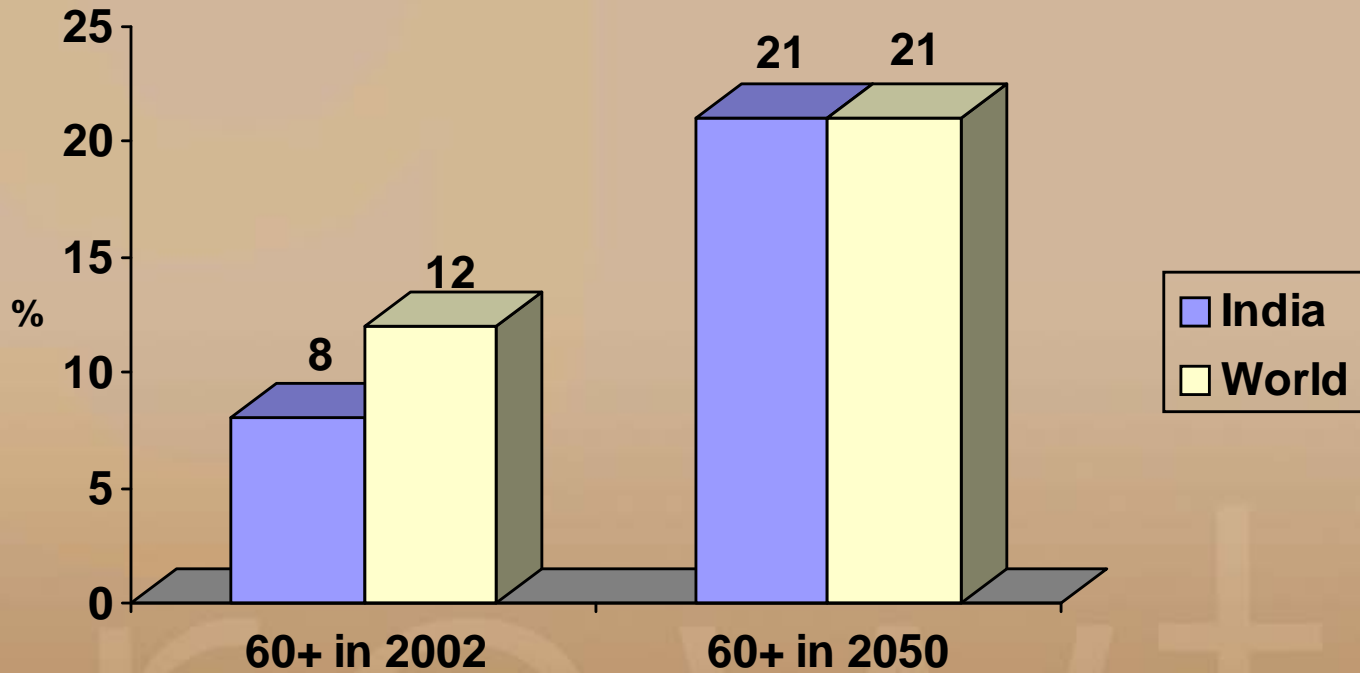


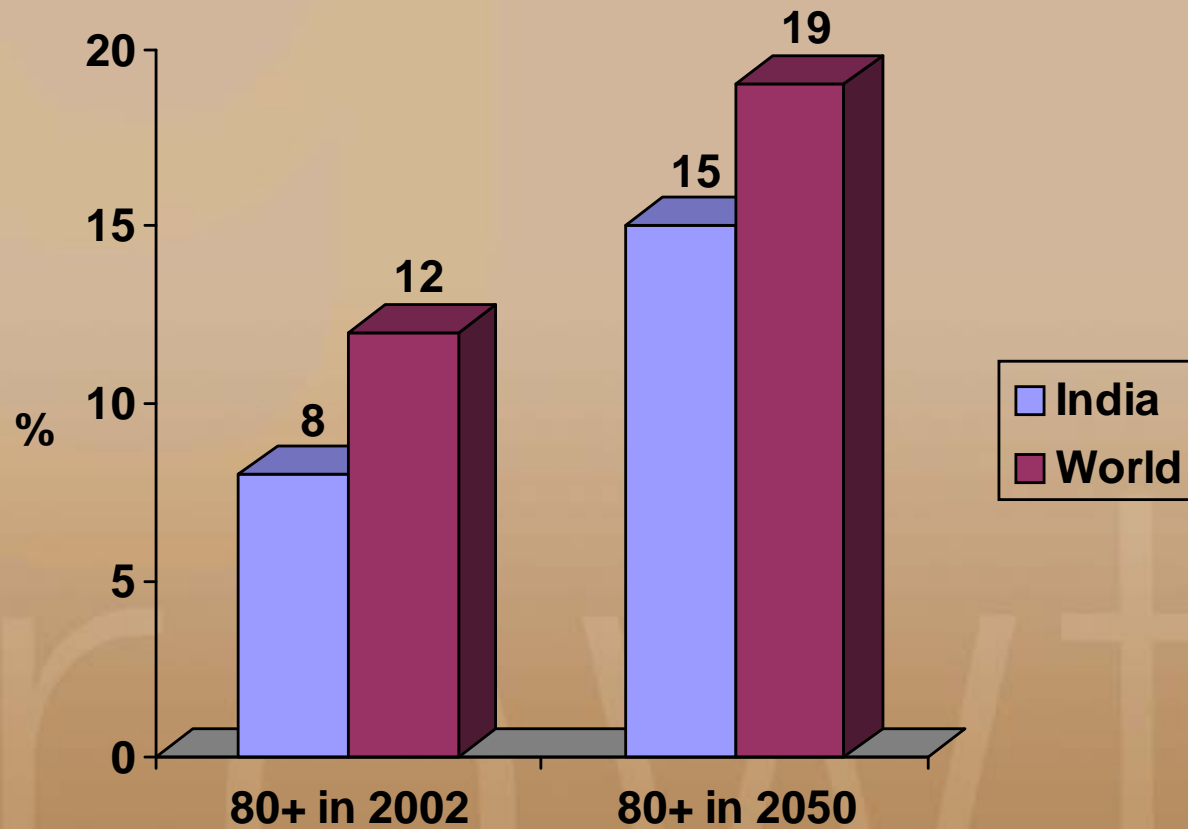
Important Issues on Ageing in
India Recommendations To
Planning Commission- Will social
improvements for elderly grow by
8 % ?

- HELPAGE INDIA

Comparative Demographic Facts



Comparative Demographic Facts



Demographic Facts: Longevity

Year	Life Expectancy at Birth (years)	Life Expectancy at 60 (years)
1941-50	32.1	10.7
1951-60	41.2	12.4
1991-95	60.3	16.2
1996-2001	62.88	NA
2001-2006	64.77	NA
2006-2011	66.43	NA



Major Demographic Facts

- Over 81 million in 2002
- To be 324 million by 2050
- 75% reside in rural areas
- One third live below poverty line
- 51 million out of 81 million elderly are poor



Other Significant Facts – No specific interventions

- 58% of women 60+ are widows/ unmarried/ divorced
- 70.3% of OP are illiterate (2000)
- Labour force participation of 65+ in 2000 - 32%.
- 90% from the unorganised sector – No pensions or provident fund



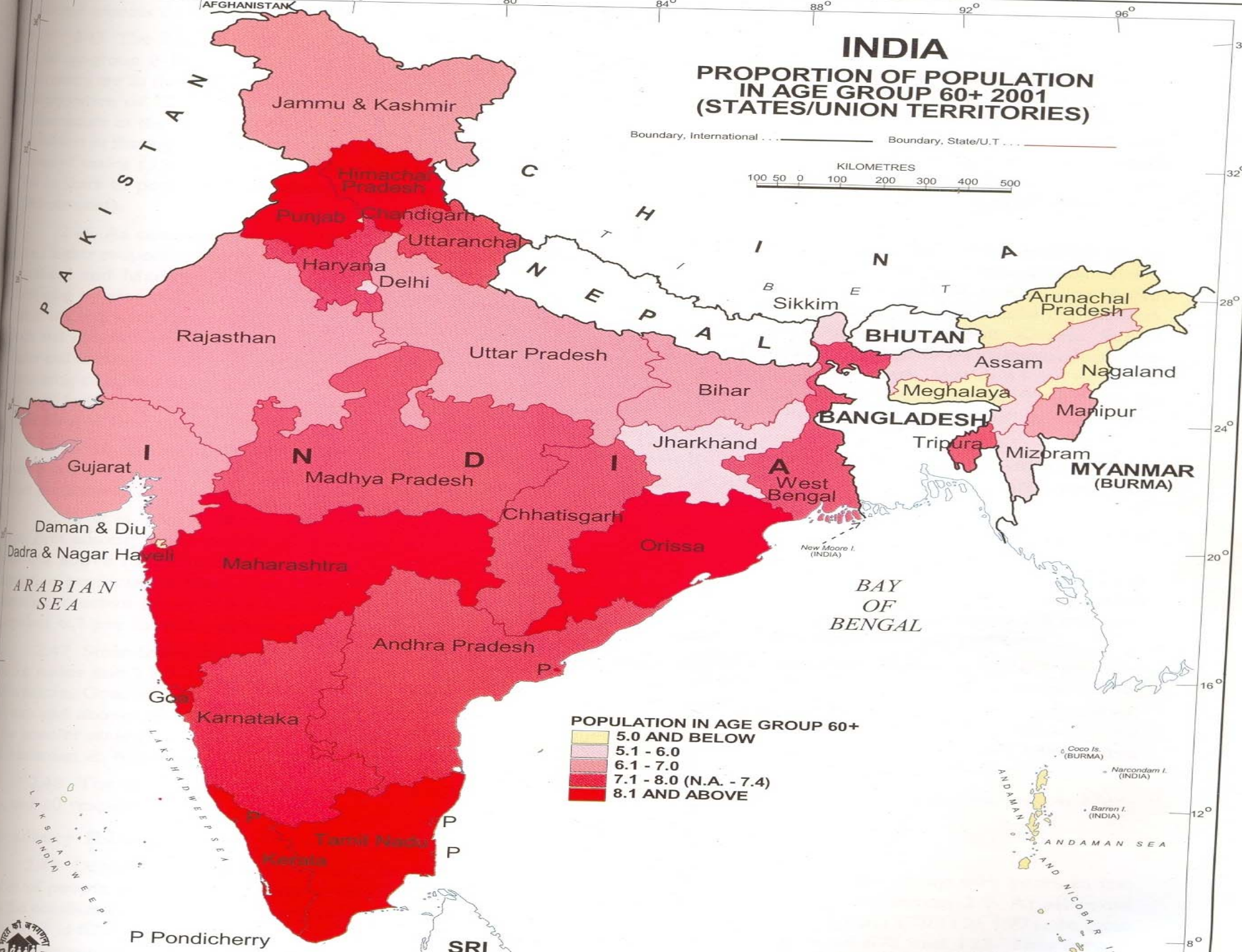
Other Significant Facts


	Rural	Urban
Old-age dependency ratio	125	103
Sex-ratio among the aged	985	1046
Living arrangements (%)		
Living alone	5	4
With spouse	58	58
Children	33	33
Others	4	5
Immobile and confined to bed (%)		
Male	6.7	6.8
Female	8.8	10.0
Persons	7.7	8.4

INDIA

PROPORTION OF POPULATION IN AGE GROUP 60+ 2001 (STATES/UNION TERRITORIES)

Boundary, International Boundary, State/U.T





Emerging Scenario

- Increase in life expectancy
- Increase in 'old - old' segment
- Feminisation of elderly population
- Urbanisation
- Changes will be at a rapid pace in infrastructure . Access friendly and Mobility for all in New Infrastructure
- Grant in Aid (rs 18.79 crores) 04-05
- Separate Department in China for Older Persons



Challenges Posed By Ageing

1. Health

- By 2020, it is projected that three-quarters of all deaths in developing countries could be ageing-related . 16 % of the world's elderly population will be in India.
- Visual impairment and vision loss increase dramatically with age. Cataract mostly related to the ageing process. 8.1 million are blind in India out of which 6.5 million is due to cataract
- Over 10% of India's elderly suffers from depression and 40-50 % of elderly requires psychiatric or psychological intervention at some point in their twilight years



Challenges Posed by Ageing

2. Financial Insecurity

- As many as **70%** aged depend on others for their day-to-day maintenance. The situation is worse for elderly females where **85 – 87%** are economically dependent either partially or fully.
- Among the aged who were once employed either as wage/salaried employees or as casual labour, about **79%** in the rural areas and **35%** in urban areas do not receive any benefit on their retirement



Existing Gaps in Responses

- **Under 3% of GDP spent on health (WHO Guidelines 5 to 6%)**
- **Inadequate health care facilities**
- **Almost non existent Geriatric Care Facilities**
- **Diseases not addressed adequately – Alzheimer's, Parkinson's, Cancer, Mental disorders etc**
- **Economic Security cover is not available to most people in old age**
- **Informal support and family structures are dwindling fast and formal structure have not replaced them adequately**



Existing Gaps in Responses

- Economic Insecurity: loss of regular assured income
- Emotional Insecurity: void in life, loss of spouse, friends relatives
- Declining Health: frailty accompanied with advancing age and consequent dependence on others
- Constant Care: in extreme cases of Cancer and Alzheimer's Patients
- Palliative and Home Care: to make sure that those who can't be cured are at least made comfortable



Priority Issues

- Economic Security
 - Non Contributory Pensions to the Older Persons in BPL Families
 - Income Generation Opportunities for Able and Willing Older Persons
 - Imaginative Schemes for contributory Pensions for those older Persons Who can Afford to Save in Prime Years
 - Special Schemes for Women, Dalits, Rural Poor, Destitute and Disabled Older Persons, Widows



Health Security

- Accessible, Available and Affordable Geriatric Health Facilities to All Older Persons
- Provision of Infrastructure and Trained Personnel
- Development of facilities in Public Health Arena for the Poor



Health Security

- Exploration of Public Private Partnership in Development of Infrastructure and Financing of Health Care
- Special Attention to Rural Facilities
Women, Poor, Disabled, Rural, Dalits, Destitute



Data Collection and Planning Data

- Millions of elderly are in rural and peri urban areas . At present most of the work is in urban areas.
- Most data does not categorise young old, old –old and SEC categories
- Data weakness in GOI collection on elderly segments



A. Social Pensions

- Review BPL categorisation
- Improve present allocations in Social Pensions (NOAPS)
- Experiment as in UTI Bank- Sewa Old Age pension scheme
- Involve IRDA in ensuring Private insurers fulfill social Commitments
- Age Limit for Annapurna to be 60 years and not 65 years.



A. Recommendations

- **Improve present allocations** of Social Pensions in the XI Plan so that it can be 75 % Central Budget and 25 % State Budget
- **Encourage Private Sector pension**
- UTI Bank – Sewa Bank pension scheme @ Rs 20 per month has now 20,000 members on it.
- Involve IRDA and private insurers in social commitment to disadvantaged elderly and also provide pensions with medical insurance facility.
- To study the Medicare programme for elderly in USA. Such as Combo – Insurance



B. Health Insurance

- Improve present Health Insurance Schemes as per the requirements of the senior citizens to offer whole life coverage and no bar on entry age.
- Insurance Regulation and Development Authority (IRDA) may be asked to enforce a uniform policy on all Insurance Companies, particularly Government owned companies, to continue medical insurance for whole life at a commensurate premium.
- Community based/ cooperative models of health care, where the members manage it by self financing the facility should be looked into.
- Govt. has four insurance companies (United Insurance Co., Oriental Insurance Co., The New India Assurance Co. & National Insurance Co.) which should be directed by Dept. of Economic Affairs, Ministry of Finance. Their representatives may be encouraged to work for medical insurance policies for older persons



C. Disabled Elderly

- Facilities to be provided in the hospitals/ nursing homes/ pay and stay homes or any special centres for rehabilitation especially after the older persons has suffered from a debilitating disease. Increase in centres that provide support like physio-therapy, psychological counselling etc.
- The design of hospitals and all public building and places should be conducive to the use of disabled elderly.
- Rehabilitation: The process of rehabilitation should begin during the treatments of the disability. Depts of Rehabilitation and Geriatrics in every hospitals.
- Treatment of disabled old: There is a provision of social workers in every hospital. They should be given direction to help such elderly. This suggestion should go to Ministry of Health which in turn should send directions to hospitals.



D. Awareness Promotion

- Promoting awareness about the concept of healthy ageing and the health problems and to involve the community in the process of their mitigation.
 - States to run specific time bound programmes to increase awareness. Particularly for those in the age group of 45-50 years who will be in the category of old age in the next decade.
 - Special attention should be paid to women in this regard.
 - Leading NGOs should be identified to support this programme on awareness on ageing issues
 - Schools are the best places to start it. Choose some good public schools and start the campaign.
 - The other agencies could be RWAs, Medical Associations and Public Sector.



E. Providing Better Medical Facility

- Provisions on National Rural Health Mission should also be weaved with this programme to make it more effective. NRHM ignores elderly
- PHCs (28000+) & District Hospitals (600+) are under the control of State Govts. and the request has to go through them.
- At least one hospital in each district should have geriatric facilities.
- These facilities should be widely advertised through local radio stations and through village panchayats.
- Geriatric OPD should be in the morning hours and on ground floor of buildings. Visiting specialist should be attached to this facility and should be allotted specific days e.g. two days a week Cardiologist, two days a week Neurologists etc.
- Encouraging the panchayats to organise periodic camps in their respective regions by the PHCs/ Block and District Hospitals for check up and treatment of infirm and disabled elderly.



F. Training , Capacity Building

- All the private hospitals who are receiving govt. grants/ land at subsidised rates can be given these directions. Others can be given suggestions through Central Governments/ State Governments/ Indian Medical Associations.
- Some Enlightened hospitals are providing discounts to older persons.
- Encouragement of Institutions that give Training of Geriatric Care



Geriatric Care Training

- **Inclusion of Geriatric care component under the syllabi of medical and nursing courses.**
- **Suggestions:**
- **Geriatric should be a part of the curriculum for students in medical colleges. Medical colleges should be persuaded to introduce such courses for students at all levels.**
- **Geriatrics has been recently included in the curriculum of M.B.B.S., but there is only one lecture in final year. The need is that is clinical side, in every specialty there should be a lecture on the special aspects of management of elderly. For e.g. Cardiac diseases, diabetes or high blood pressure in elderly (ISH) has some special aspect of diagnosis & treatment.**
- **Ministry of Social Justice & Empowerment (MSJE) should write to Medical Council of India(MCI)through Ministry of Health. MCI keeps on revising curriculum from time to time to make it more relevant.**




G. Special problems of the Elderly

- Identifying the areas of research related to geriatric diseases such as Alzheimer's disease, dementia, psychiatric, respiratory, cardiovascular, physical disability etc.
- Every medical college, hospital (240 recognized medical colleges in India) should have one ward for chronic/ terminal care. A separate ward for every discipline.
- Hospitals run by NGOs should be encouraged to have a chronic care ward. They should be given encouragement in same form. These wards may be adopted by philanthropic bodies. (special tax breaks for such bodies by GOI)
- Elderly Affected by Most disasters



H. Monitoring of NPOPS

- National Policy in 1999 , very little progress.
- Monitoring of National Policy by National Committee of older persons. China has a National Council of Ageing with corresponding provincial Councils. **Similar State Councils to be appointed to monitor the implementation of Policy of older persons.**
- Identify a lead NGO in each state, who should be asked to submit



I. Older Persons in Emergencies

- 33 % of persons vulnerable in disasters are elderly
- NDMA to take special efforts to tackle older persons in emergencies.
- Rehabilitation of elderly in emergencies through special income generation efforts.
- Grand parents as carers of children