Ageing in the Asia-Pacific Region: success and challenges

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The Asia-Pacific Region

“East and Southeast Asia”
Ageing in the Asia-Pacific (AP) region: a large and important area demographically

- Population over 2,220 million, approx 31% of the world’s population (2014)
- People aged 65+ approximately 6% in Southeast Asia and 11% in East Asia
- AP has about 35% of the world’s 65+
- The majority of the OP are in East Asia, especially in China and Japan
- Demographic ageing occurring at various rates/stages in almost all AP
Ageing in the Asia-Pacific region: notable successes – but can we generalize?

• Life expectancy increased, but huge ranges: 61 to 83yrs: Cambodia, Myanmar to HK, Japan
• Persons 65+ range from 4-26%: Laos, Philippines (4%), Brunei, Myanmar, Cambodia (5-6%), Thailand, China (10%), HK (15%) and Japan (26%)
• Significant demographic feature: increasing "oldest old" cohorts (aged 80/85+)
• Population policies now address demographic ageing rather than family planning
• Spectacular epidemiological transition especially in East Asia/Singapore
Major social health aspects of ageing and implications for costs, insurance etc

• Changing population structures: variety of demographic ageing and epidemiological transition
• Longer life but health status? Will tomorrow’s older persons be healthier?
• Health, welfare, and family-related challenges of demographic ageing; elderly poverty
• Living environments: suitability and threats
• Care: responsibility of the individual, family, state, or combination?
Fig. 2.2. Three hypothetical trajectories of physical capacity

- **A.** Optimal trajectory, intrinsic capacity remains high until the end of life.
- **B.** Interrupted trajectory, an event causes a decrease in capacity with some recovery.
- **C.** Declining trajectory, capacity declines steadily until death.

The dashed lines represent alternative trajectories.

Personal and population trajectories are crucial

• Increasing attention to ‘trajectories of ageing’
• Huge implications for OPs’ long-term activities, ability to live independently, social care costs, LTC costs, etc
• Trajectories affected by physical health (major AP emphasis?) but also psychological/mental issues esp dementias
• And age-friendliness of social and physical environments (AFC movement)
Population aged 65+ (%) 1990, 2010, 2025

- Japan
- Hong Kong
- Singapore
- Taiwan
- South Korea
- Thailand
- China (PRC)

<table>
<thead>
<tr>
<th>Year</th>
<th>Japan</th>
<th>Hong Kong</th>
<th>Singapore</th>
<th>Taiwan</th>
<th>South Korea</th>
<th>Thailand</th>
<th>China (PRC)</th>
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<tr>
<td>1990</td>
<td>12.0</td>
<td>5.0</td>
<td>5.0</td>
<td>4.8</td>
<td>7.0</td>
<td>5.5</td>
<td>10.0</td>
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<tr>
<td>2010</td>
<td>22.6</td>
<td>13.3</td>
<td>9.0</td>
<td>10.8</td>
<td>8.9</td>
<td>8.3</td>
<td>14.6</td>
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<td>2025</td>
<td>29.3</td>
<td>24.0</td>
<td>19.5</td>
<td>19.1</td>
<td>19.7</td>
<td>13.7</td>
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Population aged 65+ (%) 1990, 2010, 2025

<table>
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<tr>
<th>Country</th>
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<th>2010</th>
<th>2025</th>
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<tbody>
<tr>
<td>Malaysia</td>
<td>3.7</td>
<td>5.1</td>
<td>8.2</td>
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<tr>
<td>Indonesia</td>
<td>3.0</td>
<td>6.1</td>
<td>9.2</td>
</tr>
<tr>
<td>Vietnam</td>
<td>2.2</td>
<td>4.2</td>
<td>8.7</td>
</tr>
<tr>
<td>Philippines</td>
<td>3.3</td>
<td>3.7</td>
<td>8.2</td>
</tr>
<tr>
<td>Burma (Myanmar)</td>
<td>3.6</td>
<td>5.5</td>
<td>9.2</td>
</tr>
<tr>
<td>Cambodia</td>
<td>3.6</td>
<td>3.1</td>
<td>8.7</td>
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<tr>
<td>Laos</td>
<td>3.0</td>
<td>5.0</td>
<td>10.0</td>
</tr>
</tbody>
</table>
Expectation of Life at Birth – a longevity boom

Source: McCracken, K and Phillips, D. (2012) Global health. Routledge. Fig. 6.4
But not everywhere in the Asia-Pacific
Very low fertility rates: Underlie much demographic ageing
A-P region: Total Fertility Rates changes 1970-2014

TFR = average number of children born per woman

Data UNESCAP 2014

Hong Kong
Japan
South Korea
Taiwan
Singapore
China(PRC)
Thailand
Indonesia
Malaysia
Philippines

Source: author, data from various sources
Percentage of older (60+) and younger (<15) age groups of the total in Asia 1950-2050: a "scissor" pattern

Source: United Nations (2007a)
A quick look at the evolution of population structures in selected AP countries

(remember population pyramids?)

Source: U.S. Census Bureau, International Data Base.
Population Structure - Philippines (2025)

Source: U.S. Census Bureau, International Data Base.
Source: U.S. Census Bureau, International Data Base.
Population Structure - China (2010)

Source: U.S. Census Bureau, International Data Base.
Population Structure - China (2025)

Source: U.S. Census Bureau, International Data Base.
Population Structure - China (2050)

Source: U.S. Census Bureau, International Data Base.

Source: U.S. Census Bureau, International Data Base.
Population Structure - Japan (2025)

Source: U.S. Census Bureau, International Data Base.
Population Structure - Japan (2050)

Source: U.S. Census Bureau, International Data Base.

Source: U.S. Census Bureau, International Data Base.
Population Structure - Hong Kong (2025)

Source: U.S. Census Bureau, International Data Base.
Population Structure - Hong Kong (2050)

Source: U.S. Census Bureau, International Data Base.

Source: U.S. Census Bureau, International Data Base.
Population Structure – Singapore (2025)

Source: U.S. Census Bureau, International Data Database.
Population Structure – Singapore (2050)

Source: U.S. Census Bureau, International Data Base.
Selected social issues influencing OP’s health

1. Environmental issues, age friendliness
2. Social and family impacts:
   - decline in family support and filial piety?
   - longevity, feminization of ageing,
     increasing dementias etc
3. Elderly poverty: a pervasive issue
4. Growing need for quality end of life care,
   hospices and services
5. Community support to avoid hospitalization
6. The pensions gap and <LTC cover in many
**Fig. 1.3. Investment in and return on investment in ageing populations**

<table>
<thead>
<tr>
<th>Investment</th>
<th>Benefits</th>
<th>Return</th>
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<tr>
<td>Health systems</td>
<td>Health</td>
<td>Individual well-being</td>
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<tr>
<td>Long-term care systems</td>
<td>Skills and knowledge</td>
<td>Workforce participation</td>
</tr>
<tr>
<td>Lifelong learning</td>
<td>Mobility</td>
<td>Consumption</td>
</tr>
<tr>
<td>Age-friendly environments</td>
<td>Social connectivity</td>
<td>Entrepreneurship and investment</td>
</tr>
<tr>
<td>Social protection</td>
<td>Financial security</td>
<td>Innovation</td>
</tr>
<tr>
<td></td>
<td>Personal dignity, safety and</td>
<td>Social and cultural contribution</td>
</tr>
<tr>
<td></td>
<td>security</td>
<td>Social cohesion</td>
</tr>
</tbody>
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Source: WHO (2015) *World report on ageing and health* Fig. 1.3
Why are these issues so important to health? Older persons in the Asia-Pacific today: diversity and uncertainty - an interim generation

Minimal state Provision; Elderly poverty?

Uncertain family & community support; smaller family size

Unfriendly Environments urban & rural? AFCs/policies?

Source: Updated from Phillips, D. (2000) Ageing in the Asia-Pacific Region, Routledge, Fig. 1.1
Regional and local epidemiological transition moves apace: Burden of Disease changes 2005-2030 (W Pacific and SE Asia Regions) % Total DALYS

Sponsored by Tsao Foundation and Alzheimer’s Diseases International
Especially bearing in mind that:

Multi-morbidity is common - older persons need health care that “can count beyond one” (Banerjee, 2015, *Lancet*).

Multimorbidities often undiagnosed or untreated (esp in patients with dementia, many reported to have undiagnosed but treatable conditions).

Multi-morbidity (UK) affects 65% of people aged 65–84 years and 82% aged 85+

We need data for this region; morbidity data are rare.

Enormous implications for appropriate services, family and financial costs
Burden of Disease, dementia, by gender (W Pacific and SE Asia Regions), 2005-2030, ‘000 DALYs

1. OP’s health, environmental issues and climate change

- International studies: OP often disproportionately affected by local and wider environment and climate (regional evidence scanty)
- Four main sources of climate stress: excess heat, low temperatures, atmospheric pollution, natural events (storms, winds, floods)
- OP more subject to local environment (shops, services, social services, security, topography)
- And internal environment in OPs’ homes (livability; QoL)
These all underpin ageing and environment research and policies (relatively new in this region)

• WHO Age-friendly Cities (AFC) project has several regional partners though more needs to be done

• AFCs several domains: community & health care; transport; housing; social participation; outdoor spaces & buildings; respect & social inclusion; civic participation & employment; communication & information) and improvements/coordination of these will make cities and environments more ‘liveable’ for all ages. HK study found food & diet an extra domain.

• Audits and research under way
• If we get the environments right, people can be more independent, less need for formal and informal care;

• Lower demands reduce costs associated with care

• WHO: health systems “aligned to older populations”

• Note: extreme climate events in the AP may expose older people to health risks
2. Social change, filial piety and ageing in the Asia-Pacific region

- A-P leads many global demographic trends
- Falling fertility rates; steadily increasing longevity
- Many countries have enormous economic, industrial development and urbanization.
- Trends profoundly linked with mostly improving health status
- ET at an advanced stage in many/some
- Concomitant changes in family size and compositions, and in intergeneration relations in almost all

Source: based on WHO (2015) *World report on ageing and health* Fig. 1.4 by Phillips, D.
Trends are especially marked in Japan, China, Taiwan, Korea, Singapore and even Thailand

Across the region, especially in the Chinese-based societies, traditional attributes eg filial piety have weakened or are changing form?

Filial piety (孝, xiào): complex reciprocal emotional and practical relations and duties between parents and children

Respect, obedience, loyalty and practical support important components; may extend beyond immediate generations to encompass reverence of ancestors (eg ancestor worship, grave cleaning)
Tensions arising? Do younger generations feel less reason or reduced ability to fulfill filial duties?

Some places, e.g., Singapore (1996), China (2013) and Taiwan (2012), introduced or expanded legislation/rules for children's support, visit and/or care for elderly parents (enforcement is debatable).

Oct 2015, Weibo: “forced filial piety” - a company in Baiyun district took 10% of unmarried staff wages (5% if married) and deposited it into their parents' bank accounts.
Why is potential demise/change of FP so important?

Implicit/explicit reliance on FP as a source of financial support and LTC in absence of social security

Is it also a social cohesion cement?

Vulnerable groups can be neglected with effectively no filial supporters: eg elderly spinsters with no children; migrant children may have emigrated and lost contact; families with divorces and remarriages

Social trends, smaller families, migration for work, fewer children available at home to share physical, emotional and financial responsibilities for ageing parents and grandparents.

Issues: Social exclusion, isolation, poverty, neglect/abuse of OP?

Intergenerational mismatch of expectations?
More positively – FP remains a resource? We need a better understanding of implications for policy and financial planning

Filial norms remaining strong? Families and states are accepting this.

Substitution by modern expression and contacts (eg money remittances; phone and text calls)

Even when care is taken over by others (eg in care homes) it can be seen as a mark of pride that children can afford such care

Debates on future role of families: does care place a heavy burden on females? Is family care good enough eg for dementias? Some OP want to live independently and not bother their children
3. Elderly poverty

- Throughout the AP: low incomes/lack of formal incomes and pensions of today’s older cohorts
- Many countries have quite severe problems eg China, HK, Philippines, Thailand, Malaysia, etc
- Same specially vulnerable groups eg older women, esp spinsters and widows with no children
- This issue affects all areas – housing, nutrition, access to services, facilities, and health
HK Commission on Poverty Summit October 2015

• Overall poverty slightly fell: 1.336 million (2013) to 1.325 (2014)

• “Extremely fast” population ageing: elderly poverty increased 19% from 366,500 (2009) to 436,400 (2014)

• Elderly population in 2014 increased by 44,000 over 2013. Most OP did not have income from work, likely to be classified as poor (limited definition poverty line)

• Guesstimates: one-third in poverty, perhaps >50% on low incomes. Very few are “well off”.

• HK government: OP poverty over-estimated due to public subsidies (CSSA, public health and housing)?

• In-depth analysis required to identify those in need
As the population continues to age, the poor population is expected to expand alongside the increase of the number of retired elders, leaving limited room for further decline in poverty statistics.

**Number of poor elders, 2009-2014 and projected number of elders, 2015-2064**

Note: (*) refers to the overall mid-year number of elders (excluding foreign domestic helpers) in Hong Kong; figures of 2009-2014 are actual figures, figures of 2015 and onwards are projected figures.

Sources: General Household Survey, Demographic Statistics Section and Hong Kong Population Projections 2015-2064, Census and Statistics Department.

Source: Hong Kong Commission on Poverty Summit 2015 report
Conclusion: Policy can be positive – rebalance and inter-sectoral collaboration

- Assistance for family support
- Elderly friendly environments
- Improved state support
- Active Ageing