

ADDRESSING POPULATION AGEING
IN ASIA AND THE PACIFIC REGION

A LIFE-CYCLE APPROACH



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This document is intended to advise UNFPA staff on our approach to population ageing, and is to be published to share our approach with external partners including other UN agencies, member states and civil society organisation.

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ASIA AND THE PACIFIC REGIONAL OFFICE OF UNFPA



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PREFACE

Some of the most rapidly ageing populations in the world can be found in Asia and the Pacific region, causing a shift in the narrative of the region's growth prospects. Many of the countries have been unprepared for how ageing affects society, including in terms of the increase in the health and social care expenditure burden and a decline in working-age populations. While it is important to accelerate and prioritize the process of developing policies to address both the growth of the region's economies and the rights and needs of older persons, it must be noted that there is no single comprehensive policy that can address all aspects of the dynamic demographic transition as a result of population ageing in the region. To that end, what we can do is learn from and improve on existing policies, to further our efforts on ensuring successful ageing and to shape strategies for the region.

In this paper, we examine selected analyses of population ageing and low fertility rate policies and issues, and propose how UNFPA could address issues relating to population ageing against a backdrop of low fertility in the region.

The year 2020 marks both the launch of the Decade of Action to achieve the UN's Sustainable Development Goals, and the Decade of Healthy Ageing led by the World Health Organization. However, as the COVID-19 pandemic has jeopardized progress on both fronts, it is now more urgent than ever for Asia and the Pacific region to recognize the demographic realities that many currently face or will face in the not too distant future.

We share with our colleagues this paper to suggest potential ways forward.

A handwritten signature in black ink, appearing to read 'Björn Andersson', with a long horizontal line extending to the right.

Björn Andersson
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1. BACKGROUND

Accounting for 60 per cent of the world's total population, and with 24 per cent of the population under 15 years of age,¹ Asia and the Pacific region has experienced dynamic growth, pulling 80 per cent of the extreme poor out of poverty since 1990.² There have been significant improvements in key human development indicators, including access to health and education services, at the aggregate level.³ Moderate economic growth is forecast to continue at 5–6 per cent GDP for the immediate term.⁴ Rapid poverty reduction has also seen the expansion of the middle class: predictions suggest that by 2030 Asia will represent 66 per cent of the global middle-class population and 59 per cent of middle-class consumption, an increase from 28 per cent and 23 per cent, respectively, in 2009.⁵

The benefits of rapid economic growth, however, have not been evenly distributed. Income inequality is rising within and between countries (Gini coefficient of 38.4 in the mid-2010s), which translates into an unequal distribution of opportunities and services. The region is also experiencing significant demographic changes. By 2050, one in four people in the region – which amounts to 1.3 billion people – will be over 60 years of age. Rapid fertility decline is also evident in the region; the fertility rate is expected to fall from 2.20 to 1.9 by 2050.⁶ These demographic changes have prompted the affected countries to increase their focus on policy responses.

Persistent gender inequalities, coupled with rising economic insecurity and anxiety over the future as a result of the Coronavirus Disease 2019 (COVID-19) pandemic, are also contributing to a decreasing fertility rate, which in turn accelerates population ageing. Declining fertility is also a driver of gender-biased sex selection in countries with a strong preference for sons. The practice of gender-biased sex selection also affects rapid population ageing as fewer women are born and reach childbearing age. Furthermore, the COVID-19 pandemic and consequent economic downturn will have the greatest negative impact on marginalised, vulnerable and excluded groups, which include older persons, people living with disabilities and women who may or may not fall into the two groups.

Against this backdrop, it is evident that countries in the region need to accelerate and prioritize the process of developing policies to ensure sustainability, in terms of both economic and social aspects. However, it must be noted that Asia and the Pacific is one of the most diverse regions, with countries that have some of the largest and fastest ageing populations, countries that are most affected by climate change and natural disasters, and countries that are experiencing the highest levels of inequality. In addition, the region is home to countries that are becoming economic and political powerhouses on the global stage.

Therefore, there is no single comprehensive policy that can address all aspects of the dynamic population transition of ageing in the region. To that end, there is a need to learn from and improve on existing policies, to further the efforts on ensuring successful ageing and to shape strategies for the region.

In this paper, selected analyses of population ageing and low fertility policies and issues are examined, culminating in a proposal of the steps UNFPA should take to address the demographic changes in the region.

¹ Population Reference Bureau. International Data (<https://www.prb.org/>). 2020

² United Nations Economic and Social Commission for Asia and the Pacific, *Closing the Gap: Empowerment and Inclusion in Asia and the Pacific* (New York, 2019).

³ United Nations Development Programme, *Human Development Report 2019* (New York, 2019).

⁴ Asian Development Bank. *Asian Development Outlook 2019*.

⁵ Mario Pezzini, "An emerging middle class", *OECD Observer* (2012).

⁶ United Nations Department of Economic and Social Affairs, *World Population Prospects: The 2017 Revision* (New York, 2017).

2. REDEFINING AGEING

Ageing (Box 1) is typically presented as 'all or nothing', that is, it is either an existential threat – a 'silver tsunami' that will destroy existing systems of health care and welfare – or a 'silver economy' that opens up markets for new innovations (in other words, a false binary). To avoid a two-dimensional demographic view of ageing, a wider array of information to draw on is necessary. This is particularly crucial in terms of developing policies for Asia and the Pacific region, which is at an inflection point in terms of population and economic growth, and urban development. The work of the recently formed Titchfield City Group on Ageing, which seeks to 'develop standardized tools and methods for producing both data disaggregated by age and ageing-related data', will furnish researchers and policymakers with the tools to better understand ageing and to monitor and evaluate policies.

To conduct holistic analyses of population ageing policies and issues, the definition of 'older ages' as we understand it may have to be modified. Apart from their chronological age, a 65-year-old in contemporary Japan has little in common with a 65-year-old in Sierra Leone or an individual of the same age who lived in 1950, or who would live in 2050. Hence, a shorthand could be derived from the 'prospective age' paradigm, where the 'boundary to old age' is fixed at a given remaining life expectancy. While rather arbitrarily defined, it gives a more pragmatic, comparative starting point to define the older population in need and, in turn, to identify where to begin targeting policies of adaptation in older age.

Box 1. Definition of older person

Some countries have accepted the chronological age of 65 years as a definition of 'elderly' or 'older person', but this does not fit well across different countries. In many parts of the world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant, such as the roles assigned to older persons; in some cases, it is the loss of roles accompanying physical decline that are significant in defining old age. At present, the UN has agreed the cut-off for referring to the older population to be 60+ years.⁷ The ages of 60 and 65 years are often used, despite their arbitrary nature, the origins of and debates surrounding which can be traced from the end of the 1800s to the mid-1900s.^{8 9 10}

There is an integrated, inclusive framework based on that used in climate science – mitigation, adaptation and resilience (Table 1) – which can be used to make the necessary compromises and to identify how to get there.^{11 12} We can also benefit from a multidimensional set of age-sensitive measures and a more sophisticated, proactive approach to defining the future we want, rather than fighting a (losing) battle against a future that we are presented with.

Table 1

Mitigation	Improving well-being for those who may be in need some day
Adaptation	Improving the current and future condition of people who have already had many aspects of their life course in train
Resilience	Ensuring the youngest in society age well and can maximise their social and economic potential

⁷ The Madrid International Plan of Action on Ageing and the Political Declaration. (<https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>) Second World Assembly on Ageing in April 2002

⁸ P. Thane, "The muddled history of retiring at 60 and 65", *New Society* vol. 45, No. 826 (1978), pp. 234–236.

⁹ J. Roebuck, "When does old age begin?: The evolution of the English definition", *Journal of Social History* vol. 12, No. 3 (1979), pp. 416–28.

¹⁰ P. Thane, "History and the sociology of ageing", *Social History of Medicine* vol. 2, No. 1 (1989), pp. 93–96.

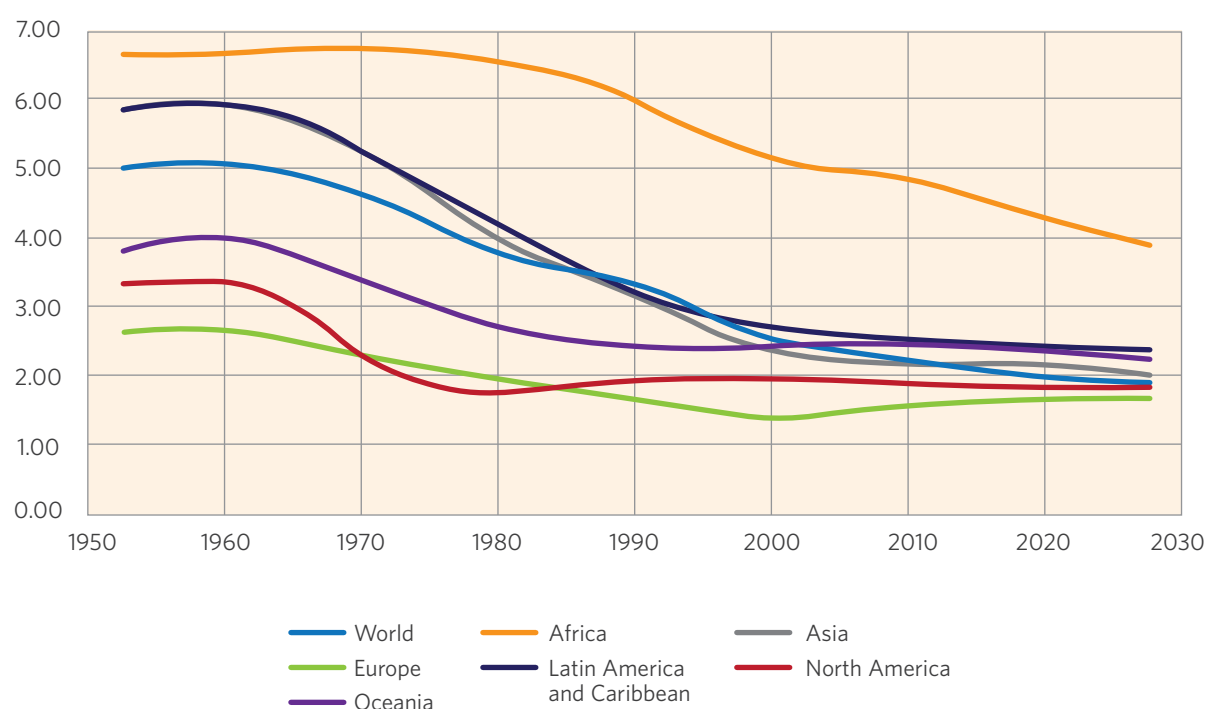
¹¹ Gietel-Basten, S.A. (2021) 'Adopting an adaptation-mitigation-resilience framework to ageing' Age and Ageing. Forthcoming.

¹² Gietel-Basten, S.A. (2021) 'Adopting an adaptation-mitigation-resilience framework to ageing' SocArXiv. osf.io/preprints/socarxiv/6cp9f.

3. LOW FERTILITY AND INDIVIDUAL RIGHTS

A decline in fertility is projected for all regions globally, but a particularly sharp drop is noted for Asia (Figure 1).¹³

Figure 1. Global fertility rates (1950 to 2030)



UNFPA has conducted a comprehensive review on policies that address issues of low fertility,¹⁴ including those that encourage couples to participate in the labour force without compromising their childbearing desires, support a reduction in childcare and education costs, and provide support for infertility treatments. The conclusion of the report is that there is no single policy that can meet the individual needs of people. Policies should be formulated not with the sole focus of increasing fertility rates, in other words, a 'pro-natalist' approach, but with the aim of supporting the choices of women and families on their reproductive rights. An example of a positive approach is the Bulgarian Government's National Demographic Strategy, which shifted from legislating on the extra taxation of single people who did not marry by a certain age to acknowledging the rights and needs of individuals in reproductive health.¹⁵

There is an ongoing discussion on optimum fertility rate and the binary 'problem', similar to that discussed in the population ageing section. Figure 2 represents the latest data for which ideal family size (or ideal number of children for women) compared to Total Fertility Rates (after 2010) for a sample of 86 countries characterised by different levels of economic development. Among countries where TFR is greater than ~3, the ideal number of children is lower than the TFR in the majority of cases. Meanwhile, in territories where TFR is less than ~3, the ideal number of children is almost exclusively higher than TFR. This suggests that there may still be an unmet need for family planning in the former countries, and an 'unmet need for childbearing' in the latter. The data should

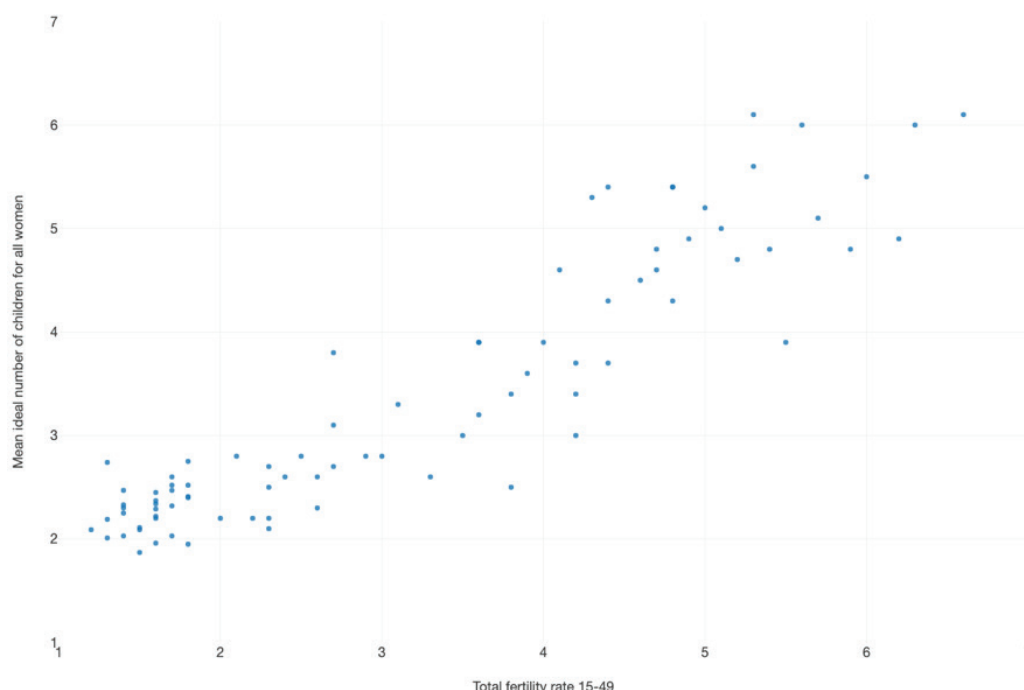
¹³ United Nations Department of Economic and Social Affairs, *World Population Prospects: The 2017 Revision* (New York, 2017).

¹⁴ UNFPA, *Policy responses to low fertility: How effective are they?*, Population and Development Branch Working Paper No. 1 (New York, May 2019).

¹⁵ Updated National Demographic Strategy of Republic of Bulgaria (2012–2030, <https://chrdr.net/en/category/37/updated-national-strategy-demographic-development-population-republic-bulgaria-2012-2030>), Republic of Bulgaria

be treated with caution, however, in that the two measures are not strictly comparable. Despite this, the Figure produces indicative evidence that reproductive aspirations and outcomes may not be aligned in many settings around the world.^{16 17 18}

Figure 2. Total fertility rates and ideal family sizes (latest 86 countries)



In the paradigm adopted at the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994, women's choice was emphasized, including family planning, education, work and rights elements. A similar paradigm, focusing on issues such as the unmet need for childbearing plus education, work and human rights to support an enabling environment for individual choice, is now in discussion. The ICPD Programme of Action outlines the following aim: "To help couples and individuals meet their reproductive goal in a framework that promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their right to choose the number, spacing and timing of the birth of their children."¹⁹

In some countries there has been a remarkable policy shift towards a pro-natalist approach to counter low fertility rates, which is motivated by the risk perception of dwindling populations, the "perceived shortage of human capital" and the increase in dependency rates with population ageing. While the potential negative impact of policies is yet to be determined, a significant question remains about the rights of women and couples to determine their own sexual and reproductive choices. In addition, some countries are now dealing with both low fertilities rates and increased adolescent pregnancies. In these cases, there is a need for enhanced policy advocacy based on the following: the principles of human rights, national commitments to various international commitments and conventions, and the responsibility of the state to ensure a rights-based approach to family planning and sexual and reproductive health and rights (SRHR), lower maternal mortality and morbidity, lower infant mortality, reduced malnutrition, improved literacy rates, universal access to education and SRHR information, and comprehensive sexuality education (CSE).

¹⁶ Gietel-Basten, S.A. (2020). Comparing Ideal Family Size with Total Fertility Rates - DHS (Since 2010) and OECD Family Database. figshare. 10.6084/m9.figshare.13335986

¹⁷ Demographic and Health Surveys (2000 -), available from <https://dhsprogram.com/data/>.

¹⁸ Organisation for Economic Co-operation and Development (2000 -), available from <https://www.oecd.org/>

¹⁹ The International Conference on Population and Development (ICPD) Program of Action Cairo 1994. (available from <https://www.unfpa.org/publications/international-conference-population-and-development-programme-action>) (Objective 7.14)

In addition, it is critical to plan for emerging sociocultural, religious and political opposition to family planning (contraception) that directly affects national SRHR policies (pro-natalistic/pro-life ideologies) and the demographic transitions. Such opposition has a direct bearing on future programmes and can influence programme outcomes relating to the UNFPA mandate.

As mentioned, an assessment of social policies that address issues relating to low fertility has revealed that these policy interventions have marginal effects, and there is no single policy intervention that showed a substantial impact on fertility rates. This raises questions on the need for an internal paradigm shift and analyses of unmet needs of childbearing, and policy mapping on unmet needs of childbearing. UNFPA's role may involve brokering expert advice with governments and working on these issues in the UN Common Country Analysis.

New reproductive technologies, while not changing the fundamental ethical questions, can actually make the ethical dilemma more prominent. In some countries, increased access to infertility treatments such as in vitro fertilisation is included in the policy package to support women's choice on childbearing, although the significant costs result in the dilemma of cost sharing, and potentially raise the issue of unequal access to such interventions on the basis of the socioeconomic status of women and families. Concerns have also been raised over the possibility of reproductive technologies such as non-invasive prenatal genetic testing opening up a new ethical dilemma, that is, while these technologies reduce the invasiveness of the intervention (prenatal genetic testing), they are making it easier to terminate pregnancies based on sex and disabilities.

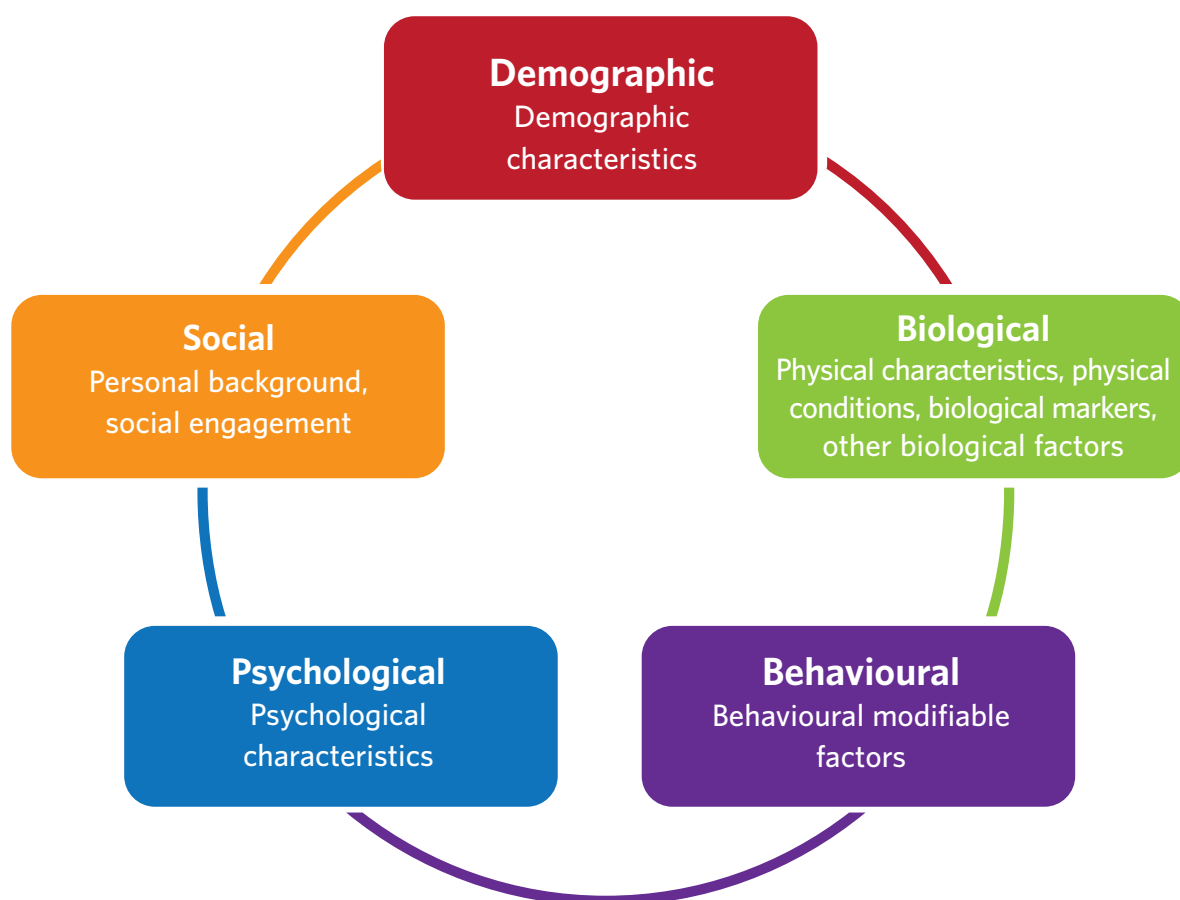


4. PROMOTING HEALTHY AGEING AND REVIEW OF EXISTING POLICIES FROM LIFE-CYCLE PERSPECTIVES

A systematic review of protective and risk factors for healthy ageing concludes that ageing pathways may be driven by different life-course exposures including lifestyle biological, psychological and social factors.²⁰ An in-depth understanding of the similarities and discrepancies in ageing trajectories among older populations will enable the identification of the most important determinants of health across the lifespan. Understanding the life-course factors contributing to later life health and well-being is thus essential, not only to improve older persons' quality of life, but also to mitigate the future expansion of economic costs associated with ill-health.

The determinants of healthy ageing are classified under five main domains: demographic (demographic characteristics); biological (physical characteristics, physical conditions, biological markers, other biological factors); behavioural (modifiable risk factors); psychological (psychological characteristics); and social (personal background, social engagement) (Figure 3).

Figure 3. Determinants of healthy ageing



²⁰ C Kralj, Ms C Daskalopoulou, Professor F Rodríguez-Artalejo, Dr E García-Esquinas, Dr TD Cosco, Professor M Prince, Dr AM Prina on behalf of the ATHLOS consortium, *Healthy ageing: A systematic review of risk factors* (London, King's College London Department of Health Service & Population Research, 2018).

Considering the factors related to promotion of healthy ageing, existing policies identified from the Social Policy Catalogue on Population Ageing²¹ are viewed from the life-cycle perspectives. The review is to provide feasibility and practicality of the approach, as well as limitations in the current policy frameworks employed by the member states.

Policies for social protection of the overall society

Malaysia rolled out the Eleventh Malaysia Plan 2016–2020, with a theme of “anchoring growth in people”, in 2015.²² The Plan focuses on inclusion and sustainability for all Malaysians, with economic growth as the priority. The plan lists six national shifts: (i) enhance productivity; (ii) strengthen support for B40 (bottom 40 per cent) households and increase the proportion of middle-class society; (iii) develop a system of industry-led technical and vocational education and training; (iv) boost the growth of a green, low-carbon and resource-efficient environment; (v) encourage strong partnership between industries, academic researchers and community stakeholders in research, development, commercialization and innovation; and (vi) invest in four major cities (Kuala Lumpur, Johor Bahru, Kuching and Kota Kinabalu) under the City Competitiveness Master Plan for improved liveability and economic growth. The Plan further describes five focus areas for transforming public services for better productivity: (i) enhancing service delivery with citizens at the centre by streamlining processes, expanding outreach, increasing accountability, rationalizing institutions for greater performance by eliminating overlapping/duplicating functions among public sector agencies; (ii) right-sizing the service delivery structure and introducing a policy for performance monitoring; (iii) strengthening the working environment by introducing flexible work arrangements and empowerment strategies and by improving training; (iv) enhancing project management steps in terms of resource allocation, project implementation and personnel management; and (v) utilizing resources from local authorities for quality services at the local level through empowerment and greater engagement, and expanding service outreach with greater quality.

Policies for older people and ageing

A long-term care nursing insurance scheme was introduced in Qingdao, China, in 2012 to address the special needs of urban-based older persons. It requires no contributions from individuals or employers, as it is subsidized by the municipal government. The scheme covers a range of services, including home- and community-based long-term care services, as well as with residential or nursing care at designated facilities. For older persons in Shanghai, the costs of long-term care incurred at government-run nursing homes are reimbursed through social health insurance under three models: (i) urban employee basic medical insurance covering urban-area residents with employment before their retirement; (ii) urban resident basic medical insurance covering uninsured urban residents, such as people with disabilities; and (iii) a nationwide voluntary scheme subsidized by the government for rural residents. In Nanjing, a means-tested model is being used to provide access to long-term care using monthly care vouchers for pre-defined user groups: the “Three No’s” (no employment, no income, no family support); the “Five Guarantees” (food, clothing, fuel, health services, funeral arrangements/education); those below the poverty line; those who need critical long-term care; and those aged 70 or above with no children. For older persons with severe disabilities, the costs for institutional care services will be subsidized in addition to the care voucher scheme.

²¹ United Nations Population Fund. Social Policy Catalogue on Population Ageing. UNFPA 2020

²² Economic Planning Unit, Eleventh Malaysia Plan 2016–2020: anchoring growth on people (Putrajaya, Malaysia, Economic Planning Unit, Prime Minister’s Department, 2015).

In the Thai 2nd National Plan on The Elderly (2002–2021), revised in 2009²³ (“The elderly are valuable assets to the society”), the set of policies aims to: (i) encourage older persons’ well-being so that older persons can lead their lives as assets to society with their dignity and individual independence and autonomy under reliable security; (ii) raise social conscience in terms of respect for and recognition of older persons’ valuable contribution to society, whereby their valuable experience will be promoted for as long as possible; (iii) raise society’s awareness of the need to prepare for quality ageing; (iv) encourage the community, as well as the local, public and private sectors, to acknowledge and take part in actions involving older persons; and (v) formulate frameworks and guidelines for good practice on older persons for all concerned parties with the aim of integral and comprehensive implementation on actions relating to older persons. The five strategies to achieve these aims are:

1. ensuring people’s preparedness for quality ageing;
2. promoting healthy ageing and development;
3. implementing social safeguards for older persons;
4. managing the national comprehensive system for undertaking and developing personnel for missions involving older persons;
5. processing, upgrading and disseminating knowledge on older persons and national monitoring of implementation of the National Plan on the Elderly.

Policies that address gender equality in the context of population ageing

Such policies in Asia and the Pacific region include Bangladesh’s National Women Development Policy 2011 and Viet Nam’s National Strategy on Gender Equality for the 2011–2020 period.²⁴ Developed by the Ministry of Women and Children Affairs in 2011, the Bangladesh National Women Development Policy covers a wide array of perspectives, such as the rights to adequate development of female children; the elimination of the discrimination and abuse of women; the protection of women in armed conflicts and assuring their involvement in peace missions; education and training; sport and cultural participation; equal rights of women during economic policy-making; political involvement; poverty elimination, financial empowerment and employment opportunities; health, nutrition and food security; housing arrangements; and the protection of women and children during disasters. Specific focuses regarding disabled women and minority ethnic groups are also emphasized.

Viet Nam’s National Strategy on Gender Equality 2011–2020 addresses equal opportunities across the cultural, economic, political and social sectors, with an overall aim of achieving sustainable development on a national level by 2020.²⁵ The strategy’s objectives and selected policy targets aim (i) to increase women’s participation in upper management in the political field, with over 35 per cent women elected to the National Assembly and Councils over the 2016–2020 period; (ii) to narrow the gender gap in the labour market, striving for over 35 per cent of female entrepreneurs by 2020; (iii) to ensure gender equality in education and training, targeting an increase in women holding master’s or doctoral degrees by 50 per cent and 25 per cent, respectively, by 2020; (iv) to ensure gender equality in accessing health services, with a target of reducing the maternal mortality ratio to below 52 per 100 000 live births by 2020; (v) to ensure gender equality in the cultural sector, reducing gender-discriminating cultural programmes and products by 80 per cent by 2020; (vi) to eliminate gender-based violence, with the rate of legal support and counselling offered to domestic violence victims reaching 50 per cent by 2020; and (vii) to improve gender equality in state management, aiming for 100 per cent of legal documents with contents addressing gender discrimination.

²³ National Commission on the Elderly and the Ministry of Social Development and Human Security (Thailand), The 2nd National Plan on The Elderly (2002–2021) 1st Revised of 2009 (Bangkok, 2009).

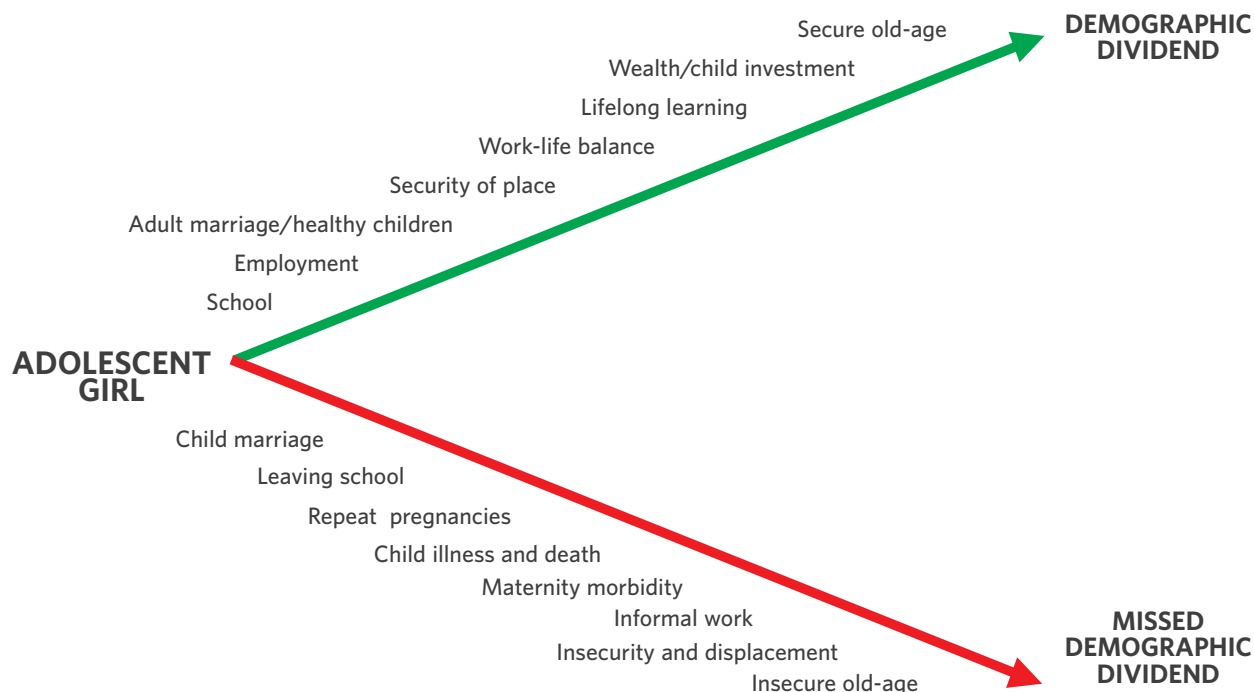
²⁴ Ministry of Women and Children Affairs, National Women Development Policy 2011 (Dhaka, Bangladesh, Ministry of Women and Children Affairs, 2013).

²⁵ Ministry of Labour, Invalids and Social Affairs, National Strategy on Gender Equality 2011–2020 (Hanoi, Viet Nam, Ministry of Labour, Invalids and Social Affairs, 2010).

5. ADOPTING A LIFE-CYCLE APPROACH

A wider life-cycle approach to population ageing that emphasizes the sequential events and developmental steps throughout a person's life is proposed by UNFPA as an effective policy option, based on scientific evidence. This is in line with the ICPD Programme of Action, which endorses a rights-based comprehensive approach to population matters covering all generations. Many events that happen in later life could be underpinned by fertility and lifestyle decisions, as well as societal expectations and preferences during earlier phases of the life cycle. The social inclusion of older persons could be achieved by partnering with youth communities. Enabling an environment for women to work and have children at the same time (to address gender inequality) is also necessary to ameliorate issues relating to childbearing.

Figure 4. Sequential events and developmental steps throughout the life cycle



5.1 Data on life cycle

The promotion of a life-cycle approach to population ageing should be based on demographic data. To that end, objective information including population data and scientific evidence from high-quality policy evaluation should inform policy and programme development. Given that chronological age is no longer a good measurement of being old, all population data should be aggregated by age, which will allow analysis beyond the traditional boundaries of age categories throughout the life cycle. Should the whole life-cycle approach be implemented, all of the social policies will be affected, which means that implementation should come at the macro-level in the early stages. Such macro-level policy dialogue involving multiple stakeholders is the key starter, with social protection, health promotion, a human rights-based approach in all generations connected in a dynamic manner. Analyses of National Transfer Accounts will be useful to apply policy estimation and development in the context of macro-level policy dialogue. Any programme in the context of humanitarian issues should be developed based on the concept of the life-cycle approach to ensure that no one is excluded.

5.2 High-quality services for pregnancy and childbirth

Although appropriate maternity care has the potential to reduce maternal and infant mortality, **high-quality maternity services** are likely to improve the long-term health of both women and their babies. For example, early identification and appropriate management of diabetes, hypertension, mental health issues and weight gain during pregnancy will have an impact on similar conditions in women's and newborns' later lives. These conditions are closely related to the risk factors for healthy ageing. All maternity services should be reviewed to assess if and how each of the services can promote very long-term positive health consequences of pregnancy for both mothers and children.

5.3 Positive lifestyle promotion for children and youth

During childhood and youth, positive lifestyle promotion in schools and communities, including of exercise and healthy eating to prevent obesity and heart disease, is likely to reduce the risks of non-communicable diseases and, in turn, promote healthy behaviours. Promotion should include programmes for the prevention of smoking and excessive alcohol use, the development of emotional skills in primary and secondary education, and the prevention of unplanned pregnancy. There is economic evidence that early educational and healthcare investments are more likely to be cost-effective to achieve the well-being of society. A prospective way of seeing the longer-term scenario will also encourage children and young people to be prepared for their later lives. A good example of this is programmes that facilitate intergenerational solidarity such as dementia support training.

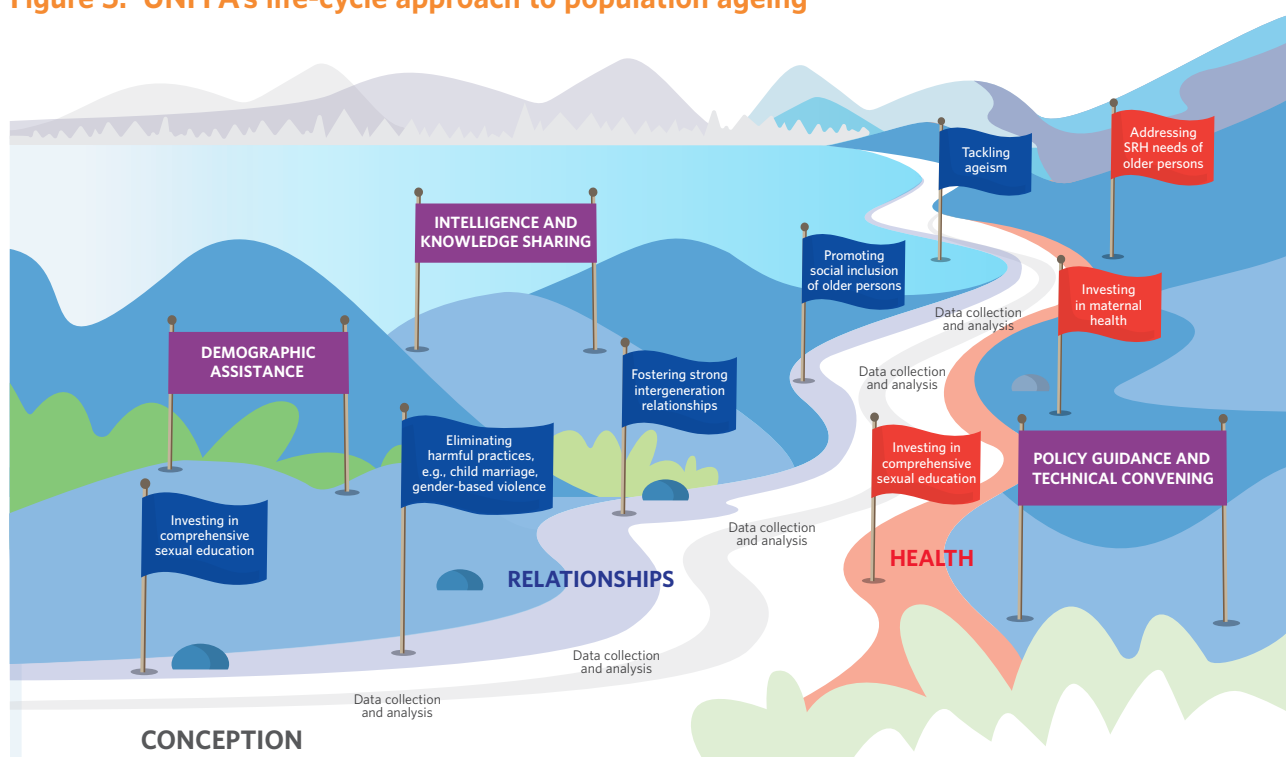
5.4 Positive lifestyle promotion for children and youth

The concept of family planning should be expanded to address issues relating to social environments that affect women's and men's choices on pregnancy, childbirth and childbearing. Women and men should have more flexible lifelong choices in terms of pregnancy, childbirth, childbearing, education and work to facilitate good work-life balance. Considerations should be given to new technologies, including infertility treatments, in policy options based on ethical, social, legal and economic perspectives. Women's participation in the labour market for their social protection and empowerment should also be considered. The prevention and appropriate management of non-communicable diseases, namely hypertension, diabetes and mental health disorders, in adulthood are also critical to promote healthy ageing.

5.5 Recognising diversity in older age

The characteristics of older persons are not homogenous. There should be flexible choices over if and how they receive their care, and integrated long-term (social) care services will be required to accommodate their individualised needs and choices. At the population level, the financial sustainability of pension, long-term care and health-care services needs to be considered. Enabling physical and social environments to accommodate the flexible empowered choices of older persons who live by themselves should be created, including the elimination of ageism and promotion of age-friendly environments to support their rights. In a humanitarian context, older persons, together with any other population groups, should be supported according to their needs. It is practical to combine such programmes for people with disabilities with those for older persons.

Figure 5. UNFPA's life-cycle approach to population ageing



As summarised in the Figure 5, UNFPA Asia-Pacific Region should be:

- 1) reviewing and revising existing programmes of all of the four major areas, Sexual and Reproductive Health and Rights, Gender Equality, Youth, and Population and Development from the angle of life-cycle approach,
 - 2) promoting right-based intergenerational approach to tackle ageism and to promote quality social care for older persons to ensure their choices in both development programming and humanitarian response, and
 - 3) promoting life-long choice of pregnancy, childbirth, education, work, and care in the context of both high and low fertility.
- by i) demographic intelligence and availability of demographic data, including age disaggregated data that can be used also for analyses within the context of the demographic dividend and national transfer accounts, ii) conveying and sharing knowledge including south-south triangular cooperation, and iii) policy dialogue and technical assistance.

6. CONCLUSION

Changing population dynamics and access to new technologies, coupled with rising inequalities and persistent social norms, is affecting human development outcomes. UNFPA advocates a rights-based life-cycle approach to inform and underpin policy responses to emerging issues relating to demographic changes, including population ageing and decreasing fertility. The ultimate goal is to ensure that policies and programmes that respond to these changes recognize and emphasize people's lifelong flexible choices with regard to learning, working, childbearing/rearing and care. Our mandate of ensuring women's reproductive choice and a human rights-based approach to human development applies equally to issues not covered in detail in the discussion.

7. ACKNOWLEDGEMENTS

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