

## Ageing in Emerging Markets

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In January 2015, I attended the Emerging Markets Symposium on Ageing, held in Oxford, UK. A group of 50 experts, from 20 countries and a range of relevant disciplines, collaborated to produce recommendations designed to be of practical value to policymakers faced with the challenges of population ageing. The topic is timely because the proportion of the population over age 65 is increasing in Emerging Market countries at an accelerated rate; changes that developed over 150 years in developed countries such as Britain or the USA will occur over a period of 25 years in the Emerging Markets (EMs). This article will highlight the main themes from the Symposium and encourage interested readers to move on to the full report (see below).

Why are so many countries facing this demographic change? The rise in the proportion of elderly people reflects three positive trends following economic growth:

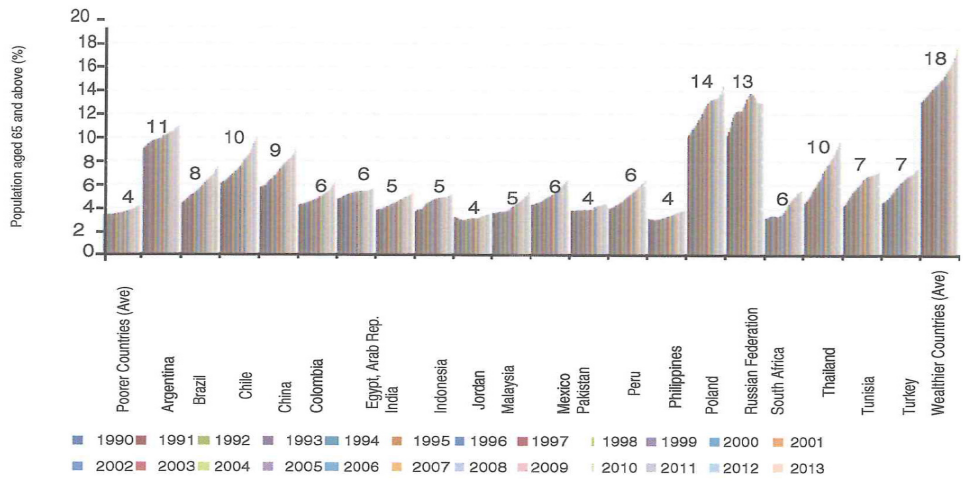
- The fall in infant and child mortality
- Reduced fertility rates
- Rising longevity as a result of improved nutrition, public health and medical care

This is progress of which all EMs can be proud, but it brings with it new challenges which will need to be recognised and addressed in each country. Here are some data, taken from the report of the Emerging Markets Symposium 2015 on Ageing, to illustrate the challenge:

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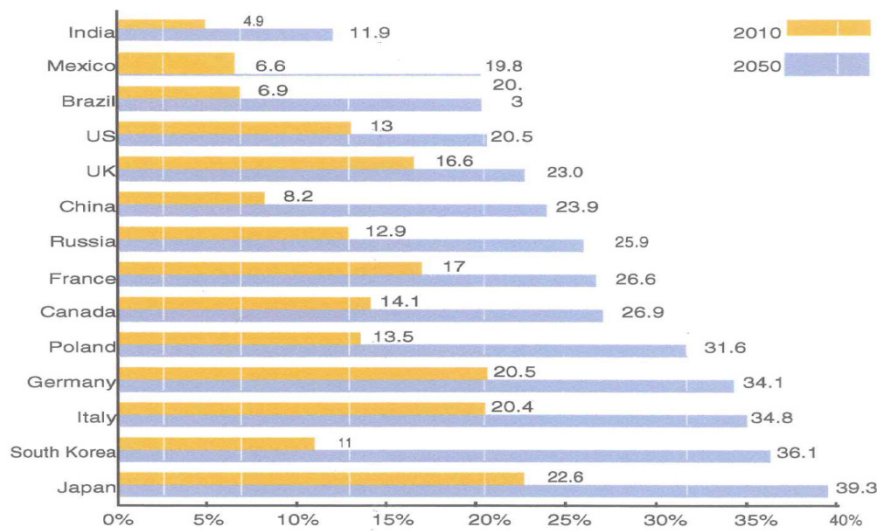
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**Table 1: Persons aged over 65 years in 20 emerging markets**



Source: The World Bank 2014, (see page 16 of the report of the Emerging Markets Symposium 2015 on Ageing)

**Table 2: Persons aged 65 and over as % of population, 2010-2050**



Source: World Population Prospects 2010, (see page 16 of the report of the Emerging Markets Symposium 2015 on Ageing)

Note, for example, that by 2050 China is expected to reach the same proportion of people over age 65 as the UK (23%) but their starting points are very different – China 8% / UK 16.6%.

While EMs can draw on the experience of wealthy countries to mitigate the impact of population ageing, they must find solutions that are feasible and consistent with local priorities and culture. There is a valuable opportunity for EMs to develop new approaches, with imaginative collaborations between Government, civil society, the private sector and voluntary agencies. In Islamic societies, the religious community at all levels will play a vital role.

A major theme of the Symposium was the recognition that it is no longer useful to adopt a fixed point to define the beginning of old age, or to view the elderly as dependent or disabled and unable to contribute to the community. Enlightened changes in employment patterns and some environmental changes could keep older people self-supporting for extended periods.

A second key theme was that the quality of life in old age reflects the whole life course of an individual, in terms of nutrition, health, education and income level. A man born into a wealthy family, well educated, with an interesting career and ample income will reach old age with social and economic resources that can moderate the effect of any changes in mobility, vision or hearing. By contrast, a woman born into poverty, with lifelong poor nutrition and little access to healthcare, working in the informal sector without pension provision, will have a very different experience in older age. In 2013 WHO presented the concept of “Active Ageing” as a desirable goal and this model was endorsed by the Symposium. The recognition that ageing well begins at birth (or indeed in utero) leads to the understanding that attention must be given to nutrition, health, the environment (e.g. pollution), education, social and economic issues throughout life. The recommendations of the report are embedded in this life-course concept.

Three major areas of concern in establishing a positive approach to ageing are health, economics and social care. To begin with health: EMs will need to change the emphasis of healthcare delivery to meet the needs of an ageing population. Of necessity, services for many years had to focus on acute care, but an elderly population requires primary care, with attention to chronic illnesses and multi-morbidity to enable people to remain functional and independent. The development of provision for the diagnosis and management of dementia will also be important. This change of emphasis will require modification of training programmes for doctors and other healthcare professionals as well as adaptation of care delivery systems and coordination with social care.

The physical impairments of old age do not have to lead to dependence or disability, but the health services alone are not the answer. Indeed, a distinguished British physician, Sir Michael Marmot, has said that “Every Minister is a Minister of Health”! Access to adequate nutrition, reduction of poverty and addressing social isolation also have an important effect. The impact of the physical impairments of ageing can be mitigated by promoting elder-friendly environments in public spaces and in the workplace - for example, levels of lighting suitable for older eyes, the design of steps to assist those with mobility or balance problems or improved access for those with walking aids. One vivid example in the UK of an environmental challenge for the elderly is the timing of traffic lights. When the lights change to allow pedestrians to cross, it has been demonstrated that the crossing phase is too short for those over 65 to reach the other side of the road. This design problem has not yet been fixed in the UK but perhaps an enlightened EM country will set us a good example!

On the economic front, despite the fact that many EMs have reduced income poverty in recent years, the EMs as a group still lead the world in measures of “absolute poverty”. The elderly are particularly at risk and policies on pensions, retirement and social security will all require review for this trend to be reversed. The Symposium emphasised that any arbitrary definition of the boundary of old age is inappropriate, as is the adoption of a fixed retirement age. In pursuit of Active Ageing, policies should

move towards delayed retirement for those who are fit and want to work, flexible working patterns for older adults and options for part-time working or role change for older employees. Existing data show that such policies help to retain knowledge and skills in a business, offer mentoring opportunities and do not lead to a rise in youth unemployment.

In each country, individuals reaching the pensionable age will have big variations in prospects for Active Ageing, depending on the earlier life course and there is a particular challenge for those working in the informal sector. In countries such as Indonesia, Pakistan or Peru, where over 40% of men and women between age 65 and 70 remain in the labour force, these older workers are there not by choice, but because they have no alternative. A strong recommendation from the Symposium is to develop social security systems where they do not exist, to provide:

- Payments to the poorest old people who can't work and have no pension
- Supplements for elderly people with pensions that are inadequate to meet basic needs and allow human dignity

These should be funded from general revenues and accompanied by public education.

A further aspect of concern for the elderly is social care and here again; the extent of the need varies, reflecting gender, income, education and health. Traditionally many EM countries have had a culture of extended families living together, respect for elders and the expectation that children will take responsibility for parents as they age. These customs have been reinforced by the religious community in Islamic societies. However, these patterns are being eroded by changing economic circumstances. Cities are growing and rural areas becoming depopulated; migration within the country or emigration in search of education and/or employment have left many elderly parents at a great distance from their children, needing local support from new sources.

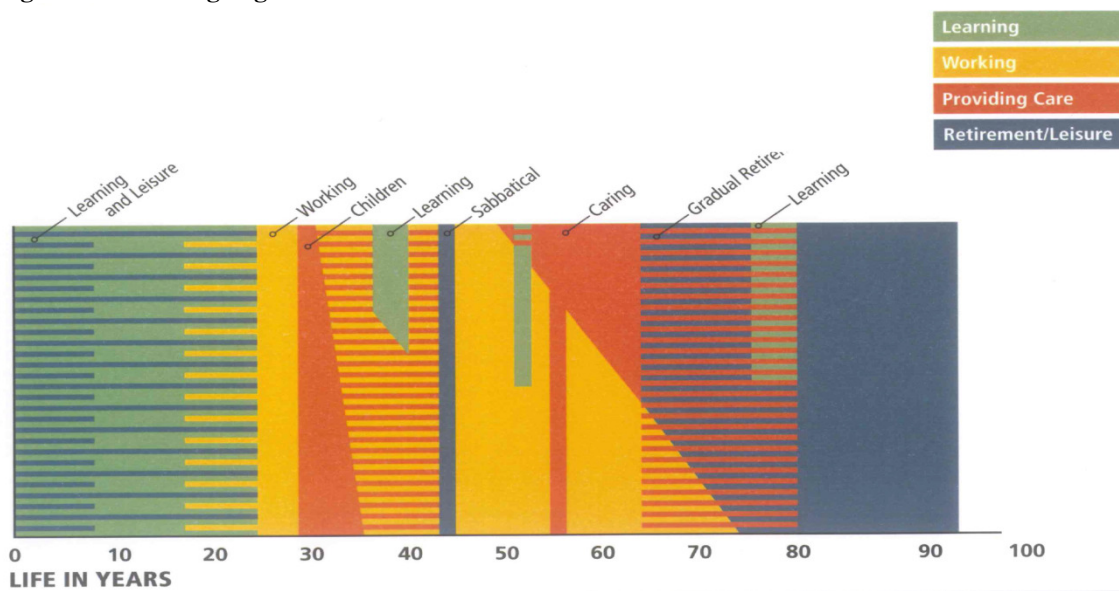
EMs now face the requirement to address legal rights for the elderly and to educate the population as a whole on the need to plan for old age. The development of care for the frail elderly and day/ residential care for those with dementia are familiar challenges in Western culture but new to EMs. There are valuable opportunities here for EMs to draw on the traditional culture and learn from the experience in developed countries to find innovative solutions.

The final phase of the Symposium drew up recommendations for policy makers at all levels. Governments are urged to establish national ageing policies, to provide public education on ageing and the rights of older people, to promote coordination of healthcare and social care across the life course and to address pension provision for those in the formal and informal economy. Civil Society leaders are encouraged to develop initiatives to foster active ageing and support the elderly. The Private Sector is invited to take initiatives in flexible employment for older workers, preserving their experience and judgment; to offer elder care leave and to pursue the business opportunities for providing facilities for day and residential care for the elderly. Academics too have a part to play, by conducting research that can provide an evidence base for effective policies, including the study of pilot projects before programmes are implemented on a large scale. In addition, the hope was expressed that the United Nations would make explicit reference to the rights of the elderly in the Sustainable Development Goals and consider adopting a UN Convention on the Rights of the Elderly.

In conclusion, the single most important message for individuals and for countries to take from this Symposium is that successful Active Ageing begins at birth and depends on the whole life course. We all

need to discard the idea of a fixed boundary to old age and adopt a more flexible integration of education, working life, caregiving and gradual retirement, as illustrated in the colourful diagram below!

**Figure 1: Active Ageing Model**



Source: Alexandre Kalache, *The Longevity Revolution within the African context: opportunity and challenge*. Available at <http://www.dayshare.org/ILC-UK/iaag-africa-regional-conference-dr-alex-kalache-robert-butler-memorial-presentation>

**To find the full report of the Emerging Markets Symposium 2015 on Ageing, go to:**

**<http://ems.gtc.ox.ac.uk>**

(scroll down on the home page to download the report, available in several languages)

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