COLUMBIA AGING CENTER
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MAILMAN SCHOOL OF PUBLIC HEALTH

In Collaboration with ILC, China, Brazil and South Africa

Aging in Emerging Economies: Comparative Policy Perspectives from Brazil, China, South Africa and India

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IFA, 12 June 2014

Overview and Introduction

- Background of collaborative project
- "Emerging Economies" : As a category and their distinct scope and challenges

What is distinctive about emerging economies and demographic aging?

Aging as a new policy agenda: Exploratory Questions

- How has aging been recognized or addressed as a new policy issue? (**Issue recognition or visibility**)
- What are new and enduring policy changes that have recently occurred in emerging economies? (**Policy cases/models or constraints)**
- Is there a policy process or pathway to mobilize support for aging policies across these countries with common lessons?(**Shaping future pathways?)**

Approach and Method

- Country level policy and policy process captured based on a common template of issues and focus
- Interviews with key policymakers and evaluations of new aging policies
- Cross country comparisons

Case study on healthy aging in China

Du Peng, Lin Yan and Xie Lili

10 June, 2014

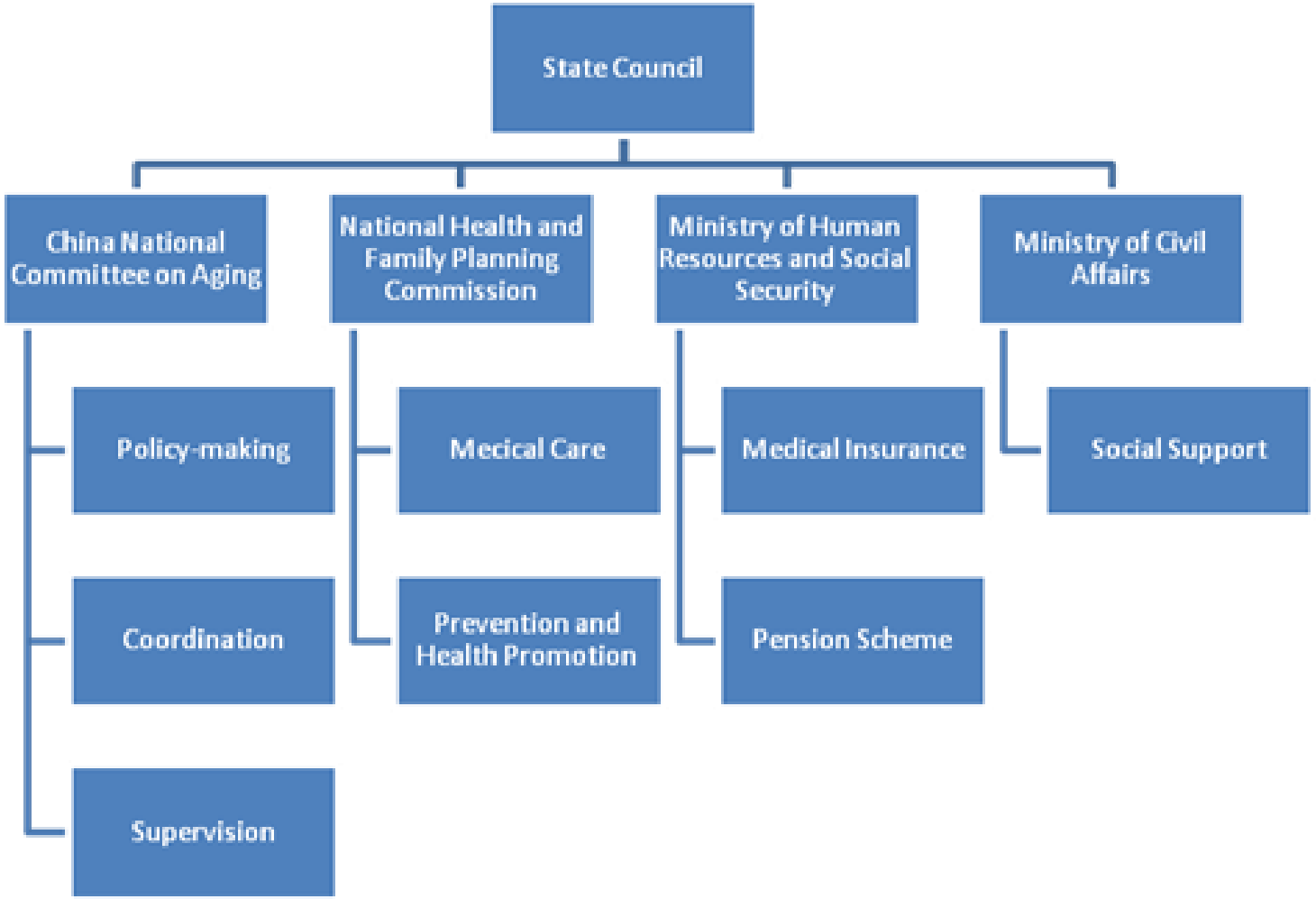
Background

- Unique challenges when addressing the issue of population ageing in China:
  - the pace of our aging trend；
  - the governmental courses of action has played essential role in accelerating the aging transition.
  - migration occurred by urbanization and industrialization
  - ‘the dual system’ draws divergent aging trajectories for people in urban and rural areas, and for employees in enterprises and officials in government bodies and public institutions.

Background(2)

- Current China is undergoing dramatic changes in many fields that all exert influences to healthy :
  - the “New Urbanization Plan”.
  - the “New” health reform since 2009
  - the adjustment of family planning policy
  - the development of the social care services

Policy Groups



New health reform

- **Objects:** to solve the problem that medical treatment is both difficult and expensive.
- **Difficult situation**: insufficient government investment, uneven distribution of health care resource, low coverage of health insurance, and public hospitals with solid old pattern of planned economy.
- **Means:**
  - Health Insurance Reform
  - Health care reform
    - to enhance the basic medical insurance
    - to set up a national essential drug policy system at community level
    - to improve primary health service
    - to promote equality in public health
    - to reform the public hospital

Development of community and home-based care services

- **Policies and regulations**

  Based on the ageing situation mentioned above, the central and local governments have attached great importance to community services for the elderly in China.

Policies of Community Services for the Elderly in China

	Policy	Issuing Authority	Date Issued
State Law	Elderly Rights Protection Law (2012 Revision)	Standing Committee of the National People's Congress	2013
	Regulations on the Work of Providing Five Guarantees (2006)	the State Council	2006
Policies Issued by Central Government	Decisions on the Strengthening the Work on Aging	the State Council	2000
	Opinions of Accelerating the Socialization of Social Welfare	the State Council	2000
	Plan of Constructing Social Service System for the Elderly (2011-2015)	the State Council	2011
	Opinions of the State Council concerning Accelerating the Development of the Service Sector for the Elderly	the State Council	2013
Policies	Opinions of Accelerating the Development of the Service Sector for	10 State sectors	2006

Practice:

- providing care services

(1)Dining service; (2)Personal care; (3)Day care; (4) Health care; (5) Household care; (6) Emergency assistance; (7) Information services; (8) Spiritual care; (9) Legal assistance; (10) Entertainment activities; (11)the improvement of infrastructure.
providing economic subsidies.

- providing care services

  Pension subsidy are delivered through two ways: 1) direct allowance, in which the service providers and service consumers can receive the subsidy directly; and 2) indirect way, which is through government's purchasing of healthcare service.

Continuing Challenges

- The fast aging pace and the huge number of aging population make the national finance heavily burdened.
- The support networks are struggling.
- In addition, if we consider healthy aging a dynamic process and population-based issue, migrant population caused by urbanization should not be neglected in current China.

Advocacy

- The topic of population aging gradually enters into the public's view and more frequently appears on the mass media only started in recent years. The invisible but powerful hands behind are the development of related industries.
- Investment follows immediately and makes "aging industry" a "sunrise industry and market.

Thanks for your listening!

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Population Aging in India: Policy Perspectives

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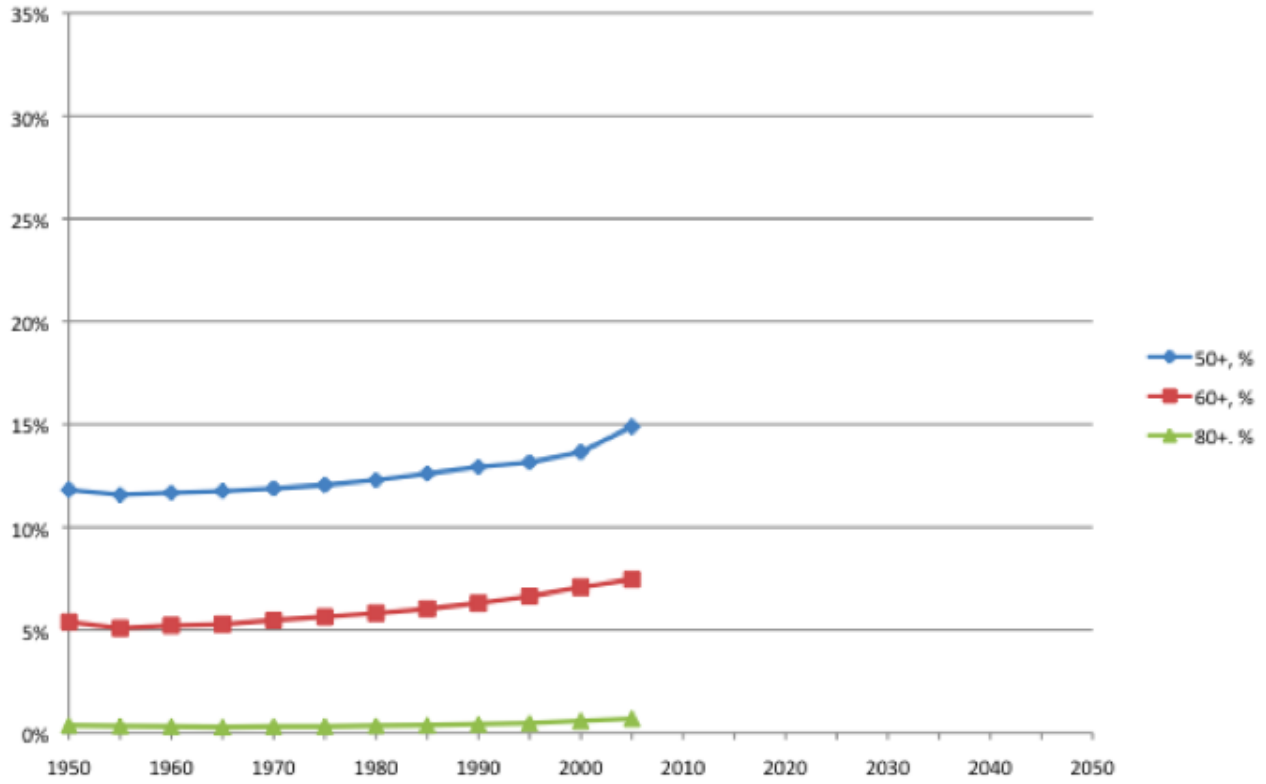
IFA, 12 June 2014

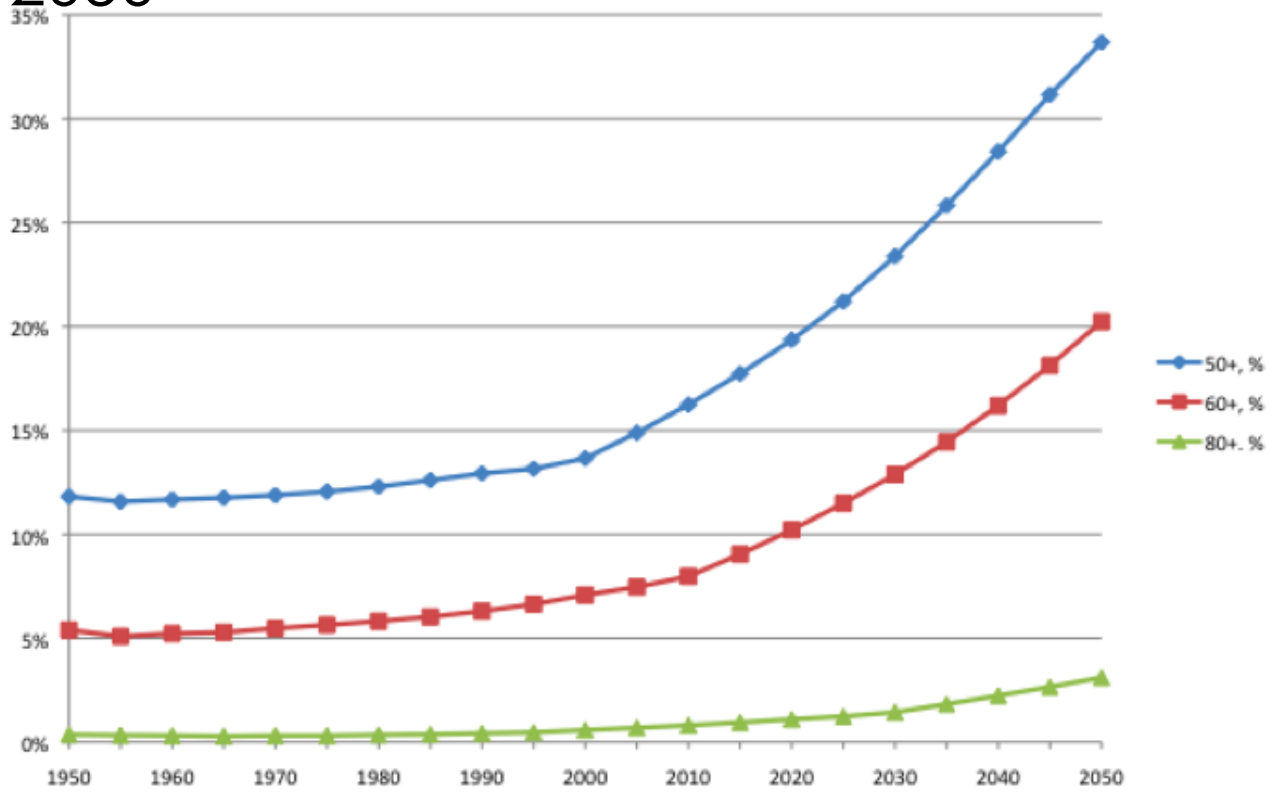
Population Aging in India

- As of 2012, India had 90 million people aged 60+.
- By 2050, this number will have risen to 315 million – 20% of the total population.
- But there is a lot of heterogeneity within the country, from Nagaland (4% aged 60+) to Maharashtra (8% aged 60+).

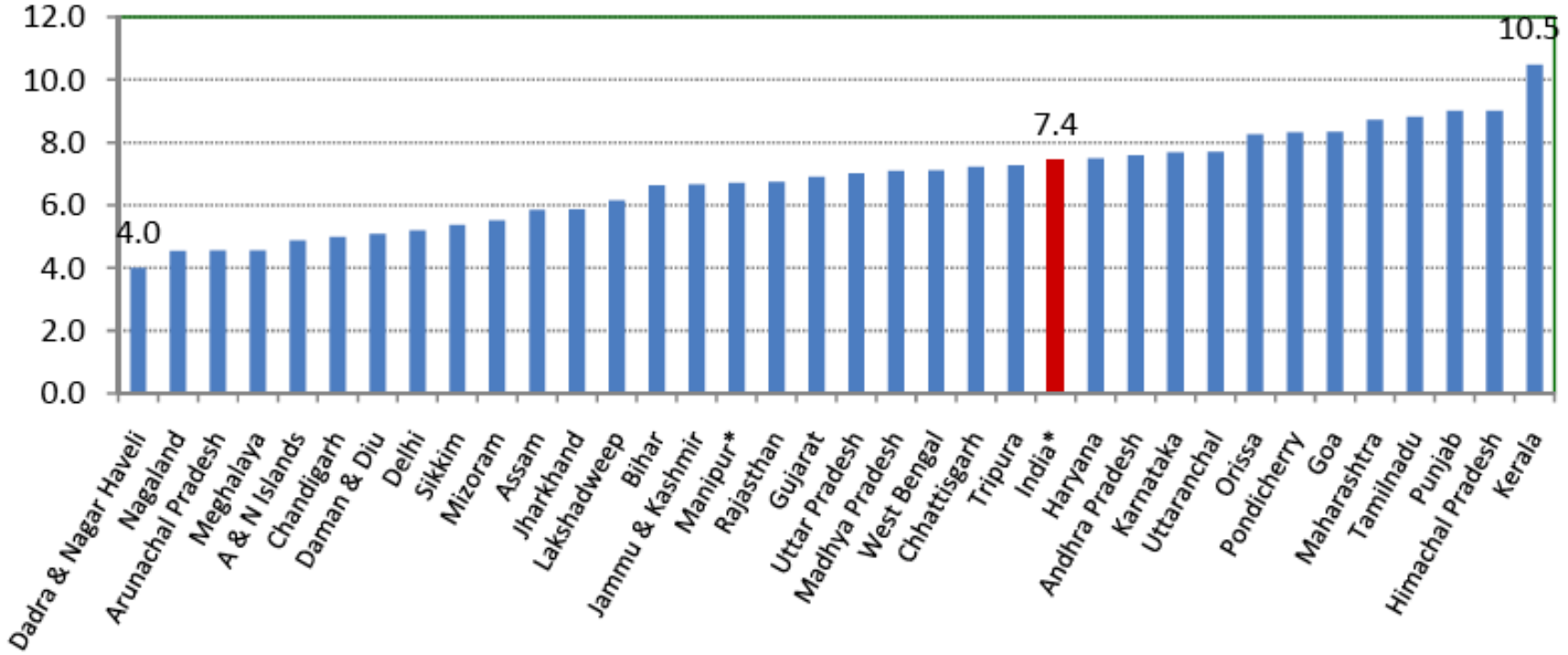
Indias 50+ population today



Indias 50+ population in 2050



Percentage of elderly population in Indian States



Source: Government of India (2011).

Urbanization in India

- 69% of population resides in rural areas, but urban areas are growing faster
- Plenty of variation in urbanization within the country

Urban and Rural Elderly in India

	Rural	Urban	Total
% of elderly with no annual personal income			
Men	25%	31%	26%
Women	58%	60%	50%
% of elderly currently working			
	42%	30%	39%
Men	12%	9%	11%
Women			
Motivation for work among currently working elderly			
By choice	28%	32%	29%
By economic/other compulsion	72%	68%	71%

UNFPA (2012)

Urban and Rural Elderly in India

	Rural	Urban	Total
% of distribution of last episode of selected acute morbidities pattern among elderly	7%	9%	7%
High blood pressure	8%	5%	7%
Cough and cold	5%	3%	5%
Diarrhea	2%	4%	2%
Diabetes			
Reasons for not seeking treatment for last episode of acute morbidity	63%	30%	55%
Financial Reasons	19%	43%	21%
Ailment not considered serious	12%	6%	11%
No facilities available	6%	21%	10%
Other			

UNFPA (2012)

Priority Areas

- The 2012 National Conference on Aging (organized by the ministry of Social Justice and Empowerment), defined four themes for 'major areas of concern for senior citizens':

1. **The dual burden of disease.**
2. **Changing family support and social networks.**
3. **Opportunities for informal and formal employment in cities.**
4. 'Special elderly groups' – the oldest old, widows, rural elderly, people with disabilities, etc.

Selected policies and programs

- National program on non-communicable diseases.
- State-level policies on palliative care.
- NGO-led community based programs in mental health and palliative care.
- State-level policies on older persons.
- NGOs and private entities providing facilities for senior living.

A Tale of Two States: Kerala and Maharashtra

A Tale of Two States: Kerala and Maharashtra

	Kerala	Maharashtra
% living in urban areas	48%	45%
% living in cities and towns smaller than 100,00 people	38%	10%
Old-age dependency ratio (60+ vs. 15-59)		
Urban	16%	11%
Rural	17%	18%
Life Expectancy at birth (years)	67	74
% of elderly currently working	16%	39%
% of elderly with no formal education	21%	56%

Provisional Census 2011 data; Govt. of India

Lessons from palliative care in Kerala and Maharashtra (1)

1. Activities in palliative care prior to policy formulation:
   - **Kerala**: Community Movement (Neighborhood Network in Palliative Care)
   - **Maharashtra**: Limited community activity or media attention.
2. Identification and conceptualization of issue and solution:
   - **Kerala**: Emphasis on drawing on existent strengths and potential in low-resource conditions.
   - **Maharashtra**: Issue taken up by Secretary of Health

Lessons from palliative care in Kerala and Maharashtra (2)

3. Policy Drafting:
   - **Kerala**: heavily driven by network of local palliative care organizations.
   - **Maharashtra**: drafted by State Ministry of Health, Tata Memorial Hospital, with help from Institute of Palliative Medicine, Kerala.
4. Implementation:
   - **Kerala**: Frontline health staff work needed adjustment
   - **Maharashtra**: Palliative care launched in two cities as of 2013. Policy has received little media coverage, NGOs and government officials remain largely unaware of policy.

- Policy process and policy impulses vary hugely across states, based on information and social networks
- Policy processes often top down in setting goals from the center for other states
- Local level implementation poses disyinct problems

Summing Up

Reflections on ~~comparative~~ lessons from emerging economies

- Aging policy mobilization needed at all levels (central to local)
- Seeding policy interest beyond departments of health, population affairs and Social Development

Range of Government Departments and Agencies involved

- Brazil: Federal, State and Municipal Councils
- China: Ministry of Civil Affairs, National Family Planning Commission, Ministry of Human Resources and Social Security
- India: Ministry of Social Justice, Health and Family Welfare (Central and State Levels)
- South Africa: Departments of Health and Social Development

Reflections on lessons from emerging economies

- **Initiating Policy change**: State apparatus and initiative is still key but pressures- from international agencies, from private and civil society stakeholders and media are becoming increasingly significant. **Domestic pressures are still crucial, but regional comparisons are increasingly significant.**
- **Post Policy follow-up**: Need for monitoring policy implementation, and to address later resistance to programs.

Reflections on lessons from emerging economies

- **Demographic forecasts**: Expert knowledge or 'science' provides urgency and forecasts are significant but short term priorities often prevail.
- **Policy 'sectors' are now less bound** or restricted and a 'network' of interested departments need to be approached to produce coalition (social welfare/health/child development)

Reflections on lessons from emerging economies

- **The Exclusion Problem**: Information networks and mobilization are critical as the 'channels of participation' of older persons or other interested groups is often limited. (exceptions are often pensioners groups)
- **Small is big**: Important to build on small, micro successes as cases to scale-up as models, as aging is still resource constrained

Pathways Ahead (with inputs from panel and audience!)

- **Knowledge Networks** to build on gaps in information, evidence and communication and to build policy advocacy
- **Capacity building of Public-Private leadership** (in diverse government departments but also beyond) needed
- **Allying with existing and entrenched health and social agenda since initiating new policy process is complex**: NCDs, Nutrition, youth programs, PHC