



WEBINAR

HEALTHY AGEING IN PAKISTAN

REPORT



Dr. Nadeem ul Haque

Vice Chancellor Pakistan
Institute of Development Economics

Moderator



Mr. Inamullah Khan (PAS)

Secretary, Ministry of Human Rights

Chief Guest



Dr. Asghar Zaidi

Vice Chancellor, Government
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Dr. Palitha G. Mahipala

Country Representative WHO,
Islamabad



Dr. Shujaat Farooq

Assistant Professor, Pakistan
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Mr. Mutee Ul Rehman

Senior Specialist, Social
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Discussion on

Healthy Ageing in Pakistan

Jointly organized by Social Protection Resource Centre (SPRC)
&
Pakistan Institute of Development Economics (PIDE)

31st March, 2021

PURPOSE

Ageing population is a relatively new issue from historical point of view as statistical evidence of ageing population (aged 65 and over) in 1950 was not greater than 11% for any country. In 2000, the highest in the world was 18% but the projections indicated a dramatic increase by the year 2050, when the old age population is expected to reach 38%. These projections point towards the rising needs of old age well-being in near future. The term Healthy Ageing is used broadly in policy circles and academics. It is basically used to recognize disease Free-State that differentiates between healthy and unhealthy older persons. It can be defined as a lifelong process enhancing opportunities for improving health and social, physical and mental well-being, quality of life, independence and improving effective life changes.

The World Health Organization (WHO) bases healthy ageing on functional perspective and life course changes. The WHO defines healthy ageing as “the process of developing and maintaining the functional ability that enables well-being in older age”. Where, functional ability is related to health attributes that facilitate persons to be and to do what they have reason to value. Functional ability includes relevant environmental characteristics, intrinsic capacity of individuals and interaction between them. These characteristics include person’s ability to think, work, remember and grow, meet basic needs, build and maintain relationships and contribute to society. Help Age used the Global Age Watch Index to rank 91 countries in terms of the best to live for older people. The index is based on the following four domains: income security, health status, employment and enabling environment.

Social Protection Resource Centre, a Think Tank dedicated to the Universalization of Social Protection in Pakistan has a dedicated Research and Development Programme on Old Age Well Being. As a part of the Programme, SPRC has started publishing State of Old Age Well Being Pakistan on annual basis. The Report is launched every year on the UN Day of Older Persons. The SPRC Old Age Well Being Report 2020 was launched on 1st October 2021 on the eve of the UN Day of Older Persons at Ramada Islamabad in collaboration with WHO, Pakistan Mission. With a view to benchmark and review the progress in the Old Age Well Being in Pakistan, SPRC in its Report has presented an indigenously developed Index of the Determinants of Healthy Ageing in Pakistan to help the policy makers and development channelize their efforts to the actual needs of the older persons in Pakistan. SPRC is presenting its Index to the scholarly community in a Webinar on March 31, 2020 for further refining the Index before it starts the national survey to present the Health Ageing Index of Pakistan 2021. This webinar is organized by SPRC and Pakistan Institute of Development Economics (PIDE) together with the inclusion of esteemed speakers from both sides.

OBJECTIVES OF THE WEBINAR

- To present SPRC Index of Determinants of Healthy Ageing in Pakistan for further refinement
- Evaluate the adequacy or otherwise of the current interventions in favour of the Older Persons in Pakistan in the light of SPRC Health Ageing Index of Pakistan

PANELISTS & SPEAKERS

Moderator: Dr. Nadeem ul Haque

Vice Chancellor PIDE



Chief Guest: Mr. Inamullah Khan (PAS)

Secretary, Ministry of Human Rights (MoHR)



Presenter: Dr. Asghar Zaidi

Vice Chancellor, Government College University (GCU), Lahore



Presenter: Dr. Palitha G. Mahipala

Country Representative, World Health Organization (WHO)



Presenter: Dr. Shujaat Farooq

Assistant Professor, PIDE



Presenter: Mr. Mutee Ul Rehman

Senior Specialist, SPRC



SESSIONS PROCEEDINGS

Dr. Nadeem Ul haque started the session with introductory remarks of the Joint Webinar of PIDE and SPRC on healthy ageing. He shared his views that though, healthy ageing is the most important subject of discussion but it seems from the policies of Pakistan that there is no life after 60 years in the country. He then introduced the panelists and welcomed Dr. Palitha to start the session with his insights about the healthy ageing.

Dr. Palitha G Mahipala:

Dr. Palitha share the vision of healthy ageing in the perspective of World Health Organization (WHO). He highlighted that the United Nations proclaimed the period of 2021-30 as the ‘Decade of Healthy Ageing’, which has created huge global momentum and also endorsed by other international organizations including WHO. He stated that with the ongoing COVID-19 pandemic, it is more critical and essential to effectively address factors, which are important for well-being. Now the ageing population is increasing in whole world. Globally, there are more than 1 billion people aged 60 years and above, mostly living in low and middle-income countries. Ageing population is considering as one of the most challenging demographic events in the 21st century. Globally, two people reach age of 60 years in every second and by 2030, 16% of population will be over 60 years. Many of them do not have basic access for a meaningful life. Pakistan, being the fifth most populous country in the world, is found 10 million people over 60 years, which is 6.5% of the total population. It is estimated that it will be doubled by 2050. The country, however, was ranked 92 out of 96, according to Global Age Watch Index (GAWI), which ranked countries according to social and economic well-being of the older people.

He further said that it is grateful of the global community to take into account ageing and all older people in Sustainable Development Goals (SDGs) with the slogan ‘Leaving No One Behind’. The World Report on Health & Ageing, launched in 2015, formed the basis for defining the basic strategy and actions plan on ageing. This strategy calls for transformative change and provides framework for coordinating global action by the government, organizations and partners. WHO has developed integrated tools for the older people, which offers and approaches to keep stakeholders in social era to understand, to design and to implement personal center and coordinated model of care for older people. In Pakistan, WHO is supporting contextualization and operationalization of these guidelines for building capacity for health care providers and home base caregivers for health and well-being of older people. The working closely with the ministry of health WHO has supported the development of essential health care packages for community and aligned with SDG 3. This package can integrate with the various interventions aligned with the ICOP guidelines for the older adults, corresponding the history not only for Pakistan but also globally as well. WHO in Pakistan also support national standards of care for older people. He expressed his confidence that Pakistan is on track to achieve universal health coverage and addressing the health care needs of older people contributing to making its population healthy and save.

In the end, Dr. Palitha suggested that we need good policies and strategies for long-term context in terms of operational and availability. Primary health care is more important. There are many scientific models available for Asian countries for community level interventions. Going beyond the conventional way of looking to the list of health, looking form the social determinants of health perspective and more focus on well-being is most important and innovations to address these issues in Pakistan.

Mr. Mutee Ul Rehman:

Protection against old age vulnerability is a key component in the policy research areas of Social Protection Resource Centre (SPRC). Under the ambit of this key program of old age vulnerability; the Annual Report on State of Old Age Well-being presented the determinants of health ageing for older people. We have collected data from all over Pakistan using the representatives. Firstly, he explained the results of the survey, which they have found. Women in old age in comparison with men face more functional difficulties,

whether it is difficulty of seeing, hearing, walking, listening and concentration. He added that if we look at the illness of older people, high blood pressure, flu/fever and Arthritis are the major reasons for old age visiting hospitals in the last six months. When it comes to the social participation or activities, the women participation in social activities is significantly less as compared to men. Further, the Report showed the residential status of older people. The 72% of the older people in Pakistan live with their spouse and children/grandchildren and 9% of the older people live with their spouse. Here, he added one more point that most of them reported their dietary needs are met adequately, while 30% of the people reported their medical needs are not met which is very alarming situation for us.

He further explained five major themes of healthy ageing, which they have found according to literature and survey results. These themes include; socio-economic, physical health, mental health, social integration and discrimination and abuse. These themes have 18 indicators. After applying Confirmatory Factor Analysis (CFA), top ten is determined of healthy ageing. The top ranked determinant is functional disability followed by social participation, property ownership, physical exercise, autonomous income, household decision-making, mental health, volunteer work, age discrimination and employment status. So the functional disability has been ranked as the top most priority determinant of healthy ageing for the older people in Pakistan.

Further, he explained the challenges, social protection response, legal and institutional support and effectiveness. The key challenge for the functional disability is to access the better healthcare. The social protection response to this challenge is to ensure health care for all the older people whether they are living in urban areas or rural areas. The legal support showed the absence of inclusion of functional disabilities in old age in laid down laws. Therefore, there is need to deal this issue at sub national level by the government. For the social participation, we do not have any social gathering for the older people in community. So there is need to enhance the robust and conducive environment for the older people. When it comes to property ownership there is Coerced Dispossession from the older people. For the physical exercise of older people Encouraging older adults to be physically active by ensuring provision of safe and accessible public parks (in activities such as cycling, walking, jogging etc.)

In conclusion, he stated that the older people needed of provision for economic means of living for older people because their income decline in old age and health care needs increased. moreover, the decision making of older people also effect in old age so there is need to revive the importance of older people and of their decision making ability in the community and family.

Dr. Shujaat Farooq

Dr. Shujaat thanked and appreciated Mr. Mutee for very decent presentation on healthy aging index. He introduced his presentation based on the two parts. First, overall the idea of healthy aging population and where right now in Pakistan we are standing and second, a few comments on index. Health ageing is the process of development of maintaining functional abilities and functional ability depends on three elements; one is the essential capacity of the individuals, for example, we have elder citizens, they have certain fundamental capacity like ability to walk, think, sickness, etc. Hence, those who have more capabilities will ultimately have health aging. The second is the relevant environment characteristics. Environment could be home, it could be community or it could be broader society and all these environments effect the behaviours. In addition, the third is health and social sector policies and actions because the research shows that health interventions have much impact on the longer life as well as on the health life of elder to population/ elderly population.

He highlighted that if we look at the age distribution of Pakistan, we are quite young society where 7% of the population is facing the ageing phenomena, but in next three decades, this aging population will be doubled. Because as demographic transaction will pass and life expectancy will rise in next three decades. Definitely, we require more resources to improve the functional ability including inherent capacity of individuals, improvement in environment and well effective health and social security.

- So, right now where we are standing, except few current elder slot mostly lacks intrinsic capacity as they worked in the informal sector. Thus lack formal financial supports, especially from the formal sources like, pensions, universal health coverage and other old age benefits.
- Environment is also not too ideal especially for elders living in low-income families due to:
 - High dependency burden (elder people depends on the family for food. Health and care etc.)
 - Lack of decent employment activities (Resource constraints)
 - Out-of-pocket health expenditures.
 - Health Facilities

He added that the elder women are more vulnerable due to mobility constraint. Similarly, urban areas lack recreational activities like parks, like libraries for elder segments. Therefore, there could be more vulnerability in the urban areas as compare to the rural areas. Adverse impact would be on life expectancy, chronic diseases and other psychological issues. Talking about the statistics, he stated that if we see the data, this is basically the GAWI (2018) report, where comparison is made across various countries, so it shows that the situation is quite worse in Pakistan there we have highest prevalence of diabetes and similarly the healthy life expectancy age. Therefore, as a result if we look at the GAWI report so Pakistan falls at 92 number out of 96 countries and the situation is quite worse on income security domain specially.

He shared the findings of the research in PIDE on ageing using a panel data with three waves of the longitudinal data. It is found that the presence of an older or disable person in the home push the household in the chronic poverty. There is one issue in Pakistan that right now we do not have proper social protection systems like benefits for the old age population, universal health insurance. Basically, we have the social net programmes but the issue is that there is very limited percentage of the elder people, who are linked with the social safety net programmes. Only 14% of the elder are getting benefits from the BISP or PBM. And the Punjab Commission on Status of Women data shows that only 3% of the women in paid employment are registered with Punjab Employee Social Security Institution (PESSI).

Furthermore, Ehsaas Strategy also exclude the elder poor except that conceptualizing the old people's home. Again, this Ehsaas strategy mostly focused on those people who have certain formal financial support like labour pensions, biometric payment pensions, etc. but this strategy lacks certain interventions for the poor elder people. There is a good thing that right now all the social safety net programmes in the Pakistan whether, they are federal or provincial, they are using the BISP poverty score card data and this BISP poverty score card data has certain parameters that favour the households having elder people. Nevertheless, the limitation is that BISP targeting is only for the women and that is not for the elder poor people.

He shared his own personal experience while serving at BISP that there is one issue that right now 5.6 million are BISP beneficiaries and these beneficiaries were enrolled in the program in 2010-11 and now most of these beneficiaries are in the age of 55 or 60. BISP has started the biometric payments in 2017. Therefore, right now these poor people are facing lot of issues because they are facing biometric thumb mismatch issues and BISP has no alternate method there so that biometric exemption can be given to these poor women. So right now even the elder people in the BISP database, who are the beneficiaries they are facing these issues. So, as a way forward, he suggested to more focus is required to improve the functional ability rather than relying on social safety nets. Secondly, we require the better policy and implementation coordination among stakeholders. Thirdly, a dynamic approach is required to deal with todays and tomorrows elder where we can provide them:

- Better access to health, education, and decent jobs can improve the capacity of tomorrow's elders
- Second especially for women we could improve workplace financial entitlements and enforce social security benefits.
- Make cities for elderly friendly by promoting recreational facilities and adequate provision of services
- Health promotion interventions can extent both length and quality of life.
- Street vending could be explored for elders.

Moving towards the second component, which will be focused on the presentation by Mr. Mutee Ul Rehman, where he has presented the findings of index. He congratulated the SPRC, they have made the very good effort and ultimately this index can be used for certain policy interventions, for resource allocation. It is a starting point and there is always a room for the improvement. He shared a few suggestions regarding the index, which can be used to improve this index. After reviewing, the index, it is suggested that the existing sample is not too sufficient to generalise the results even at the national level or at rural/urban level because sample is of just 480. He suggested that this sample can be enhanced. Second, the women in the sample has less covered because out of 480, there are 20% women but he thought women are more vulnerable in aging issue because they have less socio-economic opportunities as compare to their male counter parts in Pakistan. So, in future women's participation can be enhanced in the sample. Third, as the Dr. Safdar Sohail has said that the objective of the index is that the policies should be align to the findings and the problems. So, as Mutee Ul Rehman has presented various indicators, basically there are 18 indicators, so tomorrow we can develop an index that certain comparison can be made across the indicators, across the regions. For example, if we look at the MPI, it shows that out of 15 vulnerable districts in Pakistan, only 12 districts fall in Balochistan.

Basically, when there are more problems, more resources are aligned to those areas. So, this index can be used for a better policy implementation and coordination among the stakeholders. Right now, we have certain coordination like within social protection you can find certain duplications among the federal and provincial programs. So, this index can be better use for exploring the opportunities for the elder segments, there resources can be pooled, there certain multi faced interventions can be launched for the today's elders and as well as the tomorrow's elders.

Dr. Sohail A. Sohail

Dr. Safdar thanked Dr. Shujaat for the incisive presentation and bringing out extremely important issues and welcomed his suggestions about the HAIP index. He shared that in the next version of SPRC's report, it is in planning phase to go to the district level analysis. He shared the fact that at present SPRC was not able to do class disaggregated analysis or rural/urban based analysis. Therefore, in the next survey, these issues will addressed. He highlighted that one extremely important aspect that Dr. Shujaat has brought up, which is also saddening, that what we are witnessing today is actually the result of our neglect, but collective national neglect of yesterday. If we have taken care of some basics over the past decades, we would not have our current generation of older people in such a bad shape. He supported Dr. Shujaat's viewpoint that we need to invest in health, in financial position for the people, who are in their 30s or 40s now because tomorrow they can have those aspects. Even, within the report, it is pointed out that its only 25% of the senior people in Pakistan, who have some kind of financial protection. More importantly, it comes out that in poor households, the intergenerational aspect starts taking place in an aspect that a poor person has to decide whether to spend the little money that he gets from Ehsaas on his children or on his parents.

He thanked Dr. Shujaat for bringing up the concept of intrinsic capability also and for our young people. Functional disability is the function of many things even the exercise today would help you, when you become old and the health aspect, which is extremely important, aspect too. This is out of these discussions that we will able to evaluate the effectiveness of the current responses on the basis of the impact that they are creating.

Then, moving forward, Dr. Safdar introduced Dr. Asghar Zaidi to present.

Dr. Asghar Zaidi

Dr. Asghar gave an overview of the work over the years that he have done in constructing different indices, two of them became quite popular. One is the active ageing index, which he originally constructed for European countries. Active ageing concept is very similar to healthy ageing, in fact, until 2015, WHO was the organization that was promoting the idea of active ageing and later on, they shifted it to healthy ageing. The second index that he constructed was the Global Age Watch Index for HelpAge International in London. So prior to coming to Pakistan, for almost 10 years, he has been in this business of constructing global indices. He then quoted Lord Kelvin's statement that;

'When you cannot express in numbers, your knowledge is of a meager and unsatisfaction kind.' The idea is very simple that although you will have lots of good ideas, but you need to convert those ideas in to numbers to strengthen your knowledge. So, there was talk on active ageing prior to that successful ageing now healthy ageing and we need to convert that into numbers so that we could have more substantive approach.

He shared the broad outline of his thoughts that first to make the case towards the positive approaches to ageing, and to see where Pakistan stands in comparison with the other Asian countries. Then, he presented the idea of active and healthy ageing as a policy approach. He referred to Dr. Palitha's statement that there is strong connection between population ageing and SDGs, mainly because of the pledge of leaving no one behind but also pledges that these goals have made. This is also important for the fact that for the first time we have global policy framework, which many countries have committed to and they want to implement this best possible way. Hence, there is a need to link any idea in mind with the global policy framework, which many countries have committed and there is worldwide global movement towards implementing it. Then, he shared a theory of different approaches. To start with, there is a concept of successful ageing, which was floated almost 50 years ago and that led to expansion of research on this model of successful ageing, which was also referred to as McArthur Model of successful ageing. In 2002, on the occasion of Madrid International Plan of Action on Ageing, WHO floated the idea of active ageing and that was the emphasis that many of us took forward in that period, especially many countries base their country policy on older persons on that premises of active ageing, which WHO was proposing. Then in 2015, the WHO's report on Health promoted the idea of healthy ageing.

He stated that AAI was developed with an expert group that was a lead and it is important to share for a broad understanding of what this framework is and how it is converted about constructing index for countries around the world. He shared that recently, the index is formulated for two Asian countries i.e., Indonesia and Thailand and even for the three giants in the region, Japan, China and Korea.

Starting with the comparative analysis, he shared the statistics that there is 6.6% of the total population termed as elderly with age 60 or more in 2015 in Pakistan. The more critical bid is not that percentage because it is often fallacious. It is the number that involves in 6.6%, which is in excess of 10 million, making it 12 million. There are only 15 countries in the world, which have older persons more than 10 million in the world. By the time we will reach 2050, it will be doubled to the proportion that we have now, but that again is not a true reflection of the challenge that we will be facing because that 12.9% would translate into excess of 40 million to be exact 42 million older persons in Pakistan. That would one of the five countries in the world that in 2050 will have more than 40 million older persons in the country.

He highlighted that it is significant and some of the serious challenges, that we should start identifying now and this work on healthy ageing is the step in the right direction that we need to start bringing about reforms now to prepare for the period that when we have in excess of 40 million older people in the country, of which many countries do not have total population of that amount. He presented comparative analysis that Bangladesh, Iran and India had a very similar starting position and by the time 2050, it would reach at a much faster rate.

There are two aspects in linking population to SDGs, one is the moral case that any development strategy, which is a decent and sustainable development strategy must be inclusive of the potentially vulnerable people and that includes older people. Thus, two pledges were made in the agenda of SDGs, one is no one will be left behind and the other is less talked about that we endeavor to reach the furthest behind first and that is if older people are indeed vulnerable persons in our society then all our policies should be aiming to reaching them first before any other group.

According to Successful Model of McArthur, there are three main attributes of successful ageing including low risk if disease and disease related disability, maintenance of mental and physical functioning, and continued engagement in life through relations and other productive activities. In 2002, WHO gave the concept of an active ageing, which defines the process of optimizing opportunities for health, participation and security. These were the three major domains in which AAI was promoted. Coming straight to the healthy ageing concept, which has already been referred to, is defined as the process of developing and maintaining the functional ability.

Then he presented the idea of AAI introduced in 2012, which was the European Year for Active ageing. It was realized that there are lots of good ideas promoting active ageing but there was no numerical measure to give us a sense of how one country does in comparison to others and what policies may have put that country ahead of others. AAI came up with 22 indicators, 4 domains for men and women for obtaining data against each indicator. Initially, the index was constructed for 28 European Union countries and this was the final outcome of different streams of work done in the European year of active ageing. So the definition that we adopted in this is that the active ageing is the situation where people are able to live healthy, independent and secure lives. This was very similar to WHO's definition of active ageing. AAI referred to formal labor market, unpaid productive activities that are often done at home.

This index not only looked at employment as a form of active ageing, but also participation in the society, to live independently and the enabling environment for active ageing where we look at life expectancy, mental wellbeing, use of ICT, social connectiveness, even human capital aspect. This was taken very well from European countries so there are some comments we receive for active ageing composite index, which enable countries to more easily identify their policy priorities. The AAI serves well as an analytical as well as diagnostic tool for wide stakeholders. Recently, a study for Asian countries has been conducted in which there was a close review of the different indices that exists on ageing, AAI, GAWI and individual index for UK only in 2017. In fact, this confirmatory analysis used for HAIP is the similar one, which was used for index for wellbeing in later life in UK.

He then shared a few steps that need to be done in constructing such indices. The first important thing is to select the indicators, which are relevant and the second is to use proper normalization and weighting method. In the confirmatory method, the weights are defined by your statistical soft wares so in many ways depending upon which data you are using, each dataset will have its own weights because that uses the triangulation of different determinants in a single dataset.

Then he presented the results of the AAI for the European countries based on same four broad domains. For Asian countries, there were some aspects for which some of the indicators were redefined based on the relevance of the data in Asian context. By looking at different countries doing differently in different domains, we can easily identify what policy priorities one country has in comparison to the other countries, because in that way you would say that one country is doing better than the other in one aspect but doesn't do better in other aspect. Not only such a framework provides you a good sense of where one is falling short but it also points to good policies of other countries that they have done well in other domains. He suggested that if you were able to do differential analysis for men and women as it was done for the 33 countries in case of AAI, you would be able to then identify where women fall short and in what respect.

The results of AAI showed that women are falling short in majority of the countries, have less active ageing than men, which is quite surprising that even in most developed countries. women still fall behind when it comes to the matter of active and healthy ageing. He suggested looking in to each of the domain separately based on gender, employment, social participation, independent living etc. For HAIP, he suggested to see the situation of Pakistan but then you must have something in comparison to what you have to see how we do and fair in comparison to other and what might be good policies in other countries that can be replicated in our context. Norms and contexts do matter strongly. However, even the analysis is restricted to a single country, you have to do some equity considerations, and that would be intra-country analysis where you could look at differences between men and women w.r.t equal opportunities for attaining active and healthy ageing.

Remarks by Dr. Sohail A. Safdar :

He thanked Dr. Asghar and ensured that the SPRC would benefit from his suggestions regarding the methodology. It is important to bring up the concept of healthy ageing to realise the fact that the gap between life expectancy at birth rate in Pakistan and healthy life expectancy is large. Therefore, our life expectancy is at 66 years and with the much shorter healthy life expectancy of 57 so that you can imagine the implications for the labour market. If you disaggregate by gender and by class, the women in poor households their healthy life expectancy is somewhere in late 40s.

Therefore, we are destroying our generations from the other end. In addition, according to latest LFS the most productive age are not 50 or 60 as many countries have where people have very high average incomes when they are in 60s or 70s, in Pakistan it is in 40s, which, tells us that it is the physical strength that matters. Hence, the situation is not very pleasing and he emphasized that this is a human right issue we have one full segment of our population in Pakistan, which is marginalized, these are the policy responses that could help the people. One is bound to say that this marginalization is conscious in the sense that system is creating the marginalization of the huge number of people. We talk about lot of minorities, but this is one minority, which is apparently our own parents, grandparents and we have marginalized them.

He then asked the Chief Guest to give his concluding remarks.

Mr. Inamullah Khan:

The Secretary of Ministry of Human Rights thanked the management of SPRC and PIDE for the opportunity to be part of this development discourse, which relates to an issue, which has manifested itself palpably but has not been able to capture the relevant policies space so far. It is only very recently that it has been able to get some positive response from the policy makers in the form of legislative initiatives. He congratulated and appreciated the hard work done by the management of SPRC and its Core Team and the pro bono contributors who have helped in preparation of a very illuminating as well as grim piece of informative report, which attempts to bring a very serious policy deficit area to the centre stage. It has remained either though neglected or has not become a policy imperative. The ranking of Pakistan on GAWI, which stands out as 94th out of 96 countries, itself is a very grim and timely reminder for all of us that the comprehension and understanding of the complexities associated with old age population is rather poor in this country.

The burgeoning population will further complicate the challenge of addressing this issue in not too distant future as demographics data predict. It has been very aptly pointed out in the annual report that old age people suffer from discrimination neglect loneliness and compete for meagre resources with the other household members, wherein the needs of other members of the household gets preference over the need of the older people. There is decent development literature, which points out the fact, in old age as the income streams dwindle, poverty creeps and cause for aggravate multiple health issues leading to a situation where 30% of older people, as report suggest that, their needs for medicine remained unmet. There is a very strong need to address this issue through targeted policy interventions.

The other aspect of this is that if you review the literature, it transpires that in Pakistan the investments in human development have always remained low; therefore, our progress on Human Development Index is also remain poor in the regional context. When we analyse the comparative data on social sector indicators it also throws another important determinant, which is how much financial space is provided to these sectors by respective governments. The issue of macroeconomic stability has haunted our economic managers since the Inception of this country barring few episodes therefore rightful allocation of resources to different social sectors has always remained a tricky issue in Pakistan. The social sector allocations cannot be termed satisfactory considering the ominous challenges, which this report purportedly raises. This report rightly points out the disproportionate adverse impact on the older women as their health status remain more compromise than men despite having more longevity.

This report also highlights the initiatives taken by our regional countries such as India and Bangladesh the Indian government focuses predominantly on cash subsidy programs like reduced income taxes more returns on Savings and travelling concessions etc. whereas Bangladesh has more right based approach where there is parents' maintenance act 2013. However, Rights based approach in social family relationship has its own perils and pitfalls as it brings intra-stress and intra-familial relationships between different members of the households. Perhaps the mix of both approaches with the rights based approach being the dominant flavour would be a suitable preposition in our cultural context. He then briefly gave the

overview of what the initiatives of the Ministry of Human Rights have been in the recent past, since it will be pertinent to traverse through the path, which we are follow to achieve our objectives in the government sector.

The constitution of Pakistan attaches utmost importance to the protection of fundamental rights with social security finding a pacific mention in the article 38 a, d, and e. However, legislative journey to attain these objectives under social security rights has been a recent one and at best, it can be described as work under progress. After 18th constitutional amendment, the onus of the legislation on Human Rights has been devolved to provinces. One witnesses a lot of proactive and progressive right based legislation in provincial assemblies with Government of Sindh and Punjab enacting certain laws related to human rights domain. Although certain initiatives has been promulgated but still the problem lies with the implementation mechanism which is either too weak or benign or still not put in place and it needs constant momentum to keep the wheel moving.

Keeping in the view the constitutional requirement, Federal Ministry of Human Rights had also drafted the bill namely senior citizens bill, which aims to establish the senior citizens Council, which will act as instruments to formulate policy on aging in the light of national and international commitments on the Welfare of senior citizens and submit these proposals for approval to the ministry is concerned. The creation of old age homes known as the Dar ul Shafqat would be created to accommodate senior citizens of Islamabad since federal ministry's jurisdiction is the ICT capital territory and facilities and privileges are also proposed in the bill such as financial support, special medical treatment, concession on medicines and drugs. Another act, which explicitly deals with persons with disabilities as also been promulgated namely ICT acts of rights of persons with disabilities 2020.

The council for the rights of persons with disabilities has been established its operational mechanism in the form of finalization of its rules is about to be finalized. Its main features is the certification for assessment of disability and placement for employment and other facilities and concessions. So far, this Council will in the territorial limits of Islamabad as issued more than 18000 certificates to persons with disabilities in Islamabad alone for employment and other facilities. Ministry of Human Rights is also the pursuing a policy with other main divisions of Federal government to ensure observance of mandatory 22% employment quota for the disabled. After going through the recommendations, which have been mentioned in the annual report the first one, related to the five aging determinants dimensions like health, socioeconomic status, Independence, dignity, and respect and social protection. He stated that most of these dimensions and determinants are embedded in the Ministry of Human Rights initiatives and in fact are substantive part of Rules of Business of Ministry of Human Rights. This is issue of property ownership and Mr Mutee during the course of his presentation had highlighted the aspect of course disposition that is an issue, which is aggravating the conditions of the elderly people recently although not directly addressing this issue. There has been a legislative effort on the part of the federal government, where the inheritance of the womenfolk, which traditionally gets obviated or they are not transferred to the womenfolk that has been ensured through another legislation although the earlier inheritance act is there so this piece of legislation kind of reinforces that so it's not going to solve the entire problems.

Then there was another recommendation, which was related to the government interference in the form of visitation by the police officers or by the intervention of Home Department that Idea has been floated in some of the divisions or the stakeholders but so far Ministry of Human Rights has not been able to kind of subscribe to this idea. The Ministry of Human Rights stance is that codification of family laws or intra-relationships if it is codified that has the tendency of create stress and tension within the households and it will open the floodgates of litigations with households also that will have its own perils and pitfalls anyway there are some of the stakeholders, who think there is a need for introduction of parenting act so that matter is still in the process of having debates and discourses and accordingly it will be thrashed out as they proceed. Then the fourth was related to the social safety program outreach one of the speakers very rightly mentioned that you know the excess or outreach of all these social safety programs is very limit the scope and outreach. Whenever we talk in terms of kind of bloating the size of the supplements or the social safety program the issue of how much resources can be allocated comes into the foreplay and let me share you that you know in

recent time because of the last three or four years the rural poverty because of the failure of the certain crops has aggravated so the impact on the people with advanced age or older age is significantly higher than you know what is used to be in 2000 period prior to the 2016.

As a concluding comment, he reiterated the fact that the ministry of human rights is cognizant of the issues being faced by aging population and strives to address those in limited space available through a mixed matrix of right based and welfare initiatives. This report however records us an opportunity to look at the issue through a lens, which dissects the issue threadbare and place all the gaps and prospective solutions on the table. He assured the participants and especially SPRC that this document will be consulted by MHOR and be able to make it part of our initiatives to plug the gaps wherever they exist. He again complemented SPRC and PIDE for bringing a document, which gives us food for thought and become part of the policy prescriptions in the future.

Vote of Thanks by Dr. Safdar Sohail

He thanked the Chief Guest for being here in the first place and then sharing with activities and programs at the division, which we are very heartened to see that a lot of work is being done and this issue is high on your agenda. He thanked him for thoroughly going through report because this is a matter of satisfaction for us that our policy reports are looked at that seriously and there already are current ongoing concerns of your division that it's good to learn and as a policy think tank, we are there to help you developing these initiatives and to further look at the implementation status. He hoped for future engagement and guidance on directing our research and development programme at SPRC.

He shared that as a policy think tank, we have our own plan of establishing senior citizen forum in Islamabad. We already have produced a paper on the system of certification, which is there and we have some concrete suggestions to make because right now the system of certification is geared only towards the jobs. We think that the intellectual disability, which is the so-called Invisible disability, is on the rise so there the people can be productive but the Dynamics are very different. So, we need to look at the assessment and certification system. This is an extremely important system because even BISP is providing the support to person with disability on the basis of at certification and NADRA registration, which has its own limitations. So, that is an issue on which would be very happy to share our previous work with the ministry.

He appreciated the idea of too much codification can be problematic. There are issues and there are societal changes and there could be events of excesses but at the same time, we should not bring too much legislation. In China, India and Bangladesh, now they have brought loss with promise penal elections against the children who do not take care of their parents and I think in our case this may be the case in some cases but this balanced careful approach is extremely important in coming from you.

Remarks by Dr. Alia:

She said that she was glad to be the part of this, a path breaking webinar on this very important topic of healthy aging. She stated that she would speak as a labour economist who teaches and believes in the life cycle approach at every cycle point in the life cycle is important from a policy and law perspective, also as daughter in law of a father in law for whom I struggled to find care services in a country, which has a huge youth population. Since, the care economy is not given importance as an economic sector for employment the care services are designed very informally and in a very rudimentary manner, which is not even you know sensitive to the needs of older people and in the covid-19 perspective the care economy has emerged as the single most important factor which is going to create jobs for youth even if automation and technological development take over in other sectors.

She highlighted the importance of the care economy, which has never been given importance as an area, which could produce trained care professionals who could earn a living by taking care of elderly people. Obviously, the poor segments of the population cannot afford paid care workers so the policy initiatives should also think of designing a system, which is involved in Europe and the US of social workers, who visit

the homes of people in need and spend time with them when they are all alone so that their health is also taken care of. They also run some basic chores for them like getting medicines or other supplies, which the other household members sometimes do not have time for. She stated that this webinar has raised a whole lot of issues, which need to now be addressed. The other point, she raised, is that access to Medical and Health Services for older people is not very easy because the transportation is not really elderly friendly there are no retractable ramps in buses. The whole Transportation system is not geared for catering to the needs of older people and similarly there are no services for example even the middle class families find it hard to get the Medical Services at home to attend to elderly people who cannot easily be taken to hospital for even regular checkups. There are many dimensions of aging to think of and in this regard, the Ministry of Human Rights would take a very comprehensive approach towards this whole issue of aging. Even, the aging Council as proposed should have people from different Social Sciences and even natural Sciences as well so that they could all give inputs for a whole package of services that would support healthy and respectable ageing in Pakistan.

Remarks by Mr. Inamullah Khan to the Q&A Session:

He shared that there has been a thorough thinking on our part with the president himself. The President of Pakistan taking the lead where we are going to reorient our categorisation and for the first time the people with older age having infirmities would also be categorised as having impaired or disabilities, which would be further rather bracketed in our policy intervention. So, the kind of certification process is not going to confine itself towards identification of the physical disability but also identify the old age be described as an infirmity or a disability. In the future, we are going to cater for that as well so that policy prescription is on the table to kind of enhance the scope of the disability act itself. There is another question related to the care services being neglected or the gaps being noticed this COVID phenomena have thrown up very strange kind of nuances and opportunities and gaps also. So we are also thinking we have the directorate General of special education where certain set skills are imparted to the people who cannot afford this is one discipline we can also explore along with the other disciplines and this is where the role of TEVTA can also be explored and since our ministry is also in partnership with TEVTA so this is another area where we can have an interactive dialogue with TEVTA to take it up as a set of skills to be imparted to the people.