Similarly, life expectancy at birth has risen steadily, the lowest being Myanmar at 67.8 years in 2020 while Singapore is the highest at 84.1 years. The number of older persons aged 60 years or over in AMS totalled 74.4 million in 2020, making up 11.1% of the total population of the ten (10) countries. The demographic transition in Southeast Asia is outpacing the region's economic growth. Therefore, AMS need to accept and embrace population ageing and prepare accordingly to adjust to the global phenomenon. Preparations are needed following the rapid changes in population age-sex structure as well as urbanisation due to economic development and improvements in public health. As most AMS are ageing at lower levels of development, balancing economic growth and demographic transition is key to sustainable development. The increasing number and proportion of older persons in AMS is a regional megatrend with profound implications.

From a study of the past documents, it is evident that there has been significant development on old age and ageing issues in ASEAN. From early emphasis on care of the older person by the family, the focus on older persons in ASEAN have progressed to one of empowerment and inclusion. In the Vientiane Action Programme (2004-2010), we can see the emergence of self-reliance, and this carried over into the ASEAN Strategic Framework and Plan of Action for Social Welfare, Family and Children (2007-2010). In the Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Elderly, the call for older persons to remain economically active, engage in lifelong learning and stay healthy and active has materialised.

In the two subsequent ASEAN Strategic Framework for Social Welfare and Development (2011-2015; 2016-2020) as well as in the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN (2015), healthy, active, and productive ageing are highlighted prominently in both the thematic areas and activities. This has led to the ASEAN Plus Three Statement on Active Ageing made in Vientiane and the establishment of the ASEAN Centre for Active Ageing and Innovation (ACAI) in 2019. The growing emphasis and focus on active ageing are evident but there are significant overlaps with other work programmes under the ASEAN Strategic Framework on Health Development (2016-2020).

Ageing has been prioritised by two sectors in ASEAN, namely the Social Welfare and Development Sector (Senior Officials Meeting on Social Welfare and Development – SOMSWD) and the Health Sector (Senior Officials Meeting on Health Development - SOMHD). It is important to leverage on "*knowledge and critical lessons learnt and share best practices and expertise on issues that can contribute to potential policies on enabling the aging population to continue to be socially and economically engaged*" (ASEAN, 2021). In recent years, the Labour Sector (Senior Labour Officials Meeting – SLOM) has also takes initiatives to support the well-being of retirees through "sharing of best practices on various aspects of decent work including on improvement of coverage and quality of social pension" (ASEAN, 2021). A regional study on old-age income security in AMS recommendations included a comprehensive approach towards effective pension policies and systems. It is evident that old age and ageing issues are receiving broader attention in ASEAN, but there is a need for greater inter-sectoral and regional coordination and response to the global phenomenon.

Chapter 3:
OLD AGE POVERTY AND ACTIVE AGEING IN ASEAN

Ageing is an intergenerational issue with implications for everyone. Population ageing present itself with opportunity and challenges. So, the extent to which society prepare for and invest in an ageing population will determine whether it creates an additional burden or delivers demographic dividend. The shift in the age structure of the population and the growing proportion of life afflicted by non-communicable diseases raise new challenges to countries, both developing and the developed. As a result, from an economic perspective, population ageing is often associated with slower growth and the increasing burden of care (Walker, 2002), a notion that is rejected by WHO (Barret & McGoldrick, 2013). Society benefits from potentially greater contributions of older person if they could remain active (Barret and McGoldrick, 2013) and involve in social, economic, cultural, spiritual, and civic affairs (Kalache and Kickbusch, 1997). Beyond physical activity and continuing employment, many older persons are involved in pivotal roles towards family survival such as providing care and managing the household (Barret & McGoldrick, 2013; WHO, 2002).

In short, maximising the gains from longevity and minimising the costs of a greying society require a focus on healthy and productive ageing to allow older persons to remain active and productive, but without divorcing it from fundamental issues such as inequality, poverty, and cumulative disadvantages over the life course. Often, old age poverty is disguised as having poor health status. This section reviewed the concept of active ageing and its development in ASEAN countries, including the status of old age poverty in ASEAN.

3.1 Poverty in Later Life

We begin by examining the many definitions of poverty in general and the situation of old age poverty in AMS.

3.1.1 Concepts and Measurements of Poverty

Poverty is intrinsically linked to welfare. It is a complex phenomenon involving multidimensional deprivation such as basic physiological needs and social needs required to attain a basic standard of living encountered by a person, household, or community (Shaffer, 2001, Price, 2009). Notwithstanding that lack of goods and services is one of such deprivation, poverty is commonly conceptualised based on the physiological model of deprivation which emphasise need-based (Shaffer, 2001) or the ability to have adequate consumption of food and other essentials (Deonandan, 2019). In such cases, monetary indicators (low income or consumption) are used as a proxy for low material living standard (UNECE, 2016). The derived "equivalent" Income can be set in an absolute or relative term. The absolute poverty line income is determined such as using Food Energy Method and the Cost of Basic Needs (CBN) approach (Ravallion, 1998), or Market Basket Measure (MBM) (Deonandan, 2019) which represent need adequacy (Gweshengwe & Hasan, 2019). Poverty is the non-fulfilment of these essential, while the poor is defined as individuals (or household) whose consumption or income fall below the poverty line. The relative measure moves beyond absolute destitution to consider individual capacity to participate fully in the society (UNECE, 2016). In this context, poverty lines that are set in relation to the average living standard within the society (Price, 2009) such as 50% of population median income for Malaysia and Philippines (Economic Planning unit, 2021; Philippines Statistic Authority, 2019).

The 2030 Agenda of Sustainable Development Goal (SDGs) is the global shared plan to end poverty, protect the planet and ensure that all people including older person to enjoy peace and prosperity by 2030 (UN, 2017; ASEAN Secretariat, 2020). Indicative to the key objective of the SDGs is the ambitious eradication of poverty SDG 1: End poverty in all its forms everywhere by 2030. To put it in the context of AMS, the SDGs call upon every country

to achieve zero poverty at the international poverty line of USD$1.90 a day (World Bank, 2019). SDGs recognise that ending poverty must be streamlined with strategies that build economic growth and addresses a range of social needs (e.g. education, health, social protection, and job opportunities), while tackling climate change and environmental protection.

Integral to the monitoring of SGD 1 is the AMS official poverty measure - a more appropriate indicator for policy dialogue or targeting the poorest in the Society. Poverty is officially measured in each country using monetary indicators based on income (i.e. Malaysia and Philippines) or consumption (i.e. Cambodia, Indonesia, Lao PDR and Thailand) (See Annex IV). The absolute poverty line in each AMS is determined using interval surveys conducted by national statistics office over time. The most recent survey available is shown in Annex V. Considering their high GNI per capita and labour productivity, both Singapore and Brunei Darussalam do not have official measures of poverty and did not publish national poverty like other AMS (ILO and ASEAN Secretariat, 2020). Past poverty studies in Brunei Darussalam had suggested the adoption of relative poverty measures for the AMS (Gweshengwe & Hasan (2019). Meanwhile, Viet Nam that has adopted multidimensional poverty measure starting 2021.

The World Bank's Global Poverty Line (GPL) is the most widely recognised absolute measure of poverty (United Nations, 2016) to measure extreme poverty. The AMS produces report on the PPP of USD 1.90 a day to track each countries' progress towards SDG 1 elimination of (extreme) poverty by 2030. Monetary indicators of poverty are proven useful and widely used, but not without shortcomings – firstly, it does not reflect a full-scale measure of unmet basic needs in different social contexts (ADB, 2012; Price, 2009). Secondly, it homogenises the poor by assuming households with same amount of income have similar standard of living (UNECE, 2016). Thirdly, poverty is not view in context-specific such as by age (Gweshengwe & Hasan, 2020). For example, an older person with physical limitation may voluntarily opt for low level of consumption despite adequate financial resources). Therefore, monetary poverty offers a one-size-fits all solution which can be misleading policy makers (Gweshengwe & Hasan, 2019). In order to avoid a myopic view on poverty, each AMS supplemented the official poverty with other measures such as subjective poverty via Poverty Participation Analysis (PPA) and UNDP's Multidimensional Poverty Index (MPI). Few AMS such as Cambodia, Viet Nam, Philippines and Indonesia had conducted several rounds of PPA prior to developing their development plan and poverty reduction policy (ADB, 2001).

The Multidimensional Poverty Index (MPI) draws upon Sen's capability approach (Zaidi, 2014, ADB, 2012) and captures deprivation in three non-monetary aspects of human life: health, education and living standards (Alkire, Kanagaratnam & Suppa, 2020). Viet Nam had fully migrated to using MPI as its official poverty measure in 2021. The rest of AMS, such as Lao PDR, Malaysia, Philippines, and Thailand developed its own MPI and supplemented their current absolute poverty measures. Despite adapting from UNDP's MPI, each AMS opted for slightly different domains to suit to own context (please refer to Annex VI). The AMS's score on the Global Multidimensional Poverty Index is summarised in Annex VII and VIII.

Poverty in AMS

The AMS are not homogenous in their economic, demographic economies, political and social structure. Based on economic aspect and socioeconomic indicators, ILO and ASEAN Secretariat (2020), grouped the AMS into three categories: Group 1: Singapore and Brunei Darussalam; Group 2: Malaysia, Thailand, Indonesia, Philippines and Viet Nam; Group 3: Cambodia, Lao PDR and Myanmar, each with large proportion of the population are in agricultural sector. The demographic structure of AMS differs according to their respective fertility, mortality, and migration trends. Based on Coulmas (2007), the AMS can be group into three groups 1) Aged: consisting of Singapore and Thailand, whose population aged 65+ had doubled from 7% to 14% by 2022; 2) Ageing/Mature: consisting of countries with ageing population and is doubling its population aged 65 from 7% to 14% in 2022, namely Viet Nam (2034), Indonesia (2051) and Malaysia (2046); 3) Young: the AMS in this category are Brunei Darussalam, Cambodia, Lao PDR, Myanmar and Philippines. Philippines would take around 48 years more to reach aged nation status, while the rest in the group are expected to experience rapid ageing (ILO & ASEAN Secretariat, 2020). Table 3.1 maps the AMS according to their demographic structure and economic development level. Ageing at lower levels of development means that a majority of AMS have less resources to address population issues and challenges.

Table 3.1: Mapping of ASEAN Member States by Economic Development Level and Demographic Structure, 2022

Variable		Country Income Classification (World Bank, 2022)		
		High-income	Upper Middle-income	Lower Middle-income
Demographic Structure (Coulmas, 2007)	**Aged**	Singapore (2019)	Thailand (2022)	
	Ageing		Malaysia (2046)	Indonesia (2051) Viet Nam (2034)
	Young	Brunei (2037)		Cambodia (2057) Lao PDR (2058) Myanmar (2055) Philippines (2068)

Source: Author tabulated

The AMS have been characterised by high level of economic growth and outstanding progress in poverty alleviation (ILO, 2020), despite it remains uneven among AMS. Prior to 2020 or before the COVID-19 pandemic, AMS especially countries such as Indonesia, Malaysia, Thailand, and Viet Nam significantly show reduction in poverty headcount ratio or the percentage of the population living below the national poverty line(s). As shown in Table 3.2, the reduction in poverty is significant in many AMS and this is a testament to the economic progress and growth in the region. The poverty headcount ratio indicator is not applicable in Singapore as the country does not have an official national poverty line. However, the eligibility criteria for Singapore's public assistance eligibility criteria (i.e., ComCare) for household with monthly income of SGD1,900 and below per month [or per capita income of SGD650 and below per month] may indicate related points of reference, albeit requiring further cross references. Similarly, Brunei Darussalam also has no official poverty line. The country set a Zero Poverty 2035 target but what constitutes poverty in Brunei Darussalam is not officially defined. As of November 2022, there are 12,649 family heads receiving assistance under the Community Development Department (JAPEM) and Brunei Darussalam Islamic Religious Council (MUIB). Indonesia, on the other hand, calculates its poverty rate twice a year, namely in March and September, as a weighted average of 67 local poverty lines - the amount of money required to obtain 2,100 calories per day, along with other basic non-food items. In September 2020 the poverty line per capita per month for rural and urban areas in Indonesia is IDR437,902 and IDR475,447 respectively. In Indonesia, a more inclusive economic growth had successfully lowered poverty levels from 17.8% in 2006 to about 9.7%, equivalent to 25.67 million people in poverty for 2018 (Ministry of National Development Planning (MNDP), 2019; 2017).

Table 3.2: Poverty Headcount Ratio at National Poverty Lines and International Poverty Lines, AMS, 2010-2020

AMS	Poverty Headcount Ratio at National Poverty Lines (% of population)										
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Brunei Darussalam											
Cambodia	22.1	20.5	17.7								
Indonesia	13.3	12.5	12.0	11.4	11.3	11.2	10.9	10.6	9.8	9.4	9.8
Lao PDR									18.3		
Malaysia						7.6			5.6	8.4	
Myanmar	42.2					32.1		24.8			
Philippines			25.2			23.5			16.7		
Singapore											
Thailand	16.4	13.2	12.6	10.9	10.5	7.2	8.6	7.9	9.9	6.2	6.8
Viet Nam	20.7		17.2		13.5		9.8		6.7		

AMS	Poverty Headcount Ratio at $1.90 a day (2011 PPP) (% of population)										
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Brunei Darussalam											
Cambodia											
Indonesia	13.3	10.9	9.5	7.3	6.2	5.8	5.2	4.5	3.6	2.7	2.3
Lao PDR			14.5						10.0		
Malaysia		0.1		0.0		0.0					
Myanmar						4.8		1.4			
Philippines			10.4			6.1			2.7		
Singapore											
Thailand	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Viet Nam	4.0		2.7		2.6		1.8		1.8		

AMS	Poverty Headcount Ratio at $3.20 a day (2011 PPP) (% of population)										
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Brunei Darussalam											
Cambodia											
Indonesia	45.0	41.9	40.3	37.6	34.8	30.5	28.6	24.6	21.5	19.9	18.8
Lao PDR			46.6						37.4		
Malaysia		1.2		0.4		0.3					
Myanmar						24.6		15.0			
Philippines			33.3			25.7			17.0		
Singapore											
Thailand	2.4	1.3	1.4	1.1	0.9	0.5	0.6	0.4	0.5	0.3	0.3
Viet Nam	16.8		13.0		11.0		7.8		6.6		

AMS	Poverty Headcount Ratio at $3.20 a day (2011 PPP) (% of population)										
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Brunei Darussalam											
Cambodia											
Indonesia	75.5	72.2	71.4	68.7	66.6	64.3	59.7	55.8	53.2	52.2	50.9
Lao PDR			78.7						70.4		
Malaysia		8.6		4.0		2.9					
Myanmar						62.1		54.3			
Philippines			59.9			54.6			46.9		
Singapore											
Thailand	17.5	13.4	13.5	11.3	10.4	7.0	8.2	7.6	8.4	6.2	6.4
Viet Nam	46.8		40.8		35		27.2		22.4		

Source: World Bank, 2022

Thailand calculates its poverty statistics using data from the Thailand Socio-Economic Survey, which is conducted nationally, and the 2018 national poverty line was 2,710 baht per person per month. A sustained economic growth has catapulted Thailand into an upper middle-income country in 2011, and its poverty reduced from 19.1% in 2009 to 13.2% in 2011, and 9.9% in 2018. As for Malaysia, the national poverty line is calculated using the Household Income and Expenditure Survey (twice every five years), and Malaysia revised its national poverty line income from RM980 to RM2,208 in 2019 with an average household size of 3.9 persons. The proportion of Malaysian households living below the poverty line was reduced from 7.6% in 2016 to 5.6% in 2019, using the new PLI (Economic Planning Unit, 2021). National poverty line for Viet Nam is adjusted once every five (5) years using data from the Vietnam Household Living Standards Survey (VHLSS) that is carried out once every two (2) years. The national multidimensional poverty lines for the 2022-2025 period is set at VND1,500,000 and VND2,000,000 per month (household per capita) for

rural and urban areas, respectively, or if a person is deprived of access to six basic social services (job, healthcare, education, housing, clean water and sanitation, and information) (Decree 07/2021/ND-CP).

Cambodia has recently redefined the poverty line, using the most recent Cambodia Socio-Economic Survey for 2019/20, based on cost-of-basic need, and a common basket approach. The national poverty line in Cambodia is now KHR10,951 or equivalent to USD2.7 (market exchange rate) per person per day. Under the new poverty line, about 18% of the population is identified as poor. Lao PDR level of poverty is the highest among AMS, but this is consistent with the landlocked country's level of economic development. Myanmar's robust economic growth had halved the share of population living in poverty from 48.2% to 24.7% between 2005 and 2017 (Myanmar Central Statistic Organisation, UNDP & World Bank, 2019). Poverty incidence among Filipino families in 2019 was estimated at 16.6 % compared to 23.5% in 2015 (Philippines Statistics Authority (PSA), 2019). The poverty incidence among individual Filipino - i.e., proportion of the population living below the poverty line to the total population in 2018 was estimated at 21.0% compared to 27.6% in 2015. Viet Nam's high growth of nearly 8% in the 1990s had proportionately increased income of the poorest quintile, hence reducing the total poverty headcounts from 61% in 1993 to 37% in 1998 (Asian Development Bank, 1999) and 6.8% in 2018.

The downward trend in extreme poverty reduction based on PPP USD$1.90/day is also evident for each AMS. In summary, AMS has different perceptions of poverty, hence, the variation in the methodology of analysing and monitoring the phenomenon. Poverty lens led to differently construed poverty definitions - in terms of income, material, and capability (Gweshengwe & Hasan, 2019), that has been influential towards the understanding of poverty, its identification of the poor and the conception of relevant anti-poverty measures and interventions. Nevertheless, none of the available measure managed to capture all dimensions of poverty (Price, 2008), but trade-offs exist between having a comprehensive poverty definition and the complexity of its measure (Schelzig, 2005). Currently, AMS produce reports multiple measure of poverty (e.g. relative poverty and MPI) alongside its official poverty measure to gauge the impact of government programmes on the poor.

3.1.2 Old-age Poverty in AMS

Older persons have been identified as one of the economically vulnerable groups in AMS (e.g. Department of Statistics, Malaysia, 2020), due to certain characteristics that the older person generally shared – e.g. deteriorating health with age (Zimmer et al., 2008) and looming issues of population ageing – i.e. longevity and reduction in earning following retirement and that income security in old age become a serious challenge (Asher, 2013).

In addition, when the shortfall is inadequately offset by pension programmes (HelpAge, 2009) or family support (Wan Ahmad et al., 2017; Teerawichitchaina et al, 2015), older persons become vulnerable to poverty (Knodel, 2005). HelpAge (2009) also iterated that the older population consists of some who will be the furthest left behind – such as those who are house-bound or caught in humanitarian emergencies.

Achieving SDG 1 requires immediate attention on aged poverty and ratifying issues of inequality, hand-in–hand with population ageing in ASEAN countries (HelpAge, 2009). Poverty and social exclusion are two most significant barriers for older person to contribute to and enjoy the share of economic development (Kwan and Walsh, 2018; UNFPA and HelpAge, 2012). When older persons are deprived of the right to livelihoods, water, education and health, protection and security, a voice in public life, and/or freedom from discrimination due to poverty, these will diminish the chances of older person to age in dignity and participating actively in the society. Considering, the SDG's inclusive approach to sustainable development promise of leaving no one behind and reach the furthest behind first in the development agenda, AMS need to ensure every older person benefit from the rights and opportunities enshrined in the SDGs – i.e. by addressing the needs and rights of older person, improve their wellbeing, enhanced dignity and greater voice and participation in the development (HelpAge, 2009). In SDG 1, Older people are implicitly included in the first two targets and their related indicators – i.e. Target 1.1 to eradicate extreme poverty for all people everywhere and Target 1.2 to reduce poverty at least by half of the proportion of the living in poverty in all its dimensions, according to national definitions by 2030. Both targets specify that progress to achieving the targets must be age disaggregated (HelpAge, 2009).

This section discusses literatures old age poverty in ASEAN Member Society, covering the following aspects: (1) demarcation of old age poverty; (2) poverty profile older person in ASEAN countries; and (3) determinants of old age poverty and vulnerability.

Demarcation of Old Age Poverty

Currently, report and monitoring of aged poverty is based on the disaggregation of the existing poverty measure, including the official poverty by age to account for the cohort. The official poverty measure, through the National Statistical offices of AMS has been in use for decades to keep track on the poverty headcount to monitor their progress in alleviating poverty. Therefore, despite its limitation, disaggregating it allows the possibility of examining demographic trends in [aged] poverty when data permits.

But poverty in older years is different from that of in their younger years (Gweshengwe & Hasan, 2020). Compared to the young, the likelihood of older persons fall into poverty for a long period is higher with lower likelihood of escaping from poverty once they have fallen into it (ADB, 2014). Hence, poverty studies highlighted the need to view aged poverty from different perspective and framework with context-specific analyses. Holston and Gorman (2002) proposed the framework of receding capability and the social process that erode the high position of older persons in the society (Boentr, 2014) to assist understanding of the nature, and severity of aged poverty. Several issues highlighted by studies related to aged poverty (Price, 2009; Schelzig, 2005) on how poor older persons are identified, accounted for while ensuring the accuracy of the poverty analyses.

a. **Improvement on the national survey.** Older person in Institutional living is an important sub-group of deprived older people (Scharf et al., 2005). Currently, only households in the community are included in national studies leading to biasness in the reporting by age group of any poverty statistics, besides denying the voice of this group in the policy.

b. **Frailty, illness, disability, and long-term illness.** Due to prevalence of frailty, illness and disability in old age, poverty measure should account for suffering (of both for sufferers and their carers) make to the experience of poverty for older people. As such it would answer the questions if suffering from frailty, disability or ill-health affect older people's desire and ability to participate in the norms and customs of society, or that if frailty, disability or ill health exacerbate social and material deprivation for older people.

c. **Choice of financial resources variables.** Income alone is a poor measure of financial resources (Gweshengwe and Hasan, 2020), hence, the treatment of assets and wealth become of increasing importance to older people. So, the conceptualisation of resources for older person should consider asset [e.g. land ownership], housing and debt.

d. **Agreement on the "need".** Older population experience poverty differently than other age cohort (Gweshengwe and Hasan, 2020) Consumption pattern also changed with age in reflection of changing need which accompany transitions into poorer health (Zimmer, 2008) Consequently, the use of average consumption pattern of the population within the country as a proxy may inaccurately reflect the need of older person (e.g. Suy et al, 2018) particularly so in the case of the frail, disabled and long term ill among the older population (Muis et al, 2020) including those living in institutions.

e. **Unit of analyses.** Across AMS, co-residency is common. UNDESA, (2017) identify at least 64% of persons aged 60 years or over live with their children, share resources (income) and obtain benefit from the economies of scale. There is a call for a decision on the extent to which people should be aggregated into family, household or spending units for the purposes of poverty measurement (Price, 2008). Other studies emphasise the importance of utilising individual as a unit of analyses in all measures for aged poverty (World Bank, 2012; Deaton & Zaidi, 2002) since not all consumption is evenly distributed to members, hence older person members of a household may be much poorer than other members of the same household.

In addition, Priebe et al., (2014) highlighted a study by Deaton and Paxson (1997) which proved that age-specific poverty rates are quite sensitive to the choice of the poverty line, economies of scale and adult equivalence scales. As such, the decision on choice of measure of aged poverty must be made with caution. The review on poverty analyses in this report involve ascertaining the poverty status of older person, identifying the aged poor and the cause of poverty.

Profile of the Aged Poor

Older person is identified as one of the vulnerable groups in the AMS (e.g. Lao PDR, 2018; Department of Statistics Malaysia, 2020). But poverty among older person is monitored at a varying degree by the AMS. Philippines Statistic Authority (PSA) devoted a separate section to report on the aged poverty analyses, alongside with other segment such as child and regional and the overall poverty, while Malaysia reporting it as part of the different age cohort

poverty analyses. Therefore, knowledge about the poverty situation of the older person in the region is limited and scattered. Comparison across region is difficult as grouping of older person age cohort in the report differs across AMS. For this report, review on poverty among older person is based on available poverty analysis such as the prevalence and severity of older person poverty (in comparison to the population and/or other subgroups), and the characteristic of the older poor – e.g. who they are, where they live and how they live their lives.

Table 3.3: Poverty Status of Older Persons (60 years or over) based on National Poverty Lines, AMS

Country	Year	Poverty Rate (% of population)	Poverty Rate (% of older persons)	Related Analyses on Old Age Poverty
Cambodia[a]	2007	Absolute: 30.5%	Absolute: 65+ [25.4%] (4.3% of Population)	Poverty Gap (65+): 5.5
	2014	Absolute: 13.5%	Absolute: 60+ [10.5%] 70+ [13.3%]	
Indonesia[b]	2008	Absolute: [15.42%]	Absolute: [Individual OP] 60+ [16.82%] 65+ [18.01%] 70+ [19.04%] 75+ [20.78%]	Vulnerability: [1.2 PLI; 1.5 PLI] [60+]: [32.6%; 48.6%] [70+]: [28.3%; 44.4%]
	2010	Absolute: [13.33%]	Absolute: [Individual OP] 60+ [14.18%] 65+ [15.17%] 70+ [15.83%] 75+ [16.56%]	Vulnerability: [1.2 PLI; 1.5 PLI] [60+]: [27.4%; 42.9%] [70+]: [28.3%; 44.4%]
	2012	Absolute: [11.96%]	Absolute: [Individual OP] 60+ [12.65%] 65+ [13.81%] 70+ [14.92%] 75+ [15.42%]	Vulnerability: [1.2 PLI; 1.5 PLI] [60+]: [26.6%; 41.9%] [70+]: [27.9%; 44.1%]
Lao PDR[c]	2013	Absolute: 23.2%	Note: Household Head 60+ [22.7%] 65+ [22.3%]	
	2019	Absolute: 18.3%	Absolute: [Household Head] 60+ [16.8%] 65+ [15.7%]	Poverty Gap [60+]: 3.9 Squared Poverty Gap [60+]: 1.3
Malaysia[d]	2016	Absolute: 7.6% [525,743] Relative: [Half median] 15.9%	Absolute: 65+ [8.7%] Relative: 65+ [41.5%]	n.a.
	2019	Absolute: 5.6% [405,441] Relative: [Half median] 16.9% [1.24 mil]	Absolute: 65+ [5.7%] Relative: 65+ [41.4%]	n.a.
Myanmar[e]	2017	Absolute	Absolute: 60+ [24%] [3.306 million]	Poverty Gap [60+]: 4.8 Squared Poverty Gap [60+]: 1.4

Country	Year	Poverty Rate (% of population)	Poverty Rate (% of older persons)	Related Analyses on Old Age Poverty
Philippines[f]	2015	Absolute: 23.5% Relative: [Half Median]: 15%	Absolute: Income poor: [60+]: 13.2% [889,921] Absolute: Subsistence poor: [60+]: 4.3% Relative: [60+]: 9.2%	n.a.
	2018	Absolute: [Family population] 16.7%	Absolute: Income poor: [Note: Older person family] [60+]: 9.1% [829,200] Absolute: Subsistence poor: [60+]: 2.2% [202,400]	n.a.
Thailand[g]	2013	Absolute:10.34%	Absolute: [60+]: 13.65 %	n.a.
	2014	Absolute: 10.53%	Absolute: [60+]: 13.94%	n.a.
	2015	Absolute: 7.21%	Absolute: [60+]: 8.48%	n.a.
Viet Nam[h]	2016	Absolute: 100% Poverty line [PL] : [9.1%] Absolute: at 150% of poverty line ("near-poverty line"): [25.9%]	Absolute: 100% Poverty line: 60+ [8.6%] 70+ [10.0%] 80+ [9.0%] Absolute: 150% Poverty Line 60+ [24.3%] 70+ [28.8%] 80+ [26.7%]	At 100% Poverty line: Poverty Gap [National]: [2.4] 60+ [2.5] 70+ [2.7] 80+ [1.9] At 150% Poverty line: Poverty Gap [National]: [7.3] 60+ [7.0] 70+ [8.2] 80+ [7.3]

Note: The term 60+ includes older person aged 60. The same holds analogously for the terms 65+, 70+, and 75+

Source: a. Asian Development Bank (2012), OECD (2017));
b. Priebie and Howell (2014);
c. Lao Statistics Bureau and World Bank (2020);
d. DOSM (2020); Economic Planning Unit (EPU) (2021);
e. Central Statistics Organisation, UNDR, World Bank (2019);
f . Reyes et. al (2019); Philippines Statistics Authority (2019) - https://psa.gov.ph
g. Reyes et al. (2019);
h. Vu, L. H., & Nguyen, T. A. (2021).

Poverty is the state of being poor, while vulnerability to poverty is the risk of becoming of poor [i.e. falling below the poverty line] or worse off [i.e. falling deeper into poverty] for those already in poverty (Séverin and Blanchard, 2020). The use of multiple poverty measure – e.g. poverty headcount ratio (of the poor and near poor), poverty gap Index and squared poverty gap, to assess the welfare of the older person is not unusual and will be reported as such whenever possible, as it provides different angle and a more thorough analyses on (the general status of) older person poverty.

Table 3.3 presents aged poverty status in ASEAN countries. There is a variation in the incidence of aged poverty in the AMS. Among countries with young population such as Cambodia, Lao PDR and Philippines, the risk of older person falling into poverty is less than the population. In countries with more matured population such as Indonesia, Malaysia and Thailand, the aged poverty headcount rate is higher than the general population, or in some cases non-older person population. Viet Nam's population is ageing but indicates lesser risk of poverty among its older person compared to the population in general. Country's progress on poverty status and welfare of the poor in Viet Nam, Lao PDR and Myanmar cannot be established due to data unavailability. In general, many older persons in AMS were living marginally above the poverty line and remained vulnerable to falling into poverty as indicated by the percentage of near poor in Indonesia and the value of poverty gap among a few AMS such as Lao PDR. There are significant within country variations, and this is elaborated in the following sections.

The country specific analyses on aged poverty based on the literature are as follows: **Cambodia:** In 2007, the incidence of aged poverty is around 25.4% representing 4.3% of the poor in Cambodia (ADB, 2012). **Indonesia:** The poverty trend indicates a downward trend between 2005 and 2012, - i.e. 16.51% in 2005 to 11.96 % in 2012, but the rate is higher than rest of the population (Priebe et al., (2012). Multiplying the poverty line (PL) by a factor of 1.2 and 1.5, the poverty rates revealed that most older person are near poor and vulnerable to poverty (Priebe and et al., 2014; Adioetomo and Mujahid (2014). Based on SUSENAS 2008, 2009 and 2010, about ¼ older person aged 65-69 years old were transient poor (being poor at least once) during the course of two years, and four percent were chronically poor (Adioetomo and Mujahid, 2014).

Lao PDR: In 2019, poverty among older person aged 60-64 was at 16.8%, slightly higher than the older cohort. Older person in Lao PDR has lesser risk of falling into poverty compared the general population (Lao Statistics Bureau and World Bank (2020). **Malaysia:** In 2019, 5.7% older person household head aged 65 and above was living below (absolute) poverty, reduced from 8.2% in 2016 (Department of Statistics Malaysia, 2020), but consistently higher than the overall population. The incidence of relative poverty among the older person remained high with about 2 in 5 (41.4%), marginally increased from 41.5% in 2016 (Economic Planning Unit, 2021). **Myanmar:** In 2017, a total of 3.306 million (24%) of older person in Myanmar live in poverty. The poverty gap which indicated the depth of poverty is about 4.8.

Philippines: Based on Family Income and Expenditure Survey (FIES), in 2015, a total of 889,921 (13.2%) older persons were members of households classified as income poor, and 4.3% were members of households classified as subsistence poor (Reyes et al., (2019). By 2018, headcount ratio for income poor and subsistence poor was reduced to 9.1% and 2.2% respectively (Philippines Statistic Authority (PSA), 2019). For relative income measure, 9.2% of senior citizens aged 60 and above are from households with incomes below half the median income, reduces from 10% in 2012 (Reyes et al., 2019). **Thailand:** Between 2013 and 2015, the risk of being poor among older person was higher than the general population, despite showing a reducing trend – i.e. the headcount rate in 2015 is at 8.48% compared to 13.65% in 2013 (Royal Thai Government, 2017). **Viet Nam:** In 2016, 8.6% of older person in Viet Nam are in poverty and it progresses with age. But, most older person live marginally above the poverty line, hence easily fallen back to poverty.

In summary, aged poverty in ASEAN countries varies. The risk of older person falling into poverty is slightly lower than the general population in almost all countries with young population namely Philippines, Cambodia, and Lao PDR. Other AMS with ageing population, with Viet Nam as an exception, the trend indicated otherwise. In addition, as poverty in late years differs from poverty experienced in young segment, there is a need to track older person vulnerability to poverty over time. However, considering that the analyses of poverty dynamic require panel structure, only a handful of studies was available for AMS.

3.1.3 Factors Influencing Poverty in Later Life

Research has identified demographic and social factors to explain the common characteristic of the current older poor, hence, literature often used them to identify the likelihood of older person or household of certain characteristics to fall below the poverty line. Common socio-demographic factors identified are such as age, gender, geographical location (region and/or stratum) and living arrangement, as indicated in Table 3.12, Table 3.13 and Table 3.14 Not only that these factors often identifiable to older person who are vulnerable to poverty, but it also reflects increasing disadvantages as one grows old such as stereotyping and prevalence of chronic illness (Mugede and Ezeh, 2007) and/or what individuals go through in life which can predispose individuals to certain advantage or disadvantaged as they grow old (Knodel and Ofstedal, 2003). As such, sociodemographic factors are identified as one of the determinants of old age poverty in as well, which will be discussed in the next section.

a. Age: Poverty among Older Age Group

As older person health and Income earning capacity gradually decline with age, older person in AMS were identified as vulnerable segment to poverty (e.g. ADB, Suy et al., 2018) and risk of falling into poverty increases as their age progresses (e.g. Muis et al., 2020). The general, trend on old age poverty indicated that poverty headcount rates increase with age in all AMS which cut across other characteristics such as gender (Masud and Zainalaludin, 2018). Refer to Table 3.13.

In countries such as Cambodia and Viet Nam poverty among the "younger old" (60-69) is slightly less than among the older age cohort. The progression of poverty headcount with age is even lucid in Indonesia. **Indonesia:** As older person progresses in age, the poverty rates increase (Priebe et al., 2014), and those categorised as vulnerable to poverty – i.e. just living above the poverty line increases Adioetomo and Mujahid (2014). In tracking old age vulnerability over time, Adioetomo and Mujahid (2014), conclude that old-age poverty rates both in chronic and transient poverty rates seem to increase both transient and with age. Among older person persons aged 75 years and older, more than one-third have been poor at least once between 2008 and 2010. Priebe et al., (2014) estimated that about three million of older person aged at least 60s in 2012 live in poverty or are acutely vulnerable to poverty.

b. Gender and Old Age Poverty

Women in some ASEAN state members generally have higher risk than men to live in poverty. For example, for every 100 men who live in poverty in Cambodia, there are 104 women living in poverty (UN Women and ASEAN, 2021). Detail examination across the region show that the distribution of old age poverty for different sexes indicates a mixed trend. Poverty distribution across gender was not significantly different in Indonesia, lower than men in Thailand, while the rest of AMS indicated that not only female elderly experience more poverty, but their poverty condition is also more serious than male elderly. Refer to Table 3.4.

For example, in Cambodia, about one-fourth of households are headed by women (NIS, 2012). Most poor families are run by widows, illiterate adults, and grandparent who have no sources of income, so as they grow older, women experience multiple sources of vulnerability such as disabilities, health issues, social isolation, and limited opportunities to be involved (Suy et al., 2018). In a community where a large proportion of the older person live in primitive shelter with few essential items and surviving on own grown food, the lowest quintile consists of women and unmarried individuals without schooling, working in agriculture and not residing with other older adult (Zimmer, 2008).

Understanding poverty in old age requires gender perspective as men and women differs beyond their genetics. Robinson et al., (2001) explained that society have different values, belief and role expectation on individuals based on their sex, such as the hunter-and-gatherer role of men and women. By nature, women assumed the nurturing role, hence caring for their family in the domestic sphere without pay. Men's traditional role, on the other hand are the decision makers and providers of the family, hence ventures into labour force to earn a living. These gender roles, then, developed gender differences in attitude and behaviour by learning from the society leading to differences in advantages and disadvantages (earlier) in life among men and women and consequently affecting their situation in old age. In the AMS, majority of elderly women involve in unpaid work in the domestic sphere (e.g. Suy et al., 2018, Tham et al., 2003) and poverty is associated with increased care workloads for women and children (Oxfam, 2020). Among women, the care pattern indicated that the time spent increase during reproductive years and again in older age. The engagement of women even at their advanced age for care responsibilities prevented them from engaging in paid employment or work on a full-time basis (UN Women and ASEAN Secretariat, 2021; Oxfam (2020)).

For those who opted to work, they have to experience double-shift - i.e. workload in both paid employment and domestic sphere, as women carry out domestic responsibilities regardless of their employment status. And majority of women work in informal (Priebe, 2017) or low paying sectors such as agriculture (e.g. Desa et al, 2017). This means that the economic gain made in participation in paid work are likely to be offset by working in precarious positions with low pay, inadequate working conditions and absence of social security protection (ESCAP, 2021). Consequently, majority of women are without or having less sources of income (e.g Muis et al., 2020), earning less than their partners (UN Women and ASEAN, 2021), dependent upon children remittance (e.g. Utomo et al., 2018) and less experienced in managing money and making financial decision compared to men (e.g. Masud and Zainalaludin, 2018). This eventually make women more dependent on men economically (Wingood and DiClemente, 2000). Consequently, elderly women who are without spouses (e.g. due to death of husband or divorce) are more vulnerable to poverty (Priebe, 2017) in the absence of breadwinner. Refer to Table 3.5.

In addition, apart from geographic location and social strata ESCAP (2017) asserted that inequalities and discrimination through the life course are linked to gender, leading to deprivation and loss of opportunity. For example, discrimination against women can result in them experiencing poverty in old age if they were excluded from high paying jobs earlier in their lives (Mugede and Ezeh, 2007). In addition, experiencing poverty in earlier life contributes to deprivation which can expose women to poverty in old age. For example, women and girls of the poorest in Cambodia is 4 times more likely to be education-poor, while in Philippines, they are

13 times more likely to be married before the age of 18 (UN Women and ASEAN, 2021), limiting their potentials to command higher earning However, apart from being poor, women who are from ethnic minority, women with disabilities and migrant were identified as being more disadvantaged (UN Women and ASEAN, 2021).

In short, understanding poverty in old age requires gender perspective. Men and women are not only genetically different, but culturally has distinct role expectation resulting in different belief, behaviours, decision, and life trajectories, leading to advantages and/or disadvantages in women's later life. It is acknowledged from table 13.3. that older person in AMS is generally at the disadvantaged since they have low education and high illiteracy rate (e.g. Jariah et al., 2012), hence low skill (e.g. Tham et al., 2008) compared to the general population. For example, in Lao PDR, 72% of older person are without formal education, leading to high rates of illiteracy (Nambooze et al., 2014), hence limiting their opportunity to work in formal sector. In addition, the older poor generally experience poor health condition, with many having chronic health condition limiting their physical functioning (e.g. Priebe et al., 2018). The increased disability with age increases their dependency and reduce older person ability to work. However, as compared to older men, older women are worse (e.g. Priebe et al., 2017; Suy et al., 2018). Consequently, for AMS, women's experience of multiple vulnerability in old age is contributed among others by their lower education, higher illiteracy and lower labour force participation, higher likelihood of surviving the breadwinner, hence reducing her ability to have good command of financial resources, so, feminisation of ageing and poverty goes hand-in-hand.

Table 3.4a: Socio-demographic Profile of the Aged Poor in AMS [Part 1]

Author (Year)	Country	Who are they?				Where do they live?
		Age	Gender	Education Level	Health condition and behaviour	Rural/Urban
ADB (2012); HelpAge (nd.) RGCambodia (2017) RGCambodia (2007) Runsinarith (2012) Suy et al., (2018) Zimmer (2008)	Cambodia	• Listed as vulnerable segment • Risk increases with age	• Females experience more years of poverty • Feminisation of ageing (55% of the aged)	• Low education	• Poor health • functional impairment; 24% has disability • Disability increases with age – M: 6 (6064) to 10.9 (75+); F: 4.3 (6065) to 11 (75+)	• Living in rural area (70%) • Area prone to disaster • Higher proportion of OP in rural area [due to migration of young]
Muis et al., 2020; Priebe 2017; Utomo et al., 2018; Adioetomo and Mujahid (2014); (Priebe et al., 2014)	Indonesia	• More vulnerable: 65+ • Poverty increases with age	• Mixed finding • Females have higher rate • No gender difference in rates [but most women (57%) are widowed]. (Priebe et al., 2014)	• Low education (Most-primary school) • High illiteracy (28.5%) – higher among older cohort (50%), women and rural area	• Health and IADL • Reduce ability to work and • increased disability with age • seeking treatment at lower cost facilities	• Higher in rural (17.0%) than urban areas (10.5%)
Nambooze et al., 2014	Lao PDR		-	• No education level (72.22%) • High level of illiteracy	• Malnourished • Poor health • Many had limitations in carrying IADL	• Living in rural area
Ismail et al., 2015; Mohd et al., 2009; Wan Ahmad et al., 2017; Vaghefi et al., 2016; Jariah et al., 2012; Wan Ahmad et al., 2017; Evans et al., 2017; Sulaiman & Masud, 2012; Masud & Haron, 2008	Malaysia	• Listed as vulnerable segment; increases with age	• Female has higher poverty rate • Older person's female head of family • Women have limited capacity	• Without or Low education level	• Have chronic health conditions • Less physical functioning	• Living in rural area.
Teerawichitchainan & Knodel, 2015; Teerawichitchainan & Knodel, 2018 Knodel (2012)	Myanmar	• Aggressively increases with age – 60+ (37.7%), 70+ (41%)	• Mostly female (40.5%)	• Low level education	• Need help with daily living activities (66.67%)	• Living in rural area

Author (Year)	Country	Who are they?				Where do they live?
		Age	Gender	Education Level	Health condition and behaviour	Rural/Urban
Cahapay, 2021 Reyes et al., 2020	Philippines	• Grouped as vulnerable segment • Age 60 and above	-	-		-
Tham et al., 2003 William, 2001 William, 1998	Singapore	• Grouped as vulnerable segment; Mean age 70.1 years, median age 68.6% years; Grouped as vulnerable segment • Age 60 and above	• Female	• Low education (88.2%) • Low skill	• Chronic illness	-
Suwanrada, 2008; Coronini-Cronberg et al., 2007 Caffrey, 1992a Caffrey, 1992b Gray et al., 2008; World Bank (2012) Paweenawat and Liao (2021)	Thailand	-	• Vary by age and sex – higher among males especially 70+	• Low education	• Poor health • Limited functional ability [Pain] (hip, knee joints and lumbar area)	• Living in rural area
Evans & Harkness, 2008 Long & Pfau, 2009aLong & Pfau, 2009bThanh et al., 2005Pfau & Long, 2010	Viet Nam	• Listed as vulnerable segment • Risk increases with age	• Female experienced higher poverty (58.4%)	• Low level education		• Living in rural area
Teerawichitchainan, Knodel and Pothisiri, 2015	Multiple AMS			• Loss of spouse (female) • Risk increases with living alone (Myanmar, and Viet Nam)	• Health issues: ADL difficulties and needing help	

Table 3.4b: Socio-demographic Profile of the Aged Poor in AMS [Part 2]

Author (Year)	Country	How do they live?	Their livelihood Ownership		
		House condition/Facilities/ living arrangement	Employment and livelihood	Others: Assets and financial matters	Other description
ADB (2012); HelpAge (nd.); Runsinarith (2012); RGC (2017); RGC (2007); Suy et al., (2018); Zimmer (2008);	Cambodia	• large household (high dependency rate) • Lack of adult children (due to migration, HIV/AIDS, conflict) • Burdened in raising orphaned grandchildren (some with HIV) • No basic facilities (90%) • Live with children (78.7%) • Reason of losing spouse: death (older old); Younger old (marital disruption)	• Breadwinner/active working but reduced with age • Active in employment for both sexes-rural (LFPR 27.8% M; 54.8 F) • Most work in agriculture sector • Source of income: • mostly from children • work	• landless [higher risk to poverty] • Own unproductive land (30%) • Most OP sell their productive asset [land] to treat family with HIV/AIDS	• Have outstanding loan. • Higher consumption of food and non-food • Caring for adult child with HIV/AIDS-burdensome and socially stigmatised.
Muis et al., (2020); Priebe (2017); Utomo et al., 2018	Indonesia	• Large households • More likely (50%) to live with at least one child (in poor household) • Being a household head (74%)	• Most actively working • Old-age labour supply is highest among the poorest group of older persons but decline with age. Only 28.7% women work for pay and majority do domestic work • Informal sector • Source of income: children (65%) • Private financial transfer; Pension coverage: small share (8%)	-	
Nambooze et al., 2014	Lao PDR	• Living with family (89.58%)	• Agriculture • Work is the main source of income	-	• Food insecurity (consumed two or fewer meals daily)

Author (Year)	Country	How do they live?	Their livelihood Ownership		
		House condition/Facilities/ living arrangement	Employment and livelihood	Others: Assets and financial matters	Other description
Ismail et al., 2015; Mohd et al., 2009; Wan Ahmad et al., 2017; Vaghefi et al., 2016; Jariah et al., 2012; Wan Ahmad, et al., 2017; Evans et al., 2017; Sulaiman & Masud, 2012; Masud & Haron, 2008	Malaysia	• Mostly Living with family • High risk-living alone or with another older person • Widowhood (Outliving spouse) • Poor family relationship • Have dependent [30% had school going children]	• Majority no longer work. • If work – informal and agricultural sectors • Sources of income: work; remittance from children (but insufficient amount) • Less vulnerable if receive more than one income	• Lack of property income • Landless to farm • Low rate of EPF saving • Having financial issues [insufficient saving; no emergency fund; used up income] • Homeowners	• Ethnic minority tend to live in poverty
Teerawichitchainan & Knodel, 2015; Teerawichitchainan & Knodel, 2018 Knodel (2012)	Myanmar	• Living with families who are extreme poor (40%); Area: Rural (44%) • House without running water, electricity (33.33%) especially rural (50%)	• Farmer (52%) especially in rural (65.2%) • Sources of income: children (60%), work (20%)	• Own the house (86.5%), especially among men (91%) and rural (88.8%);	• Deprivation: Inadequate income (21%) & either poor housing or lack possession or lack of income (24%)
Cahapay, 2021 Reyes et al., (2020)	Philippines	-	• Less economically active (43.8% working). Those working, mostly (57%) are from the poorest group: Male (68%), Female (45.3%); World Bank	-	• About 28.1% in Bottom 40% income decile
Tham et al., 2003 William, 2001 William, 1998	Singapore	• Public housing (74.2%), living with family; Rental house (70.7%), household size 2 and 3 (57.3%)	• 9.8% active (work), 26.3% received pocket money from family, they working to support themselves or their family (47.4%). 9.5% active (work); 19.2% active (work); 85.8% from children/grandchildren sources	-	• Not enough and have to borrow money to buy food, and missed medical appointment due to lack of money, felt that income was adequate (63.2%). Female most likely to slip into poverty

Author (Year)	Country	How do they live?	Their livelihood Ownership		
		House condition/Facilities/ living arrangement	Employment and livelihood	Others: Assets and financial matters	Other description
Suwanrada, 2008; Coronini-Cronberg et al., 2007Caffrey, 1992aCaffrey, 1992bGray et al., 2008; World Bank (2012) Paweenawat and Liao (2021)	Thailand	• Unconducive neighborhood • Higher risk when living in one-generation families [not residing with adult children]	• Farming and work in an informal sector (80%) • Source of Income: 28.9% active (work); 52.3% income from children; Small % have no income from saving or property. • Lower status worker.	• Landless • Have financial debt (54%)	• Higher poverty rate than total population, but become even higher (from 10.9% to 18% in 2010) when calculated the near-poor [100-120% PLI]
Evans & Harkness, 2008 Long & Pfau, 2009aLong & Pfau, 2009bThanh et al., 2005Pfau & Long, 2010	Viet Nam	• Living with family	• 34.8% either receiving remittances directly or married to a recipient	-	• 60.5% were married, 65.1% not receiving social security Poverty was a risk factor for unintentional injuries
Bussarawan Teerawichitchainan, John Knodel and Wiraporn Pothisiri	Multiple AMS				• Not getting assistance from government, especially in Myanmar and Viet Nam

c. Location, Living Arrangement and Family Support

Identifying where older poor live is equally important as knowing who they are such as their age and gender. Most countries in AMS such as Lao PDR and Cambodia are predominantly rural, thus highlights on aged poverty in rural and remote area. For example, in Cambodia, higher proportion of older person living in rural area due to migration of the young in search of better opportunity (Suy et al., 2018). But, urban aged poor exist especially in the capital even though the poverty rates are generally lower (e.g. Indonesia) than the rural area. Cambodia, Lao PDR, and Myanmar and partly Viet Nam are facing poverty issues among ethnic minorities in remote regions and access to basic infrastructure. For example, the absence of safe drinking water, women in Thailand, Viet Nam and Philippines, are mostly tasked in water collection and often having to bear the health risk and forgo other activities including paid work time (UN Women and ASEAN Secretariat, 2021). Oxfam (2020) indicated that access to improved water sources in Philippines reduced women's time spent on care by 1 to 4 hours per day, especially among the poorest household. Similarly, the poorest household who have access to electricity reduces women time spend for care for an hour (Oxfam, 2020) These are also countries, once facing serious HIV/AIDS epidemic where the older person is affected by the burden of care which are mostly shouldered by women even at their advanced age (NIS, 2012) and loss of social and economic support.

Table 3.5: Living Arrangement of Older Persons (60+), 2000-2018

Country	Average Household Size	Living Arrangement (%)					
		Living Alone	Living with Spouse Only	Nuclear (Couple/Single P. w Children)	Extended	Non-relatives	Others
Brunei Darussalam							
Cambodia 2014	4.8	4.5	8.9	14.8	70.7	1.1	0.0
Indonesia 2017	3.9	8.5	17.0	16.3	56.7	1.5	0.0
Lao PDR 2005	6.5	1.3	3.6	15.5	79.7		0.0
Malaysia 2000	4.5	6.9	14.0	25.0	51.0	3.1	0.0
Myanmar 2016	4.5	5.0	8.8	20.9	63.5	1.7	0.0
Philippines 2017	4.2	8.4	13.4	18.8	55.8	3.5	0.0
Singapore							
Thailand 2000	4.1	6.0	12.8	20.6	58.7	2.0	0.0
Viet Nam 2009	3.9	9.3	18.0	17.6	55.2		0.0
Southeast Asia							

Source: United Nations, 2019

The core cultural values shared by the ASEAN countries is filial responsibility for the aged – i.e. a way children returning favours to their parents. Hence, despite being reported as slowly eroded by modernisation, co-residence, and provision of support to aged parent is not uncommon across AMS (Table 3.5). But, the trend across AMS such as in Cambodia and Indonesia, co-residence is mostly with adult family whom themselves are in poverty. **Cambodia:** A predominantly rural country where 80% of its population in 2008 live in rural areas (ADB, 2012), poverty among older person and their family are pervasive (Knodel et al., 2005; Suy et al., 2018). Historical background of war and conflict, social dislocation and HIV/AIDS epidemic set the stage for older person poverty in Cambodia (Borentr, 2004; Knodel et al., 2005; NIS 2012). The HIV/AIDS have increased the older person's workload (Suy et al., 2018, HAI, 2004) and needs – i.e. caring for the sick and raising the orphaned grandchildren. Death of adult children (to conflict and HIV/AIDS eroded the base of family core support for older person (NIS, 2012). But, due to high fertility, level of co-residence is high (four out of five older person) living with at least one child, especially married daughters (Kato, 2000; Knodel et al., 2005).

Indonesia: Age disaggregated poverty rates by urban-rural location was significantly higher than the urban-rural poverty rates for the general population. For example, in 2012, the poverty rates among older person aged 65+ residing in urban and rural area is 10.5% and 17% respectively, compared to 8.75% and 15.12% respectively for the overall population. Even though poverty rate increases by age in both locations, but the poverty rate of older person aged 65+ and 70+ in rural area is at least 5-percentage point higher than the urban area (Priebe et al., 2014). Older person in rural areas is significantly more vulnerable to poverty (Adioetomo and

Mujahid (2014). At least 63% of poor older person age 60+ live with at least one adult child. Priebe et al., (2012) concluded that in Indonesia, the older person wants to sustain their own household as long as their financial means are sufficient, and only merge into households with their children or other relatives once these means are exhausted. Hence, the likelihood of co-residence increases in poor household. **Lao PDR:** about 80% of Lao PDR is mountainous, and the upland population has poverty rates with least access to services (Lao PDR, 2018).

d. Poverty Status and Livelihood in Later Life

Table 3.6 summarised the economic profile of the aged poor. Evidence from the literature indicate that given the lack of or inadequate pension support (e.g. Giles et al., 2011), maintaining the livelihood or contributing to the household remain a primary responsibility (e.g. Priebe et al., 2014), that older person in ASEAN expect to work until late in their lives even in poor health (Helsop and Gorman, 2002). Hence labour force participation among older person ASEAN is driven by poverty – i.e. older person is more likely to remain in labour force out of obligation than out of choice. Therefore, understanding the reason of working among older person such as due to income need, poverty, or the need of "being useful" to families (Adioetomo and Mujahid, 2014) is vital in designing appropriate policies to improve economic participation and the wellbeing of the older person.

In addition to the absence of age limit, the majority of population in most AMS, albeit at varying degree, – e.g. Cambodia, Lao PDR, Myanmar, Viet Nam, Indonesia and Thailand resides in rural areas. Therefore, older persons are predominantly working in agricultural sector. In addition, older person especially women are mostly employed in an informal and precarious employment (Reyes et al., 2017; Paweenawat and Liao, 2021). The non-agricultural sector workers in Thailand and Philippines are mostly involved in menial jobs with low pay, due to their low education background and skill, especially among women and older age cohort (Reyes et al., 2017; Paweenawat and Liao, 2021). The share of women in rural population in what ILO's defined as vulnerable employment – i.e. unpaid family workers and own account workers are the largest among women such as 93.8% in Cambodia, 79.6% in Lao PDR and 87.4% in Myanmar in 2019 (ASEAN Secretariat, 2019). Consequently, majority of women are missing out benefits such as social security, maternity leave and other facilities provided by formal employment, making them vulnerable to poverty especially in old age.

The critical importance of intra-familial and household relationships to older people is demonstrated by a number of studies (e.g. Knodel et al., 2005). As assets in old age decline and options narrow, the family and household safety network become central (HAI, 2000), as evidenced across ASEAN region. In general, aged poverty in each country in ASEAN depend on family members for material and financial support, that it constitutes a main source of income and insurance of households against consumption shortfalls and health risks.

Cambodia: Over a third of the population age 60 and older reported that they were still economically active (Knodel et al., 2005) to support themselves, mostly in agriculture (Ministry of Planning, 2013) although remaining active decreases with age. Work participation differ by gender (50% male; 28% female) and location – i.e. higher within the provinces than in Phnom Penh (i.e. urban), reflecting their different lifetime occupation (Knodel et al, 2004). But, Most elders own some land, but most reported access to least productive land (subject to flooding or less fertile land) (Ministry of Planning, 2013). Most older person own houses – i.e. a modest home that lack facilities –e.g. clean water, toilet, equipment etc. In rural Cambodia, A large proportion of older adults live in very primitive housing conditions, subsist only on what they grow and own only a few essential items (Zimmer, 2008). They are poor health condition (e.g. joint pain) – thus, difficulty performing daily activities. Due to lack of welfare measure, older person depended on children for material and physical support (Chan and Ear, 2004), albeit not a substantial amount – reflecting pervasive poverty in both parents and children (Knodel et al., 2005).

Indonesia: A large share of Indonesian older person especially men are still active in labour market [work for pay] (Adioetomo and Mujahid, 2014). The share and number of day and hours per week is lower than younger counterpart, and reduces with age (Priebe et al., 2014). Old age labour supply is the highest among the poorest group of older persons, indicating their need to finance their living despite their preference for reducing their labour efforts. Similar trend is observed among women despite women's lower share in working-for-pay (Adioetomo and Mujahid, 2014).

Philippines: In 2017, based on the Annual Poverty Indicators Survey (APIS), senior citizens are less economically active (i.e. do not have a job or business) than younger age groups. The percentage of older person employed is the highest among the poorest group at 67.7% (male) and 45.3% (female). However, 42.1% of the senior

citizen population in 2015 are gainful workers, of which a bulk are skilled agriculture, forestry, and fishery workers (37.7%) and workers engaged in elementary occupations (15.8%). On the other hand, 22.3% were categorised as pensioners, retired, and disabled (Reyes et al., 2017).

Thailand: Paweenawat and Liao (2021) found that pension and poorer health reduce the older person's labour force participation. Older workers in Thai are mostly attached to informal sectors, having lower education level (hence the likelihood of low economic status) and lack of access to social security. The study indicated that for the lower-status worker, even if they receive pension, they may still be too poor to retire. It is also indicated that older person who are likely to withdraw from labour force participation are women living with children and poor health (Adhikari et al., 2011).

Determinants of Old Age Poverty and Vulnerability

Older person is at risk of becoming or remaining poor (ADB, 2014), hence identified as vulnerable segment e.g. DOSM (Department of Statistics Malaysia, 2020). Their vulnerability emerges because the poor are typically most exposed to diverse risk and lack of means/capability to deal with those risks, (ADB, 2012; Thang, 2016) causing them to be economically impoverished and socially dependent (Zaidi, 2014). Barrientos, Gorman and Heslop (2003) identify four multidimensional factors leading to old age poverty – i.e. poor access to paid work, basic services (e.g. healthcare) and social network (lack of family and community support), and undervaluing the contribution of older person which reinforces notions of dependence. However, gender inequalities experienced by women throughout their life as explained in earlier section had made worse women vulnerability when old. For example, as most women are in unpaid domestic sphere, death of a spouse may push an elderly woman into poverty due to loss of breadwinner. Table 3.5 summarised the factors associated with the cause and risk of aged poverty in ASEAN where gender perspective is embedded in each factor and as explained earlier section. Bearing that in mind, adverse shock such as in the form economic, political, environmental, and social and can affect a single household, a community or region or an entire country (e.g. pandemic COVID-19) (ADB, 2018), pushing the older person into poverty or deeper into poverty, especially among women.

a. Widespread Disease: COVID-19 Pandemic and HIV/AIDS Epidemic

Diseases such as COVID-19, HIV/AIDS and malaria have exacerbated the already precarious condition of the older person poor. The COVID-19 pandemic had threatened lives and livelihood across the globe, causing fear and suffering for older person especially when the fatality rates are five times the global average (United Nation, 2021; United Nation, 2020) among older persons. Among AMS, Indonesia, Malaysia, Thailand, and Philippines received the hardest hit from COVID-19 which overwhelmed the health and social protection system. The United Nation (2020, p. 4) had identified six major impacts of COVID-19 on older person – i.e. life and death, vulnerability, abuse and neglect, economic well-being, mental health, and responders (Figure 3.1).

However, it was reported that the pandemic has impacted men and women differently as it reflects gender inequality, even at old age. The UN Women and ASEAN (2021) explained that while men have higher likelihood to die from COVID-19 infection, more women are physically and mentally affected. But, only about 70% of women were able to see a doctor due to barriers that women face to medical care than men in some of the AMS such as Thailand, Cambodia, and Philippines (ASEAN, 2021). In the domestic sphere, women in AMS spend more time unpaid domestic and care works than men. For example, before COVID-19, women in Thailand spent 9.6 hours on unpaid care and domestic work compared to only 2.4 hours per day for men (UN Women and ASEAN (2021). But, during COVID19 lockdowns, care and domestic workload had increased as outsourcing of these chores halted for fear of infection. The burden of increasing chores falls almost squarely on women, creating a gender gap (UN Women and ASEAN, 2021) at the expense of their time in paid employment. Consequently, women's income and wellbeing (e.g. mental health) are affected during the pandemic.

Table 3.6: List of Determinants/Cause of Aged Poverty in ASEAN Member States

Study/Author	Country	Respondent	Cause of Poverty and Vulnerability
Runsinarith, 2012; Zimmer, 2008 Knodel et al., (2005); Suy et al., (2018)	Cambodia	Multiple source	1. ***Health issues***: Poor health [physical impairment and needing help; NCD] worsen with age; Health shock. 2. ***Widespread disease***: HIV/AID - Resorted to borrowing and selling off assets, leading to indebtedness and falling deeper into poverty; Most OP sell their productive asset [land] to obtain (HIV/AIDS) treatment for the family member Due to member's HIV/AIDS – OP was discriminated by community members. 3. ***Global economic crises*** and increased food prices, leading to joblessness and reduction of income leading to coping such as rationing of food. 4. ***Loss of land*** and impact of land development undermine the livelihood of the poor. 5. ***Natural hazard and impact of climate change*** affect the poor more severely – flood draught is the leading cause of loss of loss of agricultural productivity, increase livelihood vulnerability and food insecurity especially when they solely depend on agriculture, Natural disaster and increasing cost of farming hinder rural HH from becoming self-sufficient in food production. 6. ***Having dependent***: Still the breadwinner despite their age. 7. ***Loss of Spouse***: Death of breadwinner [female]; Marital disruption [loss of spousal support]. 8. Lack of formal social protection: Depend on self [work] and family. 9. Reduced capability to work. 10. ***Discrimination***; geographical location [remoteness]; language – upland and minorities.
Nambooze et al., (2014)	Lao PDR		***Health issues***: Only 2% have normal nutritional status; Common disease (NCDs); problems limitation in carrying out IADL. ***The limited health insurance coverage and social protection*** limit the ability of households to mitigate risks.
Shahar et al., (2019); Evans et al., 2017 Wan Ahmad et al., 2017	Malaysia	Multiple source	***Health issues***: NCD; Poor dietary habit; Have chronic conditions which increases with age. ***Household and Individual factors***: Risk increase with low education and living alone. ***Death***: older women in the oldest-old group, who have outlived their husbands. ***Sources of income***: Dependent on children [but not receiving enough].
Teerawichitchainan & Knodel (2018) Knodel et al., (2017)	Myanmar	IHLCS 2005 and 2010	***Natural Disaster***: Vulnerable to natural disasters - dampen economic and social development. Predominantly the effects of storms, floods and stagnant water, and the lack of, loss of, or inability to work. Chronically poor is linked to agriculture. ***Health issues***: Poor health [Disability-66.67% receiving assistance with daily living activities, NCD] increases with age; health system [less focus on older person]. ***Death of spouse***: Loss of breadwinner [female].

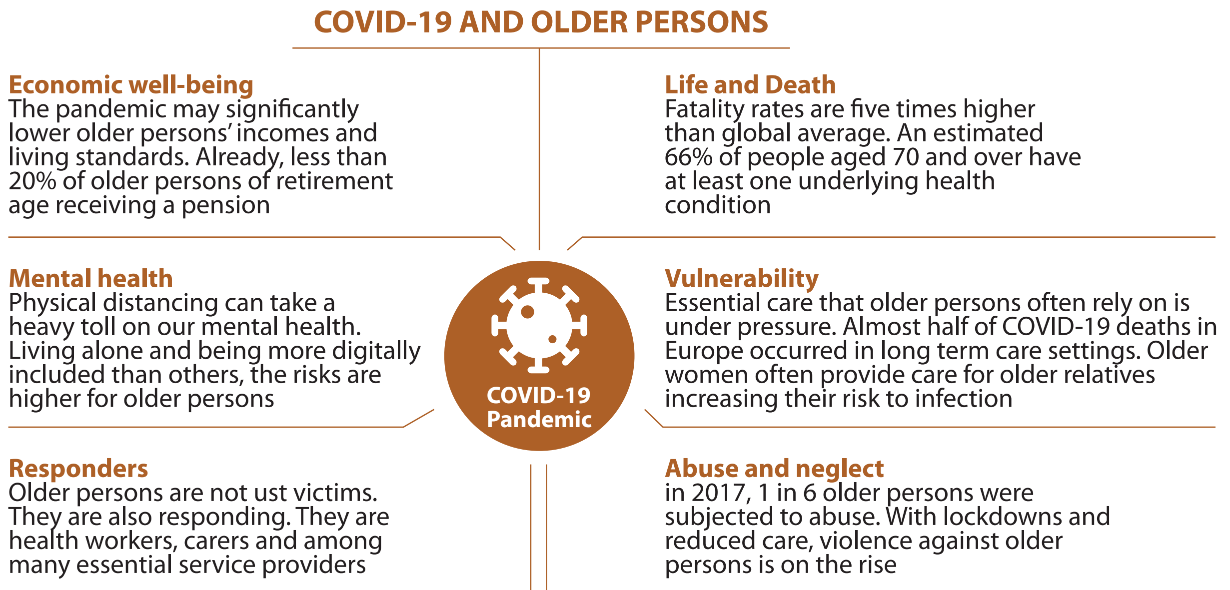
Study/Author	Country	Respondent	Cause of Poverty and Vulnerability
Cahapa (2021) Cruz et al., (2019) De Leon (2014)	Philippines	Multiple source	***Widespread disease***: COVID-19 Pandemic [disrupting one's ability to earn]. ***Natural disaster***: Hai Yen storms caused 40% deaths among older person; 2/5 OPs reported having lost at least one child to death. ***Death***: of spouse [female]. ***Health issues***: NCD [esp hypertension]; not affording care; 50.1% rely on their family to support them in their health expenses.
Lee (1999) Tham et al., 2003 William, 2001	Singapore	Multiple data (e. Labour Force Survey)	***Highlights on women vulnerability*** to poverty: feminisation of ageing (50% aged 60+) but lack of support (1) women outlived the spouses [loss of breadwinner]; (2) low or without CPF saving - 73.5% women aged 55 are without income; 50% with CPF depend on family; (3) females older person (90% in 1989) more dependent on families for support.; (4) limited public assistance. ***Health issues***: Chronic illness (NCDs); cannot afford to get care. ***Education***: low education and skills.
World Bank Group (2019) Gray et al., 2008 Coronini-Cronberg et al., 2007 Caffrey, 1992a; Caffrey, 1992b	Thailand	Multiple source	***Economic shock***: recent financial crises and economic slowdown. ***Political Conflict***: Region affected by conflict [Southern region]. ***Environmental shock***: unpredictable disaster. ***Ageing***: A rapidly aging population. ***Human development***: quality of education, 1/3 of labour force employed in low productivity agriculture. ***Health issues***: functional ability; Pain (hip, knee joints and lumbar area). ***Financial issues***: 53.2% households have financial debt. ***Family issues***: Alcoholism, marriage, and family issues [bequest etc.].
Viet Nam Academy of social Science (2011) Hanoi (2019) UNDP (2005)	Viet Nam	VHLSS 2008; Urban Poverty Survey [Ha Noi and Ho Chi Minh City] 129 Person with HIV/AIDS, aged between 13 to 50 in four provinces	***Macro-economic turbulence [2008 price shock and global financial crises] and concurrent environment calamities***. Population in the bottom income quintile [69%] felt to be more severely affected by the price shock a lot more than by other risk such as calamities, health [29%] or losing jobs [10%]. ***Health shock***: For urban poor, health shock, mentioned by almost 30 percent of respondents, is ranked the second biggest risk after inflation - Majority with NCDs.; Difficulty in ADL. ***Widespread Disease***: [HIV/AIDS]: expenditure and income effect of the disease of Person Living with HIV/AID [patient] -. Loss of income due to caregiving; older person forced to do menial jobs to generate additional income to cover cost [treatment]; some resort to borrowing at high interest rate [indebtedness]; poverty cycle due to HIV/AID poverty cycle: illness, life cycle events (e.g. funerals), drug addiction, loss of physical assets, and unemployment. ***Insufficiency*** of the health system. ***Death*** of a spouse.

Study/Author	Country	Respondent	Cause of Poverty and Vulnerability
Giang and Pfau (2008)	Viet Nam	Viet Nam Household Living Standard Survey (VHLSS) 2004	***Vulnerability to poverty: Urban poor***: Higher likelihood: non-married, working [imperative for livelihood], older person in more advanced age; from Northwest region [***remote region***]; not co-residing with children, non-recipient of social security benefit. ***Vulnerability to poverty: Rural poor***: Higher likelihood: older person in advanced age, being female, not married, ethnic minority [due to their living in remote areas where economic and physical infrastructure are lagging]; non-recipient of social security benefit. North central coast and south-central coast. ***Regional difference*** – due to communal factors in the region [infrastructure development or incidence of natural disasters].
Teerawichitchainan, Knodel and Pothisiri (2015)	Thailand, Myanmar and Viet Nam		***Health issues***: ADL difficulties and needing help. ***Death***: Loss of spouse [female]. ***Social protection***: Not getting assistance from government, especially in Myanmar and Viet Nam. ***Living arrangement***: Risk increase with living alone [Myanmar and Viet Nam].

COVID-19 pandemic has also triggered a profound economic impact. The International Labour Organization (ILO) (2021) indicated that the economy in the Southeast Asian Region economy contracted from 4.5% in 2019 to a negative rate of -3.3 in 2020 due to factors such as a dramatic decline in tourism, domestic consumption, and global supply chain. Hence, the income and employment impact of COVID-19 is profound. Compared to the last quarter of 2019, COVID-19 has caused working hours loss of 8.4% in the first quarter 2020, equivalent to the working time of 24 million full time workers, working eight hours a week. (ILO, 2021). Both men and women are experiencing downward changes on sources of income of at least 50% of the population (UN Women, 2021). It is reported that 58% of women and 52% of men who are subsistence farmers reported drops in food production, hence 66% women and 57% men noted a decline in income from farming and fishing (UN Women, 2021). For those in formal sectors, 63% reported income losses from paid work as the pandemic has pushed people out of paid work and shrunk their earnings and wages (UN Women, 2021). As older persons are mostly living with their children, the impact of COVID-19 to older persons due to restrictive movement and sectoral opening of the economy can be considerable (United Nations, 2020). COVID-19 also reported to have had reversed the decreasing trend on absolute poverty, causing each AMS to experience a spike in the poverty rate among its population.

The strain on incomes resulting from the decline in economic activity is especially devastate workers close to or below the poverty line and older persons who are part of socially marginalised populations (United Nation, 2020; ILO, 2020). And, as most older persons live with adult family members, the increase in poverty among family also indicates rising poverty among the older persons. Since, studies indicated that majority of older persons in AMS are just living above the poverty line (e.g. Priebe et al., 2014), hence the risk to fall into poverty due to the pandemic is higher. Diseases increases expenditure on health and sreduces effective working time and labour productivity (Knodel, 2005). For HIV/AIDS epidemic, older persons in specific AMS such as Cambodia and Viet Nam are especially affected. Older persons especially women are burdened with caring for the HIV infected children (Knodel, 2005), often stigmatised and found themselves stretched thin and in debt for having to support dying children and orphaned grandchildren (Boentr, 2004).

Figure 3.1: The Impact of COVID-19 on Older Person



Source: United Nation (2020, p.4)

b. Macroeconomic Shock and Performance

The integration of AMS into the global economy increases the risk of a more frequent impact of economic shock such as the 2008-2009 food price shock, and the Global financial crisis and jeopardising the wellbeing of the older person poor in each AMS. For example, as food consumption account for a large share of the household budget of the poor, evidence indicated that commodity price shock has caused food insecurity and malnutrition in Cambodia (ADB, 2012), Indonesia (Suriyanti et al., 2010). In Thailand, economic slowdown has been identified as one of the causes of increasing poverty due to limited employment (World Bank, 2019). The COVID-19 pandemic has also caused macroeconomic shock as explained above.

c. Environment Circumstances and Emergencies

The Southeast Asian region is prone to natural disaster. Philippines is prone to both geological and hydro meteorological hazards (National Economic Development Authority), and together with Indonesia, they have been listed as top ten "High exposure" volcano countries in the world (UNISDR, 2015). The relationship between disaster risk and poverty is bidirectional – i.e. the impoverished are more likely to live in hazard-exposed areas and are less able to invest in risk-reducing measures, hence increasing the disaster risk (UNISDR, 2015; ADB 2012). For example, in 2009, Typhoon Ketsana that hit Viet Nam, Philippines and Cambodia had caused death and destroyed homes and livelihood of approximately 49,000 families or 180,000 people in Cambodia (ADB, 2012). The livelihoods of rural households are vulnerable to climate and environmental shocks such as flooding and draught. It can directly reduce agricultural produce and increase livestock mortality, hence reduced income of farmers (UNISDR, 2015) and made worse by the low productivity and diversification of their income-generating activities (ADB, 2012), making them vulnerable to poverty. As environmental shock caused migration and displacement, hence, as ASEAN population is ageing, it means the increasing share of people affected by natural calamities will be the aged (Knodel, 2015). UN Women and ASEAN (2021) noted that women in ASEAN region depend largely on natural resources and are significantly employed in agriculture – i.e. 64% of employed women in Lao PDR, 39% in Viet Nam and 34% in Cambodia. In addition, about 28% of ASEAN women live in households that primarily used wood as cooking fuel. Hence, climate-related hazard has a disproportionate impact on these women especially in rural areas. Therefore, building women resilience to climate-related shocks and promoting their participation to prevent climate-related disaster are crucial steps to mitigate and reduce risks and vulnerabilities.

d. Conflict and Warfare

The material and human destruction caused by warfare is a major development problem. It leads to damages to the infrastructure and social services such as healthcare and access to clean water. Persistent civil wars have contributed significantly to impoverishing those conflicting countries (UN, 2002; Phillips and Rauhan, 2004; UN, 2019). Older women are most vulnerable due to their inability to leave their homes during times of armed conflict and high susceptibility to abuse, with greater risks of displacement and violence (DORCAS, 2022).

e. Social Inequality and Exclusion

Older persons deprived of his right to basic needs due to lack of material means is a serious hindrance to their wellbeing. But, the profoundly disadvantages older people is its consequent inability to participate effectively in economic, social and political life that (Walsh et al., 2017; 2016; Heslop and Gorman, 2002). High poverty among ethnic minority is still a challenged for Viet Nam (Ha Noi, 2018) Cambodia and Myanmar's poverty concentrated geographic location, partly due to language barriers and remoteness of the area, especially older persons who are left behind in villages. In Malaysia, 33.6% of Orang Asli (the indigenous) in the Peninsula live below poverty line with many are malnourished. The lack of food security and accessibility to medical facilities, coupled with loss of income, continues to pose a threat to Orang Asli especially the elders. As explained in previous section, majority of older person co-reside with who themselves are poor, high poverty among these minority groups indicates that the prevalence of poverty among older person within the group is not low as well.

f. Access to Basic Services and Social Network

The opportunity to use the critical assets of physical strength (i.e. own labour) to earn a living and makes the end meet may be more restricted as older person age progresses. In the absence of or limited coverage of social pension, the older poor continue to scrape through at subsistence levels. The older person may also turn to their family members for material support, albeit receiving insufficient amount – indicating the prevalence of poverty in both older person and the co-residence children. But, a reliance on informal assistance networks to support the older person will be problematic as the population ages leaving older person to be economically in difficulty. Poverty eradication has been relatively successful among developing AMS, but the prevalence of informal employment especially among older cohorts of the aged pose significant challenges (ASEAN, 2021). Many AMS cannot afford costly pensions and face longevity risks.

g. Life Trajectory and Lifetime Influences

Life trajectory - a combination of life transitions (e.g. the onset of disability or the death of spouse), life course experiences (e.g. work and family history) and personal qualities have long-term impact of on older person vulnerability to poverty. (Price, 2009; Zaidi, 2014). Labour force participation among female older person in AMS is generally low, therefore death of a spouse for women, means losing the family breadwinner, hence disruption of the family livelihood. In addition, health shock and disability – i.e. a sudden deterioration in health caused by illness and/or injury (Novignon et al., 2012) can result in large medical bills or expensive long-term services and supports. Thus, it is among the most important factors associated with poverty (Leive and Xu, 2008).

h. Correlates of Poverty

Some older persons with certain socio-demographic characteristic make them vulnerable to poverty. For example, pervasive illiteracy among older poor posed a big challenge in improving their livelihood, for their limited opportunity of making use of new technologies or preventive health services (Nambooze et al., 2014). Specific to poverty among women, the discussion earlier on gender and poverty revealed men and women experience poverty differently. Gender inequality experienced by women such as gender wage and wealth gap, occupational segregation into low paying jobs, lack of caregiving supports, domestic violence and disability makes women more vulnerable to poverty and reacted differently to poverty status (Boudet et al., 2018).

In summary, older persons in AMS are faced with multiple and overlapping vulnerability leading to poverty or fallen deeper into poverty. Vulnerability assessment allow policy makers to distinguish between ex-ante poverty prevention interventions and ex-post poverty alleviation strategies such as mitigation and coping arrangements, (Haq, 2014).

The Impact of Poverty in Old Age

Older person is at risk of becoming or remaining poor (ADB, 2014), hence identified as vulnerable segment e.g. DOSM (Department of Statistics Malaysia, 2020). Their vulnerability emerges because the poor are typically most exposed to diverse risk and lack of means/capability] to deal with those risks, (ADB, 2012; Thang, 2016) causing them to be economically impoverished and socially dependent (Zaidi, 2014). Barrientos, Gorman and Heslop (2003) identify four multidimensional factors leading to old age poverty – i.e. poor access to paid work, basic services

(e.g. healthcare) and social network (lack of family and community Poverty deprives of older person of their needs especially physiological (material) and social needs (Shaffer, 2001) which includes access to health services and participation in social life. Among the highlights on the impact of poverty on older persons are:

a. Poverty and Health

As indicated in Table 3.6, older poor in AMS generally are in poor health condition and majority with chronic illness (e.g. Wan Ahmad Desa et. al., 2017), functional impairment and disabilities (Runsinarith, 2012; Teerawichitchainan. et al 2015) that dependency increases with age as they have limited ability to carrying out ADL and IADL (e.g. Suy et al., 2018; Teerawichitchainan and Knodel, 2018). There is some established evidence in the literature that poverty negatively affects health and other outcomes – i.e. living in poverty increases an individual's probability of deterioration of health (Youn, Lee, Lee, & Park, 2020). The poor conditions such as poor nutrition (Sahar et al., 2019) and unhealthy behaviours (e.g. alcoholism) earlier in life (Singh & Singh, 2008) place older people at risk of serious health problems and adversely affect their health and vitality (Zhang et al., 2019). Those who experience poverty transitions, enter poverty, and remain in poverty persistently are at higher risk of frailty (ADB, 2001), more so for women over a lifetime of cumulative disadvantages.

In Lao PDR, the limited insurance coverage hindered older person will illness from getting access to health care (Nambooze et al., 2014). In seeking treatment, the incurred health cost can push them deeper into poverty and impoverishment (Somkotra & Lagrada, 2009). Several studies have shown that the poorest households face economic losses because of health shocks (Ataguba et al., 2011; Atake, 2018; Vuong, 2015). Vuong et al. (2018) showed in Viet Nam, 58% of severely ill low-income patients face high health costs end up abandoning treatment due to lack of income. Knodel et al., (2005) reported that older person in rural Cambodia who resorted to selling their productive land to get medical help for their adult children who suffered from HIV/AIDS. In short, Health and poverty has reciprocal causality – i.e. poverty due to lack of income hinder older person to access health treatment. Yet, older person poor health reduces their work productivity and consequently their income. The aged poor thus find themselves trapped in a vicious circle in which poverty breeds ill health, and ill health, in turn, maintains poverty.

b. Poverty and Social Exclusion

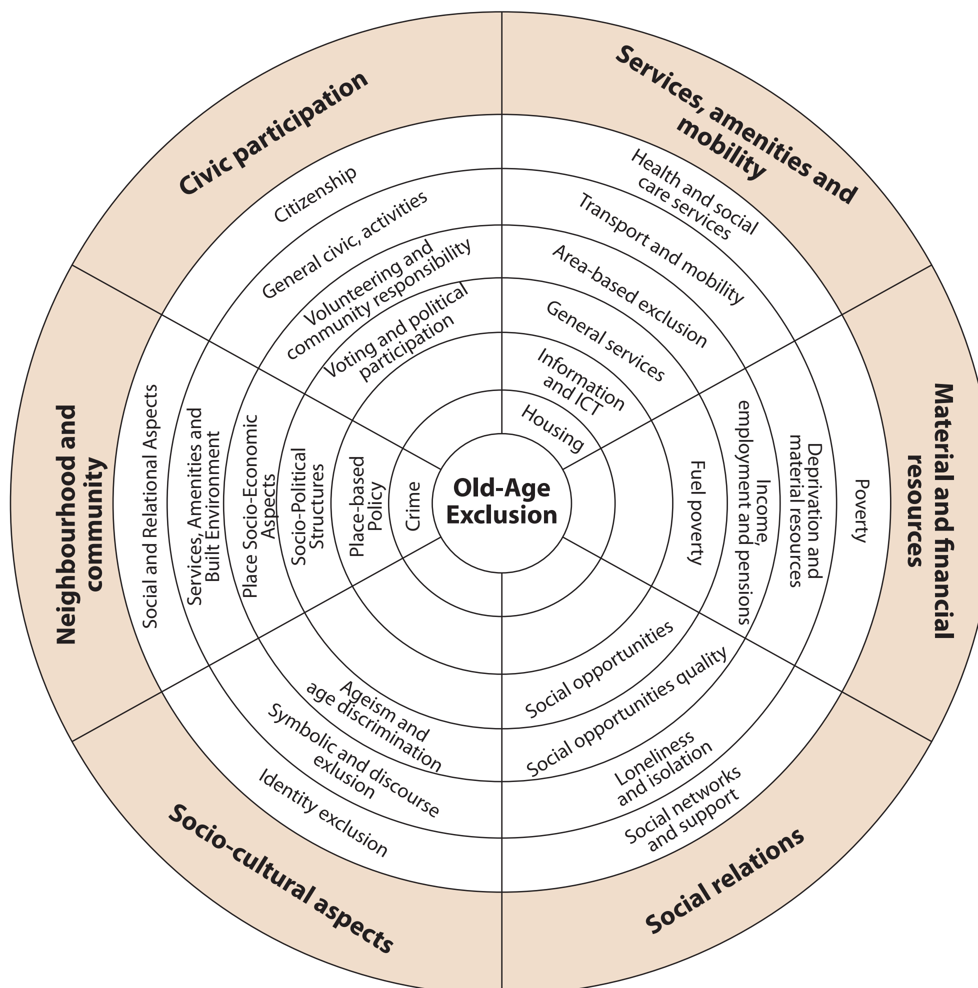
Social Exclusion in various forms – e.g. economic, social, political and psychological is a situation when participation in one's neighbourhood or community is denied, leading to marginalisation or separation from mainstream society. Older person may experience multiple social exclusion such as exclusion from material resources (i.e. poverty); exclusion from social relations (e.g. older person loneliness); exclusion from civic activities (e.g. participation in decision making); exclusion from basic services (employment and health care); and neighbourhood exclusion (social network and community support) (Scharf et al., 2005). The link between poverty and social exclusion is established where poverty is incorporated one of the six domains in social exclusion (Walsh et al., 2017).

Social exclusion may be self-imposed or caused by external factors such as discrimination – i.e. policy difference in the act of oppression to limit or deprive one of basic services and so on. Heslop and Gorman's (2002) suggested that socio-economic structural change (e.g. migration and urbanisation, labour market mechanism) progressively marginalising the older persons, hence making them vulnerable to poverty. So, it jeopardises the older person chance to actively contributing to the society. In remote region in Cambodia, where food insecurity and hunger were rampant, the poor indicated that as looking for food consumed a lot of their time, they sacrifice their desire to participate in the community activities (ADB, 2001).

c. Poverty and Livelihood

As previously discussed, except for Philippines, a high percentage of older person in AMS, such in Cambodia, Indonesia, and Thailand still economically active. Adhikari et al., (2011) indicated that labour force participation among those over 60 years old is not uncommon in Thailand which is significantly influenced by older person place of residence, functional status, and number of chronic diseases. Consequently, improving the health status of the older person is necessary to encourage employment among older persons. In addition, the lack of incentives for senior entrepreneurs means that their livelihood is often marginalised compared to other adults. Evidence shows that labour force participation of older person in AMS is mostly driven by poverty – i.e. in the absence or limited of social protection, older person supports themselves by continue to work out of necessities besides being depended on their family members for financial and material support. Since, most of them live in rural area, and in the absence of age restriction, older person is mostly work in agricultural and informal sectors. In addition, due to their low education, older person is faced with less opportunity, hence older workers (e.g. in Philippines and Thailand) were mostly distributed in low paying jobs.

Figure 3.2: Old-age Exclusion Framework Depicting Interconnected Domains and Sub-domains



Source: Walsh et al., (2017), p. 92

In summary, as the nature of poverty is multidimensions, so does its impact on various aspect of older person's life such as social isolation. Poverty may also disguise itself as poor health which increase the risk of older person to be trapped in the vicious cycle of poverty. Hence intervention through poverty eradication programme is necessary but keeping in mind that poverty in later life is different from poverty experience in early life and that older person – even among the poor - are not a homogenous group. The next section is review on national policy associated with active ageing, poverty and old age poverty alleviation policy and programme.

It is evident that rapid population ageing, combined with a lack of adequate social security, increases the vulnerability of poverty in old age. As a result of inadequate pension coverage and low levels of benefit, older persons need to remain in the labour force. In most AMS, older persons' participation in the labour force is driven by necessity (to survive), as most remain in the informal sector in particularly agriculture work and menial jobs. Poorer older persons often live with adult children who are themselves living in poverty, hence a coresidential living arrangement does not shelter them from economic deprivation. The feminisation of old age and ageing is a life course matter as older women did not participate in formal sector work and therefore have poorer access to retirement savings and pensions. While most of the current older population are highly dependent on their adult children, the more developed economies will see the rise of wealthier new generations. Nevertheless, older person is more vulnerable in emergencies and crisis (man-made or natural disasters), especially those living in poverty as they have inadequate protection and resources to withstanding or weathering the calamities. Older persons with disabilities face barriers to participate in economic, social, and cultural activities, and access to care is hampered by issues of availability, affordability, and quality. The unique nature of old age poverty differs from general poverty experienced by the younger population but there is a lack of longitudinal or panel studies understanding the phenomenon in AMS.

3.2 Active Ageing Pillars

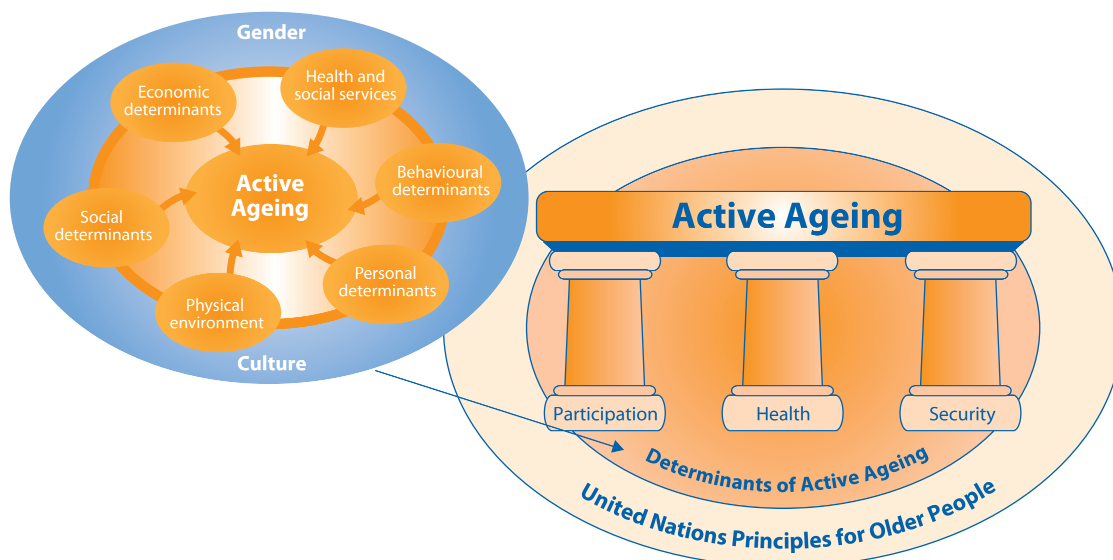
Review of Active Ageing Concept

Active ageing is nebulous concept, defined from many aspects and rooted in activity theory developed by Havighurst (1961) who concluded that older persons who are active and maintain social interaction have more satisfaction in life than those otherwise – i.e. a positive perspective of ageing. Industrialised countries adopted this view when the proportion of their older populations soared, and governments were concerned on its impact on the social security system (Walker, 2002). Then, active ageing was defined as the desire and ability of many older adults to remain engaged in both and socially productive activities. A narrow perspective of active ageing focuses on labour, care, and traditional activities of daily living, catering only the young-old and missing out on the old-old age cohort (Boudiny & Mortelman, 2011). Thus, a broader perspective of active ageing was suggested.

WHO (2002, p.2), defined active ageing as "continuing participation in social, economic, cultural, spiritual, and civic affairs, and not just the ability to be physically active or to participate in the labour force with the goal of optimising opportunities for health, participation, and security to enhance the quality of life as people age". The definition explains or implies the following: (1) a life course perspective and preventive aspect to maintain health (Walker, 2002, Boudiny & Martelmans, 2011); (2) individual, community, and country responsibility in promoting its cause to achieve quality of life in later life; (3) description of active ageing framework with six determinants, namely health and social services, personal, behavioural, physical, social, and economic determinants (Figure 3.1). In addition, WHO (2002) recognised gender and cultural context in the realisation of active ageing and the importance of attaining healthy ageing. Since then, governments of the world have adopted and adapted this framework into their planning and preparation for an ageing society. However, there is still no broad consensus in the definition of active ageing in the policy (Walker & Maltby, 2012).

Active ageing depends on a variety of factors that exist in the many domains of human activity. Walker (2002, p. 124), identified seven key principles in active ageing for policy development in response to population ageing – i.e. active ageing (a) activity should consist of all meaningful pursuits which contribute to well-being of the individual, family, local community, or society at large and should be concerned only with paid employment; (b) must encompass all older people, even those who are frail and dependent; (c) should be primarily a preventive concept, involving all age groups in the process of ageing and emphasis should be on preventing ill-health, disability, dependency, loss of skills and so on; (d) maintain intergenerational solidarity; (e) embody both rights and obligations; (f) the strategy should be participative and empowering, a combination of top-down and bottom-up; (g) respect national and cultural diversity. These principles should be based on partnership between citizen and society and the state's role is to enable, facilitate and motivate citizens and where necessary provide high quality social protection.

Figure 3.3: The Determinants and Three Pillars of a Policy Framework for Active Ageing



Source: WHO, 2002

Lak et al., (2020) suggested a 5P - framework for active ageing which accentuate the multidimensional nature of active ageing at micro level (person; personal characteristics and behavioral attitude), meso (process; social, economic, and cultural environment), and macro system (place; land use, access, physical form, city space/city image, public open space and housing and policy making; good governance) based health environment (prime; physical health, mental health, and social health). The personal characteristics, sociocultural and economic environment, place and policymaking lead to more health and active life for older persons.

Measuring Active Ageing

In Europe the Active Ageing Index (AAI) was developed as formal tool that allows comparison across countries. This initiative was developed by the United Nations Economic Commission for Europe based on the WHO active ageing framework (Zaidi et al., 2013) – i.e. The European Active Ageing Index (EU_AAI). The index measure untapped potential of older persons for active and healthy ageing across countries (Zaidi and Stanton, 2015) by assessing older person life domain and its enabling environment. It has four domains and 22 indicators: (1) **Employment** (four indicators); (2) **Participation in Society** (four indicators); (3) **Independent, Healthy, and Secure Living** (eight indicators); and (4) **Capacity and Enabling Environments for Active Aging** (six indicators). The index is a composite score of macro, individual, household, and community data. Since its inception in 2013, the AAI has been used to measure level of active ageing in 28 European nations and to assist development of policies and programmes on ageing in Europe. The European Active Ageing Index has been applied to countries outside of Europe including Asia, such as Taiwan (Hsu et al., 2019) and South Korea (Zaidi & Um, 2019). The development of AAI for Taiwan and South Korea were adapted to the availability of comparable indicators in the European Index. The index proof useful to place the Taiwan and South Korea in the league table against European nations, although caution is needed in the interpretation of the results. Nonetheless it is still useful.

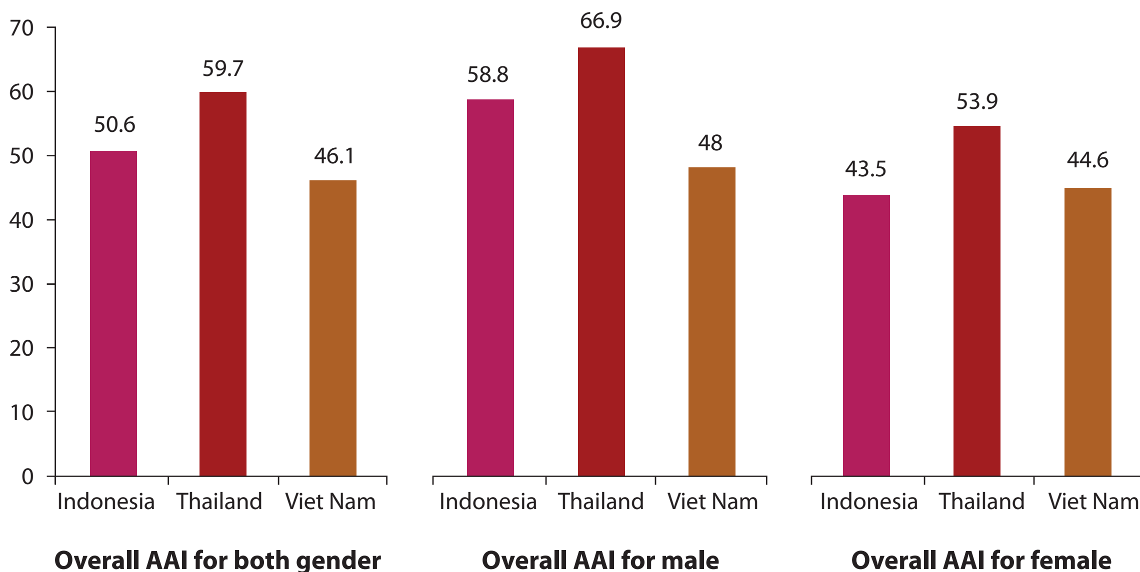
Measuring level of active ageing of a country is a new development in developing countries such as the Southeast Asian region. Previous studies indicated variations in measurement of active ageing and level of active ageing. The United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) is mandated to conduct periodic regional reviews of MIPAA, the last of which was held in 2017 and the upcoming review meeting is planned for 2022 (UNESCAP, 2019). Before each reporting, UNESCAP would request information from member countries. However, inconsistencies around national reporting impede meaningful comparisons between countries and assessment of individual country progress in supporting ageing societies (Parry et al., 2018). In addition, review process around the MIPAA lack of clearly defined appraisal criteria, leading to a disproportionate submission of anecdotal, descriptive, and self-defined information, and little deeper evaluation of the relationship between outputs and policy impact (Sidorenko & Zaidi, 2018). Hence, after 15 years of MIPAA implementation, UNESCAP has called for consistent and coherent mechanism (Parry et al., 2018) and explored the development of the Active Ageing Index like the EU-Active Ageing Index for Asia Pacific (Zaidi et al., 2018). Parry et al., (2018) recognised the issues of lack of comparable international data amongst countries in Asia Pacific and offer suggestions to address the issues. First, clusters of countries along their developmental level and availability and comparability of age-disaggregated data must be identified to allow development of a dashboard indicators and index. Second, a reduced form of index may be developed as a baseline monitoring tool for countries where population ageing is less pronounced.

The Asian AAI was developed based on EU_AAI and adopted similar methodology (Zaidi and Um, 2018). Among ASEAN countries, Thailand, Indonesia, and Viet Nam have estimated their AAI. The overall modified Asian AAI score for Thailand was 59.7 and 50.6 for Indonesia, based on available data from both countries in 2014 and 2015. Zaidi and Um (2018) compare the overall score of Thailand and Indonesia against the AAI league table of Europe. The overall score of 59.7 puts Thailand at number 10 against a total of 32 countries, while Indonesia occupies 19th position. Based on the overall Asian AAI, gender differences were apparent in both Thailand and Indonesia – i.e. 58.8 and 43.5 for males and females respectively in Indonesia and 69.9 and 53.9 for Thai male and female respectively. Gender differences were also noted in all domains. Interestingly, among older male and female Indonesian, small gender difference was noted in the domain independent, healthy, and secure living, where Indonesian males scored 22.6% and female scored 21.7% respectively. The results for Thailand and Indonesia, reflect activities that older persons in Thailand and Indonesia are involved in and at the aggregate level the pattern is indicative of the need to improve certain domain in life to enhance active ageing. Nevertheless, when analysing the employment domain, Indonesia scored 71.5 and occupy a second position after Sweden (75.8) and Thailand (66.8) occupy 4th position.

Pham et al., (2020) adopted the EU-AAI methodology to develop Viet Nam AAI which incorporate four original domains of the EU-AAI Index. Adjustments[6] were made to a few indicators as they were not available, or use of wording considered inappropriate for the country. These changes were in line with Zaidi and Um's (2019), new [revised] Asian Active Ageing Index. The overall AAI score for Viet Nam was 46.1, ranked 11th within the of 32 country comparison. For the individual domain, Viet Nam ranked first in the employment domain among the 32 countries. This was because Viet Nam is mostly agrarian nation and people who work in agriculture has no official retirement age, hence older persons work for as long as their health permits. It also reflects high participation of Vietnamese older person in an informal employment which may not be advantageous to older people in the absence of social protection for old age. Nguyen et al., (2015) noted only 26% of older Vietnamese adults received pension. In the domain of social participation, Viet Nam was ranked fifth among the 32 countries. The contribution to child/ grandchildren care alluded to a high score. Nevertheless, political participation was rather low. Viet Nam fared last in the independent, healthy, and secure living, due the culture of coresident in Viet Nam like many other countries in AMS. In addition, involvement in life-long learning was also low. For the 4th domain, the position of Viet Nam was also at the lower end, 26th out of 32. Four out of six indicators in the domain were low, but mental health and social connectedness were high.

Comparing just between the three ASEAN countries Figure 3.4 below, Thailand seems to record higher score for overall and based on gender. Viet Nam is comparatively in 3rd position for overall AAI. Same position was noted for males. However, female Indonesian comes in 3rd position in terms of level of active ageing.

Figure 3.4: Overall AAI Score for Male, Female, and both Gender for Three ASEAN



Source: (Zaidi and Um, 2019); (Pham et al., 2020)

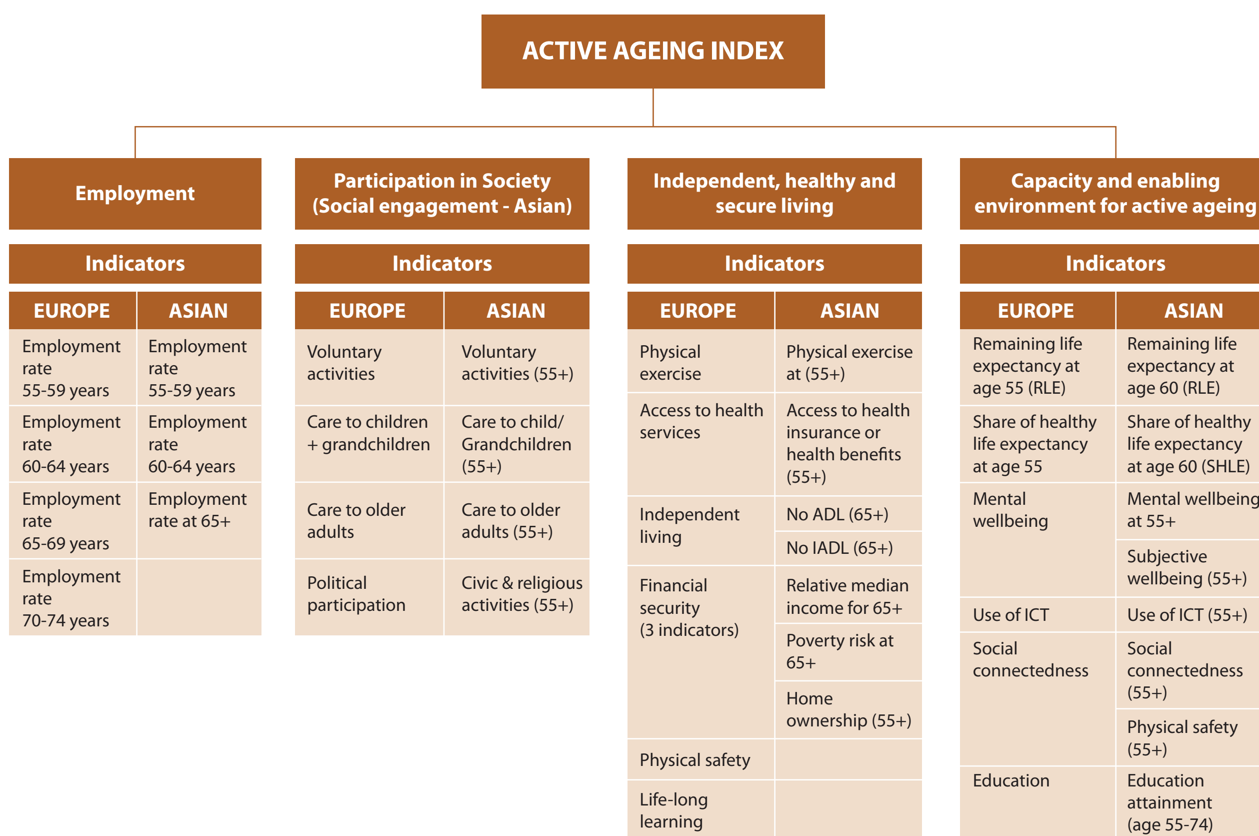
Based on the experiences and learning regarding AAI in three ASEAN countries – Thailand, Indonesia and Viet Nam, Zaidi et al. (2019) developed a new ASIAN Active Ageing Index (ASIAN_AAI) and modified indicators of EU_AAI to make it more robust and appropriate for use in the ASIA Pacific region. The creation of the new ASIAN Active Ageing Index would contribute the standardisation and yard stick for comparative analysis of performance of national policies on ageing. Moreover, the Asian AAI for ASEAN will enhance understanding of the active ageing experiences of older persons and learnings for policymakers in the region (Zaidi & Um, 2019). The modification and changes in EU_AAI were shown and compared with the revised Asian AAI indicators as shown in Figure 3.5.

Haque (2016) developed a six-factor Active Ageing Index (AAI) in Thailand at the individual level. Based on WHO Active Ageing determinants, a 17-variable scale is developed as a proxy to active ageing concept. The AAI mean score for female and male older person were 0.66 and 0.62 –i.e. corresponding to a moderate level Human Development

[6] Pham et al 2020 reported the following changes were conducted in their study such as:
1. Assigning flat weight of 25% for each domain, like the Taiwan study.
2. Modification of indicators of physical exercise from almost daily to doing physical exercise at least three days a week.
3. Relative median income was dropped due to unavailability of data.
4. The indicator no poverty risk was replaced with 2015 poverty risk threshold for urban and rural Viet Nam (Nguyen et al., 2015).

Index. Identified barriers to active ageing are poor health, low in vision and hearing impairment, functional dependency and improvement in high health risk behaviours. For example, older persons who smoke are lower in their active ageing level compared to older persons who did not smoking. Older persons who participated in community and group activities are more likely to be higher in AAI in Thailand (Haque, 2016). Home improvement will enhance older person friendly home environment that would help overcome limitations in activities in daily living. These may help older person to maintain good health, daily living activities, participate in social activities, and economic activities as well. Haque (2016) further divided the AAI into four levels (lowest group, medium lowest, medium highest, and highest group) to measure the different levels of activeness between males and females in the different regions of Thailand. The lowest mean AAI were identified for female older persons living in Bangkok (central region) and male older person's scores is lower than female older persons in all regions. Haque (2016) suggested that indicators of AAI should be used to promote active ageing. Despite a good footing in comparing level of active ageing, it measures level of active aging at individual level, hence, limiting cross country comparison.

Figure 3.5: Modified AAI Indicators of EU_AAI in the revised Asian AAI (ASIAN_AAI)



Source: Zaidi and Stanton (2005); Zaidi et al., (2019)

Walker and Aspalter (2015) provided an alternative categorisation of seven countries in East Asia based on the concept of active ageing, or social policies government implemented or adopted and the policies outcomes in the seven country case studies. Nevertheless, further research is needed to refine the categorisation. They labelled the categorisation as follows: First, world of active ageing which support and narrow definition of active ageing. Second, world of active ageing which support a broader definition of active ageing. Third, world of active ageing where there is some progress in policy implementation and still huge gaps in realisation of social policy on active. Finally, world of active ageing where social policy regarding active ageing is fully implemented especially at the city levels. They recognised that in country/city case studies, the conceptualisation of active ageing differs in its interpretation and application. They suggested that a comprehensive approach to active ageing which goes beyond employment, working longer and mobility in old age should be adopted.

Policy Pillars of Active Ageing

In this section, the situation of older persons is arranged according to the four pillars stipulated in the WHO Active Ageing Framework and more recently, the International Longevity Center (ILC) Brazil included lifelong learning as the fourth pillar of active ageing (Brazil International Longevity Centre, 2015 cited in Hijas-Gomez et al., (2020). Therefore, the four pillars of active ageing are used as a proxy for discussion, depending on available published literature regarding the subject matter in AMS.

a. **Pillar 1: Health** incorporates the risk factors for physical health and mental health, as well as self-care behaviour for healthy ageing and quality of life. In addition, preventive health programme or activities are also considered under this pillar.

b. **Pillar 2: Security** is concerned with the older persons' access to a safe and secure physical and social environment, as well as income security, and (when applicable) access to pension and financial assistance.

c. **Pillar 3: Participation** covers an array of activities that older people are involved in the society both paid and unpaid activities i.e. volunteerism. Activities included under this pillar are social, economic, cultural, spiritual, civic affairs and labour force participation.

d. **Pillar 4: Lifelong learning** covers a variety of learning opportunities in the community offered by formal and informal educational providers. The learning opportunities in this context does not necessarily lead to any formal award of degrees.

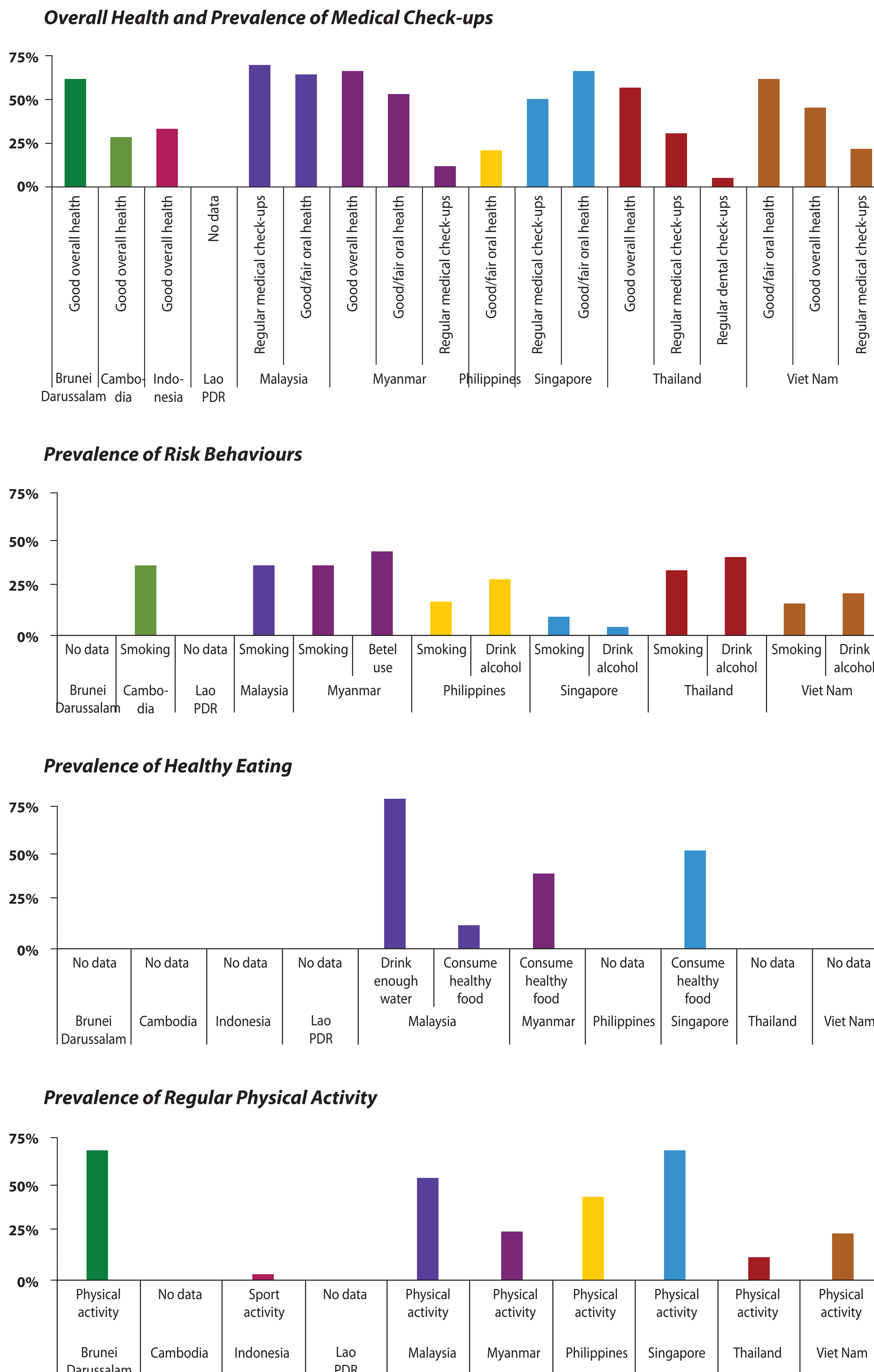
3.2.1 Health Pillar

This section deliberates on several aspect of the health pillar, namely: safe care and lifestyle behaviours, life expectancy, prevalence of selected disease, non-communicable diseases and mental health status, and long-term care of older adults. The programme and policies implemented in these areas will promote active and healthy ageing.

Safe-care behaviour. It refers to older person's adopting of healthy lifestyles such as engaging in appropriate physical activity, healthy eating, not smoking and using alcohol, and medications and regular medical check-up (WHO, 2002). Overall, older adults in AMS showed different behavioural pattern with regards to general health and healthy activities. For example, most older people in Brunei Darussalam, Malaysia, and Singapore have good health awareness as they participate in general medical check-ups, engage in regular physical activity, have good oral health, and have fewer risk behaviours (smoking and drinking) (Hock et al., 2013; NIH, 2018; Phua et al., 2019; Abdul Rahman et al., 2021). However, over 85% of older adults in Malaysia adequately don't consume fruits/vegetables daily. Malaysian older adults are less aware of participating in organised sport/physical activity (SWRC, 2021).

Singapore and Malaysia apply various practices, such as lifelong learning, enhance people education and awareness on healthy behaviours and healthy lifestyle through various forms of programmes or activities (Schwingel et al., 2009; Tey & Hamid, 2014; Brooke, 2016; MyGovernment, 2012; Ahmed et al., 2016; MOH, 2016b; Woon and Zainal, 2018; ADB, 2020). Brunei Darussalam has also established senior citizens' health promotion programmes in various cities to educate older person about live a healthy lifestyle and enjoy a good quality of life (MOF, 2018; MFE, 2020). On the other hand, older people in Myanmar, the Philippines, and Viet Nam have fair to low awareness on healthy lifestyle. For example, based on Healthy and Active Ageing baseline longitudinal study in Myanmar (JAGES, 2018), over 30% of older adults were tobacco and betel users, about 70% have unhealthy eating pattern, 21% have poor health (Win et al., 2020).

Figure 3.6: Behavioural Factors of Older Adults in Southeast Asia

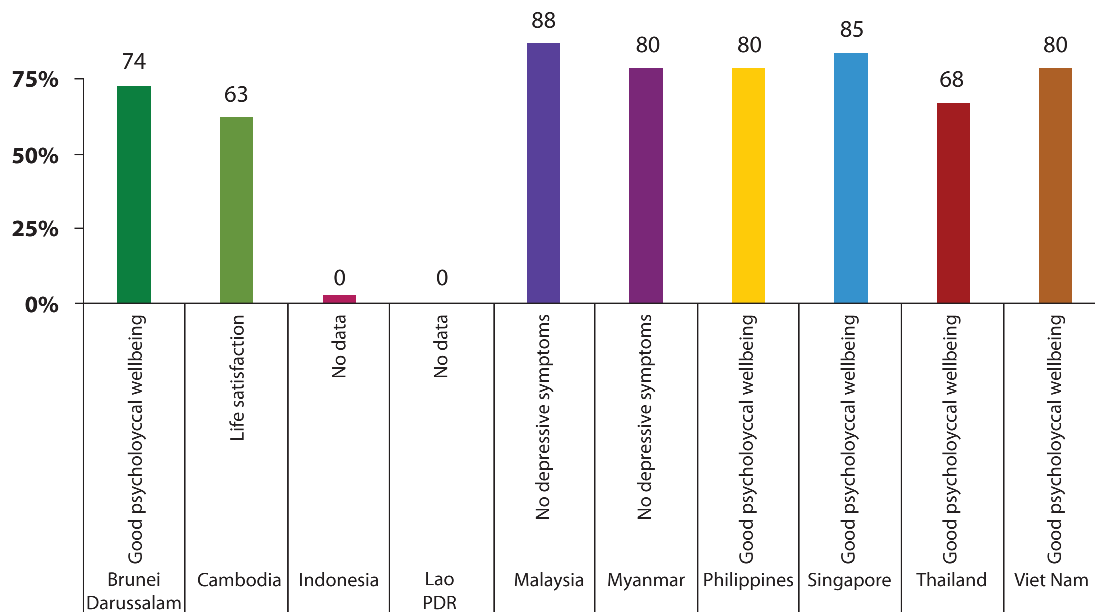


Source: Authors developed based on national surveys in each country

In the Philippines and Viet Nam, about 20% of older adults smoke, drink, and have poor oral health (Cruz et al., 2019; Figure 3.6). Myanmar and Viet Nam were reported to have lack of programmes on improving older person behavioural determinants for active ageing (Thein, 2016; Mya, 2017; Lan and Dang, 2017; CARE, 2019; Zaw Oo, 2019; VNCA & UNFPA, 2019). Older people in Indonesia, Cambodia, and Thailand have lack of awareness on good health behaviours, as many are smoking or drinking in Cambodia and Thailand; lacks regular physical activities in all three countries (Arifin et al., 2012; Adioetomo & Mujahid, 2014; Knodel and Zimmer, 2014). Over 60% of older people in Indonesia and Cambodia perceive their health status as poor. (Arifin et al., 2012; Knodel and Zimmer, 2014). Only 33% of older adults have regular general physical check-ups, and only 5% have a regular dental check-up in Thailand. However, most of the older people in most Southeast Asia (except Singapore and Brunei Darussalam) lack regular physical activities and exercises. This could be due to the lack of programmes and initiatives to enhance people education and awareness on healthy behaviours and healthy lifestyle in Indonesia and Cambodia (Tejero, 2007; Arifin, 2014; DSWS, 2014; Sunusi, 2014; RGC, 2017; Te, 2019; HelpAge Asia, 2019; HelpAge Asia, 2020). Although Thailand has some initiatives to enhance people's education and awareness on healthy behaviours and healthy lifestyles, there is a lack of concrete transformation of policies (Jitapunkul & Wivatvanit, 2008; Haque, 2016; Hayami, 2019; Larpsombatsiri, 2019). However, there is no available data on behavioral factors for Lao PDR.

Personal attribute. It refers to psychological factors (such as intelligence and cognitive capacity) and crises of ageing and self-efficacy that are strong predictors of active ageing. During normal ageing, some of these personal factors naturally decline with age, engaging in education and experience, socialisation, healthy lifestyle can compensate the personal related issues (WHO, 2002). Overall, older people in most Southeast Asian countries enjoy good psychological health. The existing older person surveys reported a low score of depression or a good score of life satisfaction in most older people referring to sound psychological wellbeing (Knodel & Zimmer, 2014, Cao & Rammohan, 2016, Teerawichitchainan et al., 2017, Vu et al., 2020, SWRC, 2021, Abdul Rahman et al., 2021; Figure 3.7). However, there is no data on psychological wellbeing from Indonesia and Lao PDR.

Figure 3.7: Psychological Health Level in Southeast Asia (various years)



Source: Authors developed from recent national surveys in each country

Most policies and strategies on ageing in Southeast Asia provided a wide range of activities and initiatives to enhance the personal factors of older adults for active ageing. For example, Singapore and Malaysia apply various practices, such as encouraging the older person workforce, volunteerism, lifelong learning, social activities to improve personal determinants and self-development for active ageing (Schwingel et al., 2009; Peng & Hamid, 2014; Brooke, 2016; MyGovernment, 2012; Ahmed et al., 2016; MOH, 2016b; Woon and Zainal, 2018; ADB, 2020. Refer to Annex A2.9. Similarly, the Philippines provided few initiatives to enhance older person personal factors, such as projects on volunteerism, older person centres, the federation of senior citizens association, and lifelong learning programmes (Tejero, 2007; WHO, 2013; DSWS, 2014; HelpAge, 2019).

Viet Nam promoted the personal determinants of active ageing by encouraging older adults to participate in various forms of practices formally under OPAs, ISHCs, older person clubs and centres; or informally under family support (Hoang, 2017; Lan & Dang, 2017; Vu et al., 2020). Brunei's Government also enhanced older person personal factors through improving their participation, well-being, and meaningful life under activity centres, organised activities, and homecare programmes for older adults (Tahir, 2015; MCYS, 2016; MOF, 2018; MFE, 2020). Ageing strategies in Thailand and Indonesian focused on enhancing healthy behaviours and activities informally through focusing on the community and family context (Jitapunkul & Wivatvanit, 2008; Abikusno, 2009; Sunusi, 2014; HelpAge Asia, 2015; Aruntippaitune, 2017; Piensriwatchara, 2017; Rahardjo et al., 2019; Annex A2.9) In Myanmar, the initiatives on the personal determinants were limited to providing social engagement in the daycare centres (Thein, 2016; CARE, 2019; Zaw Oo, 2019; Win et al., 2020). Meanwhile, Lao PDR provided some employment opportunities to the older person (Akkhavong et al., 2014; Khomphonh, 2017; Rehabilitation, 2019).

Southeast Asia countries need to further expand the programme to reach more older person to enhance older adults' health and well-being (Ambigga et al., 2011; Wen and Wong, 2013; Arifin, 2014; Mehta, 2015; Thein, 2016; Hayami, 2019; Ong-Artborirak & Seangpraw, 2019; Christian et al., 2019; Khomphonh, 2019). Refer to Annex IX(a) for details. Most of the older adults in ASEAN need more knowledge and education on active ageing (Knodel et al., 2005; Hong, 2017) and awareness of healthy lifestyle and healthy behaviours (Nuryana, 2018; Giang et al., 2020; Vu et al., 2020) (Annex IX(a) & Annex IX(b)). There is also a lack of data and research on implementing behavioural and personal determinants of active ageing in ASEAN (MOH, 2013; Akkhavong et al., 2014; Khomphonh, 2017). Besides, there is a need to promote technology and media to enhance personal and behavioural factors (Ambigga et al., 2011; Abdul Rashid, 2015). These challenges could be due to the lack of budget and financial and material resources (Adioetomo & Mujahid, 2014; Knodel & Zimmer, 2014; Siddiqui, 2014; Knodel & Teerawichitchainan, 2017; Laiphrakpam & Aroonsrimorakot, 2018, see Table 3.8).

Life Expectancy and Healthy Life Expectancy. The accumulative behavioural and personal factors in the long run contributed to improve life expectancy of older persons in AMS as discussed below. The AMS focus on improving healthcare services and delivery is translated into longer life expectancy of the general population in each country between 2000 and 2019 (Table 3.6). In year 2000, Lao PDR and Cambodia, recorded life expectancy at birth below 60 years of age, while Myanmar, Philippines and Indonesia's life expectancies at birth were in the 60s. The longest life expectancy at birth was recorded in Singapore at 78.4 years, followed by Viet Nam at 71.4 years, Thailand at 71.3 years and Malaysia at 70.6 years. In 2019 only two countries, Lao PDR and Myanmar recorded life expectancy (LE) at birth below 70 years and seven countries showed life expectancies above 70 years. Singapore's life expectancy at birth reached over 80 years old in 2019. The gains in life expectancy at birth is marred by the healthy life expectancy (HALE) data that show the gap between them. The gaps between LE and HALE in year 2000 ranges from 4.5 to 8.9 years – i.e. the duration of older person to live in unhealthy life expectancies. Interestingly, the gains in HALE showed a large range, from 1.4-year gain in the Philippines to 10.1-year gain in Cambodia. The gains reflect the efforts taken by the governments to improve the health wellbeing of the populations and improved longevity (Table 3.7). Comparatively, female LE and HALE is longer than male counterparts at birth and at age 60 years. Hence, people in Southeast Asian (SEA) countries are enjoying healthier life.

Table 3.7: Life Expectancy at Birth, at 60 and HALE by Sex in Southeast Asia, 2019

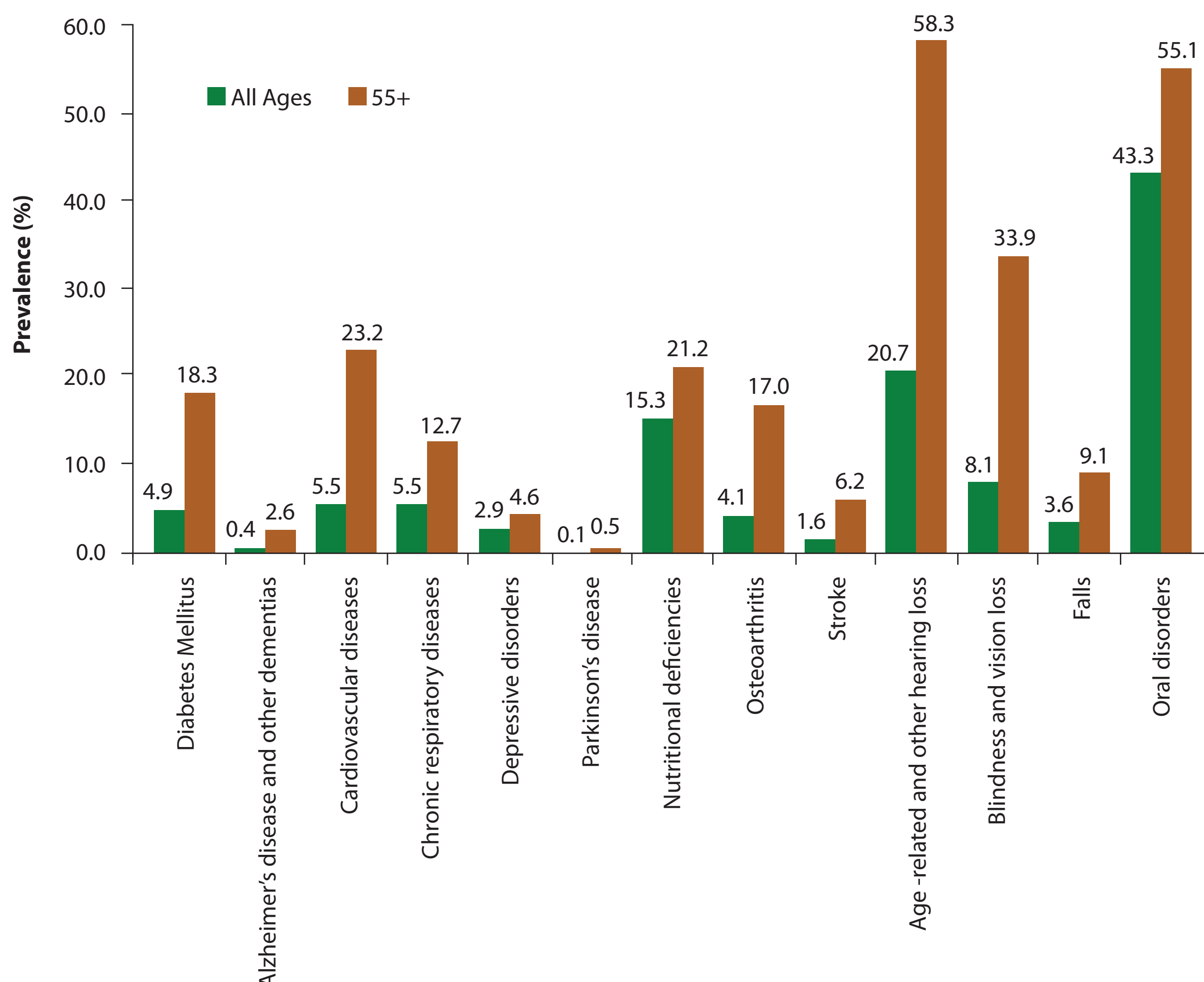
Country	Sex	Life Expectancy at Birth			Life Expectancy at 60		
		LE@birth	HALE	GAP	LE@60	HALE	GAP
Brunei Darussalam	Male	73.4	65.2	8.2	19.0	14.0	5.0
	Female	75.4	66.1	9.3	19.4	14.7	4.7
	Both Sexes	74.3	65.6	8.7	19.2	14.5	4.7
Cambodia	Male	67.2	59.8	7.4	15.9	12.0	3.9
	Female	72.7	62.4	10.3	19.1	14.1	5.0
	Both Sexes	70.1	61.5	8.6	17.7	13.2	4.5
Indonesia	Male	67.2	61.9	5.3	15.9	12.7	3.2
	Female	72.7	63.8	8.9	191	14.0	5.1
	Both Sexes	70.1	62.8	7.3	171	13.4	3.7
Lao PDR	Male	69.4	59.2	10.2	16.7	12.5	4.2
	Female	73.3	61.9	11.4	19.1	14.0	5.1
	Both Sexes	71.3	60.5	10.8	17.9	13.3	4.6
Malaysia	Male	72.6	64.5	9	18.5	14.0	4.8
	Female	77.1	66.9	7.1	20.6	15.3	5.3
	Both Sexes	74.7	65.7	8.4	19.5	14.6	4.9
Myanmar	Male	65.9	58.8	8.9	16.2	12.4	3.8
	Female	72.2	62.8	7.3	19.6	14.6	5.0
	Both Sexes	69.1	60.9	10.2	18.1	13.6	4.5
Philippines	Male	67.4	60.1	11.4	18.1	12.1	6.0
	Female	73.6	63.9	10.8	19.6	14.6	5.0
	Both Sexes	70.4	62.0	9	17.8	13.4	4.4
Singapore	Male	81.0	72.4	7.1	23.8	17.5	6.3
	Female	85.5	74.7	9.4	27.2	21	6.2
	Both Sexes	83.2	73.6	8.4	25.5	20	5.5
Thailand	Male	74.4	65.9	8.6	22.1	17	5.1
	Female	81.0	70.6	10.8	24.8	18.8	6.0
	Both Sexes	77.7	68.3	9.4	23.6	18	5.6
Viet Nam	Male	69.6	62.4	7.2	16.9	12.9	4.0
	Female	78.1	68.3	9.8	22.0	16.4	5.6
	Both Sexes	73.7	65.3	8.4	19.6	14.8	4.8

Source: WHO, 2019

Nevertheless, the gap between LE at birth and HALE at birth showed gaps between male and female. Even though women have longer life expectancy than men, they experience shorter gains in HALE. This means that women live longer but with ailment compared to men who recorded shorter life expectancy and shorter gaps between LE and HE. This pattern is also depicted among older persons aged 60 and above. The differences in life expectancies between male and female were attributed to gender specific diseases for women NCDS and differential access to health services (WHO, 2020). Interestingly, the female at age 60 years and over in Brunei Darussalam and Philippines reported shorter gap than their male counterparts, 4.7 years, and 5 years respectively. In all other countries male seems to indicate better health than females (smaller gap between LE and HALE) at age 60 years and over. Generally, all member states' older population have health issues that contributed to the gap between LE and HALE and the goal is to narrow the gap between LE and HALE. In the context of active ageing, such gap implies challenges in each country government to maximise the benefit of ageing population.

Prevalence of Selected and Non-Communicable Diseases. As age increases, degenerative diseases and chronic health conditions may set in which can lead to severe and immediate disabilities, such as hip fractures and stroke, as well as progressive disabilities that slowly diminish the ability of seniors to care for themselves, hence limiting their ability to stay active. Figure 3.8 shows the prevalence of selected diseases in Southeast Asia of all ages and for population aged 55 years and above in 2019.

Figure 3.8: Prevalence of Selected Diseases, SEA, 2019

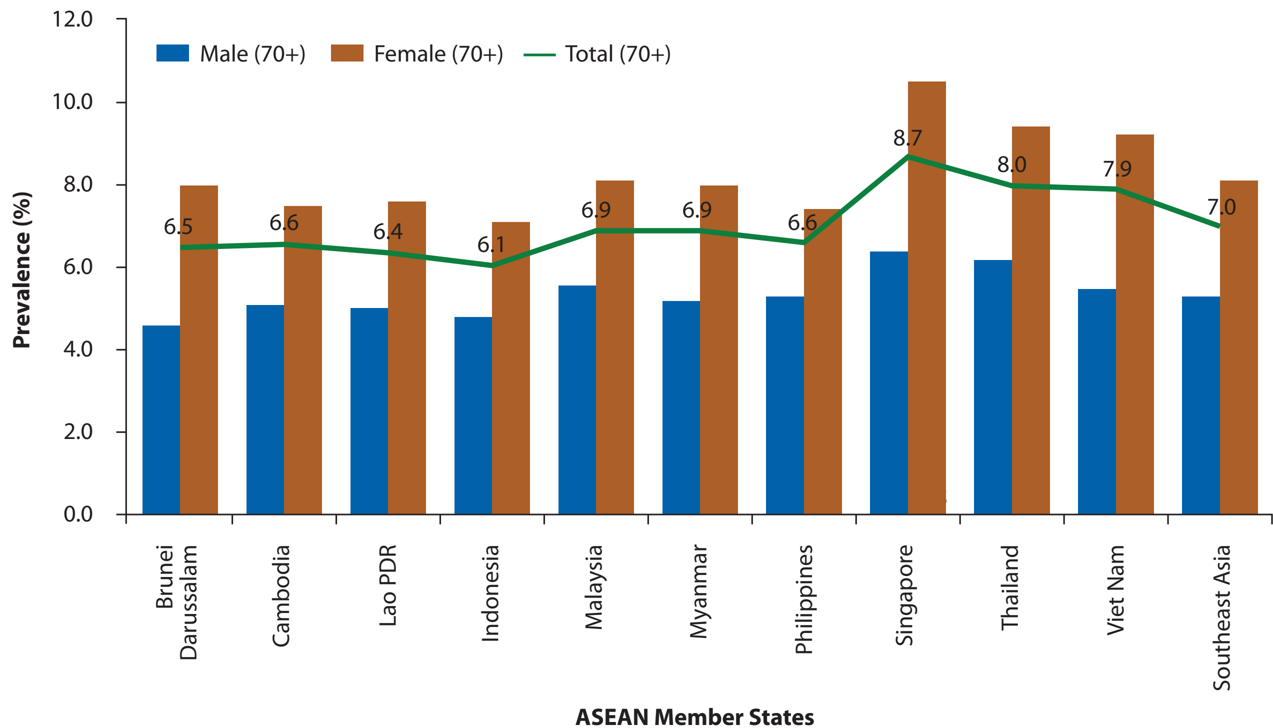


Source: Institute for Health Metrics and Evaluation - Global Burden of Disease, 2020

In 2019, the highest prevalence of disease in the Southeast Asia was oral disorders (over 40% had oral health issues), age related hearing loss (20.7%) and nutritional deficiencies (15.3%). For populations aged 55 years and above, the highest recorded prevalence was age-related hearing loss (58.3%), oral health issues (55.1%), and blindness (33.9%). These ailments will affect older persons' social and community interactions, yet they are preventable with proper public health intervention. Further, adult aged 55 years and above also suffered from nutritional deficiencies (21.2%), cardiovascular diseases (23.2%) and diabetes mellitus (18.3%). These diseases are attributed to lifestyles and age-related changes and more pronounced at older ages. The gaps in prevalence rate of diseases between all population and persons aged 55 years and over are quite big for all diseases except Parkinson. Hence, it is important to have intervention programmes in place to prevent the onset of lifestyle disease through aggressive health prevention strategies in the AMS. Annex IX contains a comparison of NCD prevalence by AMS in 2019. It is evident that not all diseases are strongly age-related, such as depression and nutritional deficiencies, but many chronic diseases become more common in later life.

Mental Health and Alzheimer's Disease. Dementia is a major mental health issue among older populations. Figure 3.9 shows the prevalence rate of dementia among male and female older persons in AMS in 2019. The regional prevalence rate is 7.0% for the total population. But, for the more advanced aged countries, the prevalence rate is higher than that of the regions - i.e. Singapore (8.7%), Thailand (8.0%) and Viet Nam (7.9%). Higher prevalence rate was observed among female compared to male older persons in all countries, hence brought upon important implications on the demand for mental health and social care systems in AMS. People with mild cognitive impairment (MCI) have greater than normal risk for developing dementia in the future. But not all MCI cases progress to greater impairment, as some show improvement with proper interventions and treatment. In the ASEAN regional context, cultural belief about mental health may have interfered older persons' health seeking behaviours.

Figure 3.9: Prevalence of Alzheimer's Disease & Other Dementias among 70+ Population



Source: Institute for Health Metrics and Evaluation - Global Burden of Disease, 2020

Mental health services for the general population in AMS countries is yet to be fully developed (Maramis et al., 2011), despite its arising needs due to ageing population. Improvement of mental health services are necessary and can be carried out as follows: built community services; redefine roles of mental hospitals; develop local-based innovative solutions; improve education and training capacity; reorient training curricula to community-based practice to prepare professionals to work in new ways and unfamiliar settings; and the need to develop evidence to monitor and evaluate programme's success (Maramis et al., 2011).

Long term Care. The decline in functional status in later life may require some form of long-term care when self-care cannot be managed. Long term care (LTC) are activities undertaken by others to ensure that people with or at risk of significant ongoing loss of intrinsic capacity can maintain a level of functioning ability consistent with their basic rights, fundamental freedom, and human dignity (WHO 2017, pg. 2). LTC is non-medical care provided to those who need continuous assistance in performing the basic activities of daily living. There are many types and providers of long-term care services in the community. Basically, LTC can be categorised as community-based long-term care services or Institutional-based long-term care services. In addition, these services can be paid or non-paid services. The demand for long term care will be dependent on care need of the older persons. Hayashi (2018) estimated the care need of older person in ASEAN countries in selected years (Table 3.8).

Table 3.8: Estimated Care Need in Southeast Asia Countries by Year (in Thousands)

Country	2020 ('000)	2030 ('000)	2040 ('000)
Brunei Darussalam	1	2	3
Cambodia	23	37	61
Indonesia	446	665	1038
Lao PDR	9	13	20
Malaysia	73	125	204
Myanmar	84	141	203
Philippines	136	249	376
Singapore	28	75	135
Thailand	296	601	936
Viet Nam	425	614	1002
Total	**1521**	**2522**	**3978**

Source: Hayashi, 2018

In 2020, the estimated older persons who needed care range from about 1,000 persons in Brunei Darussalam to 446,000 in Indonesia and around 425,000 in Viet Nam. In the next decade (2030), three countries, namely, Brunei Darussalam (100%), Singapore (167.9%) and Thailand (103%) showed over 100% increase in the demand for care. Over the next twenty years, the demand for care in all countries will double or triple in number. The largest increase in demand is shown by Singapore (383%), Thailand (216%), and Brunei Darussalam (200%) respectively (Hayashi, 2018). In relation to these emerging needs, the availability of such facilities in the country to cater for them need urgent attention. Table 3.8 below shows the varieties of home-based care services in AMS. The services are provided by private and public sectors and non-government organisations. These services can be paid, and non-paid services. Integrated home-based care is available in all Southeast Asia countries. These programmes are conducted by volunteers and paid services, family members, as well as by foreign domestic workers, especially in Singapore and Malaysia (HelpAge, 2011; Cho, 2012). Similarly, all Southeast Asia countries also providing basic home nursing services. The pattern of availability is similar for home medical, home personal care, and medical escort services. In terms of home therapy, only five countries (Brunei Darussalam, Malaysia, Singapore, Thailand, and Viet Nam) indicated availability (MOF, 2018; MOH, 2016a; Salleh, 2017, Table 3.3). Meal-on Wheels are available in Indonesia, Malaysia, Singapore, Thailand, and Viet Nam (HelpAge, 2011; Cho, 2012). Table 3.9 show a variety of daycare services found in Southeast Asia countries. The integrated care and social daycare centres (respite) are available in all countries except in Lao PDR. However, the Day Rehabilitation centres are available in only seven countries with limited availability in Indonesia and unavailable in Cambodia, Lao PDR, and Myanmar (Cho, 2012; MOF, 2018; MOH, 2016a; Salleh, 2017). Dementia day care is also available in seven countries, with limited availability in Cambodia and Indonesia. Lao PDR, Myanmar, and Viet Nam lack the availability of dementia day care centres (see Table 3.4). Hospice day care centres are also available in most Southeast Asia countries except in Lao PDR and Myanmar. However, integrated daycare services (include both home and day care services) are only available in Singapore. Taxi transport service is also provided in Malaysia, Singapore, and Thailand (Jitapunkul and Chayovan, 2001; MOH, 2016a; Salleh, 2017) (see Table 3.9).

Table 3.9: Home-based Care Services for Older Adults in Southeast Asia

Types of Service	Example	Brunei Darussalam	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Viet Nam
Integrated home-based care (Volunteer & paid)	Help older people who have lost the ability to fully care for themselves by providing social and emotional support, home help, personal care, and escorting	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available
Home Nursing	Dressing wounds, administering injections, and changing feeding tubes	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available
Home Therapy	For rehabilitation to improve or maintain their activities of daily living	Available	-	-	-	Available	-	-	Available	Available	Available
Home Medical	For frail or bedridden clients who need medical consultation and treatment	Available	Available	Available	Limited capability	Available	Available	Available	Available	Available	Available
Home Personal Care	Personal care tasks, assistance with medication and more	Available	Available	Available	Limited capability	Available	Available	Available	Available	Available	Available
Meals-on-Wheels	Meal delivery to older adults	-	-	Limited capability	-	Available	-	-	Available	Available	Available
Medical Escort	For those unable to get to medical appointments or treatments independently	Available	Available	Available	Limited capability	Available	Available	Available	Available	Available	Available

Note: The data adapted from the systematic review of the previous studies

Table 3.10: Day Care Services for Older Adults in Southeast Asia

Types of Service	Example	Brunei Darussalam	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Viet Nam
Integrated Care Centre	Integrated care services such as day care, dementia day care, day rehabilitation, etc.	Available	Available	Available	-	Available	Available	Available	Available	Available	Available
Day Rehabilitation Centre	Exercise and training programmes to improve functional abilities	Available	-	Limited capability	-	Available	-	Available	Available	Available	Available
Dementia Day Care Centre	Day care programme for persons with dementia	Available	Limited capability	Limited capability	-	Available	-	Available	Available	Available	-
Social Day Care Centre (respite)	For frail older person while their caregivers are at work	Available	Available	Available	-	Available	Available	Available	Available	Available	Available
Hospice Day Care Centre	For terminally ill older person patients, and caregivers' support	Available	Available	Available	-	Available	-	Available	Available	Available	Available
Integrated Package	Provide both home and day care services	-	-	-	-	-	-	-	Available	-	-
Taxi Transport Service	To ferry seniors going to and from day care centres	-	-	-	-	Available	-	-	Available	Available	-

Note: The data adapted from the systematic review of the previous studies

In terms of community-based mental health services, there is a limited number of services available in most Southeast Asia countries, as shown in Table 3.10 (HelpAge, 2011). Across several Southeast Asia countries, the main provider of dementia services is the Dementia Associations in each country. Mental and general health services in the community are available in Malaysia, the Philippines and Thailand (see Table 3.10). On the other hand, Viet Nam has this service but with limited capacity, and only Singapore indicated the availability of a dementia family community (HelpAge, 2011; Cho, 2012; MOH, 2016a; MOH, 2016b).

Table 3.11 shows that the government provide subsidies to eligible households to receive subsidised medical and dental care in the community. For example, Brunei Darussalam provides free medical care for citizens (MOF, 2018). Further, Malaysia also provides universal health services to citizens in public hospitals and community health centres (Salleh, 2017). All Southeast Asia countries have geriatricians, but the number of geriatricians is still limited (Table 3.6). For example, there are less than 50 trained geriatricians in public, private, and university hospitals in Malaysia. Only Indonesia (with limited capacity) and Singapore provide community general care (person-centred manner) for frail older person with multiple health and social care needs (MOH, 2016a; Nuryana, 2018). In addition to the information provided in the Tables, institutional-based care is also available in all countries except Brunei Darussalam. Officially Brunei Darussalam only recognised one residential care home. Institutional based-care facilities or nursing care are provided for older persons who need nursing care. Other institutional-based care facilities are residential care centres where the clients may or may not care services. These services can be paid or not paid and provided by NGOs and private businesses. In Malaysia, the government also provide shelter homes for poor older persons, and they may be in these home for the rest of their lives (Jitapunkul and Chayovan, 2001; MOH, 2016a; MOH, 2016b; Salleh, 2017; Nuryana, 2018).

Several activities conducted in the day centers, senior citizen clubs and at local community meetings halls can be labelled as preventive long-term care as involved the in varied activities will improve physical health and mental health ae well as promote sense of belongingness and psychological well-being.

Challenges in Health Care

The challenges in health care for older persons were noted amongst the AMS. These challenges can be discussed as below:

a. Statistics and research on ageing for policy making

As ageing is a rather new phenomena in AMS, there is a need for data and indicators as inputs for policy making. Singapore as well as Malaysia have available competitive grants for academic institutions and research entities to undertake quality policy research. While in Cambodia, the government establish a unit for older person statistics (Government of Cambodia, 2017), and Indonesia has a strong data-driven approach through its longitudinal studies. Nevertheless, there is a lack of reliable and timely local level statistics among AMS, especially the incidence of chronic illnesses, levels of disability and household socioeconomic status. Without age-disaggregated statistics, many policymaking decisions are made without the benefit of relevant facts and figures, especially at the local level.

Table 3.11: Community-based Mental Health Services for Older Adults in Southeast Asia

Types of Service	Example	Brunei Darussalam	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Viet Nam
Dementia and/or depression services	Network for older person with dementia and depression, and caregivers who need the additional support in caregiving	Available: e.g. Demensia Brunei (dB) association	Limited capability: e.g. Transcultural Psychosocial Organisation	Available: Alzheimer's Indonesia (ALZI)	Limited capability: e.g. Lao Disabled People Association (LDPA)	Available: e.g. ADFM National Dementia Caregivers Support	Available: e.g. Alzheimer's Association Myanmar	Available: e.g. Alzheimer's Association Philippines; Dementia Society Philippines	Available: e.g. Community Resources and Support Engagement Teams	Available: e.g. Alzheimer's and Related Disorders Association of Thailand	Available: e.g. Viet Nam Alzheimer Disease & Neurocognitive Disorders Association (VnADA)
Community Services	For psychosocial therapeutic intervention for people with mental issues and/or dementia	-	-	-	-	Available	-	Available	Available	-	Limited capability
Mental and General Health	General practitioners provide more holistic care to patients with chronic physical/ mental illnesses, as referred by public hospitals	-	-	-	-	Available	-	Available	Available	-	-
Dementia Friendly Communities	Builds a more caring and inclusive society that can support persons with dementia/ Discusses cases encountered in the neighborhood, identifies care needs, and refers residents to services	-	-	-	-	-	-	-	Available	-	-

Note: The data adapted from the systematic review of the previous studies

Table 3.12: Community-based Care for Older Adults in Southeast Asia

Types of Service	Example	Brunei Darussalam	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Viet Nam
Medical and Dental Care	Enables persons from lower- and middle-income households to receive subsidies for medical and dental care from participating general practitioners and dental clinics	Available: Free medical care and services	Available	Available	Limited capability: Yearly physical checks	Available	Limited capability	Available	Available	Available	Available
Specialised physicians/ Geriatrician	Physicians for the geriatric patients	Available: Limited capability	Available: Limited capability	Available: Limited capability	Available: Limited capability	Available: Limited capability	Available: Limited capability	Available: Limited capability	Available: Limited capability	Available: Limited capability	Available: Limited capability
Community General Care	Targets frail older person with multiple health and social care needs, supports key need in a holistic and person-centred manner	-	-	Limited capability	-	-	-	-	Available	-	-
Community Health Centres	Provides health screenings and conducts health tests through a general practitioner's	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available

Note: The data adapted from the systematic review of the previous studies

b. Human resource trained on ageing

Challenges with regards to trained human resource in ageing and geriatric medicines was alluded by researchers in Indonesia (Sanusi, 2014; Nuryana, 2018; Rahardjo et al., 2019), Brunei Darussalam (Brunei Representative 2013), Thailand (Piensriwatchara, 2017; Aruntippaitune, 2019; Larpsombatsiri, 2019) Myanmar (Thein, 2016; Mya, 2017; Zaw, 2019). In addition, a lack of knowledge among the public on older persons was also noted (Rahardjo et al., 2019). Further, lack of volunteers training and facilities for exercise in rural areas were noted in Lao PDR (Khomphonh, 2017; Rehabilitation, 2019).

c. Facilities for health care

Limited availability of age friendly facilities was also voiced (Sanusi, 2014; Nuryana, 2018; Rahardjo et al., 2019). While in Myanmar lack of home care and long-term care services were noted (Thein, 2016; Mya, 2017; Zaw, 2019). On the other hand, in Philippines, there was a lack of utilisation of government Senior Citizens discount by drugstores and food establishments to benefit the older person (Tejero, 2007; in Community Services for the Elderly in the Philippines). Brunei Darussalam is challenged with quality service demand from the public (Brunei Representative, 2013) and increasing non-communicable diseases.

d. Financial constrains

Financial constrain of government to implement programme and facilities for older person was noted in Myanmar (Thein, 2016; Mya, 2017; Zaw, 2019). The challenges in health care among other AMSs were not available in the documents examined and there is possibility the same challenges may also be felt by other member states. As shown in the table below, the total health expenditure across AMS differs by amount and burden shared out-of-pocket.

Table 3.13: Current Health Expenditure 2019 by Country

Country	Current Health Expenditure (CHE), 2019				
	CHE as % GDP	Domestic General Gov. Health Exp. as % of GGE	Domestic General Gov. Health Exp. as % of CHE	OOP as % of CHE	CHE per capita PPP (current Int. $)
Brunei Darussalam	2.16	6.81	94.32	5.68	**1,401**
Cambodia	6.99	7.04	24.31	64.39	**316**
Indonesia	2.90	8.68	48.94	34.76	**358**
Lao PDR	2.60	4.71	36.93	41.83	**212**
Malaysia	3.83	8.48	52.20	34.57	**1,133**
Myanmar	4.68	3.64	15.76	75.95	**227**
Philippines	4.08	7.63	40.60	48.56	**379**
Singapore	4.08	14.54	50.20	30.15	**4,102**
Thailand	3.79	13.87	71.66	8.67	**731**
Viet Nam	5.25	10.07	43.80	42.95	**559**

Source: World Bank, 2022

3.2.2 Security Pillar

In the security pillar, the discussion is on sources of income security in old age, namely from work and employment, transfers from children, employment benefit, and from other sources.

Income Security in Old Age

Income security in later life is associated with economic activities in early life and later life. It refers to the assurance of a minimum level of income to individuals, families, and households, regardless of their participation in the labour force. Income security [or the lack of it, e.g. poverty) has a double-sword effect on active ageing. First, poverty hinders active social participation as it is linked to social exclusion (e.g. Walsh, et al., 2017) be itself imposed or due to discrimination (Heslop and Gorman, 2002); preoccupation to their time for economic survival, hence social participation becomes secondary (ADB, 2001); negative health outcome that poverty often disguised as poor health (e.g. Youn, Lee, Lee, and Park, 2020). Consequently, poverty and social exclusion are identified as two most significant barriers for older person to contribute to and enjoy the share of economic development (Kwan and Walsh, 2018; UNFPA and HelpAge, 2012). Second, in the absence of adequate social protection for older person, poverty drives older person to continue to be economically active through participation in labor market and other income generating activities. This section examines four main sources of income in old age influential to their ability to finance their old age, namely work and employment, children remittance or transfer, retirement benefit and other assets. This section is not meant to be a very detail discussion on social protection in old age, but enough to give a general picture of sources of income in old age.

Work and Employment

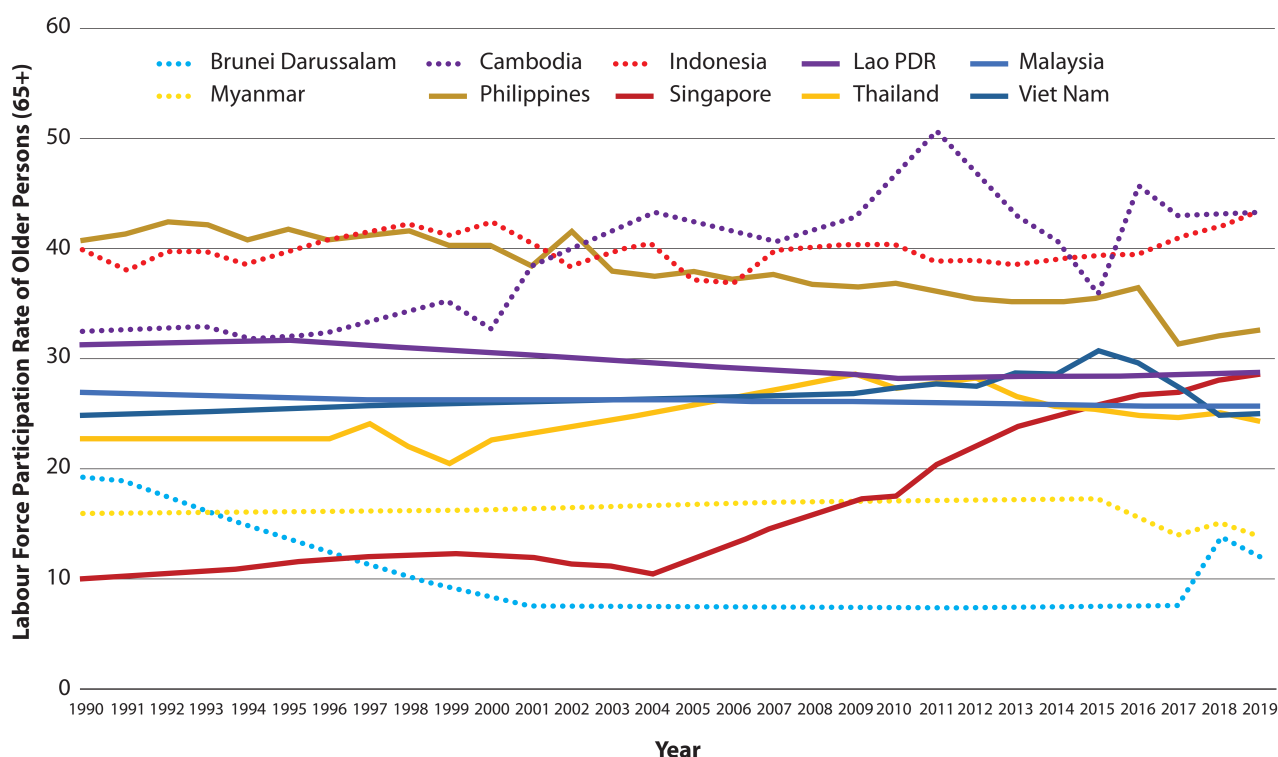
Figure 3.10 shows the involvement of older person aged 65 years and over, 1990-2019 in formal employment. The Labour Force Participation (LFP) among older person generally correspond to education and the transition of economic activities in the AMS as discussed in the demography chapter.

The participation rate for Brunei Darussalam decreased gradually from about 18% in 1990 and stabilised below 10% between 2001 and 2017. The rate peaked again in 2018 and fall sharply in 2019. For Myanmar, the participation rate hovers around 15% in 1990 and gradual increase from then onwards until 2015 when the rate decreased to about 14% and slight increase in 2018 and dip again in 2019. On the other hand, the pattern for Singapore, showed continual increment in participation across the years and reached about 28% in 2019. Malaysia's pattern showed gradual decreased from 1990 and maintain the rate at around 25% in 2019. There are great fluctuations in participation rates in Cambodia and Indonesia. Nonetheless, for both countries that rates are above 42%. In the Philippines the trend is on the declining participation rates and above 30% in 2019. Furthermore, Lao PDR showed decline across the years and matched the rate of Singaporean in 2019. Contrary, Viet Nam showed increasing rate until 2015 and there was sharp decline there onwards. This pattern may relate to accessibility of employment in older ages and exit pattern in later life.

Further analysis of employment in old age indicated that working in old is out of necessity. Majority are involved in informal sectors. Data from 2007-2014 Indonesian family life survey, 48% work for a living (Priebe et al., 2014), while a more recent data reported a higher rate of 67% in economic activities such as small business, agriculture, and service sectors (AOPR and SMERU, 2020). Similarly, 28% was recorded for Cambodia (Knodel et al., 2005) and 30% was noted among Myanmar older persons, while in Philippines, 73% of males and 56% of female are working in old age (Ofstedal et al., 2004) reported that 36% of older persons earned from working in old age. Cruz et al., (2019) noted that 57% of older persons are currently working and 23% of respondents received income from their farms. Using the data from national survey of older persons in Singapore, Ofstedal et al., (2004) found that 31.5% of older men and 8.2% of older women are still working in old age. In another study on Singaporean older person, Donaldson (2015) remarked that some older person continues to work but their incomes fall below the level necessary to meet their financial needs. Further, in Thailand older men (46%) and female (30.5%) depend on work as their source of income. Suwanrada (2008) observed that 29% older persons, mentioned work as their source of income in Thailand. About 30% are own account workers (Rodrigues & Rueanthip, 2019) and 20% of households are economically inactive. The work status of older Viet Namese revolves around 37%-45.5% (Vu et al., 2020, Teeerawichitchainan et al., 2015; Long & Pfau, 2008 and Ofstedal, 2004) and 34% of male and 26% female depend on work as their source of income (Ofstedeal, 2004) and 37% was noted by Vu et al., (2020). ILO (2015) noted that in a review of studies conducted in Brunei Darussalam, Azim (2002) noted that 66% of older Bruneian still work in the informal employment and only recently that the government rehire government retirees and they are being

paid on daily basis (Brunei representative, 2014, 2017). As for Malaysia, SWRC (2021) recorded that 9% of their older person respondents are still working and they are mostly male. In addition, ILMIA (2019) noted that about 56% older Malaysian's involvement in work in later life is motivated by the income received to support their livelihood.

Figure 3.10: Labour Force Participation Rate of Persons Aged 65 Years and Over ASEAN 1990-2019



Source: ILO, 2020

In short, analysis among AMS indicated that employment in old age not only provide the means to be actively involved in the community, but also a means to earn their livelihood. Many older persons are still involved in economic activities late in their old age but working in agricultural and informal sectors does not guarantee them with financial protection. In addition, older person involvement in work declines with age and health status (Knodel et al., 2005). There is an argument to be made about the involvement of older persons in the gig economy, as well as the impact of digital platforms that makes work more accessible to women, the disabled and the elderly (Berde & Tokes, 2019). The future of work, however, is dependent on how well the digital divide is bridged for specific populations and their ability to make use of such opportunities.

Transfer from Children

Even though many older persons continue to work in old age, their income from work is secondary to income received from children. Majority of older persons in all AMS mentioned children as their main source of income in old age. The percentage ranges from 92% female and 63% male among older Singaporean (Ofstedal et al., 2004), 59% in Myanmar (Knodel & Teerawichitchaina, 2017), 58% in Philippines (Cruz et al., 2019), 32% in Viet Nam (Ha Noi, 2019) and 90% among older person Vietnamese who co-reside with their children (Evans & Harkness, 2008). In Malaysia, 67% reported to have received financial support from children, but the contribution differs by gender (Masud et al., 2008). This transfer plays the dual role of family obligations and the limited framework in the social protection system in AMS countries. Nevertheless, this source may not be sustainable as children have their own commitment to support their family and lifestyle.

Employment Benefit

Older persons who were in formal work employment would receive employment benefits upon retirement in the form of pension or other benefit packages depending on the country's scheme (Ofstedal et al., 2004; Vu et al., 2020). For government employees in Malaysia, the monthly pension quantum will be calculated based on the last drawn basic salary before retirement and can reach to about 60% of the basic salary and pension is for life of the retirees (Ofstedal et al., 2004; Mohd et al., 2009; SWRC, 2021). For private sector employees in Malaysia, retiree will receive lumpsum value upon retirement. In Singapore the retirees would receive monthly CPF (annuitised) to support life in retirement. Similar benefit packages are also provided for formal employees in other AM States. Other AMS also provide pension for their retirees from government as well as the private sectors (Ofstedal et al., 2004; Mohd et al., 2009; Donaldson, 2015; SWRC, 2021).

Other Assets

High percentage of older persons in AMS have property assets in the form of home/housing, land and others. Home ownership is high in all AMS countries (Ofstedal et al., 2004; Knodel et al., 2005; Teerawichitchainan et al., 2015; Vu et al., 2020; SWRC, 2021). Housing can be converted into monetary assets if need in old or can be bequest to children. Nonetheless, older persons are asset rich and cash poor (Long and Pfau, 2008; Teerawichitchainan et al., 2015; Cruz et al., 2019; Rodrigues and Rueanthip, 2019).

Disaster Preparedness

As outlined in the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme 2021-2025, there is a need to inculcate a whole-of-society approach in disaster management that leaves no one behind especially those that are most affected during disasters such as the elderly (ASEAN, 2020). Unfortunately, data is scarce on the inclusiveness of national disaster management systems and their considerations for vulnerable population such as older persons.

3.2.3 Participation Pillar

Social participation among older person can be analysed in three areas; family, organisation and community as discussed below.

Family Activities

Most of the older adults in Southeast Asia live with their families – i.e. living with at least one adult child, although most live in multiple generation families (three-generation) which provides the required social interaction. Therefore, not surprisingly, the high levels of social participation in family activities among older person in AMS as indicated in Annex IX(a). Studies indicated that over 60% of older adults in all Southeast Asia countries have strong interaction with their children, friends, and neighbours (Knodel and Zimmer, 2014, Cao and Rammohan, 2016, Teerawichitchainan et al., 2017, Vu et al., 2020, SWRC, 2021, Abdul Rahman et al., 2021). Refer to Figure 3.11. Annex IX(a) & IX(b) showed all strategies are focusing on enhancing and maintaining the role of family and community in promoting older adults' social participation. Family interaction is high in AMS but Internet face time is low. Use of telephone is much higher in AMS such as Malaysia and Viet Nam. The real challenge, however, is the migrating children who left their parents for work – i.e. while the remittance from the migrating children help them economically, but at the expense of the social interaction (Knodel and Zimmer, 2014). In addition, living alone which may increase with old age (ages 75+), contribute to social isolation among those in older age, if the older person has limited social network. As the younger population migrates to cities and towns, the elderly is usually left behind in rural areas with limited ability to initiate contact or get in touch with their children. This does not mean older persons living with their children or in urban areas are doing well. Most Asian elderly are home-bound and relegated to domestic roles due to poor access to public transport and availability of community activities in high-rise or urban housing estates. Physical mobility is constrained due to unfriendly public amenities and safety risks are perceived to be higher in compact cities.

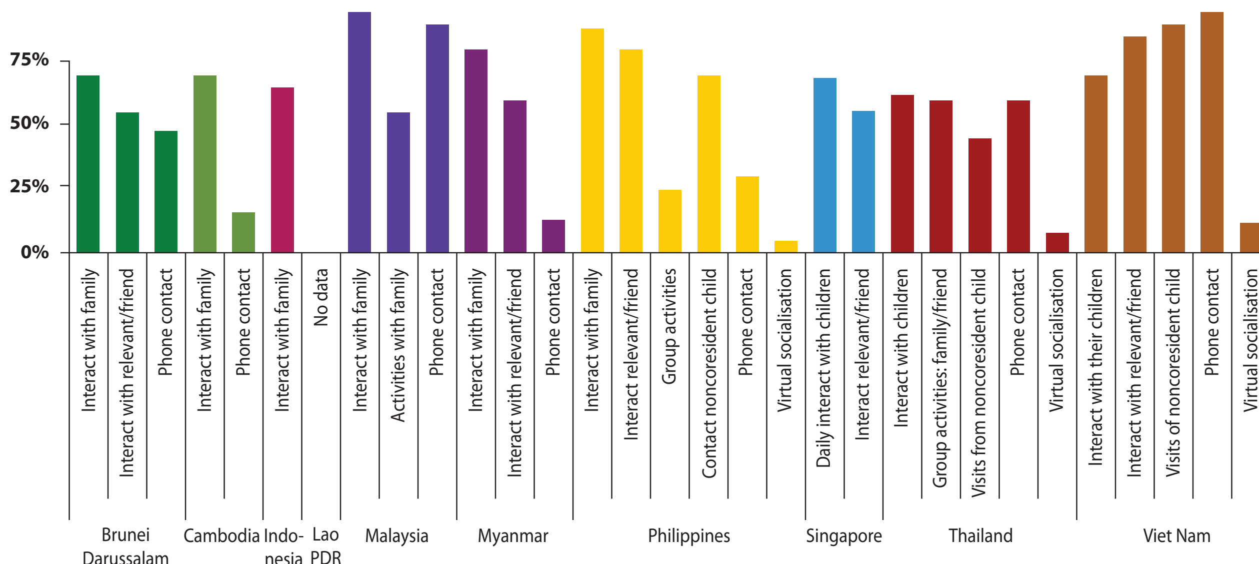
Older People Associations/Senior Citizens Organisations

Most Southeast Asian countries (except Lao PDR) provide various formal social facilities such as social clubs, day centres, activity centres, and older people social associations to promote organised formal social activities and well-being (Annex IX(b)). However, current systematic review indicated that older adults in different Southeast Asia countries have weak or minimal access to social associations and social clubs (See Figure 3.8). Perhaps, this could be due to limited coverage of these social associations. Among ASEAN, Singapore provided more than 400 Senior Citizens' Clubs under People Association; and had reached over 200,000 older adults through social-educational camping and much more, as shown in Annex IX(a) & IX(b) (Mehta, 2015; Brooke, 2016; MOH, 2016b). Viet Nam has made available a total of over 11,100 older people associations (OPA) in all communities with around 100,000 branches at the village level (Hoang, 2017; Lan & Dang, 2017; Vu et al., 2020). The OPAs under the Viet Nam Association of the Elderly (VAE) is a mass older person organisation that involve more than eight million members across the country and conduct many activities for the care, promotion, and social engagement of older adults in Viet Nam (HelpAge Asia, 2021). Over 1,600 Older People Associations (OPAs equates to one per commune) in Cambodia (RGC, 2017; Te, 2019; HelpAge Asia, 2020).

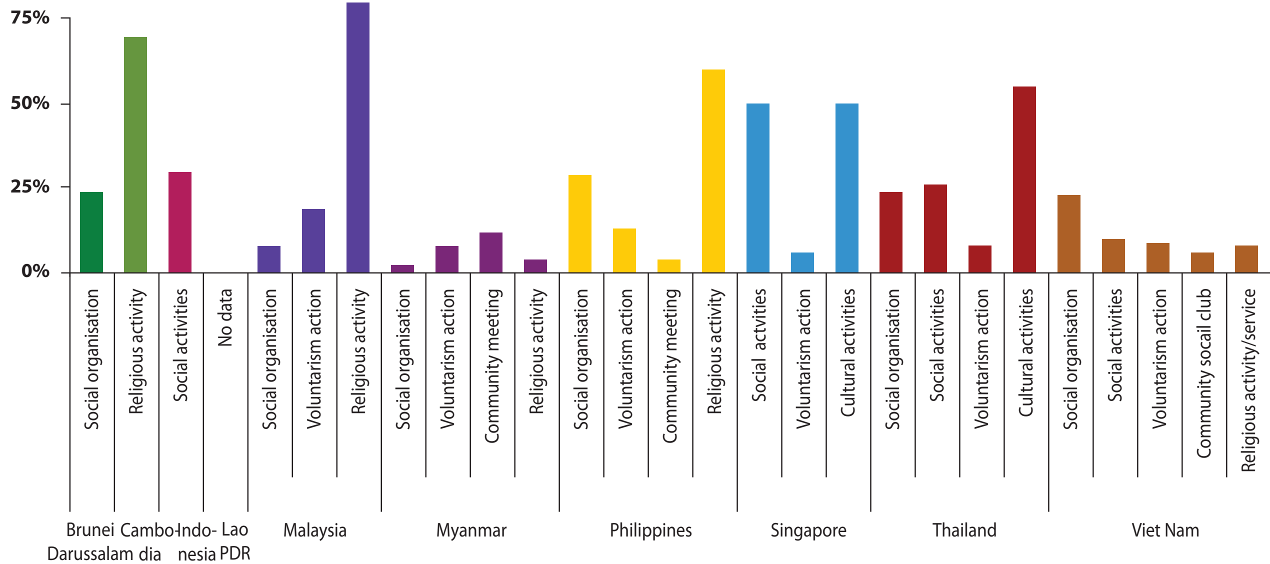
In general, older persons in AMS are not active in political activism although they might be reliable, regular voters. And, since Brunei Darussalam is based on monarchy, it has no election, hence political participation is irrelevant. Political participation of older person in Myanmar is very low as measured by attendance and involvement in political meeting. About 98% of Yangon and Bago respondents mentioned they never attended political meetings and events (Win et al., 2021).

Figure 3.11: Social Participation among Older Adults in Southeast Asia

Family-based or informal community based social participation



Organised social activity (social associations, voluntarism, etc.)



Source: Authors developed from recent national surveys in each country

Volunteerism

The majority (over 70%) of older adults in most Southeast Asia countries lack voluntary action (Knodel et al., 2005, Hock et al., 2013, Knodel, 2013, Teerawichitchainan et al., 2017, Cruz et al., 2019, Jumadi et al., 2019, SWRC, 2021). Refer to Annex IX(b). For Singapore, Malaysia, and the Philippines, volunteerism practices movements are in place to enhance older person contribution and participation, such as through the Senior Citizens Volunteer Resource Project in the Philippines, the PAWE older volunteers initiative in Malaysia and the national senior volunteerism movement in Singapore (Tejero, 2007; Schwingel et al., 2009; WHO, 2013; Tey & Hamid, 2014; Brooke, 2016; MyGovernment, 2012; Ahmed et al., 2016; MOH, 2016b; Woon and Zainal, 2018; ADB, 2020). National data on voluntarism and charitable activities are unavailable in Brunei Darussalam, Myanmar, and Lao PDR. Another factor that may have hindered older person to be actively involved in volunteerism is their lack of use of ICT. It has been reported that older adults in most Southeast Asia have very limited access to Internet and virtual socialisation (Knodel, 2013; Adioetomo & Mujahid, 2014; Cao and Rammohan, 2016; Teerawichitchainan et al., 2017; Vu et al., 2020).

In summary, older adults in Southeast Asia have a strong social engagement on a family and neighbourhood/ community basis. However, the decrease in family size and an increased number of older adults who live alone (especially in older ages) weaken family interaction and resulting in a more burden on the government (Osman & Sadasivan, 2006; Mehta, 2015; Subramaniam et al., 2019). Older adults in Southeast Asia also have very limited participation in the organised community-based services and voluntarism action. But, they have a strong attendance in religious or cultural activities. Their lack of skill in ICT has limit their participation in virtual communities and e-learning activities (Ambigga et al., 2011; Siddiqui, 2014; RGC, 2017; Teerawichitchainan, 2017; Jumadi et al., 2019; VNCA & UNFPA, 2019; Vu et al., 2020). As for the adequacy of programme provided to them, Southeast Asian countries generally lack programmes and activities to enhance social environment of active ageing, most likely due to budget constraints (Ambigga et al., 2011; MOH, 2013; Adioetomo & Mujahid, 2014; Siddiqui, 2014; Knodel & Teerawichitchainan, 2017), and limited studies published in the area (Akkhavong et al., 2014; Khomphonh, 2017). Refer to Annex IX(b) & IX(c).

Social Activity Centers

Some AMS such as Brunei Darussalam, Cambodia, Malaysia, Myanmar, Philippines, and Thailand have established different social activity centres and clubs for older adults. In Malaysia, the establishment of 148 Activity Centres for older persons (PAWE), had benefit over 37,000 senior citizens. Thailand has its older person social community centres and clubs; Philippines had established over 948 senior citizen centres in 16 regions; and Brunei had developed a total of four Senior Citizens Activity Centers (Refer to Table 3.14). All these activity centres facilitate various social activities and programmes, including recreation and social participation (Abdul Rashid, 2015; Tahir, 2015; Piensriwatchara, 2017; RGC, 2017; CARE, 2019; HelpAge Asia, 2019). For Indonesia, the initiatives to support social

participation of older person is through the establishment of over 69,500 Integrated Service Centers for the Elderly (Posyandu Lansia) in several districts and cities (Rahardjo et al., 2019; Adioetomo & Mujahid, 2014). See Annex IX(a) & Table 3.14. These are one stop center for older persons to get services and to be involved in an organised activity at the centers.

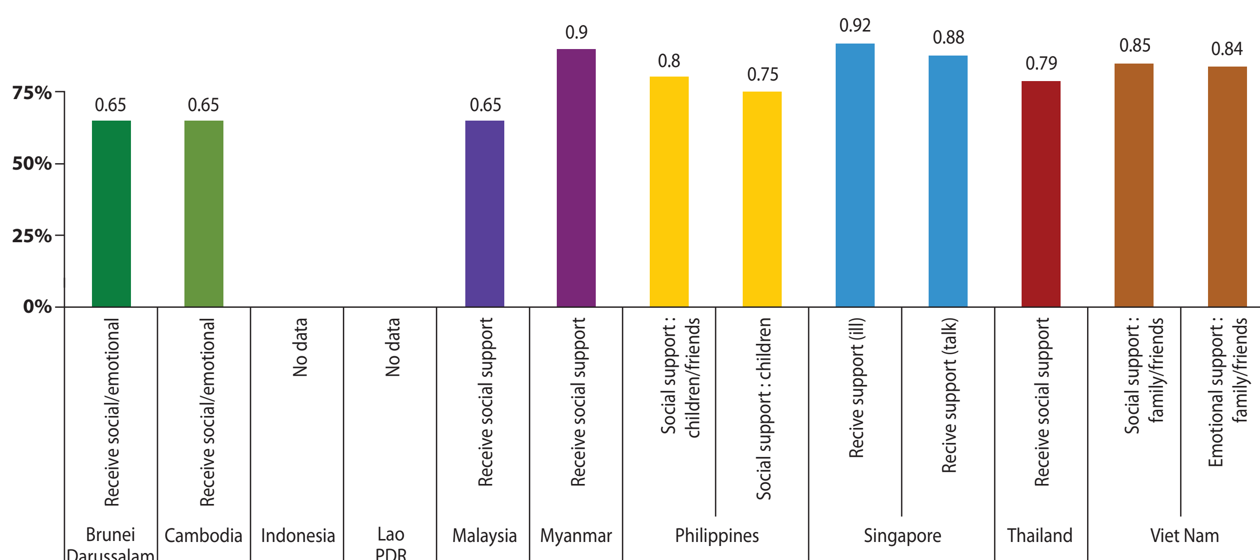
Table 3.14: Formal Associations and Centers in Southeast Asia

Country	Associations/Clubs and Centres (Organised participation/support)	Number	Capacity/ Coverage
Brunei Darussalam	Activity center for the older person	4	1184
Cambodia	Older People Associations (OPAs)	1,600	1/commune
Indonesia	Integrated Service Center for Elderly	69,500	No data
Lao PDR	NA	NA	NA
Malaysia	Activity Centres for Older Persons	148	49,675 OPs
Myanmar	Not Available*	Not Available*	Not Available*
Philippines	Senior Citizen Centres	948	1/region
Singapore	Senior Citizens' Clubs of People's Association	400	≈ 100%
Thailand	Senior Citizens Clubs	No data	No data
Viet Nam	Older People Associations (OPA)	110,700	1/community

***Note:** Myanmar only has Day Care Center for the Older Adults

Older adults in AMS have good access to participate in religious and community services, with over 50% reported to have attended organised religious, social or cultural activities, although majority tends to be older women (Knodel et al., 2005, Hock et al., 2013, Knodel, 2013, Cruz et al., 2019, Jumadi et al., 2019). See Annex IX(a). In Viet Nam, however, the Study of Ageing and Health in Viet Nam (LSAHV) indicated that only 7.5% of older adults had attended organised religious services (Vu et al., 2020). But, data on the organised religious activity in Brunei Darussalam, Indonesia, and Lao PDR were unavailable. However, one of the main issues of ageing in Southeast Asia is gender and age inequality that need more concern, especially in Cambodia, Indonesia, Viet Nam (Knodel & Zimmer, 2014; Rahardjo et al., 2019; Tabassum et al., 2019; Giang et al., 2020). Meanwhile, Lao PDR needs to apply a stricter stance to strengthen older person social determinants of active ageing (Khomphonh, 2017; Rehabilitation, 2019).

Figure 3.12: Social Support on Family/Friend Base among Older Adults in Southeast Asia



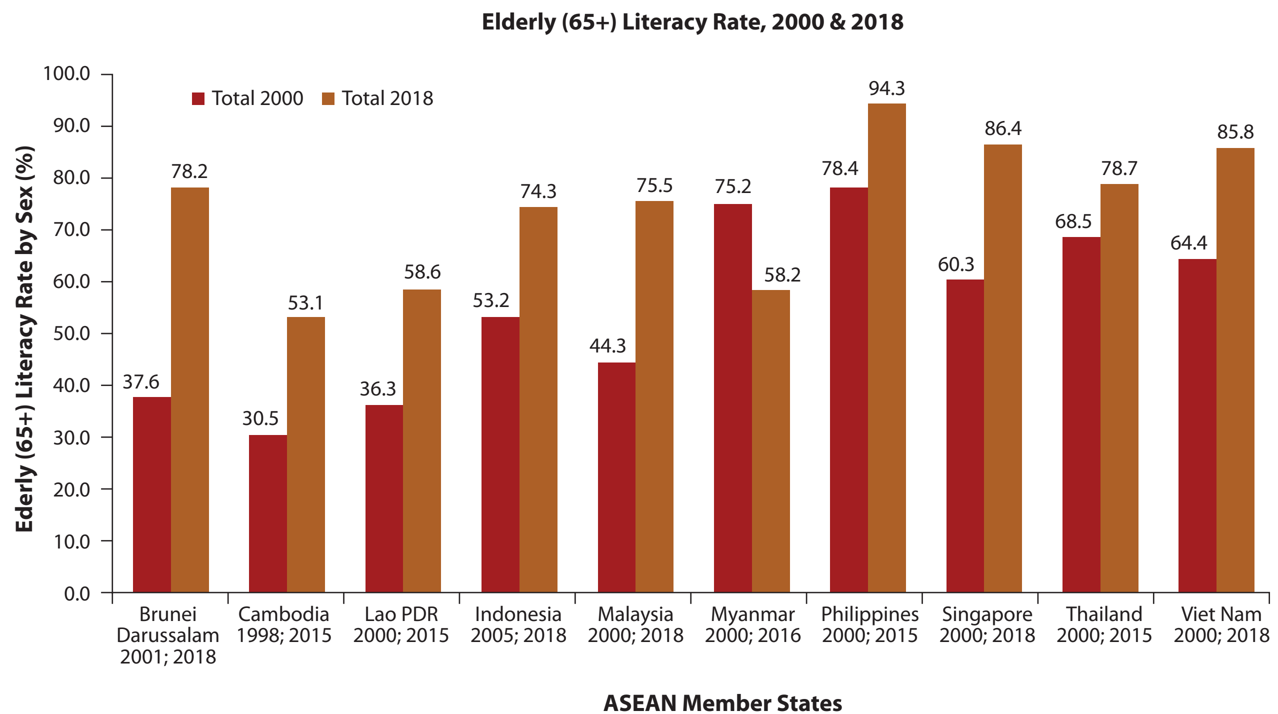
Source: Adapted from recent national surveys in each country

In summary, families in Southeast Asia are the source of social support for older adults, and those living alone are deprived of such family support (Adioetomo & Mujahid, 2014; Subramaniam et al., 2019). The strategy in enhancing social support of active ageing varies – i.e. Singapore depends on a more formal approach through the Active Ageing Centers. while other Southeast Asia countries depended on more informal framework on social support through maintain and promote the role of the family (Jitapunkul & Chayovan, 2001; Tan et al., 2005; Salleh, 2017; Tey & Hamid, 2014; Piensriwatchara, 201).

3.2.4 Lifelong Learning Pillar

Education and lifelong learning are significant indicators of a sound social environment. Power and Maclean (2013) noted that for the UNESCO Delors Commission, lifelong learning implies "*the acquisition of knowledge, skills and values throughout life, a continuous process of learning to know, to do, to live together and to be*" - the 'four pillars' of education. Lifelong learning allows older person to develop skills and confidence to adapt and stay independent as they grow older (WHO, 2002) and remain active in the society. As argued by Narushima, Liu and Diestelkamp (2016), lifelong learning has a conserving effect on wellbeing and health of the elderly. It not only keeps older persons active and engaged in later life, but also strengthens their cognitive capacity in adapting to new changes. The present older persons in AMS were born in the late 40s and 50s, where opportunities for formal education is limited, or disrupted by war and conflict (Knodel and Zimmer, 2014, Cao and Rammohan, 2016, Teerawichitchainan et al., 2017, Vu et al., 2020, SWRC, 2021, Abdul Rahman et al., 2021, Kato, 2000; refer to Figure 3.13), so lifelong learning for seniors is a compensatory strategy. A 2021 study in Brunei Darussalam indicated that majority of older person in the AMS have an upper secondary level of education (Abdul Rahman et al., 2021). This may be due to the study population, as only 400 sample of older persons were studied compared to other country studies which involved larger sample size. Therefore, the cohort effect may account for the differences in level of education.

Figure 3.13: Lifelong Learning and Education of Older Adults in Southeast Asia



Source: Authors developed from recent national surveys in each country

Two factors influence the lifelong learning pillar for active ageing, especially the level of elderly literacy rate and the access to Internet. Successive generations of older persons will improve in terms of education level and the added years to life must be meaningful and fulfilling. According to the ITU (2020), the percentage of Internet users in AMS is increasing, with a varying penetration rate between 46.9% to 95% in 2019. As the COVID-19 pandemic has shown, digital literacy of the elderly is a major issue and there is a need for AMS to develop initiatives to bridge this gap.

Formal versus informal approach. Malaysia and Singapore provide formal setting for older person lifelong learning programme – i.e. the National Silver Academy in Singapore and the University of the Third Age U3A in Malaysia that became a model for PAWE (Abdul Rashid, 2015; OH, 2016b; ADB, 2020; Woon and Zainal, 2018). In addition, over 200,000 older person Singaporean were reached out through educational camping on healthy active ageing. Activity Centres for Older Persons in both countries provide various learning activities, religious studies, skills training, and lifelong learning (Abdul Rashid, 2015; OH, 2016b; ADB, 2020; Woon and Zainal, 2018). The challenges of lifelong learning for older persons in Malaysia has been discussed by Hamid and her colleagues (Hamid et al., 2019; Rahimah et al., 2018), and the primary issue is about self-help models and ownership.

Table 3.15: Major Challenges related to Social, Behavioural and Personal Determinants of Active Ageing in Southeast Asia

Country	Challenges on Social, Behavioural & Personal Determinants																	
	Shortage of programmes and activities	No law on older person	Lack of older person value and respect	Lack of social clubs, associations	Lack of organised social activity	Lack of organised cultural/religious activity	Lack of informal social support (family base)	Lack of technology use& virtual communication (internet)	Lack of lifelong learning/learning and skills centres	Lack of education	Lack of behavioural health habits	Lack of psychological health	Lack of knowledge and awareness	Lack of volunteerism	Budget constraints prevent policy implementation	Issues in policy transform & implement	Lack of existing research and studies	Gender/age inequality
Brunei Darussalam	✓				✓	No data		✓	✓					✓	✓		✓	No data
Cambodia	✓		✓		✓			✓	✓	✓	✓	✓	✓	✓				✓
Indonesia	✓				✓	No data		✓	✓	✓	✓	No data	✓	✓	✓	✓	✓	✓
Lao PDR	✓	✓		✓	✓	No data		✓	✓	No data	No data	No data	✓	✓	✓		✓	No data
Malaysia	✓	✓			✓			✓			✓		✓	✓			✓	✓
Myanmar	✓			✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Philippines	✓				✓			✓		✓	✓		✓	✓			✓	
Singapore					✓		✓			✓				✓				
Thailand	✓				✓			✓		✓	✓		✓	✓	✓	✓	✓	
Viet Nam	✓				✓			✓	✓	✓	✓		✓	✓		✓	✓	✓

Thailand and Philippines on the other hand, depend on informal approaches to enhance older person education, such as non-formal educational programmes for older persons provided by the Department of Non-Formal Education, Ministry of Education in Thailand, and Bureau of Non-Formal Education in the Philippines (Tefera, 2007; DSWS, 2014; Piensriwatchara, 2017; Hayami, 2019; Larpsombatsiri, 2019). Brunei Darussalam also provides informal education through forums, seminars, and workshops to educate older adults. However, the ageing action plans in other Southeast Asia countries still lack programme in enhancing lifelong learning among older person (see Annex IX(a) & IX(b)). Therefore, there is a need for more programmes, activities, and policies to enhance older

adults' social environment, especially lifelong learning and formally organised social activity, in Southeast Asia. In order to enhance older person opportunity to being active, being up to date with the current situation is a must, hence, reskilling older person is necessary. Certain AMS such as Singapore, provide opportunities for older person retraining to prepare them for future jobs.

3.3 Emerging Issues and Challenges

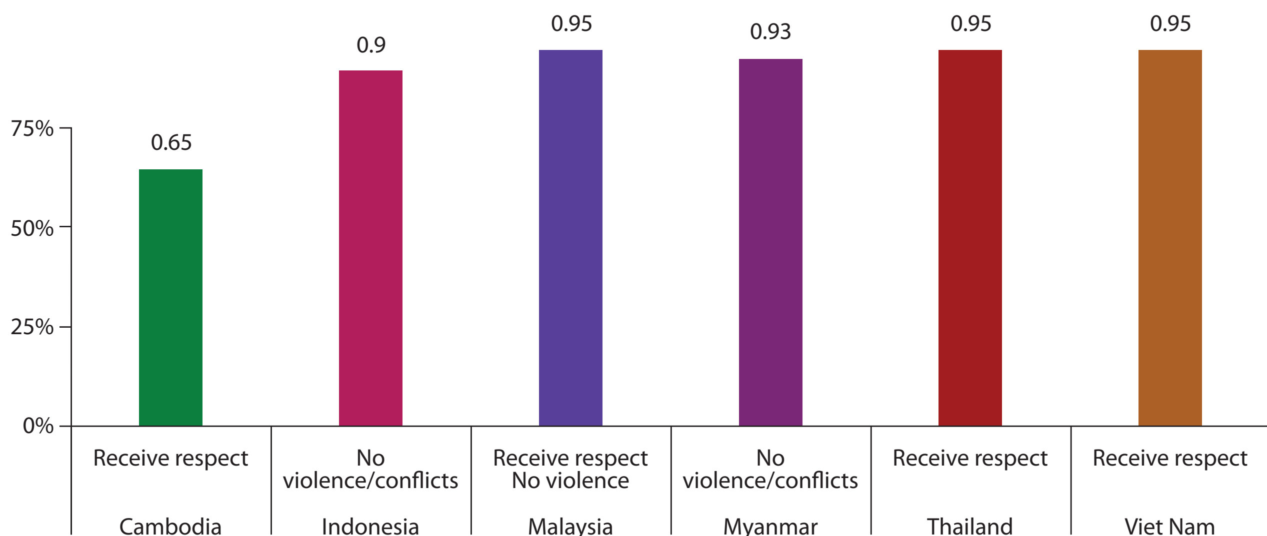
The emerging issues and challenges are not part of the active ageing pillars, but they have implications to older people and will affect their active participation in the community. The emerging issues are categorised as protection from violence and abuse and awareness of active related issues.

Protection from Violence and Abuse

Elder abuse is recognised as a public health concern and the United Nations in 2011 declared June 15 as the day for the elimination elder abuse. This initiative was developed from the early work of the International Network for the Prevention of Elder Abuse (INPEA) which established World Elder Abuse Awareness Day on June 15 each year since 2006 (Penhale, 2006). Elder abuse refers to neglect, violation, deprivation, and lack of respect of abuse persons which can lead to a significant cause of illness, injury, isolation, and depression among older adults (WHO, 2002). Thus, may limited participation of older persons in the community.

Nevertheless, in our region there is limited research in this subject matter. There were only a few studies on elder violence and abuse in Southeast Asia, especially in Brunei Darussalam, Indonesia, and the Philippines (see Annex IX(e) & IX(f)). The provided data from the content analysis showed a low level of incidence of elder abuse (less than 10%) in Indonesia, Malaysia, Myanmar, Singapore, Thailand, and Viet Nam. Besides, filial support and respect for older parents remain largely intact in Southeast Asia (Hock et al., 2013; Knodel, 2013; Cao and Rammohan, 2016; Teerawichitchainan et al., 2017; SWRC, 2021). However, the Survey of Elderly in Cambodia showed that only 27% were satisfied with the respect received from the young generation (Knodel et al., 2005; Knodel and Zimmer, 2014). The changing nature of society and the demand for familial care may contribute to elder abuse in the future when job demand and family life demand becomes overwhelming for the family to handle, especially for dependent older women. Older person abuse in familial settings triggers changes in policy action in Japan in 2000 to address issues of population ageing, encourage labour force participation among Japanese women and the development of the financing old age support system (Olansky, 2011).

Figure 3.14: Older Adults' Respect and Protection from Violence in Southeast Asia



Source: Adapted from recent national surveys in each country

Awareness of Active Ageing Related Issues

Most Southeast Asia countries addressed or aimed to address the concerns of older adults (see Table X2). For example, all of the Southeast Asian countries celebrate the International or National Older Person Day to emphasise the appreciation of the role of the older person in society (DSWS, 2014; Sunusi, 2014; Haque, 2016; MCYS, 2016; MOH, 2016b; Kiau & Meun, 2017; CARE, 2019; VNCA & UNFPA, 2019). Most ASEAN countries have already enacted local laws on older adults except Malaysia and Lao PDR. Malaysia is in the process of adopting a law to protect the older person; it also has general law on violence is the Domestic Violence Act 1994 (MyGovernment, 2012; Department of Social Welfare Malaysia, 2013; Kiau & Meun, 2017). However, a law for the protection of the rights of older persons shall be enacted in Lao PDR to guarantee older adults as the other ASEAN (Rehabilitation, 2019; Te, 2019; RGC, 2017; HelpAge Asia, 2020, see Figure 3.16).

Individually, Singapore and Viet Nam show a high level of awareness of older adults' value and protection. For example, the Singapore Action Plan for Successful Ageing provides several initiatives to enhance the older person value and rights, such as including many younger Singaporeans in talks regarding ageing and inter-generation programs and promoting several facilities and privileges through the SG50 Seniors package and Passion Silver Card under Wellness Programmes (Mehta, 2015; Brooke, 2016; MOH, 2016b). Similarly, Viet Nam provides various initiatives to enhance knowledge of the whole society for ageing and established more than 3,200 Inter-Generational Self-Help Clubs (ISHC) to enhance older person rights and entitlements (Hoang, 2017; Lan & Dang, 2017; Giang et al., 2020). The ageing policies in Malaysian, Thailand, Indonesia, and Cambodia focus on family well-being through enhancing family values from generation to generation through various actions such as the National Family Policy in Malaysia, family's day in Thailand, and the Khmer culture of family values in Cambodia (Jitapunkul & Wivatvanit, 2008; Department of Social Welfare Malaysia, 2013; Aruntippaitune, 2017; Kiau & Meun, 2017; MSAVYR, 2017; Te, 2019). The Philippines aims to enable older adults through involving them in the community and decision-making (DSWS, 2014; Christian et al., 2019). Brunei's and Myanmar's older person action plans aim to enhance older person rights through campaigns and workshops on older person rights and abuse awareness (Tahir, 2015; MCYS, 2016; Thein, 2016; CARE, 2019; Zaw Oo, 2019; MFE, 2020, see Table X1). However, the Lao PDR and Cambodia need greater effort to strengthen older person welfare.

Overall, Southeast Asia culture is based on the principles of mutual respect especially for the older person, leading to intact levels of older person support and care. Then, government of the world have adopted and adapted this framework into their planning and preparation for an ageing society. It is one thing to talk about intergenerational solidarity and quite another to talk about filial responsibility. As societies age, the compact across generations need to be reshaped and reaffirmed as changes in modern life and extended longevity may lead to new norms and conventions.

3.4 Summary

Poverty is a multidimensional phenomenon that encompasses various deprivations experienced by individuals and its measurement is linked to a number of absolute and relative measures. Six (6) AMS are lower middle-income economies while two (2) each in high-income and upper-middle income categories, each with different levels of demographic transition. The poverty headcount ratio at National Poverty Lines varies between 5% to 20% of the population, and the proportion increases correspondingly at standardised thresholds of $1.90, $3.20 or $5.50 a day (2011 PPP). Nevertheless, there is a clear downward trend in poverty rates for all AMS, and the same patterns are observed for the aged poor. In countries like Cambodia, Lao PDR, the Philippines and Viet Nam, the poverty rate of older persons is below the overall national poverty rate. In comparison, the old age poverty rate is marginally higher for countries such as Indonesia, Malaysia and Thailand. Poverty in later life is influenced by age, gender, geographical location, living arrangement and levels of family support. A number of determinants affect old age poverty including pandemics and epidemics, macroeconomic shocks, environmental disasters and emergencies, conflicts and wars, social inequality and exclusion/marginalisation, access to services and cumulative impact of life trajectories. Poverty has significant implications on the health, social inclusion and basic livelihood of older persons.

Active ageing is a construct borne out of the classic activity theory by Havighurst (1961) that posited that older persons who are more active and socially engaged enjoy greater life satisfaction. WHO (2002) defined active ageing as the "*continuing participation in social, economic, cultural, spiritual and civic affairs, and not just the ability to be physically active or to participate in the labour force*" with the goals of optimising opportunities for health, participation, security and lifelong learning to enhance the quality of life as one ages. Walker (2002) outlined seven (7) key principles of active ageing for policy development, namely that a) its activities consist of all meaningful pursuits that contribute

to wellbeing of the individual, family, local community or Society-at-large; b) it must encompass all older people, even those who are frail and dependent; c) should be primarily a preventive concept, involving all age groups with an emphasis on preventing ill-health, disability, or loss of skills; d) maintaining intergenerational solidarity; e) embody both rights and obligations; f) with a strategy that is participative and empowering, a combination of top-down and bottom-up approaches, and; g) respecting national and cultural diversity. An influential Active Ageing Index (AAI) was developed under UNECE based on WHO's active ageing framework and measures the potential of older persons for active and healthy ageing across different countries in Europe. It consisted of four (4) domains and 22 indicators on 1) Employment; 2) Participation in Society; 3) Independent, Healthy and Secure Living; and 4) Capacity and Enabling Environment for Active Ageing. In recent years, researchers have adapted and modified the AAI for Asian countries including Thailand, Viet Nam and Indonesia.

The situation of health, security, participation, and lifelong learning as key pillars of active ageing showed significant diversity in the situation of older persons in AMS. Older persons are living longer, and age-related diseases are on the rise. It was estimated that the demand for aged care will more than double in the next two (2) decades. A review of the residential and non-residential (community or home care) aged care services indicated new modalities but their coverage and financing are limited. Apart from challenges in research data, AMS face significant issues with trained human resources (care workers and caregivers), availability of age-friendly facilities and services, issues of low utilisation, and the financial constraints faced by healthcare system in AMS, especially the total health expenditure and share of out-of-pocket (OOP) spending on health. This is closely related to income security concerns as older persons in AMS have few sources of income, as State-funded social protection schemes or pensions are limited in reach and value. In countries like Brunei Darussalam (100%) and Thailand (89.1%) where coverage is high, the value of old age assistance is small and unsustainable. Pension reformed are needed to ensure sustainability and also make care provisions viable for all actors. The dependency on transfer for children is high, but old age employment is on a downward trend as more elderly in the future are in the formal sector with fixed retirement ages. Due to scarcity of comparable data, it is not immediately clear the magnitude and value of assets held by older persons that conform to the asset rich, income poor narrative, but it is widely acknowledged that the elderly is a vulnerable group in disaster management and preparedness.

Most SEA countries have Older Peoples Associations of Senior Citizens Clubs where the elderly gather for activities. There is a strong culture of communal spirit and the collective in AMS, but this is more common among the older generation than the younger population. Senior centres have been targeted and used as locations to promote active ageing activities and this may include places of worship and gatherings at community halls. The challenge in increasing the participation of older persons in economic, social, and cultural activities is with the institutionalisation of older volunteers and older workers, not necessarily through an extension of mandatory retirement ages but also re-training and re-employment policies. As such, the lifelong learning activities must move beyond its leisurely orientation and serve a more practical purpose, including active citizenship education. Adult education and lifelong learning for older persons should go hand in hand with social activism and improving self-independence. There is still general apathy on old age abuse, neglect and maltreatment issues as the authorities have not provided meaningful alternatives apart from familial or kinship support.

Positive narrative focused on healthy and active ageing, broadly defined beyond physical participation and employment could create compelling potentials for increased economic productivity and long-term opportunities for multiple market sectors. However, activity in older age limited by long-term ill-health and disability underpinned by poverty, poor neighborhoods, ageism, and insecure, gendered, racialised and sectarian space (Barret and McGoldrick, (2013) and policy and resource constraints which inadequately support older people's welfare (Lymbery, 2012), when older person are likely to be among societies' poorest e.g. DOSM (Department of Statistics Malaysia, 2020). Albeit recognising multiple barriers to active ageing, poverty among older person seems to be prominent factor as it negatively affects multifaced aspect of older person life. At the same time, active ageing and continual participation can be (potentially) used as- and/or to complement current strategy to combat poverty in old age.

In summary, it is evident that rapid population ageing combined with lack of adequate social security increases the vulnerability of poverty in old age. As a result of low pension coverage and low benefit levels, older person resorted to work for income. In most AMS, older person participation is driven by poverty, leaving them with little choice but to work mostly in an informal sector and menial jobs, and still unable to meet ends meet. Poor older person often lives with adult children who are themselves living in poverty, hence the common living arrangement does not shelter them from poverty. Feminisation of poverty persisted even in old age due to their lower labor force participation in the formal sectors and consequently have less access to pensions. Older persons who are poor suffers from various disability preventing them from continue to being active yet having limited access to care services. Older person is also more vulnerable in emergencies and crisis especially those in poverty as they

are likelier to live in housing that are inadequate to withstand the calamities or not having adequate protection. The nature of old age poverty differs from poverty experienced in young segment prompting the need to track older person vulnerability to poverty accurately and over time, but only a handful studies available for AMS.

Hence, in the next section, we shall discuss and suggest recommendations for action at both country and regional levels.

Chapter 4: DISCUSSION AND RECOMMENDATIONS

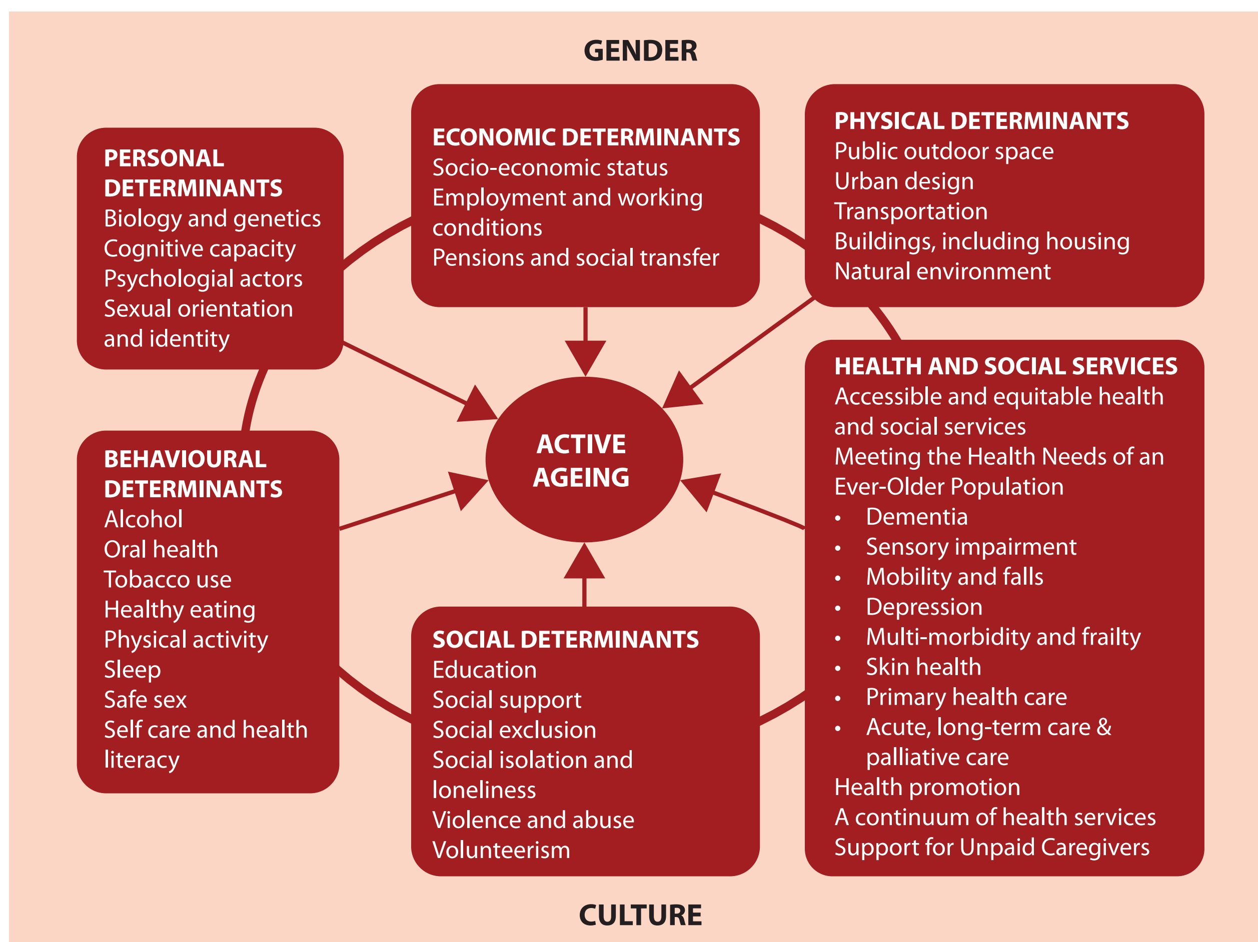
Population ageing presents both challenges and opportunities for the Southeast Asian countries. As the proportion of the population at older age increases, there are concerns over how to cope with possible implications in terms of the economy, urbanisation, labour force participation, health and long-term care, and socio-cultural matters. In tandem with population ageing, other mega trend such as the advancement of digital technology and innovation will propel new dynamism and development in relations to policy initiatives. The active ageing policy perspective adopt a positive image of older persons and see older person as a resource that can contribute to society.

However, population ageing requires a new approach to social policy interventions, as Walker (2002) reiterated in industrialised countries the policy response tend to be compartmentalised in traditional policy domain of socio-cultural life, employment, pension, retirement, pension, health, and citizenship. He calls for a new approach to policy making that recognised the interconnected nature of key policy issues of socio-cultural life, employment, pension, retirement, health, and citizenship. AMS do not practice welfare state philosophy as her counterpart in the west. Moreover, labour force participation in many member states is largely in the informal sector compared to the formal with the exception of Singapore the labour force is mostly in the formal sector and informal sector labour force is negligible (Asher and Ravaratnam, 2017). Collectively, ASEAN has a huge pool of human resource that can be optimised with sound social policy interventions to benefit the region. Ageing is a life-long experience, starting from conception to death, therefore policy interventions at the earlier stages of life will benefit the aged population. The discussion and recommendations in this chapter is divided into three sections; recommendation for poverty eradication and promoting active ageing, followed by cross-cutting element of active ageing. The chapter then focus on key recommendations to addressing old age poverty and promoting active ageing in view of accelerating the implementation of the Regional Plan of Action for the Kuala Lumpur Declaration on Ageing.

4.1 Recommendations for Poverty Eradication and Promoting Active Ageing

The discussion and recommendation related to poverty in later life and active ageing are organised under the determinants of active ageing as shown in Figure 4.1. In this section, country level recommendations are proposed.

Figure 4.1 Active Ageing Framework with Listing of Determinants



Source: ILC- Brazil, 2015

4.1.1 Economic Determinants

The socio-economic position of older persons varies within country and across AMS. The current cohort of older persons were born in the 40s and 50s where educational opportunities were limited especially for women. Nevertheless, improvement has been made in the achievement educational level across all member states. Female labour force participation rate varies across AMS and hover around 60% or lower. In addition, older person's participation in employment is rather low and for those who receive pensions the quantum is also low to cover expenses, and many rely on children for support. Another aspect that relates closely to women is the care activities. Research have shown that many women sacrifice promotion or even quit their job due to care responsibilities. The question is, what will happen to these women when they become old? Who will support their livelihood in old age? Hence, gender-sensitive social protection system is needed. Moreover, as the society ages, a smaller number of people can contribute to the system.

Recommendation 1: Strengthening Income Security in Old Age

1a. Development of sustainable social protection system

The social protection system in many AMS are still limited in coverage and fragmented across sectors. The social protection for human capital development, labour market intervention and old age protection varies in depth, scope, and coverage. During the recent pandemic short-term measure of social assistance to the vulnerable including older persons help ameliorate the effect. However, an integrated wholistic social protection programme is needed as over 60% of the labour force are in the informal sector, which is hard to reach for formal social protection system. Digitalisation of the system may help in processing of recipients and improve targeting. A few countries have move to transferring assistance through the Internet banking for more efficient disbursement. In addition, a major concern with social protection the targeting mechanism and interoperability of data from different sources to use as mechanism of identification, disbursement, and

management of the system. Currently, clients that are resourceful can apply for many kinds of assistance without being detected. Therefore, there is a need have inter-operable system rather than a single data source. This will ensure efficiency and transparency of the system and trust in the government. A few countries have embarked on this initiative, such as Viet Nam and Indonesia.

1b. *Develop and expand older person's capacities through retraining and reskilling programme for reemployment*

The capacity of older persons can be improved through retraining and reskilling activities that are implemented through, formal, informal, and non-formal educational activities. Some of these activities have been carried out in several AMS. There is a need to expand the programme to cover more localities. Capacity building will enable older people who want to remain in the labour market to upgrade their skills which would open opportunities for reemployment.

1c. *Consider legislation of age friendly work environment, re-employment and improvements in workplaces to cater for multigenerational work force*

Several examples of legislation have been discussion surrounding age-friendly work environment and ASEAN has developed guideline entitled the ASEAN guideline on gender mainstreaming into labour and employment policies towards decent work for all. This guideline can be the basis for reviewing age friendly workplace and gender equity in the labour market. An age-friendly workplace enables a multigenerational workforce that works side-by-side each other.

For older persons who are still healthy and has the capacity to get reemployment, there is a need to review current legislation to enable this to happen and improve the older person's financial position and support their life in retirement. Appropriate legislation and development in the reemployment initiative need to explore further to mainstream abled older persons into the shrinking labour market in the region.

1d. *Encourage, adopt and develop policy guide of social and solidarity economy (SSE), including the development of senior entrepreneurship*

Population ageing calls for new and innovative approaches to address social and economic challenges on the society, so that it would put less pressure on fiscal demand of a country. This emerging approach is the social impact investment (SII) - i.e. financial provision to organisations with an explicit expectation of a measurable social, as well as financial return (OECD, 2015). Cooperatives, mutual benefit societies, associations, foundations, non-profits, and social enterprises, which have the specific feature of producing goods, services and knowledge are some examples of the social ad solidarity economy.

For SSE enterprises to be sustainable, there is a need to develop policy guidelines and regulatory framework by the government to encourage the market to grow. As the enterprise is emerging, the economic impact is still not known, and data is needed to under the business further. Many countries have social enterprises and have develop initiatives to assist the development. Initiatives in the OECD countries range from tax benefit, support grant, trading platforms, creation of co investment fund and so forth (OECD, 2015). There are opportunities for our region to explore this channel in the creation of needed services with limited resources. Moreover, it will reduce over dependent on the government for good and services and will contribute to local economic development.

Ageing work force, limited social protection coverage and the need to support longer life expectancy, will force older persons to search for new avenue to finance their living. Many AMS has yet to develop policy on re-employment and the alternative to earn income is to be self-employed. Self-employment may be the late life career option for older persons who has the skill and resources to build business in late life. The promotion of entrepreneurship in older age segments may be a policy option to prolong the working lives of older people, reduce older-age unemployment, increase the social inclusion of older individuals (Kautonen et al., 2008). However, there is a need have policy to reduce barriers entrepreneurship among older persons. As more older people are healthy, there may a need to develop programme to promote and support the potential of entrepreneurship in old age, training to fill knowledge gaps on entrepreneurship skill and enabling tax system to encourage entrepreneurship for older people. In ASEAN, the Social Enterprise (SE) Initiatives has been incorporated as one agenda in the ASEAN Inclusive Business Framework which was adopted in 2017 (AIBF) (UNESCAP, nd), under ASEAN Economic Community. The SE has developed services to address social welfare issues in member states. Initially the SE focus on youth start up and with population ageing, this initiative should be expanded to include older persons.

1e. Strengthening old age poverty alleviation, from definition, targeting to intervention

Old age poverty in AMS is recognised as a vulnerable segment of the population but age-disaggregated data and reporting is sparse and unstandardised. There is a need for AMS to leverage on modern, ubiquitous modern technology and harness administrative big data for general poverty identification, analysis, and alleviation efforts. Usually, higher incidence of poverty at the household level indicates higher incidence of poverty among co-residing older person. However, in the context of aged poverty, assessing the well-being of aged poor should be done at both the individual and at the family household level. A household-based approach should be considered instead of individualised strategies that is common in current social welfare systems in the region. Social protection reforms are needed to ensure income security in old age so that older persons do not fall into poverty in later life.

4.1.2 Social Determinants

The social determinants relate to the social environment where the person reside. Supportive social environment ensure that older persons have access to education and lifelong learning, social and community activities and respected in the community. The positive experience in the social environment will enhance health, participation, and security as person age. Negative social environment will increase risk to social isolation, abuse and conflict in the society which will affect health outcome.

Recommendation 2: Mobilisation of Older Persons as Agent of Change

2a. Strengthened senior citizen organisations

There is a need to strengthened senior citizens organisations to enhance their effectiveness. For example, a well-structured multipurpose Intergenerational Self-Help group in Viet Nam have proven that they are not only assist their members but also become part of the outreach to deliver health services in the community. However, the sustainability issue of organisation is important to consider.

2b. Train older persons as volunteers

In Singapore, the government has established an entity to manage and train volunteers to become conduit available to and also assist older persons with needs. Senior volunteers in Singapore are also trained to provide clinical assistance in rehabilitation centers as piloted in Tang Tock Seng hospital orthopaedic clinics. Ex-patients are trained to assist in rehabilitation and has relieved hospital staff from such tasks to focus on more critical cases. Healthy older person can also be co-opted in other programme such as home help services, companionship programme and peer to peer counselling to name a few.

2c. Promote lifelong learning programme

Promotion of lifelong learning among older persons is important for social and human capital needed to remain active and productive in the community. This programme also helps reduce social isolation. Internet technology can be used to deliver the programme to reach remote areas. Institutionalisation and support of the programme at the local level will ensure that older persons are not marginalised and are abreast with development. In line with UNESCO's Delor's report, four (4) fundamental types of lifelong learning should be pursued – learning to know, learning to do, learning to life together and learning to be. Not all learning has to be oriented towards future employment.

2d. Promote shared rights and responsibilities as well as intergenerational solidarity

Recognise and promote the rights of older persons, the interdependence of family members, the shared rights and responsibilities of self, family, community, and State. AMS should recognise a balance between State and family provisions that incentivises intergenerational care and support, while at the same time creating a public safety net for needy older persons.

More intergenerational support programme should be developed to enhanced shared knowledge and promote positive attitudes towards ageing. This will help younger generations to envision life in old age and augment their preparation for the future. Maturation and ageing begin from birth, not at specific chronological ages.

2e. Improve participation of older persons in the Society

The participation of older persons in economic, social, cultural and political activities should be encouraged and supported, especially their involvement in local policy planning and development as key stakeholders. This includes the input of older persons and their families in national policies on ageing, as well as the representation of related industry and civil society actors.

4.1.3 Personal Determinants

Personal determinants relate to the biological endowment of a person. The biological and genetic predisposition will influence how a person age. Lifestyles, coping skills and behaviour will modify the influence of chronic diseases of a person. The psychological and cognitive factors will influence how a person can adapt to the ever-changing environment. Individuals who are adaptable and flexible will have better adjustment to the changes that is experience and produce better quality of life.

Recommendation 3: Inculcate positive attitude towards ageing and old age as a period life with both opportunities and limitations

3a. Optimising opportunities and potentials in later life

The understanding normal and pathological ageing will help in adjusting to changes in physiological and functional status. Nevertheless, our biological system is malleable and with appropriate interventions and positive attitude toward ageing will open up new possibilities in later life. Old age should be recognised as a stage of human development with both gains and losses to combat ageism and promote a positive sense of self in later life.

4.1.4 Behavioural Determinants

Behavioural determinant of health is well established, and it include dietary choices and eating patterns, alcohol and tobacco use, and physical activity level. In addition, many individual behaviours affect a person's risk of developing a range of life-threatening disease. Behavioural determinants are modifiable risk factors of health.

Recommendation 4: Promote healthy lifestyle

4a. Encourage and support healthy lifestyle

The promotion of healthy lifestyle should be strengthened to delay the onset of degenerative disease and to promote healthy ageing. Healthy lifestyle will also prevent the onset of non-communicable diseases in old age. Health screening programme would be another avenue to allow early detection of diseases. It is heartening to see that all AMS have develop guidelines/policy for physical activities, nutrition, and management of diseases. Tobacco control is also in placed.

4b. Promote self-care behaviour/management

As people age the incidence of chronic disease will also increase and managing the ailment is important consideration to prevent complications and mitigate bad outcomes. Therefore, self-care management programmes intervention is needed to support individuals to manage symptoms and illness. The emotional and daily outcomes associated with chronic disease can also be handled. Consequently, self-care management will promote better health outcomes and reduce health care costs. Further, investment in mental health is critical and individuals with good mental health will be able to cope normal stress of life, contribute productively to work and to the economic wellbeing of society.

4.1.5 Health and Social Services

A major outcome of active ageing is to promote healthy ageing. Healthy ageing can be achieved through the integrated provision of health and social services. The integrated service health and social services should be well coordinated and cost effective to manage and sustained. In addition, these services should be accessible and affordable to the public and service providers should treat people of all ages with dignity and respect.

Recommendation 5: Sustainable, Equitable Health and Social Services

5a. Reorientation of delivery to population health focus

Health is an important resource in old age. Health is both a risk factor and facilitator for active ageing. For decades health ministries in member states focus on curative medicine to improve health status of the population. This strategy benefited the population hugely in the form of general health and improved life expectancy. In an ageing society, there is need to refocus more on preventive and rehabilitative health (Walker, 2002; WHO 2002; WHO, 2015) and address the gap in services through population health to cater for health in an ageing society (WHO, 2015). Population health is an approach aimed at improving the health of an entire population. It is a new concept aimed at preventing illness and improving the health and wellbeing of local communities. It considers all aspects of health, such as physical, mental, and emotional wellbeing, as well as social aspects, including education, employment, housing and more. This approach will reduce health inequalities and reduce the occurrence of ill health (King's Fund, 2019). This will require working with non-traditional partnerships among different sectors of the community – public health, industry, academia, healthcare, local government entities, etc. – to achieve positive health outcomes (Centers for Disease Control and Prevention, 2019).

5b. Address the barriers to integration of health and social services

WHO (2002) stressed the need to integrate health and social care services to support active ageing. Nonetheless, there is a persistent cultural, structural, and hierarchical divide between medical and social care that often impedes the development of common understanding (Phua et al., 2019). This will hinder integration needed to cater for person-centered services.

There is evidence in the previous chapter that indicated member states making efforts to create integrated health and social care. For example, Brunei Darussalam have established task force on this matter (Brunei Representative, 2014), while Singapore's inter-ministerial committee on ageing provide the overall perspective on integration of health and social care.

5c. Development and promote continuum of long-term care

Long-term care system in the ASEAN regions is not fully developed and are still fragmented (Tejativaddhana, Chuakhamfoo & Hue Vo, 2022. Care for the elderly is still shouldered by the family and the aged care industry is still nascent in most AMS (Yeung, 2018; Hayashi 2018; Loichinger & Pothisiri, 2018), There is a need to address the inadequacy of the long-term care system in most AMS as the Care Economy is still underdeveloped (ASEAN, 2021). Gaps exist in terms of accessibility, affordability, and quality of care especially in developing and less developed AMS. This is an area where more need to be explored and pursued. In the absence of affordable care and with limited facilities and service, older persons will suffer from ill health and become dependent on others for care. The vision of having a continuum of care from independent to dependent living may not be possible under OOP financing alone.

5d. Increase qualified human resource personnel in ageing related services

Many member states mentioned about the limited qualified manpower in the area of geriatrics, LTC, gerontology and the need to have human resource with appropriate skills and qualification to cater for aged population. Trained professional and para-professional are needed to develop services. These include gerontologists and geriatricians, as well as nurses, physiotherapists, social workers, and counsellors trained in aged care. Training, especially postgraduate education in gerontology in the region, is rather limited, with active, dedicated research centres in Singapore, Thailand, Indonesia, Malaysia, and Viet Nam.

5e. Development of equitable and sustainable healthcare financing in old age

Many member states have health providers from both private and public sector. The public health is financed through public revenue and provide near universal health care or with minimum charge. Many consumers are paying out-of-pocket or health care and not many would have health insurance. The exception is Singapore, where health can be financed with scheme under the provident fund, namely Medisave, Medic Shield or Elder Shield programme. For those who can afford, personal health insurance is available in many member states.

The cost of care will escalate with age and insurance premium will be quite high. Therefore, there is a need to study how other nations are addressing health care financing at the country and personal levels to address health needs in later life. There is a possibility that health inequality will increase if financing issue related to health is not addressed. This would affect the SDG 3 goal of achieving good health and well-being.

5f. Partnership in development technology for health

Digital technology has been a part of the health system in some member states where, tele-medicine is practiced. The investment in health technology assist health delivery and during the peak of COVID-19 pandemic, technology use is much more prevalent. Technology in the health sector has grown rapidly and Japan is leading in this arena (Olansky, 2011) where robotic technology in rehabilitative health and care has been widely used (Mayumi, 2014). Other gerontechnological products are also available to assist in the care process and to reach older persons in remote areas of Japan. In our region, technological evolution is emerging, but it is still quite costly. There is a need to develop appropriate technology for use among our population in assist in healthcare and active ageing. The available platform such as AUN, AEC platform and ARNA can be mobilised to facilitate the development of assistive technology in the health services system and information management.

4.1.6 Physical Environment

Physical environments include built environment which comprised of building, out-door space, kerbs, walkable spaces, housing, transportation, parks, and others. The complex interaction of older person with the environment will influence health outcomes. Barriers in the environment will enhanced disabilities, while age friendly environment will promote active participation in the community and promote healthy living and improve health outcomes.

Recommendation 6: Addressing Climate Change, Natural Disasters and Physical Environment

6a. Climate change and natural disasters

In the 2019 survey among ASEAN Member state by the Institute of Southeast Asian Studies, the number one concern of the citizen in the region is climate change and disaster management. Many member states and especially the island countries are prone to volcanic eruption and hurricanes. The disaster risk and poverty are bidirectional – i.e. the impoverished are more likely to live in hazard-exposed areas and are less able to invest in risk-reducing measures. These natural disasters have devastating effect to the area and the people – e.g. reduced agricultural produce making them vulnerable to poverty, besides population displacement. The recovery process will take a while depending on the degree of damage. It would mean that effort of earlier development will be destroyed, and rebuilding may start from zero again. Older persons are considered high-risk and vulnerable groups in disaster areas as they have mobility and accessibility issues, thus necessitating humanitarian focus (Sendai Disaster Risk Reduction Framework, 2015).

6b. Provision of housing alternatives to meet changing needs of older persons

Another aspect of security is housing ownership. Many older persons own their homes. They are assets rich but cash poor. There is a need to study how their asset can be converted to become a source of income in old age. The reversed mortgage may be an alternative, however thorough study needs to be conducted to develop the system. The issue of housing and living arrangement have a direct impact on the well-being of seniors, especially the services gaps between urban and rural areas. Older persons in ASEAN should not have to choose between the extremes of living alone, living with children or living in institutions as meaningful alternatives should be made available (i.e. congregated housing, granny flats etc.).

6c. Development and improvement of age friendly mobility and transportation system

Mobility and transportation are a mean to integrate people in the society and the ability to more around in the community and or use public will contribute to healthy ageing. Ability to move around and conduct activities of daily living will enhance independent living and improve functional status. Therefore, barriers to mobility will need to be address. In addition, the limited public transportation in many AMS will need to be address to encourage mobility and connectivity for inclusive development.

6d. Improvement and accessible build environment

Environmental accessibility is essential to encourage participation for all ages and abilities. Built environment that is age friendly will be inclusive and will address various range of capacities across the life course. There may be a need to conduct access audits on built environment to ensure accessibility for all in selected buildings and public spaces. Awareness campaign on accessibility issues can kick start the programme and citizens science approach can be adopted to implement access audits of built environment and public spaces.

4.2 Old Age Poverty, Active Ageing, and the Regional Plan of Action for the KL Declaration on Ageing

The UN bodies have indicated that increasing numbers and proportions of older persons (OP) have caused concern over the well-being of OPs as ageing impacted on their income security, long-term care, and health. Consequently, it becomes a major emerging challenge for families, communities, and governments. Therefore, empowering older women and men and creating enabling environments to promote the participation of older men and women in economies and societies will be crucial to achieve sustainable development. According to Walker (2006), there were five main reasons that spark the interest of policy makers in active ageing – i.e. work force ageing, the growth of early exit, social protection system sustainability, changing business needs and the political pressure for equal treatment. In short, studies (e.g. Cyclus, 2019; ILC Brazil, 2015) suggested that active ageing can be used as a mechanism to reduce financial burden brought about by ageing population by way of harnessing the OP's potentials.

WHO's recognise the importance of culture and gender which are identified as the indirect determinant to the success of active ageing (WHO, 2002). The key direct determinants, such as access to health and social service systems, affecting behavioral determinants, personal factors, and physical, social, and economic environments. Interestingly, gender influence active ageing through these key determinants. Refer to section 3.2 on discussion on active ageing determinants.

In response to ageing population in the region, ASEAN reasserted the commitment of the member countries to promote active ageing through the implementation of Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN (ASEAN, 2015). The KL declaration presents a set of ten recommendations for governments, institutions, the private sector, and civil society, on topics that include lifelong learning, access and equity, research and innovation and more.

Annex XI provides a mapping of the KL Declaration across key determinants of active ageing and the role of multi-stakeholders vital to the success of active ageing, establishing linkages between them. Generally, all 10 recommendation of KL Declaration covers each determinant to the success of harnessing active ageing. For example, the Regional Plan of Action (RPA) No. 3 which recommend on the promotion of rights-based/needs-based and life-cycle approach and eliminate all forms of maltreatment touched on every determinant to materialised active ageing, namely economic, social, personal, behavioural, health and social services and physical environment. However, for recommendations that touches on developing capacity and increasing pool of trained personnel in related areas such as RPA No. 6, it serves as supportive environments for successful active ageing. As such, it does not directly link to any active ageing determinant. All in all, analyses on the RPA indicated that the top three emphasis is given on health and social services, social and behavioural determinants of active ageing.

In terms of roles and responsibilities of multi-stake holders vital to the success of enhancing active ageing among older population in AMS, each recommendation directly and indirectly identify relevant stakeholders. In general, the responsibility is mostly shouldered by the government, although other stakeholders, private sectors, civil society, older persons and their family, the media and some part international organisation have equally important role to play. The content of RPA covers all determinants of active ageing. Nonetheless, policy interventions at the earlier life stages, i.e. childhood, youth and adulthood must be recognised as it affects the socio-economic positions of the older persons. Policy interventions at the older life stage focus on coping and supportive services to mitigate the negative affect long life.

4.2.1 Harnessing the Longevity Dividend for a Silver Economy

The economic burden due to ageing population is over emphasised when ageing is often myopically viewed towards the end of the process – i.e. when older person are already frail and no longer able to contribute to the society. Consequently, the silver lining of ageing population phenomena – i.e. an opportunity and the potentials sources of a sustainable and inclusive growth and job creation via "silver economy" is seldom highlighted in policy discussions. Understanding ageing as the source and/or generator of economic growth requires a paradigmatic shift regarding the position and role of the older person in an economy – i.e. from "older person care" to "active citizenship" which synonymously referred to as active ageing (Tkalec, 2017; Formosa, 2017).

Silver economy is not universally defined in the literature. Narrowly defined, silver economy is often mistakenly equated with "silver market" – i.e. the market segment or consumption aspect [i.e. the demand side of the economy] of product and services targeted for older persons such as long term care (Klimszuk, 2021), including product

innovation that are age friendly such as "universal design" (ITU, 2021). Based on Klimszuk (2016), silver economy is broadly defined as an economic system that focuses on balancing the area of production, distribution, consumption, and trade in products necessary for older adults, as well as younger but already ageing generation (Klimzcuk, 2016).

The European Commission (2015, p.7) defines silver economy as "economic opportunities arising from the public and consumer expenditure related to population ageing and the specific needs of the population over 50". The OECD (2014, p.2) viewed silver economy as "an environment in which the over-60 interacts and thrive in the workplace, engage in innovative enterprise, help drive the marketplace as consumers and lead healthy, active and productive lives". Later, the EU (2018) adopted a broader definition of silver economy to include "all economic activities serving the needs of people aged 50 and above, including products and services that the age group buys directly, and further activities that generate expenses (Kilmszuk, 2021).

In short, silver economy aims to take advantage of economic opportunities raising from ageing population. However, to do so, active ageing framework must be utilised to identify which conditions will enhance not only old-age consumption or the demand side of the economy (Kilmszuk, 2017) but also the direct effect (e.g. job creation), and the indirect and induced effect (e.g. increased expenditure due to increase revenue I the region) (Kilczuk, 2021). However, government may consider migrating from the focus of silver economy to another approach to social well-being and economic development – i.e. solidarity economy. Intergenerational equity issues must be addressed as different generations face unique opportunities and challenges over the life course.

4.2.2 Opportunities for Regional Action and Cooperation

This section focusses on recommendations that can be carried and implemented by AMS and relevant ASEAN Sectoral Bodies across the three ASEAN Community pillars to address old age poverty and active ageing in line with ASEAN commitments in the RPA on implementing the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN. Old age poverty and active ageing are inclusive and multidimensional in nature. There is a need to work across sectors and adopt a comprehensive implementation framework to address the life course aspects of old age poverty and active ageing.

Recommendation 1: Harmonising Age and Sex Disaggregated Data

Harmonising age and sex disaggregated statistics for population ageing comparison in line with Titchfield Field City group on Ageing with a focus on older household statistics under the ASEAN Community Statistical System under ASEAN Statistic Division.

Recommendation 2: Combatting Ageism and Sexism

Combatting ageism and sexism through the ASEAN intergovernmental commission on human rights in education, work, and leisure over the life course in line with ASEAN Gender Mainstreaming Strategic Framework. This is one of the four focus areas under the UN Decade of Healthy Ageing and is critical in avoiding the marginalisation of older persons in the Society.

Recommendation 3: Strengthening Coordination and Cooperation with ASEAN Secretariat

Strengthening coordination and cooperation between and within the various communities (APSC, ASCC and AEC) on older persons and ageing as in preceding and future regional declarations, frameworks, and action plans. There must be greater harmonisation and synchronisation not just in the activities carried out among the AMS but also alignment in strategies between health and social welfare work programmes under ASEAN.

Recommendation 4: Strengthening Multisectoral and International Collaboration on Elderly Poverty and Active Ageing

Strengthening ASEAN external relationships, especially ASEAN+6 on poverty alleviation and promotion of active ageing through bilateral cooperation, technical assistance, and grant support. Greater cooperation with other regional and international bodies such as the World Bank, Asian Development Bank, UNESCAP, UNFPA, WHO and UNDP can encourage technical exchanges and resource support.

Recommendation 5: Clearinghouse on Elderly Poverty and Active Ageing

The set-up of a regional clearinghouse on poverty and active ageing helps to compile historical data and track policy developments to avoid reinventing the wheel. Documenting and archiving of active ageing and poverty policies through the establishment of an ASEAN ageing policies repository can also encourage mutual learning and information exchanges. This initiative can be an activity under ACAI or ARNA.

Recommendation 6: Measurement and Reporting of Old Age Poverty

Development of standardise old age poverty and vulnerability measurement and reporting, differentiating between individual and household indicators. We need a harmonised and standardised measure to make cross-country comparisons more accurate. This initiative can be part the activities under the ASEAN Senior Official on Rural Development and Poverty Eradication.

Recommendation 7: Promotion of Income Security in Old Age

Promotion of income security in old age is a challenge as many members states has high informal labour and may not be eligible to pay taxes. Involvement in non-standard form of work challenges the norms in designing SP scheme. Funded or PAYG, AMS need to put in place sustainable, multi-pillar pension systems. A fundamental requirement is to improve the income status of the people that will increase disposable income to invest in saving for old age. According to Sinn (2000) there is a need sustain the pay-as-you-go as well as promote funded pension system for income security in old age. Unless the basic needs are meet, people may not have the aptitude to save. ASEAN has developed the SP strategic framework to enhance the well-being, welfare as livelihood of the peoples throughout their life cycle.

Recommendation 8: Integrated Care and Long-term Care

ASEAN Secretariat is an important platform to share models of integrated care and long-term care that member states can emulate. Encourage attachment arrangement for delegates from member states in selected countries to learn the management of the programme in action. The Care Economy is an opportunity for economic growth and each AMS must develop its own infrastructure and invest in manpower provisions to meet future needs and demands.

Recommendation 9: Caregiver Training and Certification

The issues of carer training can be addressed through the ASEAN Qualification reference framework to encourage transborder care. There should minimum standard content on care that can form the basis for training ASEAN-wide. Additional specific module like dementia care can be added to the basic core minimum requirement. This will help promote qualified carers across the region. Currently, Indonesia, Philippines and Viet Nam are involved carer giver training following the Japanese requirement catering for the Japanese care industry.

Recommendation 10: Regional NGO on Ageing for ASEAN

Non-government organisation (NGO), community-based organisation (CBO) and civil society organisations (CBO) are often labelled as a third sector. The Third Sector is important in delivery of collective goods and services and the promotion of civic action and policy development. The presence of these organisations in a country may reflect the gap in service needs that might not be fulfilled by government services as highlighted in the previous chapters and the empowerment of citizens to address gaps in societal needs. Several NGOs on ageing have been established in AMS and these NGOs have played vital role in service provisions at the local level. At the United Nation level, there are three NGO Committees on Ageing in New York, Vienna, and Geneva which each has a consultative relationship and advocates on behalf of older persons' rights before the UN Commissions. The Committee also promotes integration of ageing issues into UN policies and programmes and encourages Member States to include ageing needs and rights in their policies. Similar setup can be established at the ASEAN level to present the voice of older persons and advocates for their interests in policies and programmes and to mainstream the issues of population ageing.

Recommendation 11: Older Persons and Disaster Preparedness

Mainstreaming disaster preparedness among older persons is crucial as older persons are vulnerable and can be victims of natural and man-made disaster. The ASEAN Coordinating Centre for Humanitarian Assistance (AHA) has the mandate for capacity building on disaster management and can be the vehicle to further develop initiative to assist Member State to educate and train OPAs to address disaster preparedness among older persons and should include as part of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme for 2021-2025.

Recommendation 12: Development of Comparable Active Ageing Indicators

Active ageing is a central concept in policy perspective in the global, regional, and national agendas. The European Community has developed the Active Ageing Index as comparative tool for monitoring active ageing in member states. ASEAN Secretariat is encouraged to pursue developing active ageing indicators for monitoring and evaluation as proxy to the implementation progress of RPA.

Recommendation 13: Promotion of Age-friendly Environment

Age-friendly environment is essential to promote active ageing and adapting to the social and physical environment vital for strengthening the well-being and quality of life. There is constant change in the environment creating age friendly environment in the context of population is essential and ASEAN through local administration platform for promotion of age-friendly environments (cities and communities) can assist in encourage and sharing best practices. This can be taken up under ASEAN Learning Centre, an entity linked to the ASEAN Social Work Consortium

Recommendation 14: Development of Evidence for Policy Making

Research programme and activities on ageing in member states very considerably. Several countries have conducted research on various aspects of ageing, while others are at starting to conduct research on ageing. Further, at least three countries are involved in comparative ageing studies. There may be a need to ASEC to assist in the development of comparative ageing studies across the region as the like of SHARE and ESSA. This comparative research programme serves the purpose of data for policy making and monitoring achievements. The conduct of the research can be implemented through ARNA and or through experts from the ASEAN Universities Network.

Recommendation 15: To promote the growth and development of silver industry in the region.

Population ageing open opportunities for new businesses to develop. The region has a huge market for it. Business entities need to understand the older adults as consumers and their family. Several new businesses related to ageing population have emerged in the region. AEC platform can be harness to spear head this initiative.

The following mapping table summarises the general recommendations (by pillar and by determinants) of the study according to the RPA on Kuala Lumpur Declaration on Ageing. It provides an overview of recommended actions at the regional and national level for further consideration by relevant stakeholders.

Table 4.1: Mapping of Old Poverty, Active Ageing and Regional Action Plan on Ageing

Old Age Poverty and Active ageing in ASEAN Trends and Opportunities Recommendations	Alignment with ASEAN Active Ageing Framework and List of Determinants	Alignment with RPA on KL Declaration
General Recommendations		
Development of evidence-based and gender disaggregated data on ageing (regional 1) • The establishment of ASEAN Ageing repository, on Documenting and archiving active ageing and poverty policies (regional 5) • Measurement and reporting of old age poverty (regional 6) • Development of Comparable Active Ageing Indicators (regional 12)	Economic, Social, Personal, Behavioural, Health and Service, Physical	Action 9, 6, 4, 2
Mainstreaming population ageing issues into policies (regional 14) • Gender, Culture, Technology, Cross-cutting element (4.2) • Older Persons and Disaster Preparedness (regional 11) • Addressing climate change, natural disasters and physical environment (6a) • Promote healthy lifestyle (national 4, 4a) and self-care behavior/ management (4b) • Development of sustainable social protection system (1a) • Consider legislation of age friendly work environment, re-employment and improvements in workplaces to cater for multigenerational work force (1c) • Strengthening old age poverty alleviation, from definition, targeting to intervention (1e)	Economic, Social, Personal, Behavioural, Health and Service, Physical	Action 2, 4, 7
Strengthening multisectoral cooperation on elderly poverty and active ageing, at national and regional level (regional 4) • Strengthening Coordination and Cooperation with ASEAN Secretariat (regional 3) • Establishing a network/pool of NGOs on ageing in ASEAN (regional 10)	Economic, Social, Personal, Behavioural, Health and Service, Physical	Action 10, 7
Specific Recommendations (By Pillar)		
Health		
Establishing a sustainable and equitable health and social services through the promotion of integrated and long-term care (combined national 5 and regional 8) • Reorientation of delivery to population health focus (5a) • Address the barriers to integration of health and social services (5b) • Development and promote continuum of long-term care (5c) • Partnership in development technology for health (5f) • Development of equitable and sustainable healthcare financing in old age (5e)	Health and Social Services, Personal, Behavioural	Action 1, 3
Security		
Strengthening the Promotion of Income Security in Old-Age (combined national 1 and regional 7) • Promotion of the growth and development of Silver Industry in the Region (regional 15) (to include 4.3.1) • Develop and expand older person's capacities through retraining and reskilling programme for reemployment (1b) • Encourage, adopt and develop policy guide of social and solidarity economy (SSE), including the development of senior entrepreneurship (1d)	Economic, Health and Social Services, Personal	Action 2, 3

Old Age Poverty and Active ageing in ASEAN Trends and Opportunities Recommendations	Alignment with ASEAN Active Ageing Framework and List of Determinants	Alignment with RPA on KL Declaration
Promote age-friendly environment, communities/cities through sustainable and accessible infrastructure (combined national 6 and regional 13) • Housing alternatives (6b) • Age-friendly mobility and transportation system (6c) • Improvement and accessible build environment (6d)	Physical, Personal, Health and Social Services	Action 2, 3, 9
Participation		
Inculcate positive attitude towards ageing and old age as a period life with both opportunities and limitations (national 3), and promote the mobilisation of older persons as agent of change (national 2) and improve their participation in the society (national 2e) • Strengthened senior citizen organisations (2a) • Train older persons as volunteers (2b) • Promote lifelong learning programme (2c) • Promote shared rights and responsibilities as well as intergenerational solidarity (2d)	Personal, Economic, Behavioural	Action 1, 2, 8
Lifelong Learning		
Development of human capital and expertise on ageing-related issues (regional 2) • Caregiver training (regional 9) • Increase qualified human resource personnel in ageing related service (5d)	Personal, Health and Social Services	Action 5, 1

4.3 Gender, Culture, Technology, Knowledge as Cross Cutting Elements

Gender, culture, technology, and knowledge are treated as cross cutting elements to achieve active ageing in the region. These macro factors are overarching and critical for the future development of ASEAN. Cultural tradition is an integral part of AMS' identity and community life, and the cultural diversity enriched the identity of the region. Culture and tradition shape values and practices in the community and permeates into the policy making. WHO's framework on active ageing acknowledge that culture and gender influence the determinants of active ageing and our analyses indicated gender pervades all determinant of active ageing as discussed above. Therefore, gender equity is an important aspect of policy making to address gender gaps in the community that still holds strongly to male and female role identifications. The gender barriers should be addressed to enable active contribution and participation in community life across the life course and in old age. This will promote engagement in activities that will enhance physical, social, mental health of the people.

Further technology mega trend has also found its way into ASEAN. Technology especially digital technology adoption is pervasive and through AEC strategies, businesses have assimilated technology into their production and management systems. Digital technology has enabled businesses to operate more efficiently with lower cost. Digital technology help promote cross border e-commerce and can reach untapped opportunities. Social and community life are also influence by digital technology as shown during the COVID-19 pandemic. Older people have also embraced digital technology or communication during the pandemic to keep in touch with loved ones, conduct online purchases, and the like. Smart technologies in the home will also assist older people to stay independently for as long as possible. Nevertheless, barriers to technology adoption by older people and digital literacy must be addressed as technology can also divide the society. Technological adoption differs across AMS as resources and technology infrastructure investment are varied. The future aged will become digital natives as technology will is the enabler of the future. Therefore, country-level investment and processes to encourage adoption is crucial to enable ASEAN member state to progress through digitalisation in the future. Although digitalisation penetrates all sectors of the economy, their adoption depends on infrastructure and connectivity which, differs within sectors and across the country.

Another cross-cutting element to active ageing in knowledge. Knowledge here means the production and the utilisation of information for policy making. Earlier on, we have shown there are gaps in knowledge production as the was substantial difference in the production of knowledge through research and development. In addition, there was limited activities on RDCI in AMS. Research capacity should be developed and enhance in ASEAN. In addition, research programmes related to population ageing should be developed to encourage inter-country comparisons for mutual learning. In addition, harmonisation of cross-country data should be encouraged. Platform for research can be conducted through the ASEAN Interuniversity Consortium and the ASEAN Research Network on Ageing (ARNA). Cross country research activities will enhance ARNA role in ageing research in the region. Knowledge is power and though in country institutions and collaborative effort between the ASEAN family, cross fertilisation and knowledge production and assimilation can promote appropriate adoption of active ageing and the feedback mechanism of monitoring and evaluation of programme and policies will continuously improve the cycle. Knowledge transfer and sharing activities can be mutually beneficial and a win-win strategy for all parties involved.

Thus, planning for ageing society is crucial in the region. Nevertheless, how our society choose to address the challenges of population ageing and to maximise the opportunities will determine whether our society can reap the benefits of the longevity dividend. Forward planning and making evidence-based policy choices will enable countries to successfully manage the economics of an ageing population within our limited resources. Planning should focus on keeping people as healthy as possible for as long as possible. Planning should also focus on the positive opportunities provided by large numbers of healthy and active older people. Hence, there is a need for mindset change and see the growth of older people as assets in the society. For this to happen there is a need for a reorientation of policy and a re-examination of our systems and structures and the need to collaborate across sector.

Chapter 5:
CONCLUSION

The complexity of population ageing brings new opportunities. We need to change our mind and see ageing in a new light, if want to find new sustainable and suitable arrangements in ageing societies. We live in an interconnected world and international blueprints (MIPAA, Decade of Healthy Ageing) are adopted at country level. Consequently, there is a need to adopt creative approach in the "glocalisation" where were adapt global-level policies and practices to meet local needs and contexts. The speed of ageing in our region is fast and preparation is short. Hence, transformative approach to policy making is crucial. Policy makers need to take cognisant of the growth of the old-old and oldest old in the population of older people when designing strategies. The mixed ageing rates among member state create opportunities for learning and collaboration as there are best practices in member state that can be replicated and adopted to suite local need.

The social and economic challenges faced by the region call for new ways of thinking and policy making. The constant change will need constant review of policy design and implementation and this call for a dynamic policy design and thinking think. The old ways of doing things might not be relevant anymore. Therefore, the challenge is for us to embrace change and adopt new normal ways of tackling emerging issues. The people centred policy making across the life course should be adopted to ensure that policies remain relevant and appropriate for the need of the populations.

AMS are addressing population ageing issues in unison with the development of the country. Bearing in mind that member states are ageing before becoming rich and the preparation lead time is short, member states need to adopt cross-sectoral approach in planning and preparation of population ageing. Policy makers need to take cognisant of the growth of the old-old and oldest old in the population of older people when designing strategies. The mixed ageing rates among member state create opportunities for learning and collaboration as there are best practices in member state that can be replicated and adopted to suite local need. Member states can harness the longevity dividend through the adoption of digital technology and creation of new business opportunities to support resilient economic growth where silver population can be turned into gold with appropriate policy interventions.

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Annex 1:
SEARCH STRATEGY

Scoping Review

The desk review of related literature was accomplished using scoping review which comply with the guidelines of Arksey and O'Malley (2005), to address the following research questions: What are the related data and research on old age poverty and active ageing in ASEAN?

Search strategy. The scoping electronic search was conducted between March and April 2021, covering studies conducted between years 1980 till the present. Four (4) databases selected for the search were SAGE Journals, Scopus, PubMed, and Google Scholar. The Medical Subject Headings (MeSH) terms and keywords applied in this study, is as shown in the table below. Whenever possible, quotation marks, parenthesis, and truncations were used for advanced searching.

Table 1: Search Strategy used in the Selected Electronic Databases

Variable 1: Active Ageing	Variable 2: Poverty	Variable 3: Population	Variable 4: Area / Region
"active ageing" OR "behavioural determinant" OR "behavioural factors" OR "personal determinant" OR "psychological condition" OR "social participation" OR "social support" OR "health" OR "long term care" OR "health and social services" OR "physical environment" OR "age-friendly environment" OR "economic factors" OR "social security" OR "income" OR "technology"	"poverty" OR "income" OR "silver economy" OR "finance" OR "expenditure" OR "pension"	"older person" OR "older people" OR "older adult" OR "elderly" OR "aged person" OR "aged" OR "retiree" OR "pensioner" OR "senior" OR "senior citizen" OR "ageing population" OR "silver generation" OR "older population" OR "pioneer generation"	"Brunei" OR "Brunei Darussalam" OR "Cambodia" OR "Indonesia" OR "Lao PDR" OR "Lao" OR "Malaysia" OR "Myanmar" OR "Philippines" OR "Singapore" OR "Thailand" OR "Viet Nam" OR "ASEAN" OR "South-east Asia" OR "SEA"

Inclusion criteria. The inclusion and exclusion criteria of the scoping review are as follows:

- ***Year, and language of the studies:*** Studies published between 1980 and 2021 in the English language. Studies published before the 1980 and in a language other than English were excluded. Overall, most of the related literature back to about 30 years ago (since 1990). However, to ensure the reviewing of all the related studies, this review has screened the publication between 1980 and 2021 (date of report drafting).
- ***Type of the studies:*** review studies, reports, documents, government documents, statistics, books, conference proceedings, and original research studies available online.
- ***Focus of the studies:*** studies must focus on the active ageing and poverty in ASEAN. With a special focus on original studies, national survey, and existing strategies on active ageing. Studies with non-significant data on active ageing or older person poverty in ASEAN were excluded.
- ***Type of participants:*** The included study should focus on older adults or include older adult participants over a specific age threshold such as 55, 60 or 65 years old.

Search outcome and quality assessment. A total of 7,476 studies were identified from the electronic databases. Figure 1.3. Additional records (n = 164) were also identified from the manual search of other sources. After extracting duplicate studies and including studies published in English between 1980 and 2021, a total of 6,365 studies remained, of which 5,464 were excluded based on the title and abstract screening. A full-text of 901 studies was screened, from which 584 studies were excluded as they included not relevant data (n = 335), no aged respondents (n = 25), or focusing on countries and regions other than ASEAN (n = 224).

Results. The scoping review yielded 7,640 possible text material with active ageing 201 studies and 116 poverty studies published between 1980 and 2021 included in this review. The active ageing studies were related to active ageing and poverty in Asia including ASEAN (n = 45), Malaysia (n = 37), Thailand (n = 35), ASEAN in general (n = 29), active ageing in a general context (n = 29), Indonesia (n = 29), Singapore (n = 26), Viet Nam (n = 19), Cambodia (n = 17), Philippines (n = 16), Brunei (n = 16), Myanmar (n = 14), Lao PDR (n = 5). The studies were organised in original research papers (28.7%), review papers (22.6%), reports (18%), chapter in a book (9.3%), conference proceeding (6.8%), conference or meeting presentation (6.2%), books (5.4%), and others (3.0%).

Annex 2:
SDG AND OLDER PERSON

Annex 3:
ASEAN DOCUMENTS ON AGEING

Annex 3a. Plan of Action for Priorities on Older Persons, ASEAN Strategic Framework for Social Welfare and Development (2011-2015)

No.	Title	Country Coordinator	Expected Results
a. Thematic Area: Social Pensions for Older People in ASEAN Member States			
Activity 7	Building capacities and understanding of social pensions	the Philippines	• Better understanding and shared approaches on social pensions in ASEAN Member States. • Various models of social security and pension schemes in ASEAN Member States, including the design and monitoring of social pensions, are documented.
b. Thematic Area: Promoting Active and Healthy Ageing and Community-care Approaches			
Activity 8	Health and ageing conference for government officials and other key stakeholders	Singapore & Viet Nam	• Strategic approaches responding to the economic, social and other impacts of ageing on health systems would be shared.
c. Thematic Area: Self-Care approach to Health, Functional Independence and Active Ageing			
Activity 9	Piloting of a self-care programme for the older persons in selected ASEAN Member States	Viet Nam	• Government officials and key stakeholders of ASEAN Member States will be engaged throughout the pilot where progress, concerns as well as research data and other lessons learned will be shared and disseminated.
Activity 10	Home Care for Older People in Cambodia, Lao PDR, Myanmar and Viet Nam	Lao PDR	• To provide training, workshop, and exchange visits to enhance the capacity of officials both of central and local authorities, community workers, caregivers, volunteers, family members and older people. • To provide intensive cares to frail older people who need more health-related services and regular visit by paid home care workers. • To improve service delivery system with developing monitoring & evaluation methodology. • To develop a nat. guideline which will ensure a quality services of home care nationwide. • To establish a national committee/association on home care providers for sharing info, research, improving policy, collaborating with GOs & NGOs, raising public awareness.

No.	Title	Country Coordinator	Expected Results
			• To disseminate media materials for public awareness of the importance of public responsibility on providing adequate care to the vulnerable older people by the society. • Regular meetings among CLMV Countries in order to share common concerns, strategies and lessons.
d. Thematic Area: Promoting the Establishment and Development of Older People's Associations in ASEAN Member States			
Activity 11	Workshop to exchange views on the promotion of older people's associations (OPAs)	Cambodia & Indonesia	• Support to further developing associations of older people in ASEAN Member States would be received.
e. Thematic Area: Strengthening Policy and Programming			
Activity 12	Capacity building on public policy focused on ageing	Brunei Darussalam	• Better understanding of government officials on how to formulate and implement effective policies on ageing.
Activity 13	Establish an ASEAN wide research network on ageing	Malaysia	• An ASEAN-wide research network on ageing enabling Member States to conduct collaborative research. • Online directory of research on ageing. • Online directory of research experts. • Online capacity building workshops in research methodology and protocols. • Regional research expertise in all fields of ageing. • Online forum for researchers to interact and exchange information in the field of ageing.
Activity 14	Capacity building for social workers and caregivers working in the area of older person: training of trainers and workshop	Viet Nam	• Better quality of services delivered by social workers and caregivers to the older persons in ASEAN Member States. • The social workers and caregivers participating in the training of trainers. • and workshop will impart their knowledge to other social workers and caregivers in their organisations and communities.

Annex 3b. Programme/Projects/Activities on Older Persons, ASEAN Strategic Framework for Social Welfare and Development (2016-2020)

No.	Programme/Projects/Activities	Country Coordinator	Timeline of Implementation	Potential Partner	ASCC Blueprint (KRAs/Strategic Measures)
Priority Area: Older persons **Objective: Healthy, Active and Productive Ageing is Promoted in an Enabling and Supportive Environment**					
1	ASEAN+3 Regional Conference on Supportive Environment for Older Persons	Thailand	2016	ASEAN+3	B1 / B1.1
2	Review the existing standards of care for older persons in AMS and develop a regional guideline for minimum standards of quality care for older persons	Malaysia & Viet Nam	2019	ASWC ICSW HelpAge	B1 / B1.2
3	Establish an ASEAN research network on ageing	Malaysia	2016	SOMHD ESCAP ICSW HelpAge	B1 / B1.5
4	ASEAN Act (Active Ageing): ASEAN Regional Impact Research Study Assessment on Active Ageing	the Philippines	2016	ROK	B1 / B1.5
5	Workshop to exchange views on the promotion of older people's associations (OPAs)	Cambodia	2016	HelpAge OPAs in AMS	B2 / B2.1
6	Workshop on technical assistance to provide access and opportunity for older persons in ASEAN	Cambodia	2019	HelpAge UN Agencies	B2 / B2.1
7	Strengthen database and data analysis on ageing issues by the ASEAN Research Network on Ageing	Malaysia	2018-2019	NSOs in AMS	B2 / B2.5
8	ASEAN+3 capacity building activity on implementation of rights-based/needs-based and life-cycle approach on care for older persons	the Philippines	2018	ASEAN+3	B3 / B3.1
9	Caring for the Elderly in ASEAN Plus Three: Research and Policy Challenges in Long-Term Care	Singapore	2016	Tsao Foundation	B2 / B2.1 B3 / B3.3
10	Social protection for older persons in ASEAN Community	Viet Nam	2019	SLOM HelpAge ASEAN+3	B3 / B3.1

Annex 3c. Projects and Activities in the SOMSWD Work Plan (2021-2025) for Older Persons

ASCC Blueprint 2025		No.	Regional Initiatives	Lead Country	Timeline	Potential Partner
KRAs	Strategic Measures					
B.2	B.2.1	19	Workshop on technical assistance to provide access and opportunity for older persons in ASEAN**	Cambodia	Jul-22	
B.2 B.3	B.2.7 B.3.1	20	Research on the Impact of COVID-19 on the Income Security of Rural Older People in Cambodia, Lao PDR, Myanmar, and Viet Nam*	Myanmar	Jul-21	
B.1 D.2	B.1.1 D.2.3	21	ASEAN+3 Regional Conference on Promoting Inclusive Society for Older Persons 2021-2025 (the conference will be held yearly with different themes)* • ASEAN+3 Virtual Conference on Promoting Decent Work for Older Persons for an Inclusive Society: Strengthening A More Resilient and Inclusive Society During and After the COVID-19 Pandemic (2021) • For 2022-2025, different themes will be confirmed later each year	Thailand	2021-2025	
B.3	B.3.2	22	Regional study on sustaining financial mechanisms for social insurance including social pension [Culture of Prevention (CoP Work Plan), Thrust 2, Focal priority 2.3]			
B.1	B.1.5	23	The Establishment of ASEAN-wide Research Network on Ageing [Culture of Prevention (CoP Work Plan), Thrust 2, Focal priority 2.3]	Malaysia		
B.1	B.1.5	24	ASEAN Act (Active Ageing): ASEAN Regional Impact Research Study Assessment on Active Ageing [Culture of Prevention (CoP Work Plan), Thrust 2, Focal priority 2.3]	the Philippines		
B.1	B.1.2	25	Promote the establishment of community-based integrated care support models for older persons – item 2.a.3 (Lead) [ASEAN Comprehensive Recovery Framework Broad Strategy 2] [activity under Objective 1.2 of Regional Plan of Action on implementing the KL Declaration on Ageing: Empowering Older Persons in ASEAN]			

Annex 3 (d). ASEAN Health Cluster 1: Promoting Healthy Lifestyle Revised Work Programme, 2016-2020

Health Priorities and Programme Strategies	Project Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
HEALTH PRIORITY 6: PROMOTION OF HEALTHY AND ACTIVE AGEING				
• Promote healthy and active ageing through integration of elderly health programme with NCD and mental health	1.1 Develop active ageing IEC materials	**EO:** Active ageing IEC materials developed **Indicators:** Endorsed active ageing IEC materials disseminated **Timeline:** 2018	Brunei Darussalam Viet Nam	Other Sources of Support to be determined ASEAN Secretariat (for the printing cost)
	1.2 Develop guideline on the integration of elderly health programme with NCD and mental health	**EO:** Integration guideline developed **Indicators:** Endorsed guideline	Viet Nam	JAIF (tbc) UNFPA (tbc) WHO (tbc)
• Empower the elderly to maintain their ability to participate in the family and community activities • 2a. Promote supportive environment, especially among the older persons in rural areas and those that require intensive care/with mobility constraint, including the availability of care takers, public outreach through home visit services by health professional or community health workers	2.1 Conduct study by external party on assessment of elderly-friendly community in AMS	**EO:** 1. Concept paper and project proposal to seek funds and external consultant developed 2. Study conducted **Indicator:** Report disseminated **Timeline:** 1. 2017 concept paper finalised 2. 2018 study conducted	Viet Nam Thailand	UNFPA (tbc) JAIF (tbc) JICA (tbc)

Health Priorities and Programme Strategies	Project Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
• Promote greater inclusion of active aging in national policies and action plans, including active employment policies, social protection, welfare and healthcare services, as well as mainstreaming those policies and action plans across government sectors, adapted to national priorities	3.1 Conduct Inter-Health cluster and ASEAN inter-pillar Meeting to identify areas of convergence in support of the promotion of healthy lifestyle and active ageing	**EO:** Meeting conducted **Indicator:** 1. Recommendation on the development of ASEAN Declaration/ Joint Statement on Promotion of Healthy Lifestyle and Active Ageing 2. Recommendation to establish ASEAN Center for Active Aging and innovations in Bangkok by 2019	Thailand	WHO (tbc) JAIF (tbc) JICA (tbc)

Annex 4:
OFFICIAL POVERTY MEASURE AMONG AMS

Country	National Poverty Line	Year	Value in Local Currency	Approach/ Unit
Brunei Darussalam	No official poverty line	n.a.	n.a.	n.a.
Cambodia	*Food Poverty Line*: The cost of a basket of basic food items sufficient to provide 2,200 calories of energy and 58 grams of protein per person per day. *Overall Poverty Line*: Food and a very small nonfood allowance to cover basic items like clothing and shelter derived from the observed consumption of nonfood items in households whose total consumption is equal to the food poverty line.	2011	Overall [Total]: KR54,050 (per capita per month)	Consumption (per capita per month)
Indonesia	Based on the Food Energy Intake (FIE) method, calculated using an expenditure of 2,100 calories worth of food per capita per day, plus some essential non-food allowances [housing, clothing, education, and health].	2021	Total: IDR472,525 (Per capita per month) The poverty estimates refer to individuals and not households	Consumption (per capita per month)
Lao PDR	*Food Poverty Line*: The cost of a food basket of 2,100 calories per day among the reference poor population. *Overall Poverty Line*: Food and nonfood items to include larger variety of durable goods and housing rents.	2019	Food [Total]: LAK 208,885 Overall [Total]: LAK280,910 Urban: LAK295,518; Rural: LAK272,312 [per month per person]	Consumption (per capita per month)
Malaysia	*Food Poverty Line Income*: The value a food basket based on serving of optimum [quality] food requirement and healthy eating [based on 2017 Recommended Nutrient Intakes]. *Poverty Line Income*: The value of food item and non-food item based on the spending pattern of the B20 household.	2019	Food [Total]: RM1,169 Overall [Total]: RM2,208	Consumption (per household per month)

Country	National Poverty Line	Year	Value in Local Currency	Approach/ Unit
Myanmar	*Food Poverty Line*: The cost of main food items consumed in the country (food basket) of 2,100 calories per day among the referent group. *Overall Poverty Line*: Value of food and non-food expenditure of households whose welfare aggregate is at the food poverty line.	2017	Food [Total]: 1,037 Kyat Overall [Total]: 1,590 Kyat	Consumption (per capita per month)
Philippines	*Food Threshold*: The minimum income required to meet basic food needs and satisfy the nutritional requirement [equivalent to an average of 2,000 kilo-calories per capita] to ensure one remains economically and socially productive. It measures extreme or subsistence poverty. *The Poverty Threshold*: Measures the minimum food plus basic non-food needs. Consisted of lower bound [based on the spending patterns of people who must give up necessary food spending for non-food items] and an upper-bound line [spending patterns of households whose food expenditure is equal to the food threshold]. Source: PSA.	2018	Food [Total]: PhP 7,553 Overall [Total]: PhP 10,756 [for a family of five]	Income (per household per month)
Singapore	No official poverty line	n.a.	n.a.	n.a.
Thailand	*Food Poverty Line*: The cost of main food items consumed in the country (food basket) of 2,100 calories per day among the first income decile [referent group]. *Overall Poverty Line*: The household consumption welfare aggregate is the summation of food and non-food item [including the use value of durables; and housing].	2018	Overall [Total]: 2,710 baht (per month per person) The official income aggregate for welfare measurement is household per capita	Consumption (per capita per month)
Viet Nam	*Food Poverty Line*: The expenditure required (given Vietnamese food consumption patterns), to deliver 2,100 calories per person per day. The basket of goods used to calculate the poverty lines is the same from year to year, but with price adjustment. *General Poverty Line*: based upon the food poverty line but allows for minimum non-food expenditure. *Multidimensional Poverty Index (MPI)*: Based on the composite score of 5 dimension [Education and training; health; Employment - social insurance; Living conditions; Access to information], with a total of 10 indicators.	2016 - 2020	Income Poverty: Ho Chi Minh City VND 1.75 million per month (equal to or less than VND 21 million per year) MPI: Ho Chi Minh City A total 5 social deprivation score of at least 40 points MPI: Other places in Viet Nam: Deprived in at least 3 out of 10 indicators	Income (per capita per month) Multi-dimensional

Annex 5: HOUSEHOLD SURVEY FOR SETTING THE NATIONAL POVERTY INCOME IN AMS

Countries	Welfare type	Survey/Agency	Frequency of Survey	Latest Data collected
Brunei Darussalam	n.a.	n.a.	n.a.	n.a.
Cambodia	Consumption	Cambodia Socio-Economic Survey	Every two years starting 2019	2019/2020
Indonesia	Consumption	SUSENAS (National Economic and Welfare Survey)	Annual	2020
Lao PDR	Consumption	Lao Expenditure and Consumption Survey (LECS)	Every five years	2018/2019
Malaysia	Income	Household Income and expenditure Survey (HIES)	Twice in 5 years	2019
Myanmar	Consumption	Myanmar Living Conditions Survey (MLCS)	[First wave of the consolidated survey]	2017
Philippines	Income	Family Income and Expenditure Survey (FIES)	Every 3 years	2018
Singapore	n.a.	n.a.	n.a.	n.a.
Thailand	Consumption	The Socio-Economic Survey (SES) of Thailand	Annual	2020 [in March 2021]
Viet Nam	Income; Multidimensional	Viet Nam Household Living Standard Survey (VHLSS); Household Poverty Census	Every 2 years; 2011-2020 [Annually] Every 5 years next wave is 2021-2025	

Source: World Bank (2019), Statistics Offices of each AMS

Annex 6:

POVERTY HEADCOUNT RATIO BASED ON OFFICIAL MULTIDIMENSIONAL POVERTY IN SELECTED AMS 2016-2018

Country	Description	Incidence of Multi-dimensionally Poor Household		Average Intensity of Deprivation [A]		Multi-dimensional Poverty Index [M]	
		Year	H [%]	Year	A [%]	Year	M
Lao PDR *Source: Lao Statistics Bureau & World Bank (2020)*	Deprivation in the daily living in THREE domain - well-being: ***Education, Living Standard and consumption*** [monetary]: The scale: 0 = NOT deprived [in any dimension]; 1 = deprived in EVERY dimension; ≥ 0.333 = multidimensionally poor. ***Cut-off point***: I if a household is deprived in at least one dimension, the members are considered multidimensionally poor.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Malaysia *Source: DOSM (2020)*	The Multidimensional Poverty Index (MPI) consist of FOUR domain [***Education, Health, Standard of Living and Income***] and eleven indicators. An Increasing value of 0 to 1 indicates a higher degree of deprivation in multiple dimensions.	2016 2019	3.66 2.64	2016 2009	41.47 41.42	2016 2019	0.0152 0.0110
Philippines *Source: Ramon, Albert and Vizmanos (2018); Bérenger (2016)*	The score on FOUR domains with 13 indicators. The domains are: [***Education; Health & nutrition; Housing, water & sanitation; Employment***]. The scale: 0= NOT deprived [in any dimension]; 1 = deprived in EVERY dimension; ≥ 0.333 = multidimensionally poor. ***Cut-off point***: A Filipino is multidimensionally deprived if at least 1/3 of the indicators unmet or at least four out of the 13 indicators.	1997 2003 2008 2017	62.9 61.7 65.0 17.3	1997 2003 2008 n.a.	26.4 23.5 18.5 n.a.	1997 2003 2008 2017	0.166 0.145 0.120 0.071

Country	Description	Incidence of Multi-dimensionally Poor Household	Average Intensity of Deprivation [A]			Multi-dimensional Poverty Index [M]	
		Year	H [%]	Year	A [%]	Year	M
Viet Nam *Source: General Statistics Office (2019)*	The score on FIVE social dimensions [***Education & training; health; Employment-social insurance; Living conditions; Access to information***]. ***Cut-off point***: A household is multidimensionally poor if it is deprived in at least 3 out of 10 indicators.	2018	6.8	n.a.	n.a.	n.a.	n.a.

Annex 7: GLOBAL MULTIDIMENSIONAL POVERTY INDEX AMONG AMS

	Multi-dimensional Poverty Index		SDG 1.2							SDG 1.2		SDG 1.1		
			Population in Multidimensional Poverty						Population vulnerable to multidimensional poverty	Contribution of deprivation in dimension to overall multi-dimensional poverty			Population living below income poverty line (%)	
	Year and survey	Index	Headcount	Intensity of deprivation	Number of poor (year of the survey)	Number of poor (2018)	Inequality among the poor	Population in severe multidimensional poverty		Health	Education	Standard of living	National poverty line	PPP $1.90 a day
Country	2008-2019	Value	(%)	(%)	(000)	(000)	Value	(%)	(%)	(%)	(%)	(%)	2008-2019	2008-2019
Cambodia	2014	0.170	37.2	45.8	5,680	6,043	0.015	13.2	21.1	21.8	31.7	46.6	17.7	..
Indonesia	2017	0.014	3.6	38.7	9,578	9,687	0.006	0.4	4.7	34.7	26.8	38.5	9.8	4.6
Lao PDR	2017	0.108	23.1	47.0	1,604	1,629	0.016	9.6	21.2	21.5	39.7	38.8	23.4	22.7
Myanmar	2015/ 2016	0.176	38.3	45.9	20,325	20,579	0.015	13.8	21.9	18.5	32.3	49.2	24.8	2
Philippines	2017	0.024	5.8	41.8	6,096	6,181	0.010	1.3	7.3	20.3	31.0	48.7	21.6	6.1
Thailand	2015/ 2016	0.003	0.8	39.1	542	545	0.007	0.1	7.2	35.0	47.4	17.6	9.9	0
Viet Nam	2013/ 2014	0.019	4.9	39.5	4,490	4,677	0.010	0.7	5.6	15.2	42.6	42.2	6.7	1.9

2020 Global Multidimensional Poverty Index (MPI); Human Development Reports (undp.org)

Annex 8:
HARMONISED GLOBAL MULTIDIMENSIONAL POVERTY INDEX AMONG AMS

	Multi-dimensional Poverty Index		Population in multidimensional poverty			People who are multi-dimensionally poor and deprived in each indicator									
Country	**Year**	**MPI**	**Head count**	**Intensity of deprivation**	**Number of poor (year of the survey)**	**Nutrition**	**Child mortality**	**Years of schooling**	**School attendance**	**Cooking fuel**	**Sanitation**	**Drinking water**	**Electricity**	**Housing**	**Assets**
Cambodia	**2010**	0.228	47.7	47.8	6,827	29.2	3.1	26.4	10.4	47.1	42.4	27.2	42.8	29.2	14.6
	2014	0.170	37.2	45.8	5,680	20.4	1.8	21.6	10.8	36.2	30.6	21.3	26.2	21.8	6.6
Indonesia	**2012**	0.028	6.9	40.3	17,076		2.0	2.9	2.1	5.6	5.1	4.1	1.8	3.0	3.6
	2017	0.014	3.6	38.7	9,514		1.5	1.5	0.7	2.4	2.2	1.3	0.8	1.3	1.7
Lao PDR	**2011/ 2012**	0.211	40.4	52.2	2,603	21.3	5.4	31.1	16.8	40.4	31.8	19.2	21.8	26.7	15.7
	2017	0.108	23.1	46.8	1,603	11.6	1.9	16.6	9.2	22.9	17.2	11.2	6.0	12.0	7.1
Philippines	**2013**	0.037	7.1	52.0	7,042		2.2	4.4		6.6	4.4	2.4	3.7	5.1	4.4
	2017	0.028	5.6	49.8	5,852		1.5	3.7		4.8	3.1	1.7	2.2	3.8	3.1
Thailand	**2012**	0.005	1.4	37.3	954	0.8	0.5	1.0	0.2	0.8	0.2	0.4	0.1	0.3	0.3
	2015/ 2016	0.003	0.9	40.0	596	0.5	0.3	0.7	0.3	0.3	0.2	0.1	0.1	0.2	0.1

2020 Global Multidimensional Poverty Index (MPI); Human Development Reports (undp.org)

Source: Alkire, S., F. Kovesdi, C. Mitchell, M. Pinilla-Roncancio and S. Scharlin-Pettee. 2020. "Changes over Time in the Global Multidimensional Poverty Index." OPHI MPI Methodological Note 50. University of Oxford, Oxford Poverty and Human Development Initiative, Oxford, UK.

Annex 9:
PREVALENCE OF SELECTED DISEASES IN AMS, 2019

Diseases	Brunei Darussalam	Cambodia	Lao PDR	Indonesia	Malaysia	Myanmar	Philippines	Singapore	Thailand	Viet Nam	SEA
Diabetes	11.6	4.4	4.6	4.1	6.2	5.6	3.5	8.6	7.1	4.8	4.9
55+	49.1	20.9	23.1	14.7	24.1	22.0	16.4	19.9	18.3	17.8	18.3
70+	57.7	30.0	33.8	19.6	34.4	32.4	23.5	23.8	25.9	28.7	26.5
Alzheimer's Disease	0.3	0.3	0.3	0.4	0.4	0.4	0.3	0.8	0.9	0.5	0.4
55+	1.8	2.4	2.3	2.2	2.7	2.5	2.4	3.2	3.3	2.7	2.6
70+	6.5	6.6	6.4	6.1	6.9	6.9	6.6	8.7	8.0	7.9	7.0
Parkinson's Disease	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
55+	0.4	0.4	0.4	0.4	0.5	0.5	0.4	0.4	0.5	0.5	0.5
70+	0.9	0.9	0.9	0.9	1.1	1.1	0.9	0.8	1.1	1.2	1.0
Depressive Disease	1.8	2.9	2.7	2.6	4.0	2.3	2.7	2.5	3.7	2.8	2.9
55+	2.3	5.0	4.5	4.2	5.9	3.9	4.9	2.8	5.0	4.4	4.6
70+	2.5	4.3	3.8	3.6	5.1	3.2	4.4	3.3	4.4	3.7	3.9
Nutritional Deficiencies	11.3	21.1	17.6	17.0	16.0	22.1	13.5	8.2	10.4	10.7	15.3
55+	13.6	22.5	23.9	27.3	18.1	22.9	17.5	9.4	16.2	16.1	21.2
70+	14.1	25.3	27.3	32.1	19.1	26.3	19.4	10.3	19.1	19.8	24.2
Osteoarthritis	7.4	3.1	2.7	3.9	4.1	3.7	3.0	13.0	7.1	4.2	4.1
55+	35.2	16.1	16.1	16.9	18.0	16.4	16.2	36.6	19.0	16.0	17.0
70+	45.6	19.6	19.7	20.7	21.2	20.0	20.1	45.2	22.4	19.9	20.8
Stroke	1.3	1.1	1.2	2.0	1.5	1.1	1.2	1.5	1.7	1.6	1.6
55+	6.1	5.3	6.3	8.0	6.0	4.5	5.5	4.3	4.3	6.0	6.2
70+	10.3	7.5	8.8	11.2	8.5	6.3	7.5	6.5	6.1	8.7	8.5
Age-related & Other Hearing Loss	11.3	17.4	16.4	20.1	20.3	19.7	17.5	18.5	27.7	21.5	20.7
55+	42.4	58.3	58.2	57.8	58.5	59.2	59.3	47.3	59.1	57.3	58.3
70+	66.5	75.0	75.1	74.8	74.6	75.5	75.2	68.7	75.1	75.0	75.0
Blindness & Vision Loss	2.2	8.0	5.7	7.4	7.7	8.7	5.9	3.6	12.9	8.6	8.1
55+	5.8	39.7	33.4	32.7	33.3	38.0	30.4	8.1	36.3	33.3	33.9
70+	11.6	62.2	53.8	57.1	52.9	60.1	52.0	14.6	55.7	56.3	56.1
Falls	8.1	4.3	2.3	3.0	3.2	4.6	2.8	10.4	5.2	3.9	3.6
55+	16.8	12.2	6.1	7.9	8.1	11.2	7.0	16.9	10.1	10.2	9.1
70+	23.5	18.8	8.8	13.4	12.5	16.9	10.1	22.3	14.0	18.8	14.5

Diseases	Brunei Darussalam	Cambodia	Lao PDR	Indonesia	Malaysia	Myanmar	Philippines	Singapore	Thailand	Viet Nam	SEA
Oral Disorders	43.9	42.1	38.9	47.4	38.4	34.5	40.6	46.6	46.1	40.9	43.3
55+	54.6	51.5	44.0	60.2	51.0	44.7	53.0	55.1	57.4	50.6	55.1
70+	57.2	58.3	49.9	62.9	57.0	49.7	62.3	56.6	60.1	56.3	59.5
Cardiovascular D.	4.3	4.1	4.0	5.3	6.1	5.0	4.7	7.0	7.7	5.5	5.5
55+	20.2	21.3	22.0	24.1	24.8	21.6	24.5	19.9	21.1	22.9	23.2
70+	35.2	35.6	36.7	40.0	39.5	36.3	40.5	31.7	34.0	39.2	38.2
Chronic Respiratory D.	6.1	4.0	3.9	5.3	4.4	5.1	6.4	5.8	6.0	5.6	5.5
55+	17.0	10.6	12.0	12.0	9.8	17.4	12.4	10.4	10.7	14.8	12.7
70+	35.5	16.3	17.7	18.0	15.2	28.9	18.0	16.2	16.7	24.6	19.7

Source: Institute for Health Metrics and Evaluation - Global Burden of Disease, 2020

Annex 10:
SUMMARY DETERMINANTS OF ACTIVE AGEING

Annex 10a. Summary of Original Studies on Social Determinants of Active Ageing in Southeast Asia

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	*Social participation in family or informal community base*	*Social support*	*Protection from violence; Respect*	*Education and literacy*	
(Abdul Rahman et al., 2021)	Brunei Darussalam	Cross-sectional survey study in all four districts of Brunei Darussalam.	n = 429, aged 50 and above, more male (50.1%), Most of them married (over 60%), Over 50% have secondary school education, only 6% only have no formal education.	1) About 24% were members in an organisation, clubs or societies where they mostly had activity 2 to 3 times every week. 2) No data on voluntarism.	Family/friend base: 1) About 70% living together with household members (at least 1 child). Average children number is 3. 2) Most of them (about 70%) have chat with others (children/friend). 3) Over 50% are visiting visit the homes or meet friends weekly. 4) About 48% use telephone/ smartphone.	Family/friend base: 1) About 70% living together with household members (at least one child). 2) Over 65% receive social/ emotional support when need.	No data	Good level of education: About 6% only have no formal education, 10% have primary school education, 50% have at least secondary school education. No data on lifelong learning.	1) Gender gap. 2) More effort to enhance social environments, especially on community base. 3) Maintain relationships, physical activity, and social interaction.

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	*Social participation in family or informal community base*	*Social support*	*Protection from violence; Respect*	*Education and literacy*	
(Knodel et al., 2005); (Knodel and Zimmer, 2014)	Cambodia	Data from 2004 Survey of Older Person in Cambodia	Sample size: n = 1273 aged persons living in private households from six most populated provinces. Aged 60 years and above, more female (59.8%), 56.9% have never attended any school	1) Lack of formal social activities. 2) Lack of Voluntarism. 3) Over 70% practice formal religious activity.	Family/friend base: 1) 80% live with their families. Over 40% live in three generation family. Over 50% have a satisfied with family relationship (have good participation). 2) 80% of them in private households live with at least one child. 3) Most of them (OVER 70%) have daily contact with their children. 4) Less than 20% have phone contact.	Family/friend base: 1) Family is the primary supporter: 80% of them in private households live with at least one child. About 65% received support they need. 2) Lack of welfare measures and support (about only 1%).	1) A high level of violence (lead to death in 10%). 2) About 27% were satisfied with the respect received from the young generation.	1) No lifelong learning programmes. 2) Most of them (about 57%) never attend school.	1) High levels of illiteracy and low levels of education. Yet, there are no programmes on lifelong learning. 2) One of the main issues of ageing is gender and age inequality. 3) The major source of older person support is their families.
(Arifin et al., 2012)	Indonesia	Data from Intercensus Population Survey (SUPAS), 2006	All aged 60 and over	Lack of formal social activities: about 18% only do frequent social activity.	Family/friend base: Most of them (over 70%) participate predominantly in home-centered leisure social activities.	No data	No data	Only 5% read anything.	Policymaking on active aging should pay attention to the local situation.
(Cao and Rammo-han, 2016)	Indonesia	Data from the Indonesian Family Life Survey-East (IFLS-East), conducted in 2012	Sample size: n = 1226 living in 99 communities, aged 50 and above, more male (54%), Over 54% have elementary education	1) Most of them (over 60%) have no/weak social participation in nearby community. 2) No data on voluntarism.	Family/friend base: Most of them (over 70%) live with their families. The family provide essential support to older adults.	No data	Less than 10% reported violence and conflicts.	1) No lifelong programmes. 2) Most of them (54%) have only elementary education.	A need to enhance community base activities.

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	*Social participation in family or informal community base*	*Social support*	*Protection from violence; Respect*	*Education and literacy*	
(Adioetomo & Mujahid, 2014)	Indonesia	Review of documents, with a focus on original studies	All older adults aged 60 and above	1) Lack of social participation in a community base and organised activities. 2) Lack of voluntarism programmes.	Family/friend base: 1) About 65% live and interact with their families. However, living alone increases with age (27% for ages 70+), refers to a lack of social support and participation among those in older age. 2) About 37% live in three generations families. This strengthens intergenerational relationships and increases potential support and interaction. 3) Lack of technology interaction.		No data	No data on lifelong learning programmes.	1) A need to promote social facilities and social environments to support active ageing. 2) It is important to maintain the culture of older people living together with their children and grand-children. 3) Inter-generational relationships must be strengthened to reduce conflict between generations. 4) A need to enhance participation in virtual communities. 5) Gender/age inequality.

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	*Social participation in family or informal community base*	*Social support*	*Protection from violence; Respect*	*Education and literacy*	
(SWRC, 2021)	Malaysia	Malaysia Ageing and Retirement Survey (MARS) Wave 1 2018/2019	Sample size: n = 9,542, aged 40 and above; about 40% aged 60 and above. More female (55.8%). 41.4% have primary education	1) About 85% never participate in social clubs. Only 7.9% participate in social clubs. 2) 51% never did volunteer/charity work. About 20% do engage in volunteer/charity work.	Family/friend base: 1) More than 84% live with their children. 2) Up to 95% meet and communicate in person with any children in the past 1-year. 3) Only 4.2% live alone. 4) About 50% have regular activities with family. 5) About 90% communicate (phone) with their children.	Family/friend base: 1) Over 61% have social support from their children. 2) About 57% receive financial support from their children.	Overall, there is a strong family support and participation to help older adults. Low level of the incidence of elder abuse	1) 29.4% have primary education and 12% have no education. 2) Only 10% have attended regular educational/ training courses. 79% never attend educational/ training courses.	1) Need to encourage relationships among older person with their peers and younger generation, to better integrate into society. 2) A need to promote community centres for social and recreational activities. 3) Need to encourage private-public-NGO partnership.
(NIH, 2018)	Malaysia	Malaysia National Health and Morbidity Survey 2018 (NHMS) 2018	Sample size: n = 7,117, aged 50 and above; about 55.9% aged 60 and above. More female (53%). About 50% have primary education	About 90% never participate in social activity	No data	Family/friend base: 1) About 70% receive needed social support.	Only 9% reported abuse. Less than 1% reported violence.	Less than 10% have tertiary education.	1) A need to enhance community-empowerment programmes. 2) A need to provide special activities and programmes for the older person to stay connected with the local community. 3) A need to provide community networking programmes.

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	***Social participation in family or informal community base***	***Social support***	***Protection from violence; Respect***	***Education and literacy***	
(Jumadi et al., 2019)	Malaysia	Quantitative survey study	Sample size: n = 411, aged 50 and above, from Johor; more female (50.9%)	1) Lack of social centres and organised social activity. 2) No data on voluntarism. 3) Most of them using mosque as the centre of community and perceiving more activity.	1) About 60% live with their children. Only 7.5% live alone. 2) Over 60% have social interaction with their neighbour. The majority have strong social interaction with family.	Family/friend base: The family provides social support	No data	No data	There is a need to enhance the social contexts, including social participation and establishment of the community centres, to enhance the feeling of 'liveable' and support ageing life.
(Knodel, 2013)	Myanmar	Data from Myanmar national survey 2012	n = 2,080, aged 60 and above. 24% have no formal education, about 30% have some primary education	1) Most of them 92% never attend group organised social activities. 2) More than 52% never attend community meetings. 3) No data on voluntarism. 3) About 60% occasionally attend community or religious ceremonies.	Family/friend base: 1) The average family size is 4, most of them live/interact with at least one child. 36% have regular contact with grandchildren. 2) Most of them (49%) have at least one visit/month from non-county-resident children. 3) Most of them receive the social support they need from their children or family (82%). 4) 75% have daily social interaction with others and (47% with friends). 5) About 68% never felt lonely at all. 6) Lack of phone calls (over 80% have no phone contact). 7) Lack of virtual socialisation.		Overall, less than 7% reported abuse or violence, (11.8% talked to harshly; 8.5% silent treatment; 0.6% shaken or hit).	1) 24% have no formal education, about 30% have some primary education. 2) No lifelong learning programmes.	Lack of virtual socialisation

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	*Social participation in family or informal community base*	*Social support*	*Protection from violence; Respect*	*Education and literacy*	
(Knodel and Teerawich-itchainan, 2017)	Myanmar	Review of documents and national surveys	More than seven national surveys focus on older adults. A focus on data from Myanmar national survey 2012	Lack of group organised social activities	Family/friend base: 1) 86% live in households with multi-generations. 77% live at least one of their own children. This facilitates intergenerational exchanges and support. 2) Strong normative support. 3) Most of them receive the social support they need from their children or family (82%).		No data	No data	Lack of virtual socialisation
(Win et al., 2020)	Myanmar	Healthy and Active Ageing baseline longitudinal study 2018	n = 1200 aged 60 years or older, more female (59.7%), About 37% have some primary education	1) Most of them 98% never attend group activities or clubs. 2) More than 88% never attend community meetings. 3) Over 90% never did voluntarism. 3) About 65% occasionally attend religious activity.	1) About 90% live in with their family (children). 2) Over 55% have frequent meeting/ contact with friends.	Family/friend base: Most of them (80%) receive the social support they need from their children/ spouse.	No data	8% have no formal education, 38% have some primary. Only about 13.5% have high school or more. No data on lifelong learning.	
(Cruz et al., 2019)	Philippines	Sample size: n = 5,985. Method: Longitudinal Study of Ageing and Health, a first nationally longitudinal study of ageing	Aged 60 years and above, more Males (54%). Most of them (51.4) have no formal education	1) Only 4% attend community centres or social or recreational clubs. 2) Less 30% are members of any type of nonreligious organisation (e.g. Organisations of retired older persons).	1) Most of them (about 80%) living with their children. 2) Over 80% have friends/relatives to talk with/contact. 3) Only 6% feels isolated from relatives. 10% feels a lack of companionship with relatives.	Family/friend base: 1) Most of them (about 80%) living with their children. 2) Over 80% have relatives/ friends for social support.	No data	1) Most of them (51.4%) have no formal education. Only 11.4% have college education. 2) Less than 2% (1.9%) only participated in vocational education and training.	1) Lack of virtual contact. Lack of internet/ smartphone use. 2) Lack of group socialisation in community base.

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	*Social participation in family or informal community base*	*Social support*	*Protection from violence; Respect*	*Education and literacy*	
				3) Less 14% have volunteer work in the community. Over 60% attend religious services outside the home.	4) 25% hangout with friends and neighbours. 5) 25% have group activities. 6) 74% contact noncoresident child last 12Mon. 7) Only 5% do social networking. 8) 30% have cellphone contact.	3) Low social isolation from relatives/friends (less than 15%). 4) 79% received emotional support from children, and 73.7% from noncoresident child.			
(Schwingel et al., 2009); (Niti et al., 2008)	Singapore	Data from Singapore Longitudinal Ageing Study (SLAS-1) 2005	Sample size: n = 2,716 aged 55 and over. More female (62.8%). 58.2% have primary or lower education	1) Over 24.1% participated in weekly social activities. 2) Only 16% attend community centres or social or recreational clubs weekly. 3) Only 10% participate in voluntarism action. 4) Over 50% participated in weekly cultural activities.	Family/friend base: 1) Most of them (about 90% live with their families). 2) Over 70% have regular contact/visits by children, relevant/ friends.	Family/friend base: 1) Over 94%have someone confide with 2) Over 90% someone to help when needed	No data	1) About 58% have primary or lower education. 2) No data on lifelong learning.	-
(Hock et al., 2013)	Singapore	Analysis of National Survey Of Senior Citizens	Sample size: n = 5,000 aged 55 and over of 10,000 households across the Country	1) Over 50% participated in weekly social activities	Family/friend base: 1) Most of them (over 70% live with their families), 69% were in daily contact with their children. Over 90% have weekly contact with their children.	Family/friend base: Family continues to be the primary source of support: while ill (92%),	Overall, concerns of the older person have been addressed by the government.	1) About 41% have lower secondary education. 25% have primary education 2) No data on lifelong learning.	1) About 15% live alone. 2) Across various social interaction, as they grew older, a decline was observed.

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	*Social participation in family or informal community base*	*Social support*	*Protection from violence; Respect*	*Education and literacy*	
			About 25% have primary education, About 41% have lower secondary education.	2) Over 50% participated in weekly cultural activities. Only 6% volunteered in the last 12 months, with a decline among those aged 65 and over.	2) About 55% have contact with friends/ sibling.	financial help (88%), need to talk to (88%).	Low level of the incidence of elder abuse.		
(Teerawich-itchainan et al., 2015)	Thailand	Data from Survey of Older Persons in Thailand	n = 34,173, aged 60 and above, more Female (56%), 73% have primary education	No data	Family/friend base: 1) Most of them live with their family (children). Average number of children is 4. 9.6% living alone. 2) 57% live in coresidence (have contact) to family/ children. 3) Low level of social isolation (18%). 4) High intergenerational relationships (over 70%) 5) Over 50% have typical visits from noncoresident children 6) Regular phone calls from noncoresident children.	Family/friend base: 1) Most of them live with their family (children). 2) Average level of social support (60%). 3) High inter-generational support (over 80%). 4) Good psychological well-being.	No data	1) Most of them (73%) have only elementary education. 2) No data on lifelong learning.	A need to encourage and enhance multi-generation and intergenerational relationships.

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	***Social participation in family or informal community base***	***Social support***	***Protection from violence; Respect***	***Education and literacy***	
(Teerawich-itchainan et al., 2017)	Thailand	Review on Thailand's Older Persons and Their Well-being	Aged 50 and over, more female (55%), 70% have no more than a basic primary education	1) About 25% participated in social clubs during the past year. 2) Over 28,000 registered senior citizen clubs nationwide. 3) 24% of older person populations who were members of these associations participated in activities of the clubs in the previous 3 months. 4) Over 55% participated in community/ cultural activity during the past year. 5) Lack of volunteers (less than 9%).	Family/friend base: 1) Over 85% live in family, 52% live with their children. They have an average of 3 children. About 50% live in a multi-generation household. 2) 62% have regular contact with children 3) About 46% have weekly visits with non-coresident children. 61% have weekly phone contact. 4) Over 60% participated in family/ community activities during the past year. 5) About 8% have online contact.	Family/friend base: 1) Over 52% live with their children. 2) 79% receive support from their children.	Filial support and respect for older parents remain largely intact.	1) Most of them have no formal education. 2) No data on lifelong learning.	1) Accelerated population ageing. 2) Reduced family size and greater geographic dispersion of adult children due to migration.
(Teerawich-itchainan et al., 2015)	Viet Nam	Viet Nam Aging Survey (VNAS)	Sample size: n = 2,789, aged 60 and above in 200 communes in 12 provinces,	No data	Family/friend base: 1) Most live with their children (Average number is 59.4%), 9.4% living alone. 2) 67% live in coresidence to family/ children (contact). 3) Low level of social isolation (10%).	Family/friend base: 1) Most of them live with their children. 2) High level of social support (70%).	Filial support and respect for older adults, remain largely intact.	1) Most of them have only elementary education. 2) No data on lifelong learning.	A need to encourage and enhance multi-generation and intergenerational relationships.

Reference	Countries	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity (social associations, voluntarism, etc.)	*Social participation in family or informal community base*	*Social support*	*Protection from violence; Respect*	*Education and literacy*	
			more females (57%), 19% have no education and 32% have some primary education		4) High intergenerational interaction (over 80%) 5) Typical visits from non-coresident children 6) Regular phone calls from non-coresident children.	3) High inter-generational support (over 80%) 4) Average/good psychological well-being.			
(Vu et al., 2020)	Viet Nam	Longitudinal Study of Ageing and Health in Viet Nam (LSAHV)	Sample size: n = 6,050, aged 60+, more females (57.2%), 20.8% have no schooling and 35.7% have an elementary education	1) Only 6% attend community centres or social or recreational clubs. 2) Only 23.6% are members of any type of nonreligious organisation (e.g. Organisations of retired older persons). 3) Only 9.8% attend group organised social activities. 4) Only 7.5% attend organised religious services. 5) Only 9.8% have volunteer work in the community.	Family/friend base: 1) Most of them 63% live with at least one child. They have an average of 3 children. Most of them live in a multi-generation family. 2) Over 85% have friends/relatives to talk with/contact. 3) Low social isolation from relatives/friends (less than 12%). 4) Over 35% have regular activities with family/friends. 5) 95% was contacted/visited by non-coresident child last 12 mth. 6) 96.4% have cellphone contact with children. 7) Only 12% have access to the internet. Less than 5% have social networking account.	Family/friend base: 1) Most of them (over 63%) living with their children. 2) Over 85% have relatives/friends for social support. 3) 84.4% received emotional support from children, and 84.7% from a nonresident child.	No data	1) About 36% have only elementary education. 2) No data on lifelong learning.	1) Lack of virtual social networking. 2) A small proportion of older adults have access to the Internet. 3) Need to get involved more in formal social support.

Annex 10b. Summary of Programmes on Social Determinants of Active Ageing in Southeast Asia

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	***Social participation programme***	***Social support service***	***Action for protection from violence; enhance respect***	***Lifelong learning and education programme***	
(MOH, 2013); (Tahir, 2015); (MCYS, 2016);	Brunei Darussalam	Review of Plan of Actions for Older Persons and People with Disabilities 2011	All older adults aged 60 and over	*Limited coverage*: 1) Launch an activity centre for the older person in March 2013. 3) Lack of voluntarism programmes.	Strong social participation with family.	1) *Family/friend base*: Family is the primary supporter. 2) *Fair formal support*: Homecare Program for Older Persons to meet older person needs.	1) Promote Old Age and Disabled Act 1954. 2) International Day for Older Persons since 1999. 3) A workshop was held to hear the voice of older adults.	Organise some forums, seminars, and workshops.	Challenges in: 1) Expand and sustainability of the Activity Centre for the older person. 2) The sustainability of financial resources. 3) Achieving all the plans and activities in action plans on the older person. 4) Promoting volunteer work.
(MOF, 2018); (MFE, 2020)	Brunei Darussalam	Review of Senior Citizens Action Plan 2017	All older adults aged 60 and over	1) Establish two Senior Citizens Activity Centres for older person activity. 2) Activities organised such as forums, seminars, workshops and sports. 3) Lack of voluntarism programmes.	Strong social participation with family.	*Family/friend base*: Family is the primary supporter.	Reinforce the concept of the family institution; families are expected to care and value for older adults.	Organise some forums, seminars, and workshops.	

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	***Social participation programme***	***Social support service***	***Action for protection from violence; enhance respect***	***Lifelong learning and education programme***	
(MSAVYR, 2017); (RGC, 2017)	Cambodia	Review National Policy for the Elderly (NPE) 2003	All older adults aged 60 and above	1) Lack of formal social association. 2) Lack of voluntarism programmes.	The family provide essential support to older adults.	*Family/friend base*: The family provide essential support to older adults.	Establishing Article 47 of the Constitution for rights and duties of children and their older parents; National Day of Older Persons (1 October).	No lifelong learning programmes.	1) Limited knowledge and participation of older person people. 2) Discrimination toward old people and lack of infrastructure. 3) There is no law yet to protect older person rights.
(RGC,2017); (Te, 2019); (HelpAge Asia, 2020)	Cambodia	Review of National Ageing Policy 2017-2030	All older adults aged 60 and above	1) Establishing more than 1,600 Older People Associations (OPAs), which equates to one per commune. 2) Lack of voluntarism programmes.	The family provide essential support to older adults.	1) Family/friend base: The family provide essential support to older adults. 2) *Fair informal*: Establish a new shelter for the older person homeless, providing a space to eat and socialise.	Enforce the Khmer culture of family values and the rights of older parents, explicitly emphasised by the Constitution.	No lifelong learning programmes.	
(Arifin, 2014); (Sunusi, 2014); (HelpAge Asia, 2015)	Indonesia	Review of Indonesia National Plan of Action (NPA) on Ageing 2009-2014	All older adults aged 60 and above	1) Limited coverage in developing older person support groups. 2) No voluntarism programmes.	Family/friend base: Maintaining family and community social participation.	*Family/friend base:* Maintaining family and community support for the older person.	Enact the Old Age Welfare Law of 1998; National Elderly Day since (29 May) 1996.	No lifelong learning programmes.	1) Lack of human resources and financial support dedicated to ageing issues.

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	***Social participation programme***	***Social support service***	***Action for protection from violence; enhance respect***	***Lifelong learning and education programme***	
(Nuryana, 2018); (Rahardjo et al., 2019); (Tabassum et al., 2019)	Indonesia	Review of National Action Plan for Elderly in 2016-2019	All older adults aged 60 and above	1) Limited coverage in enhancing about 69,500 Integrated Service Center for older person (Posyandu Lansia) in several districts/ cities. 2) No voluntarism programmes.	*Family/friend base*: Maintaining family and community social participation.	*Family/friend base*: Maintaining family and community support for the older person.	-	No lifelong learning programmes.	2) Older person friendly social facilities are not yet available sufficiently. 3) Lack of implementation and lack of overall social initiatives.
(Khom-phonh, 2017); (Rehabilita-tion, 2019)	Lao PDR	Review of National Policy for the Elderly Person in Lao PDR (2004)	All older adults aged 60 and above	1) Limited coverage in enhancing older person participation in traditional events or festivals and social activities. 2) No voluntarism programmes.	*Family/friend base*: Family provide the main social interaction. However, no clear data on it.	*Family/friend base*: Family provide the main social support. However, no clear data on it.	1) No law on older adults' rights. 2) International Day for Older Persons (1 October).	No lifelong learning programmes.	1) Lack of programmes to enhance the older person social environment. 2) Lack of financing support to enhance the social environment. 3) Lack of coordination with multi-sectoral agencies. 4) There is no "Law" yet to protect older person rights.

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	***Social participation programme***	***Social support service***	***Action for protection from violence; enhance respect***	***Lifelong learning and education programme***	
(Department of Social Welfare Malaysia, 2013); (Abdul Rashid, 2015); (Ahmad et al., 2016); (Kiau & Meun, 2017); (Salleh, 2017)	Malaysia	Review the National Policy on Older Persons (NPOPs) and Plan Of Action for Older Persons 2011	All older adults aged 60 and above	*Limited Coverage in*: 1) Activity Centres for Older Persons (ACOP) located throughout the country to organise activities and provide including 88 Activity Centres for older persons (PAWE) benefitting over 37,000 senior citizens. 2) ACOP provide various social activities and programmes, including indoor/ outdoor games, volunteer services, economic empowerment programmes and lifelong learning. 3) Broaden the reach of the community-based programme. 4) Establish volunteerism and community-based programmes to enhance elderly contribution and participation.	*Family/friend base*: Family is the main source of social participation and support.	*Formal support*: 1) Activity Centres for Older Persons, older person health club, Malaysia Family Care, etc. 2) 244 centres by NGOs & private registered under the Care Centres Act 1993. 3) Home Help Services (2012).	1) Promote family values and well-being from generation to generation through the National Family Policy (NFP). 2) Enact National Day of Older Persons since (1 October) 1992; the Domestic Violence Act 1994 (general law).	*Limited Coverage in*: 1) Activity Centres for Older Persons provides various learning activities, religious studies, skills training, and lifelong learning. 2) Establish the first University of the Third Age U3A in Malaysia to encourage learning for personal development.	1) Issue of availability, accessibility, and quality of social facilities and services. 2) A need to include computers and ICT tools as tools for a multitude of services and information, participate in virtual communities and, most importantly, in creating an environment for e-learning activities and towards lifelong learning.

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	***Social participation programme***	***Social support service***	***Action for protection from violence; enhance respect***	***Lifelong learning and education programme***	
(Thein, 2016); (Mya, 2017); (CARE, 2019); (Zaw Oo, 2019)	Myanmar	Review on National Plan of Action on Ageing at 2016	All aged 60 and above	*Limited coverage:* 1) Over 70 aged homes supporting 2,300 older adult social and health participation. 2) Day Care Center for the older adults by DSW, MSWRR since 2013 for older person participation. 3) No data on voluntarism programmes.	Basically focus on family role	*Family/friend base:* 1) Basically focus on family role. 2) Establishing International Day of Older Persons to raise voices of older adults.	1) Media campaign in older person abuse awareness day and ADA since 2016; International Day of Older People (1 October). 2) Passage of the Republic Act No. 9994 or the Expanded Senior Citizens Act in 2010 and implement its Implementing Rules and Regulations. 3) Eight Topics on the older person were identified in the DSWD's Research Agenda for CY 2010-2016.	No lifelong learning programmes	1) Lack of formal social support; mostly, traditional and cultural provides older person care at their homes. 2) Budgetary constraints of the government. 3) Lack of research and studies of the older person social environment. 4) A need to think of ways to provide social and educational support.
(Tejero, 2007); (WHO, 2013); (DSWS, 2014)	Philippines	Review of The Philippine Plan of Action for Senior Citizens 2006-2010 (PPASC)	All aged 60 and above	1) Provide the Inter-Generational Program. 2) Provide Integrated Day Center for older adults.	*Family/friend base*: Emphasise the role of family: Inter-Generational Program	*Family/friend base*: Emphasise the role of family: Inter-Generational Program, a social technology that brings together different	Rising number of senior citizens who are victims of violence and abandonment.	1) Provide Lifelong Education Programs for older adults.	1) Lack of providing social and human services, especially for older adults. 2) The rising number of senior citizens who are victims of violence and abandonment.

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	***Social participation programme***	***Social support service***	***Action for protection from violence; enhance respect***	***Lifelong learning and education programme***	
				3) Federation of Senior Citizens Association of the Philippines (FSCAP) and LGUs to promote older person participation and engagement. 4) Encourage older person volunteer work to increase participation: Senior Citizens Volunteer Resource Project and community volunteer resource development for older persons.		generations in new and ongoing mutually beneficial structured activities to meet the needs of individuals and families throughout the life cycle.		2) Enhance non-formal education for 60 years old and above, spearheaded by the Bureau of non-formal education under the Department of Education.	3) Lack of providing social and human services, especially for older adults.
(DSWS, 2014); (HelpAge Asia, 2019)	Philippines	Review of The Philippine Plan of Action for Senior Citizens 2012-2016	All aged 60 and above	1) Over 948 senior citizen centres were established and are functional in 16 Regions since 2010. 2) Operationalise a volunteer program for senior citizens in many regions.	*Family/friend base:* Encourage and promote community activities: promote older person contribution in the workforce.	*Family/friend base:* Encourage and promote community support.	1) Involve older adults in the community and decision-making. 2) Enact Expanded Seniors Citizen Act of 2010; Accessibility Law of 1982; Elderly Filipino Week (1 October).	No data	

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	***Social participation programme***	***Social support service***	***Action for protection from violence; enhance respect***	***Lifelong learning and education programme***	
(MOH, 2016a); (MOH, 2016b); (ADB, 2020)	Singapore	Review of Action Plan for Successful Ageing	All aged 65 and over	1) People's Association (PA) runs more than 400 Senior Citizens' Clubs, engaging many older adults in a wide range of lifestyle and social activities. 2) Wellness Programme to provide suitable community facilities to interact, make friends, attend health talks and exercise classes. 3) More than 50,000 senior volunteers (about 12%) under the national senior volunteerism movement so that older adults can contribute their talents and experience.	*Family/friend base*: Several initiatives to encourage Singaporeans to live close to their older person parents.	1) Encourage Singaporeans to live close to and support their older person parents. 2) Expand home visitation programmes in at least 50 neighbourhoods to keep social support. 3) Over 5,000 students were involved in talks related to ageing and inter-generation learning programmes.	1) Educate community about active ageing and older person concerns through talks and camping. 2) Recognise the rights of older adults through several plans such as offering a suite of discounts and privileges for seniors. 3) Enact the Vulnerable Adults Act (VAA) 2018; International Day of Older Persons (IDOL) since 2014.	1) Over 10,000 learning places across 500 courses provided under National Silver Academy to enhance older person knowledge and education. 2) Over 200,000 older adults reached through health talks & educational camp. 3) Expanded & enhanced the system of Continu-ing Education & Training (CET) to help the older person re-skill and up-skill. 4) Establish institutes for adult learning train and provides a wide range of learning opportunities.	1) The number of seniors living alone is likely to increase to 83,000 in 2030, cause in weaken of family support and participation. 2) A need to reinforce the intergenerational initiatives and the role of the family. 3) A need to enhance social-leisure activities by providing retiree activity centres. 4) Lack of volunteerism programmes.

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	*Social participation programme*	*Social support service*	*Action for protection from violence; enhance respect*	*Lifelong learning and education programme*	
								5) Intergenera-tional Learning Programme (ILP) serves as a platform for seniors to pursue lifelong learning and helps streng-then inter-generational ties. It also learns about various topics such as IT, social media and photography.	
(Jitapunkul & Wivatvanit, 2008); (Haque, 2016); (Aruntippai-tune, 2017); (Piensri-watchara, 2017); (Hayami, 2019); (Larpsom-batsiri, 2019)	Thailand	Review on The Second National Plan on the Elderly (2002-2021) and The Act on the Elderly (2003)	All aged 60 and above	1) Increase of communities that have senior citizens clubs and centers. 2) Older persons who are members of the clubs and participate in activities of the clubs in the previous 3 months (50% achieved). 3) No data on voluntarism programmes.	*Family/friend base*: Emphasise the role of family and community.	*Family/friend base*: 1) Emphasise the role of family and community. 2) Assisting older adults who face social problems.	1) Promote older person value through "elderly's day" and a "family's day." 2) Enact the Act on the Elderly 2003; National Elderly Day (13 April). 3) Promoting positive attitudes toward ageing.	1) Family caregivers educated on caring (95% achieved).	1) Older person policy fragmentation and program discontinuation. 2) Lack of concrete transformation of policies. 3) Budget constraint. 4) Weakness in management of the older person clubs. 5) Lack of budget has been obstacles to the effectiveness of local programs for older persons.

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	***Social participation programme***	***Social support service***	***Action for protection from violence; enhance respect***	***Lifelong learning and education programme***	
								2) Non-formal educational programmes under Department of Non-Formal Education, Ministry of Education give them a chance to be educated, and to enhance older person education, skills, and socialisation.	
(Oanh, 2013); (Hoang, 2017); (LAN & DANG, 2017); (Giang, 2020)	Viet Nam	Review of Viet Nam National Action Plan on Older People (2012-2020)	All aged 60 and above	1) Over 11,100 older people associations (OPA) at all communities and about 100,000 branches (at village level) involve more than eight million members across the country. 2) Over 2.5 million older adults are involved in about 60,000 sport, exercise, art, professional, and entertainment clubs. 3) No data on volun-tarism programmes.	*Family/friend base*: Focus on the role of community and family.	*Family/friend base*: Focus on the role of community and family to provide support.	1) Promote knowledge of the whole society for population ageing. 2) Over 3,200 Inter-Generational Self-Help Clubs (ISHC) extended to at least 63 provinces and cities to enhance rights and entitlements, microcredit, livelihoods, health promotion, and more.	No lifelong learning programmes.	1) Lack of programmes on the role of social organisation. 2) Lack of detailed guidelines and resource allocation for implementation. 3) The policies are still general, and not applicable to the actual situation. Plus, there is no clear monitoring and evaluation mechanism.

Reference	Country	Data	Sample	Social Participation & Social Support					Challenges of Social Determinant
				Organised social activity programme and service	***Social participation programme***	***Social support service***	***Action for protection from violence; enhance respect***	***Lifelong learning and education programme***	
							3) Enact Law on the older person 2009; Ordinance on older person people 2000; the Traditional day of the Vietnamese older person (June 6)		4) The quality of implementation varies across policies, areas and subjects, and largely depend on local authority and related sectors' resources, ability and coordination. 5) There are negative stereotypes of older people and ageism. 6) Lack of quality data and evidence-based policy analyses and studies.
(VNCA & UNFPA, 2019)	Viet Nam	Analyse of previous studies, surveys, and National Action Plan on Older People (2012-2020)	All aged 60 and above	1) Enhance and establish Older People's Associations (OPA). 2) Less than 9% have volunteer work in the community.	1) Most of them live with their children. The family size is about 3 persons. Over 30% live in multi-generation families. This enhance family interaction. 2) The formation of OPA helps to remedying isolation and loneliness	*Family/friend base*: The family provide the essential support.	Yet, 7% reported having experienced abuse from their children over the past 12 months.	No data	

Annex 10.c. Summary of Original Studies on Behavioural and Personal Determinants of Active Ageing in Southeast Asia

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits & physical activity	***Psychological health***	***Awareness, knowledge, and educate on Active Ageing***	
(Abdul Rahman et al., 2021)	Brunei Darussalam	Cross-sectional survey study in all four districts of Brunei Darussalam.	n = 429, aged 50 and above, more male (50.1%), Most of them married (over 60%), Over 50% have secondary school education	1) Over 65% have a good health. 2) Good oral health. 3) Most of them are walking daily/do physical activity.	70% are satisfied with their life. About 75% have good (psychological) wellbeing.	1) Over 50% Interested in articles or programs about health. 2) Most of them practice some of healthy habits like physical activity.	1) Gender gap. 2) More effort to enhance personal and behavioural aspects. 3) Maintain physical activity, and encourage more healthy habits.
(Knodel et al., 2005); (Knodel and Zimmer, 2014)	Cambodia	Data from 2004 Survey of Elderly in Cambodia	Sample size: n = 1273 aged persons living in private households from six most populated provinces. Aged 60 years and above, more female (59.8%), 56.9% have never attended any school.	1) Over 70% reported a poor health. This could be due to low of healthy habits. 2) Over 36% are smoke and 5% are drink alcohol. Yet about 61% of males smoke daily. 3) Lack of physical activities.	Average life satisfaction and psychological wellbeing.	Lack of awareness of healthy habits and active ageing activities.	1) High levels of illiteracy and low levels of education which negatively affects their personal factors. 2) Limited participation of older person people. 3) A need for research on older person personal and behavioural factors of active ageing. 4) A need for a detailed action plan and more implementation. 5) A need to consider the gender and age diversity in the needs of older persons when addressing ageing-related issues. 6) Planning and implementing measures to address population ageing, considering new ageing-related international and regional initiatives.
(Arifin et al., 2012)	Indonesia	Data from Intercensus Population Survey (SUPAS), 2006	All aged 60 and over	1) About 60% reported a poor health. This could be due to low of healthy habits. 2) Only 1% do frequent sport physical activity.	No data	Lack of awareness of healthy habits and active ageing activities.	1) Lack of physical exercise. 2) Lack of awareness to healthy active ageing.

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits & physical activity	***Psychological health***	***Awareness, knowledge, and educate on Active Ageing***	
(Adioetomo & Mujahid, 2014)	Indonesia	Review of documents, with a focus on original studies.	All older adults aged 60 and above	Lack of awareness to healthy habits and active ageing activities.	No data	1) Lack of awareness to healthy habits and active ageing activities. 2) Lack of physical and virtual communities to educate on active ageing.	1) Gender/age inequality 2) Lack of virtual communities and education.
(Abdullah and Wolbring, 2013)	Malaysia	Quantitative data from previous studies	More than 300 documents, with a focus on original studies	1) Media coverage and awareness to healthy active ageing. 2) About 12% smoke. 3) Over 50% have good oral health.	Average life satisfaction and psychological wellbeing.	Lack of awareness to active ageing	A lack of media coverage of "healthy active ageing," "healthy lifestyle," and terms conveying similar content.
(NIH, 2018)	Malaysia	Malaysia National Health and Morbidity Survey 2018 (NHMS) 2018	Sample size: n = 7,117, aged 50 and above; about 55.9% aged 60 and above. More female (53%). About 50% have primary education. Less than 10% have tertiary education.	1) About 74% went for general health screen in the past 12 months. 2) About 40% have good or 25% fare oral OHRQoL 3) About 80% drink enough water. 4) About 15% smoke. 5) Over 60% have regular physical activity. 6) 30.8% have malnutrition, 69.2% have normal nutritional. 7) About 43% have no abdominal obesity. 8) 42.5% have no non-communicable diseases (NCDs). 9) Only about 12% adequately consumed fruits/vegetables daily.	Only 11.2% have depressive symptoms, and 5.3% have depression	Overall there is an average awareness regarding general health. Yet, there is no awareness to participate in social and sport regular activities.	1) A need for several strategies for improving physical activity levels and reducing sedentary behaviour. 2) A need to educate about healthy living, physical activity, healthy living. 3) A need to development of activity planning and public education programs for the older person to achieve recommended physical activities. 4) Provide elder-friendly spaces at home and in public areas.

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits & physical activity	*Psychological health*	*Awareness, knowledge, and educate on Active Ageing*	
(SWRC, 2021)	Malaysia	Malaysia Ageing and Retirement Survey (MARS) Wave 1 2018/2019	Sample size: n = 9,542, aged 40 and above; about 40% aged 60 and above. More female (55.8%). 41.4% have primary education.	Up to 85% never attend sport clubs, join sports, group exercise, and vigorous physical activities (69%). Only 6% attend sport/ recreational clubs, join sports, group exercise, and 18% have perform vigorous activities (at least one/weak; running, swimming, cycling, aerobics, tennis, or digging with a hoe or shovel).	No data	Overall there is an average awareness regarding general health. Yet, there is no awareness to participate in social and sport regular activities.	1) A need to promote community centres for social, educational, recreational as well as health promotion and screening activities. 2) Need to encourage private-public-NGO partnership. 3) A need to educate young and children on healthy life, ageing and active ageing, and inculcate positive attitudes and respect towards the older adults.
(Knodel, 2013)	Myanmar	Data from Myanmar national survey 2012	n = 2,080, aged 60 and above	1) About 37% tobacco use (smoke). 2) More than 34.8% of Betel use. 3) Only about 30% have healthy eating. 4) 21% have poor health. 5) Most of them 96.1% never do exercise of physical activity.	Over 40% have good mental health.	Lack of awareness: Most of them (80%) never attend any public speech. About 57% never read newspapers, magazines, books, etc.	A need to think of ways to provide personal and educational support.
(Win et al., 2020)	Myanmar	Healthy and Active Ageing baseline longitudinal study 2018	n = 1200, aged 60 years or older, more female (59.7%), About 37% have some primary education.	1) Over 28% have poor self-rated health. 2) About 22% tobacco use (smoke): 30% male. 3) More than 30% of Betel use. 4) About 6% drink alcohol. 5) Over 30% eat fish/meat more than once/week.	1) About 19% have mild depression. 2) Most of them have average happiness scale.	No data	No data

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits & physical activity	*Psychological health*	*Awareness, knowledge, and educate on Active Ageing*	
				6) Over 45% eat fruits/ vegetables daily. 7) About 55% have natural teeth (oral). 8) Over 86% never doing medical check. 9) Over 30% walk less than 30 min daily.			
(Cruz et al., 2019)	Philippines	Sample size: n = 5,985 Method: Longitudinal Study of Ageing and Health, a first nationally longitudinal study of ageing 2018.	Aged 60 years and above, more Males (54%). Most of them have no formal education.	1) Over 17% are current smokers (more male). 2) 29% currently drinking (more male). 3) About 45% have Physical exercises. 4) Average sleep duration 5) Poor oral health. 6) Average sleep duration.	Most of them have satisfied life (80%). Have good mental health.	1) Overall, there is a lack of awareness to healthy life style: For example only 2.9% read anything related. 2) Lack of programmes of healthy lifestyle.	Lack of providing personal, behavioural, social, and human services, especially for older adults.
(Hock et al., 2013)	Singapore	Analysis of National Survey Of Senior Citizens	Sample size: n = 5,000 aged 55 and over of 10,000 households across the Country	1) About 53% have regular medical check-up. 2) Good oral health. 3) About 10% smoke. 4) About 30% have daily sport activity, 25.4% have sport activity per 2-6 days.	Good mental health.	Over 40% aware to active ageing activities	1) About 46% have high blood pressure, 39% have high blood cholesterol. 2) 76% rated their health as "good" or "very good".
(Chye et al., 2018)	Singapore	Data from Singapore Longitudinal Ageing Study (SLAS-1 and SLAS-2)	Sample size: n = 5414, aged 55 and over. More female (62.8%). 58.2% have primary or lower education.	1) About 53% have regular medical check-up. 2) Good oral health. 3) About 10% smoke. 4) About 30% have daily sport activity, 25.4% have sport activity per 2-6 days.	1) Most of them (over 80% live with their families). Most of them have daily contact with others.	No data	No data

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits & physical activity	*Psychological health*	*Awareness, knowledge, and educate on Active Ageing*	
(Phua et al., 2019).	Singapore	Data from the Well-being of the Singapore Elderly (WiSE), December 2013.		1) Good oral health 2) Only 9.5% smoke 3) Only 4.2% drink alcohol 4) Over 90% eat vegetables/fruits daily 5) Over 70% have regular physical activities	1) Over 76% have no depression. 2) About 88% not feeling lonely.	Over 70% aware to healthy habits of active ageing	No data
(Khamrin et al., 2021)	Thailand	Questionnaire survey	n = 406, aged 65 and over, more female (52.5%), 49.3% have no education	1) 34.2% are smoking 2) 46.6% are drinking alcohol 3) Over 25% have poor health 4) 37% have dental service 5) 43% have low oral behaviours	No data	About 40% have knowledge and awareness of health.	
(Teerawich-itchainan et al., 2017)	Thailand	Review on Thailand's Older Persons and Their Well-being 2017.	Aged 50 and over, more female (55%), 70% have no more than a basic primary education	1) Fair health 2) Only 33% have regular general physical check-up 3) Only 5% regular dental check-up 4) Lack of physical activity	Average/good psychological well-being.	Lack of awareness to general health	Accelerated population ageing.
(Vu et al., 2020)	Viet Nam	Longitudinal Study of Ageing and Health in Viet Nam (LSAHV) 2018.	Sample size: n = 6,050, aged 60+, more females (57.2%),20.8% have no schooling and 35.7% have an elementary education.	1) Lack of programmes of healthy lifestyle 2) Less than 25% go for general medical check-up 3) Only 25.7% do physical exercise 4) Over 15% smoke on average 12 cigarettes/day (more males) 5) 22% drink (more male)	Most of them have satisfied life (92%). good psychological well-being.	Overall, there is a lack of awareness to healthy life style: For example only 13.6% read anything related.	1) Lack of awareness in healthy activities, and lack of active ageing programmes. 2) Older adults have a low level of awareness of government programmes that provide privileges to senior citizens.

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits & physical activity	***Psychological health***	***Awareness, knowledge, and educate on Active Ageing***	
				6) Average sleep duration (5.4 h/n) 7) Average oral health (over 17% have dentures) 8) 47.7% have average health			

Annex 10d. Summary of Programmes on Behavioural and Personal Determinants of Active Ageing in Southeast Asia

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits	*Physical activity*	*Awareness knowledge, and educate on Active Ageing*	
(Tahir, 2015); (MCYS, 2016)	Brunei Darussalam	Review of Plan of Actions for Older Persons and People with Disabilities 2011	All older adults aged 60 and over	*Limited coverage on*: Conduct health talks activities to educated on healthy diet & living.	*Limited coverage*: Enhance older person participation and meaningful life through promoting activity centres for the older person and organised activities.	Organised forums, seminars, workshops and sports.	Challenges in: 1) Expand and sustainability of the Activity Centre. 2) The sustainability of the financial resources. 3) Achieving all the plans and activity in action plans on Elderly. 4) A need for a comprehensive ageing strategy that enhance the Behavioural and personal factors.
(MOF, 2018); (MFE, 2020)	Brunei Darussalam	Review of Senior Citizens Action Plan 2017	All older adults aged 60 and over	*Limited coverage*: Teach them on healthy lifestyle and enjoy a good quality of life.	*Limited coverage*: Enhance older person participation in organised physical activities.	Establish senior citizens' health promotion programmes since 2014 in various cities to educate them about live a healthy lifestyle and enjoy a good quality of life.	
(RGC,2017) (Te, 2019) (HelpAge Asia, 2020)	Cambodia	Review of National Ageing Policy 2017-2030	All older adults aged 60 and over	*Limited coverage*: Enhance older person education on a healthy lifestyle through adults associations.	*Limited coverage*: Through older person associations.	Enhance older person education on a healthy lifestyle.	1) A need for research on older person personal and behavioural factors of active ageing. 2) A need for a detailed action plan and more implementation. 3) A need to consider the gender and age diversity in the needs of older persons when addressing ageing-related issues. 4) Planning and implementing measures to address population ageing, considering new ageing-related international and regional initiatives.

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits	*Physical activity*	*Awareness knowledge, and educate on Active Ageing*	
(Arifin, 2014); (Sunusi, 2014); (HelpAge Asia, 2015)	Indonesia	Review of Indonesia National Plan of Action (NPA) on Ageing 2009-2014	All older adults aged 60 and above	Establishing a healthy lifestyle program.	No programmes	To increase their awareness: 1) Media promotion on a healthy lifestyle. 2) Establishing a healthy lifestyle program.	1) Lack of programmes and programmes implementing to enhance older person behavioural and personal factors of active ageing. 2) A need to enhance knowledge about active ageing. 3) Lack of knowledge and public attention to the older person health.
(Nuryana, 2018) (Rahardjo et al., 2019) (Tabassum et al., 2019)	Indonesia	Review of National Action Plan for Elderly in 2016-2019	All older adults aged 60 and above	*Limited coverage*: Promote a healthy lifestyle and healthy behaviours.	No programmes	*Limited coverage*: Improve older person awareness of healthy activities	1) Lack of knowledge and public attention to the older person health and healthy lifestyle. 2) Common assumptions that the older person are merely related to weakness and sickness. 3) Lack of programmes and programmes implementing to enhance older person behavioural and personal factors of active ageing.
(Khomphonh, 2017); (Rehabilita-tion, 2019)	Lao PDR	Review of National Policy for the Elderly Person in Lao PDR (2004)	All older adults aged 60 and above	1) No programmes 2) Lack of data 3) Lack of concern to healthy active ageing	1) No programmes 2) Lack of data 3) Lack of concern to healthy active ageing	*Limited coverage*: Providing health care education to the older person.	1) Lack of facilities and education on promoting exercise and a healthy lifestyle (behavioural factors). 2) Lack of awareness about active and healthy ageing (behavioural factors). 3) Lack of concrete transformation of policies and lack of coordination with multisectoral agencies. 4) Lack of regular monitoring and management.

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits	***Physical activity***	***Awareness knowledge, and educate on Active Ageing***	
(Department of Social Welfare Malaysia, 2013); (Abdul Rashid, 2015); (Ahmad et al., 2016); (Kiau & Meun, 2017); (Salleh, 2017)	Malaysia	Review the National Policy on Older Persons (NPOPs) and Plan Of Action for Older Persons 2011	All older adults aged 60 and above	1) Encourage a healthy lifestyle to remain independent. 2) Over 23 Activity Centres for Older Persons provide older person personal developments through enhancing education, skills, training, volunteer services, and lifelong learning.	*Limited coverage*: 1) Over 23 Activity Centres for Older Persons provide older person personal developments through enhancing social sport activities. 2) Provide older person-friendly services and environments to enhance healthy behaviours.	1) Changing perception towards old age. 2) Establish the first University of the Third Age U3A in Malaysia to encourage learning for personal development. 3) Encourage a healthy lifestyle to remain independent.	1) Speed of ageing human. 2) The issue of gender and age barriers in practices. 3) A need for further research to understand how the ageing programmes address the behavioural and personal determinants of active ageing in Malaysia. 4) A need for further programmes to enhance behavioural and personal determinants
(Thein, 2016) (Mya, 2017) (CARE, 2019) (Zaw Oo, 2019)	Myanmar	Review on National Plan of Action on Ageing at 2016	All aged 60 and above	*No programmes*: No clear data on what have been implemented to support the behavioural determinants.	No programmes	*To enhance awareness:* 1) Media campaign in International Day of Older People (1 October). 2) Establishing International Day of Older Persons to raise voices of older adults.	1) Budgetary constraints of the government. 2) Lack of awareness and knowledge on the ageing issue. 3) Lack of knowledge and public attention to the older person health and healthy lifestyle. 4) Relevant policies, activities and acts for older person personal and behavioural determinants remain undiscovered.
(Tejero, 2007); (WHO, 2013); (DSWS, 2014); (HelpAge Asia, 2019)	Philippines	Review of The Philippine Plan of Action for Senior Citizens 2006-2010 & 2012-2016	All aged 60 and above	Encourage healthy behaviours	Encourage participation in community and community activity to stay active.	1) No programmes to increase awareness to healthy life style. 2) Enhance older person education to promote their knowledge and active ageing.	1) There is a lack of programs related to older person behavioural factors. 2) Lack of program of activities in place to educate the population on healthy ageing.

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits	***Physical activity***	***Awareness knowledge, and educate on Active Ageing***	
(Mehta, 2015); (MOH, 2016a); (MOH, 2016b); (ADB, 2020);	Singapore	Review of Action Plan for Successful Ageing	All aged 65 and over	1) Enhanced age-friendly workplace to enhance healthy habits. 2) Introduced programmes to promote health and wellness (over 60%). People's Association introduced the Wellness Programme to encourage regular health screening, remain physically and socially active. 3) National Seniors Health Programme to promote health education and preventive health services such as healthy eating tips, vaccination records, oral health, etc.	1) The National Parks Board (NParks) upgrades parks and park connectors to be more senior-friendly to promote physical activity. 2) Encourage physical activities such as brisk walking and Tai Chi.	*To increase awareness*: 1) Over 70% reached by various healthy talks and programmes on active ageing. 2) Most of them have good knowledge on active ageing. *To enhance education*: 3) Establish the National Seniors' Health Programme and the workplace health programme that target over 520,000 older adults (over 63%) and mature workers. 4) Over 200,000 older adults (25%) reached through health talks and educational camping.	A need for more programs of behavioural and personal factors of active ageing and to tap the vast experience and energy of our seniors.
(Jitapunkul & Wivatvanit, 2008); (Haque, 2016); (Aruntippai-tune, 2017); (Piensri-watchara, 2017); (Hayami, 2019); (Larpsombat-siri, 2019)	Thailand	Review on The Second National Plan on the Elderly (2002-2021) and The Act on the Elderly (2003)	All aged 60 and above	1) The right of the health security system (>95% achieved) to improve and promote older person health. 2) Increase older person health behaviour (50% achieved).	No programmes	*To increase awareness*: 1) Promoting positive attitudes toward ageing. 2) People aged 30-59 have prepared their readiness in all areas (90% achieved). 3) Family caregivers educated on caring (95% achieved).	1) Older person policy fragmentation and program discontinuation. 2) Lack of concrete transformation of policies. 3) Lack of budget has been an obstacle to the effectiveness of ageing programs. 4) A need to promote understanding and awareness regarding the ageing process and healthy active ageing.

Reference	Country	Data	Sample	Behavioural Determinants & Personal Determinants			Challenges of Social Determinant
				Healthy habits	***Physical activity***	***Awareness knowledge, and educate on Active Ageing***	
				3) Enhance and develop services to enhance older person education and health.		*To enhance education*: 4) The subjects involving health care and ageing and old age hygiene are included in the general education system (Within 2011). 5) Enhance general knowledge on healthy ageing.	
(Oanh, 2013) (Hoang, 2017) (LAN & DANG, 2017) (VNCA & UNFPA, 2019); (Giang, 2020)	Viet Nam	Review of Viet Nam National Action Plan on Older People (2012-2020)	All aged 60 and above	No programmes	No programmes	1) Promote knowledge of the whole society for population ageing. 2) Recognise the role of the older person and involve them in society.	1) Lack of older person knowledge to active ageing. 2) Lack of detailed guidelines and resource allocation for implementation. 3) The policies are still general, and not applicable to the actual situation. Plus, there is no clear monitoring and evaluation mechanism. 4) The quality of implementation varies across policies, areas and subjects, and largely depend on local authority and related sectors' resources, ability and coordination. 5) There are negative stereotypes of older people and ageism. 6) Lack of quality data and evidence-based policy analyses and studies.
(VNCA & UNFPA, 2019)	Viet Nam	Analyse of previous studies, surveys, and National Action Plan on Older People (2012-2020)	All aged 60 and above	1) Lack of programmes of healthy lifestyle. 2) 65.4% have weak and very weak overall health, due to unhealthy lifestyles and habits.	1) Lack of programmes on physical activities. 2) Lack of age-friendly communities and parks.	1) Some concern to older person issues, such as education-health-culture, and lifelong learning. 2) Lack of a network of quality caregivers who provide direct care services for older persons.	

Annex 10e. Summary of Studies on Economic Determinants of Active Ageing in Southeast Asia

Reference	Country	Sample size	Demographics			Living Arrangement	ECONOMIC DETERMINANTS					Other influential factors
			Age	*Gender*	*Education Level*		*Pension & Social Protection*	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
(Knodel et al., 2005)	Cambodia	n = 1273 aged persons living in private households from six most populated provinces. Data from 2004 Survey of Elderly in Cambodia	Aged 60 years and above	More female (59.8%)	56.9% have never attended any school. Only 4.0% have beyond lower secondary	1) Most of them living in a dwelling is often very modest/ unable to meet basic needs. 2) 80% of them in private households live with at least one child.	1) Only about 5% of elders report receiving pensions. 2) Differs sharply by sex (more males).	1) Only 28% have work as the main source of support. 2) Most were engaged in farming and/ or fishing. 3) Differs sharply by sex, location, and age.	1) About 64% stated that the children are the main sources of support. 2) 5% have rental properties.	Financial support from government welfare or organised charity is extremely rare and reported by less than 1% of elders reflecting the lack of an adequate social protection program in the country.	1) Inadequate household income (38.9%), income sometime enough (38.6%). 2) Most depend on themselves or their families for material support, due to largely lack of formal social protection. 3) 23% were in debt.	Almost 60% cannot read and an additional 22% report they can only read with difficulty. The vulnerable poor segment has high levels of illiteracy (about 60% of older adults), and low levels of education (56.9%).
(Ofstedal et al., 2004)	Indonesia	Sample size: n = 2,508 Method: Indonesian Family Life Survey	Aged 60 and above	More Males (55%)	Low level of education: 38% male & 76% female have no formal education	1) Most of them (70% of males and 71% of females) living with their children. 2) 89.3% males and 34.5% females are married. 3) About 45% have home ownership.	Only 11% of male and 10% of female have pensions or retirement.	1) 61% males and 27% females are working. 2) 37% of female never worked.	1) About 27% of female and 20% of male depends on children. 2) About 18% depends on investments.	Very few of older adults in Indonesia enjoy social welfare benefits.	About 28% live in low income household.	Pensions are quite limited for the older cohorts, and where available they tend to be linked to jobs in the government and formal sectors, which are predominantly held by men.

Reference	Country	Sample size	Demographics			Living Arrangement	ECONOMIC DETERMINANTS					Other influential factors
			Age	*Gender*	*Education Level*		*Pension & Social Protection*	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
(Priebe et al., 2014)	Indonesia	Method: Indonesian Family Life Survey 2007-2014	Aged 65 and above	-	Low education level: over 29% are illiterate	Most of them liver with their children.	Less than 10% have formal social pension.	About 48% still earning from work, labour force decline at older ages.	The adult children is the main source of income.	-	1) Low pension coverage rates. 2) Most of them have low income household.	High poverty rate (12%)
(AOPR & SMERU, 2020)	Indonesia	Sample size: - Method: analysis of secondary data of Susenas 2019, and literature studies	Aged 60 and above	-	About 80% have a low level of education (no formal education or have an elementary education)	More than 60% live with family (and have children). Only 9% live alone.	1) Only 12% access to contribu-tory social security schemes, including pension funds for civil ser-vants. 2) Only 2% in non-con-tributory social security programs. 3) Only 15% received BPNT (food).	1) About 67% have economic activities by engaging in some business entity. 2) Most of them are informal workers. 3) About half of them work in agriculture. The rest work in the service sector.	The adult children is the main source of income.	-	11% live in poverty.	Social pro-tection is divided into two schemes namely con-tributory and noncontributo-ry. Noncontrib-utory schemes (the form of social assistance programs) are usually fully funded on the government. Contributory schemes (commonly referred to as social security) require a financial contribution from the participant.

Reference	Country	Sample size	Demographics			Living Arrangement	ECONOMIC DETERMINANTS					Other influential factors
			Age	*Gender*	*Education Level*		*Pension & Social Protection*	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
(Ofstedal et al., 2004)	Malaysia	Sample size: 613 Method: Malaysian Family Life Survey	Aged 60 and above	More Males (54%)	Low level of education: 32% male & 74% female have no formal education	1) More than 70% living with their children. 2) 84% of male are married, 36% of female are married. 3) About 72% have home ownership.	49% of male have pensions or retirement. 25% of female have pensions or retirement.	41% of male are working. Only 13% of female are working.	1) About 50% of female and 48% of male depends on children. 2) About 20% depends on investments.	More than 60% of Malaysian older adults enjoy social welfare benefits.	About 25% live in low income household.	Most of them satisfied with their living.
(Mohd et al., 2009)	Malaysia	Sample size: n = 7,708 Method: data of Household Income Expendi-ture (HIES) Survey	Aged 60 and above	More female (51.9%)	-	1) 74% living with their children. Only 6% living alone. 2) 65.3% are married. 3) 47% head of household.	Few of them depends/ have pensions or retirement.	-	Most of them depends on children as source of income.	1) Bantuan Orang Tua or the older person cash assistance given to the poor older person with income less than RM720/ mth	1) About 12% living in hard-core poverty (RM400/M) 2) About 62% living in absolute poverty (RM800/M)	Risk of low income increases with age, being female, head of household, living in rural, and living alone (59%).
(SWRC, 2021)	Malaysia	Sample size: n = 9,542 Method: Malaysia Ageing and Retirement Survey (MARS) Wave 1 2018/2019	Aged 40 and above; about 40% aged 60 and above	More female (55.8%)	41.4% have primary education	1) More than 84% live with their children. 2) Average family size is 3. 3) Only 4.2% live alone. 4) 45% of females aged 60 and older are either widowed or divorced/ separated.	17.2% of total sample receive Pension, and Social Security Orgaisation (SOCSO).	1) Only about 9% aged 60+ are working most of them are males. 2) About 39% of the total sample still working.	1) 57% receive financial support from their children. 2) About 40% receive Cost of Living Allowance or Subsidies.	-	Low income: 19% have irregular income and about 45% receive less than RM1000/ month.	1) Only 9.2% of the total sample receive more than RM4000/ month. 2) About 50% of the total sample have banking saving.

Reference	Country	Sample size	Demographics			Living Arrangement	ECONOMIC DETERMINANTS					Other influential factors
			Age	***Gender***	***Education Level***		***Pension & Social Protection***	***Employment & Work***	***Other source of Income***	***Other Financial benefits***	***Social security issues***	
						5) Over 70% are married. 6) 43.3% have home ownership.		3) The majority of them work in agricultue (22.9%), elementary occupation (18.7%), service and sales worker (15.3%), craft & trade worker (9%), etc.	3) About 5.9% receive financial support from Social Welfare Department (older person/ Disability aid)/Zakat/ Donation received. 4) 3% receive from insurance or dividend from investment.			
(Teer-awich-itchainan et al., 2015)	Myanmar	Sample size: n = 4,080 Method: data of Myanmar Aging Survey (MAS)	Aged 60 and above	More Female (54%)	Low level: 22% have no education and 45% have some primary education	1) 6.8% living alone. Most of them live with their children. 7% have no children. 2) 53% are married.	Only 8% have pension.	1) About 30% are working. 2) 70% never worked last year.	Most of them (more than 60%) depends on children as source of income.	-	-	Older persons who live alone in Myanmar are clearly dis-advantaged economically in terms of self-as-sessed econom-ic wellbeing.

Reference	Country	Sample size	Demographics			Living Arrangement	ECONOMIC DETERMINANTS					Other influential factors
			Age	*Gender*	*Education Level*		*Pension & Social Protection*	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
Ofstedal et al., 2004)	Philippines	Sample size: n = 421 Method: Survey interviews conducted in six areas	Aged 60 years and above	More female (63.90%)	Educational attainment is fairly high only (19.48%) not educated	1) 82.34% owned the house they are living in. 2) 63.90% live with their children.	1) 38% enjoying regular pension. 2) About 67% have household income below PhP 15,000 (300 USD).	36.34% income from current employment.	1) 53.92% receive financial aid from their children. 2) 12.59% living off their savings in their old age.	The senior citizen identification card is the single most important document to access the mandated services and benefits.	58.67% mentioned the inadequate household income.	Inadequate household income was the most commonly identified household issue affecting senior citizens.
(Cruz et al., 2019)	Philippines	Sample size: n = 5,985 Method: Longitudinal Study of Ageing and Health, a first nationally longitudinal study of ageing	Aged 60 years and above	More female (60%)	66% have an elementary education	1) 62.6% have owned the house. 2) Most of them have average house condition. 3) 63.7% are living with at least 1 child.	1) 42% have a pension. 2) Their median monthly income is PHP3,000 (about US$59).	1) 57% are currently working. 2) 23% are receiving income from their farm.	1) 58% mentioned that their children are the main sources of support.	About 90% participated in government privileges on transportation, restaurants, and recreational services, medicine, and medical service.	1) 22% of them have loans and liabilities. 2) Most of them (43%) reported difficulty in meeting household expenses.	About 50% grew up in poor families.
Ofstedal et al., 2004)	Singapore	Sample size: n = 4,001 Method: National Survey of Senior Citizens	Aged 60 and above	More Males (54%)	Most of them have no formal education	1) Most of them (72% males and 87% females) living with their children.	About 10% depending on pensions or retirement as source of income.	About 31% male and 8% female are working.	1) About 92% of female and 63% of male depends on children as source of income.	-	About 19% have low income (in lowest quartile).	About 90% stated adequacy of income.

Reference	Country	Sample size	Demographics			Living Arrangement	ECONOMIC DETERMINANTS					Other influential factors
			Age	*Gender*	*Education Level*		*Pension & Social Protection*	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
						2) 74% males and 31% females are married. 3) About 68% have home ownership. 70% have own real state.			2) About 18% depends on investments.			
(Donald-son, 2015)	Singapore	n = 102 aged persons	Aged 60 years old and above	-	-	Residents of one low-in-come neigh-bourhood.	-	Some older person are able to continue participating in the workforce, but their incomes fall below the level necessary to meet their financial needs.	-	-	34.3% having perceived financial difficulties, 3.7% have very high perceived constraints.	Poor mental well-being (30.4%)
Ofstedal et al., 2004)	Thailand	Sample size: n = 4,486 Method: Survey of the Welfare of the Elderly	Aged 60 and above	More Males (55%)	19% male and 41% female have no formal education	1) Most of them (72% males and 70% females) living with their children.	1) Only 4.3% of male and 0.8% of female depending on pensions or retirement as source of income.	46% males and 30.5% females depending on work as source of income.	1) About 65% of female and 44% of male depends on children as source of income.	-	1) 15% males and 19% female live in low income household. 2) 25% male and 43% female have low income (lowest quartile).	About 20% not satisfied with their living.

Reference	Country	Sample size	Demographics			Living Arrangement	ECONOMIC DETERMINANTS					Other influential factors
			Age	*Gender*	*Education Level*		*Pension & Social Protection*	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
						2) 83% males and 45% females are married. 3) About 85% have home ownership.			2) Only 5% depends on investments.			
Teerawich-itchainan et al., 2015)	Thailand	Sample size: n = 34,173 Method: Data from Survey of Older Persons in Thailand	Aged 60 and above	More Female (56%)	73% have primary education	1) 9.6% living alone. Most of them live with their children. 6.4% have no children. 2) 60% are married.	Only 7.5% have pension.	1) 43% are working. 2) 57% never worked last year.	Most of them depends on children as source of income.	-	-	Many of them stated adequacy of income.
(Rodrigues and Rueanthip, 2019)	Thailand	n = 12,765 older adults aged 60 and above. Data from the house-hold socio-economic survey	Aged 60 years old and above	-	The education levels are quite low, about 50% of them reporting less than primary education	-	1) 20% of households are receiv-ing income from pen-sions. 2) 28% had an income amount-ing to less than half of median income.	1) 30% are own-account entrepre-neurs. 2) 20% of households are economically inactive.	Yet, most of the older are depending on their children.	-	1) 28% had an income amounting to less than half of country median income. 2) Older households register higher rates of poverty.	The poverty rate is approximately 11%

Reference	Country	Sample size	Demographics			Living Arrangement	ECONOMIC DETERMINANTS					Other influential factors
			Age	*Gender*	*Education Level*		*Pension & Social Protection*	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
Ofstedal et al., 2004)	Viet Nam	Sample size: n = 1,769 Method: Survey of Elderly in Ho Chi Minh City and Environs and Survey of Elderly in Red River Delta	Aged 60 and above	More Males (59%)	41% male and 79% female have no formal education	1) Most of them (80% males and 75% females) living with their children. 2) 86% males and 41% females are married. 3) About 70% have home ownership.	1) 32% of male and 9.5% of female have pensions. 2) Yet,14% male and 6% female depending on pensions as source of income.	1) 45.5% male and 35% female are working. 2) 34% males and 25.5% females depending on work as source of income.	1) About 70% of female and 63% of male depends on children as source of income. 2) Only 2.5% depends on investments.	-	About 15% males and 19% female live in low income household. 25% male and 43% female have low income (in lowest quartile)	About 18% not satisfied with their living.
(Long and Pfau, 2008)	Viet Nam	Sample size: n = 3,806 in 2,784 households Method: Data from Household Living Standard Survey 2004	Aged 60 and above	More female (58.4%)	-	1) 75.5% living with children. 2) Married older person had significantly lower poverty rates than unmarried counterparts.	Less than 20% was receiving pensions.	43.9% were working.	Most of them depends on their children.	Only 35% were in households receiving social security benefits (including pensions).	Lack of a universal non-contributory pension scheme in Viet Nam.	The poverty rate increase in rural.

Reference	Country	Sample size	Demographics			Living Arrangement	ECONOMIC DETERMINANTS					Other influential factors
			Age	*Gender*	*Education Level*		*Pension & Social Protection*	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
Teerawich-itchainan et al., 2015)	Viet Nam	Sample size: n = 2,789 living in 200 communes & in 12 provinces Method: Data from Viet Nam Aging Survey (VNAS).	Aged 60 and above	More Female (57%)	19% have no education and 32% have some primary education	1) 9.4% living alone. Most of them live with their children. 5% have no children. 2) 68% are married.	About 18% have pension.	About 38% are working.	Most of them (more than 50) depends on children as source of income.	-	-	Older persons who live alone are clearly disadvantaged economically in terms of self-assessed economic wellbeing.
(Vu et al., 2020)	Viet Nam	Sample size: n = 6,050 Method: Longitudi-nal Study of Ageing and Health in Viet Nam (LSAHV)	Aged 60 and above	More Female (57.2%)	Low education level: 20.8% have no schooling and 35.7% have an elementary education	1) Most of them 63% liv with at least one child. 2) More Males (82.1%) than females (47.7%) are married. 3) About 85% have home ownership.	1) 24% depends on the social pension.	1) 37.3% earnings from work. 2) About 34% still economically productive.	Most of them (38.5%) depends on their children as income sources.	About 16% receive government subsidies	About 28% had a low annual household income.	1) Only 6.2% are in the highest annual household income category. 2) Only 5.6% have liabilities. 3) Many of them stated adequacy of income.

Annex 10f. Summary of Review Studies on Economic Determinates in ASEAN Countries

Reference	Country	Source of Data	Economic Determinants					Other economic status
			Pension & Social Protection	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
(Azim, 2002)	Brunei Darussalam	Review of previous studies	Most of them receive pensions	About 66% are working	-	Supplementary Contribution Pension (SCP)	-	-
(ILO, 2015)	Brunei Darussalam	Review of various surveys and studies from ASEAN	86% receive universal social pension minimum BND250 (185USD)	-	Adult Children	-	Inadequacy of pension benefits	-
(ILO, 2015)	Indonesia	Review of various surveys and studies from ASEAN	1) Less than 25% of older persons receive an old age pension. 2) Only 8.1% receive means-tested the State Pension (Non-Contributory).	About 75% who work in the non-formal sector have no old age security at all	Adult Children	The means-tested State Pension (Non-Contributory)	Inadequacy of pension benefits	-
(ILO, 2015)	Lao PDR	Review of various surveys and studies from ASEAN	-	Most of them are still working. Income from work declines with advancing age	1) Social insurance covers only 5.6%. 2) Adult Children.	-	Lack of social protection system	-
(Knodel and Teerawich-itchainan, 2017)	Myanmar	Analysis of more than seven national surveys and research. A focus on data from Myanmar national survey 2012.	Less than 9% receive pension. However, only 3% depends on pension as main source of income.	1) Only 24% are working, as income from work declines with advancing age. 2) However, 60% were primarily engaged in agriculture.	1) Adult children are the most common source of material support (80%). 2) Over 59% report children as their main source of income. 3) About 90% having received material support from their children.	In 2015 piloting an old-age social pension scheme in two townships, by providing US$8 paid for a 12-month period.	Over 60% are in households with income no more than US$3 per day.	1) About 55% feel that their income is adequate to meet their daily needs on a regular basis. 2) Older people in Myanmar typically live in rural and very low-income households. 3) Less than one in five have money or gold savings.

Reference	Country	Source of Data	Economic Determinants					Other economic status
			Pension & Social Protection	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
(ILO, 2015)	Singapore	Review of various surveys and studies from ASEAN	Up to 53% benefits from the Central Provident Fund (CPF): Singapore's public pension system	-	Adult Children	-	-	No national government pension scheme in Singapore. Instead, a Central Provident Fund (CPF) scheme is administered in Singapore.
(Suwanrada, 2008)	Thailand	Analysis of more than 20 national surveys and research	Less than 4.5% depend on pension as main source of income	29% have work as main source of income	Adult children are the most common source of material support (about 53%)	1) Formal income maintenance systems for providing financial support to the older person, including compulsory and voluntary systems and contributory and non-contributory systems. 2) Community-based social welfare: voluntarily initiated.	1) Formal income maintenance systems for providing financial support to the older person, including compulsory and voluntary systems and contributory and non-contributory systems. 2) Community-based social welfare: voluntarily initiated.	1) About 10% need to borrow in order to make ends meet. 2) Saving for old-age life or retirement is not a high priority. 3% depends on savings or property as source of income.

Reference	Country	Source of Data	Economic Determinants					Other economic status
			Pension & Social Protection	*Employment & Work*	*Other source of Income*	*Other Financial benefits*	*Social security issues*	
(Evans and Harkness, 2008)	Viet Nam	Review data from the Viet Nam Household Living Standards Survey.	1) About 20% have retirement pensions. 2) About 14% receive some form of social assistance funded by general taxation.	1) More than 50% are economically active, reduced in older ages (70+). 2) However, most of them work in agriculture.	1) Most of them depends on their children. 2) Over 90% lived in households that received informal transfers (at least 36USD once).	There is a social assistance safety net, funded in the main from general revenues, local funds and augmented by schemes funded from donor aid. Yet very few use it.	About 80% have no formal pension.	1) 20% living alone. 2) 70% live with their adult children.
(Ha Noi, 2019)	Viet Nam	Review the National Action Plan on Older People and other surveys.	1) Less than 20% receive a monthly contributory pension. 2) About 9% receive monthly stipends from the government.	1) About 80% still working for earning (47% male and 36% female). Yet most of them doing simple jobs, labour force declines with age. 2) 29% depends on work as the main source of income.	1) 32% depends on their children as the main source of income. 2) 14% depends on saving and other support.	Social allowance is paid by the state to lonely older persons, those living in poor households and those aged 80 years and over, who do not receive pension or other kind of support.	About 80% have no formal pension.	-

Annex 11:
MAPPING OF ACTIVE AGEING DETERMINANT AND THE REGIONAL PLAN OF ACTION ON AGEING

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
1. Promote a shared responsibility approach in preparation for healthy, active and productive ageing by supporting families, care givers/care workers and empower communities in delivering care for older persons	1.1 To encourage social participation and promote collaboration towards healthy, active, and productive ageing	1.1.1 Establish multi-stakeholders mechanism at community and local government/ municipalities level as a platform that focuses on advocacy and awareness, and shared responsibilities towards promoting healthy, active and productive ageing, and caring society as a whole	Indicator: Existence of a mechanism, implementation of advocacy and awareness programmes, implementation of knowledge and experience sharing programmes		X		X		
		1.1.2 Empower communities through the established mechanism by developing grants/ fund scheme or other forms of assistance	Indicator: Existence of assistance given	X	X				

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
	1.2 To promote community-based initiatives in delivering care for older persons	1.2.1 Promote the establishment of community-based integrated care support models for older persons, including support system for family and carers of older persons	Indicator: Existence of knowledge and experience sharing sessions/forums, existence and implementation of models created in ASEAN Member States, number of capacity building programmes for family and care providers		X			X	
		1.2.2 Promote programmes for self-care and management of illnesses for older persons	Indicator: Number of programmes on self-care and management of illnesses for older persons			X		X	
2. Promote intergenerational solidarity towards a society for all ages by raising public awareness and behaviour change on the rights, issues and challenges of old age and ageing	2.1 To promote positive image of older persons including acknowledgement and behaviour change of their rights, responsibilities and contributions to society, so as to overcome old age discrimination or ageism	2.1.1 Promote positive images of old age and ageing; educate society on the rights and responsibilities of older persons; and recognise past and possible contributions of older persons towards society through media outreach and awareness programmes through the multi-stakeholder mechanism	a) Number and type of public communication and dissemination of information programmes on older persons through electronic, printed and social media and other media platforms; survey on awareness level of society b) Percentage of older persons employed	X	X	X	X	X	X

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
		2.1.2 Integrate age and ageing issues in curriculum/syllabus at various education levels	Existence of subjects taught with age and ageing elements		X		X	X	
	2.2 To facilitate intergenerational solidarity by bridging socio-cultural gaps between generations	2.2.1 Develop, expand and transform intergenerational programmes including in educational and recreational settings	a) Number of participants of different age levels involved in the programmes at the community level b) Number of programmes, i.e. in schools, parks, religious spaces	X	X	X	X	X	
		2.2.2 Promote the establishment of intergenerational day care facilities and services through public-private partnership and the multistakeholder mechanism	Number of intergenerational day care facilities and services; number of participants of different age levels	X	X	X		X	X

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
3. Promote rights-based/ needs-based and life-cycle approach and eliminate all forms of maltreatment on the basis of old age and gender through equitable access of older persons to public services, income generation, health care services, and essential information, as well as preventive measures, legal protection, and effective support system	3.1 To strengthen social protection systems and support systems for older persons, including on economic aspects such as employment and emergency/disaster response targeted for older persons	3.1.1 Develop or review the national social protection systems that would focus amongst others on insurance and welfare assistance and income security in old age	Existence of a national social protection system/ package for older persons, i.e. social and health insurance scheme, welfare assistance, pension	X	X	X	X	X	X
		3.1.2 Develop, review or improve the national integrated care and support systems for older persons, which should focus on long-term care for older persons	Existence of a national integrated support system for older persons specifically on long-term care and support for carers					X	X
		3.1.3 Develop or review national policies, programmes, and guidelines on work and employment for older persons	Existence of age-friendly employment legislations, policies and programmes, and similar private sector initiatives	X	X	X			
		3.1.4 Review and strengthen all procedures, guidelines and standard operating procedures on emergency and disaster management focusing on older persons, with reference to UN Sendai Framework for Disaster Risk Reduction	Number of reviewed standard operating procedures		X			X	X

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
		3.1.5 Develop human resource capacity to support the implementation of rights-based/needs-based and life-cycle approach on care for older persons	a) Number of participants of trainings on rights-based/needs based and life cycle approach b) Number of trainings on rights-based/needs-based and life cycle approach	X			X	X	
	3.2 To develop or review and strengthen laws and regulations that put emphasis towards protecting older persons against abuse, maltreatment and discrimination	3.2.1 Enact or review laws and regulations to protect the rights of older persons as measures to safeguard older persons from abuse and maltreatment	Existence of or number of reviewed laws and regulations on rights, and protection against abuse and maltreatment of older persons				X	X	
4. Mainstream population ageing issues into public policies and national development plans, and programmes, which may include flexible retirement age and employment policies	4.1 To mainstream ageing issues in national development	4.1.1 Review existing related policies and programmes to mainstream ageing issues	Number of policies, protocols, studies, and research that mainstreamed ageing issues	X	X	X	X	X	X
		4.1.2 Emphasise gender, age, and ability sensitisation in budgetary provisions at federal, state, and local governments level	Gender, age and ability friendly annual budgets at federal, state and local governments	X	X				

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
	4.2 To adopt inclusive development strategy in policy and development plan	4.2.1 Strengthen implementation and monitoring of policies and programmes related to ageing at all levels of government	Existence of inclusive development policies, plans, and initiatives, and its' monitoring mechanisms	X					
5. Promote the development of human capital and expertise in gerontology, geriatrics and other related professional and paraprofessional manpower including social workers and social service workforce, and care workers to meet the current and future demands for health and social services for older persons	5.1 To develop trained human resources and professionals to meet the service needs of older persons, families, and communities	5.1.1 Develop and offer programmes/ courses for undergraduates and postgraduates in Gerontology and Geriatrics, including rehabilitation, physiotherapy, and occupational therapy	Number and levels of academic programmes offered in ASEAN Member States						
	5.2 To enhance the quality of care for older persons	5.2.1 Develop a regional basic/ minimum standard of care for older persons, with emphasis on career advancement as well as welfare of care givers, and create assessment tools for the standards	Existence of regional basic/minimum standards, agreed assessment tools and its reporting mechanism, and reports	X	X			X	

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
		5.2.2 Establish new or review existing national syllabus and certification/ accreditation standards of care workers for older persons, including their career pathways	Existence of national syllabus for care workers, certified qualifications/ certifications in accordance to established standards, clear career pathways for care workers; number of care workers employed	X	X	X	X	X	
		5.2.3 Regulate care workers by way of legislation in ensuring protection of their rights and welfare	Existence of regulation for care workers	X	X	X	X	X	
		5.2.4 Establish a consortium of regional higher learning institutions offering programmes/courses in Gerontology and Geriatrics	Existence of a consortium to promote gerontology in ASEAN's consortium of universities			X	X		
		5.2.5 Conduct a regional seminar/ convention on gerontology, geriatrics and professional caregivers	Number of regional seminars/ conventions focusing on gerontology and geriatric, and professional caregivers				X		

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
6. Promote the development of reliable information, evidence-based and gender disaggregated data on ageing, including improved capacity to bridge the gaps in policy, research, and practice	6.1 To foster research, development, and innovation in the field of ageing in order to cultivate evidence-based policies and programmes	6.1.1 Utilise the ASEAN Centre for Active Ageing and Innovation, led by the Ministry of Public Health, Thailand under the Senior Officials Meeting on Health and Development (SOMHD), in conducting and documenting research, as well as collecting and collating national data on ageing in ASEAN	Number of research and publications conducted on ageing				X	X	X
		6.1.2 Conduct research on ageing and age-related issues, as well as on age discrimination practices and ageism in ASEAN Member States	Number of research(es) that have been conducted				X	X	X
		6.1.3 Conduct research on understanding issues and challenges of families in coping with aged members and multigenerational households	Number of research conducted and disseminated						

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
	6.2 To facilitate collaborations/ linkages among statisticians, researchers and other relevant stakeholders in order to create a data hub or database of ASEAN Member States in ageing	6.2.1 Conduct capacity building programmes towards achieving data harmonisation on ageing in ASEAN	Number of trained personnel/reference persons in ASEAN Member States, harmonised and synchronised data mapping on ageing in ASEAN Member States						
		6.2.2 Support and encourage the works of the ASEAN-Wide Research Network on Ageing in setting up of a network of ASEAN experts and researchers on ageing	Existence of a network established and number of members						
		6.2.3 Develop an ASEAN Older Person's Well-being Index through a once in a five (5) years national survey	Existence of an older person's well-being index; number of surveys conducted	X	X	X	X	X	X

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
7. Strengthen the capacity of government agencies, corporate bodies, civil society organisations, including voluntary welfare organisations, communities, older people's associations, or other forms of networking including elderly clubs and volunteer networks, and relevant stakeholders, for better coordination and effectiveness in the delivery of quality services for older persons at local, national, and regional levels	7.1 To strengthen and promote capacity building and coordination among relevant stakeholders involved in service delivery for older persons	7.1.1 Conduct trainings and capacity building programmes in gerontology and social protection policy formulation, implementation and evaluation among government agencies, corporate bodies, and civil society organisations on ageing, and older people's associations (OPAs)	Number of trainings programmes and its participants						
		7.1.2 Establish a national accreditation body comprised of multi-stakeholders' members including civil society and industry players that oversees the certification and adherence to recognised standards by care workers and service providers to older persons	Existence of a national accreditation body with multi-stakeholder's members						

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
8. Encourage the development of older people's associations (OPAs) or other forms of networking including elderly clubs and volunteers networks in each ASEAN Member State by strengthening their capacity, and providing them with multi-sectorial platforms of dialogue with the government on ageing issues	8.1 To promote the establishment of multi-functional OPAs	8.1.1 Develop action plans for the establishment of multi-functional OPAs and gradual expansion of standardised OPAs at the national level	Number of OPAs established; number of OPA leaders trained; number of manuals of OPA operations disseminated; percentage of older persons who are members of OPAs		X		X		
	8.2 To increase capacities of OPAs in pursuing advocacy programmes related to ageing issues, challenges and opportunities	8.2.1 Conduct capacity building of OPAs through specific training on managing OPAs, with assistance from public and private sectors	Number of training and advocacy initiatives undertaken by OPAs		X		X		
	8.3 To conduct and promote programmes, both by public and private sectors, which have social, health and economic benefits to communities through OPAs	8.3.1 Engage OPAs in the delivery of public and private services to the communities	Number of public or private services delivered by OPAs					X	X

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
9. Promote age-friendly communities/cities in the region through sustainable and accessible infrastructure	9.1 To encourage the adoption of age-friendly cities and communities as per the indicators introduced by the World Health Organisation	9.1.1 Support the realisation of age-friendly cities and communities through sessions of experience sharing by other countries	Number of seminars, workshops or convention on age-friendly city						
	9.2 To ensure that cities and communities are committed to providing services and products that meet the specific needs and life situations of older persons for better quality of life	9.2.1 Conduct impact assessment and produce its reports of programmes and services for older persons in an age friendly and gender-responsive environment	a) Existence of age-friendly cities/ communities projects b) Number of programmes and services assessed c) Number of older persons that receive benefits	X	X	X	X	X	X
		9.2.2 Promote and support the gerontechnological innovation and best practices	a) Number of innovation projects b) Number of gerontechnology products and its Intellectual Property						
		9.2.3 Promote and support the usage and application of technology and Internet of Things (IoTs) for ageing	a) Number of researches on Internet of Things and technologies usage among older persons b) Number of awareness programmes or advocacy						

Action	Objective	Activity	Indicator	Economic	Social	Personal	Behavioural	Health & Social Services	Physical Environment
10. Build and strengthen the networking and partnerships within and among ASEAN Member States as well as with Dialogue Partners and Development Partners including UN Agencies, civil society organisations, private sector, and relevant stakeholders in supporting and providing adequate resources and effective implementation of the commitments reflected in the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN	10.1 To promote and encourage regional and international dialogues on old age and ageing issues	10.1.1 Share experiences among ASEAN Member States, South-south countries, Asia and the Pacific, and Dialogue Partners	Number of regional programmes/events on ageing	X	X	X		X	
	10.2 To promote and encourage regional and international dialogues on old age and ageing issues	10.2.1 Strengthen inter-sectorial cooperation and partnerships within and between ASEAN Member States and Dialogue Partners, and review all multi-sectorial efforts on ageing so as to avoid recurrence and maximise resources within ASEAN	Number of cooperation and partnership established within and between ASEAN Member States and Dialogue Partners, funding received to implement action plan	X	X				

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