

Asia/Pacific Regional Conference 2006

New paradigms in social protection

Pondicherry, India



HelpAge
International

Leading global action on ageing

www.helpage.org

HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

Help the Aged provides core funding to HelpAge International, and is also a leading partner of HelpAge International's global network of not-for-profit organisations.



Content

	Foreword
2	Introduction
3	Section 1: Social protection
4	1.1 Social protection and home care
5	1.2 Social protection and access to health: 'Health and older people'
8	1.3 Social protection and income security for older people
12	Section 2: HelpAge International network: Active and evolving
14	Section 3: Disaster management in the Asia/Pacific
18	Section 4: MIPAA +5 review
21	Conclusions
	Annex: Participants and honoured guests

Foreword

This regional conference had a strong sense of future. We discussed what to do, rather than what had been done. It could not be any other way, given the extent, nature and perspectives of rapidly ageing societies in Asia. This conference charts a way forward.

Older people throughout the region consistently highlight their priorities: income security, access to proper health services and physical and emotional support when needed. The network discussed ways of advancing the rights of older people in those three areas.

Somebody made the comment, during the conference, that ours was a 'living' network. I asked how do you differentiate between life or death in such an organisation? Her answer was direct: "Look at the debates, the involvement of participants, the exchanges taking place, the innovation, the commitment. Above all – she continued – as long as they feel the problems and achievements of the others as if they were their own, the network is alive."

A word about India. We were hosted in a country with a splendid tradition of reasoning and debate that have existed for centuries. When Europe still languished under the Inquisition, India was already giving a lesson of religious tolerance and coexistence. We can only regret not having had more time to learn from the fine history of this country.

This conference was dedicated to Professor Gary Andrews. He had been a regular participant in our regional events. He would probably have said that there is no room for complacency; there is a lot to do. The best homage to Gary will be our commitment and concrete work for enhancing the rights of older people, in particular of those who are poor and disadvantaged.

Eduardo Klien
Regional Representative
HelpAge International
Asia/Pacific

Introduction

Mathew Cherian, Chief Executive of HelpAge India

After welcoming participants to India, Mathew Cherian expressed that HelpAge India believes in the principle of universal responsibility; we are all responsible for each other. There is an exchange between parents and children for providing care that runs through the generations. He said “Asian countries have a culture of giving, of giving alms and of helping people in need. To perpetuate this attitude and to extend its focus on older people. HelpAge India works with children and tries to imbue a respect for older people in them through education.”



Prof Gary Andrews

The regional conference was dedicated to the memory of Prof Gary Andrews

Prof Gary Andrews who died in May 2006, was a medical doctor whose career included geriatric practice, health care administration and academic research. Gary was a founder of the Australian Society for Geriatric Medicine and Professor of Ageing in the Division of Health Sciences based at the University of South Australia in Adelaide.

Mark Gorman, Deputy Chief Executive of HelpAge International, said “Gary Andrews was a warm and entertaining person who will be missed greatly. Gary had a long and dedicated association to HelpAge International, he had been the longest standing member of the board and was on the advisory committee of ATCOA. Gary was passionate about the rights of older people.”

Richard Blewitt, Chief Executive of HelpAge International

Richard recently assumed the post of Chief Executive of HAI. In taking on the role, he explained “I am excited to be at HelpAge International because it has an extensive network and a strong mandate to work for older people. Three areas that I see as important for HelpAge International and the network are:

1. Region: There is a lot of demographic evidence to suggest the need for more policies to support older people in this region.
2. Networks: Networks are a resource, they provide different experiences and perspectives, solidarity and support that can be used to influence and to deliver results.
3. Social Protection: This is an issue that need to be on the agenda, there is need for a social net for older people. Social pensions also acknowledge the work that older people have done during their lives.”

Vinod Chandiok, Deputy Chairman of HelpAge India Board

Vinod Chandiok reiterated the comments of Richard and spoke about the value of the network. He believes the network is very strong, and there is a need to further strengthen it; by improving the network, the members can move forward together to achieve future targets supporting older people.

Section 1: Social protection

Background

There is increased awareness amongst governments, development thinkers and civil society that the rapid changes in the global economy and national societies are creating, maintaining or expanding large sectors of the population that are excluded from the benefits of economic growth.

Evidence shows that rapid economic growth, like the one experienced in Asia, rarely spreads its benefits in an equitable manner. It is in this context that the traditional concepts and practices of social protection are being rightly challenged. New paradigms are emerging. Organisations like the ILO are actively promoting universal approaches for social protection and addressing arguments related to affordability of universal social protection. Previously questioned approaches to promote income security, like cash transfers, are proving to be effective to guarantee minimum levels of protection.

Asia not only has the largest number of older people in the world but also the fastest growing proportion of aged population. It is not uncommon to observe countries and cities that in a few years will have up to one-third of their population over the age of 60. Older people are particularly vulnerable in situations of change. They frequently lack income, whilst their need for health services is greater. At the same time, they are often victims of the progressive weakening of the intergenerational reciprocity that characterised these societies in the past.

Definitions of social protection can be very wide and cover almost all spheres of life. Social protection relates to the social contract that a society establishes for its vulnerable and marginalised citizens. In Asia, the three pillars of protection for older people – state, community and family – have different weights in different contexts. Since these contexts are rapidly changing, the relative weight of each of those elements is also changing. This is reflected in the prevailing social contracts. Although the social contracts in Asia are changing, we can observe a number of distinct country dynamics, a strong and undeniable weight of country-specific situations: China, Vietnam and Laos are moving towards a market-led economy that creates new conditions of vulnerability for people previously protected by the socialist system. Large countries, like India, on the other hand, while experiencing high rates of economic growth, are struggling to include significant marginal groups in their protection schemes.

Amongst them all, a common issue is the growing concern about the challenges an ageing population presents. By now, most countries have national policies on ageing in place. These policies aim to ensure and expand the rights of older people, especially in relation to protection and dignity for them. Economic growth can only lead to a harmonious society if a social contract exists to protect all poor and vulnerable people, which includes its ageing population. A key component of a progressive social contract is the reciprocity implicit in caring for older people.

Based on the experience of HAI and partner organisations in the region, we consider three areas of social protection that have a definite impact on the lives of older people: home care; health and older people; and social assistance focussed on income security.

Definitions of social protection can be very wide and cover almost all spheres of life. Social protection has to do with the type of social contract that a society has.

Introduction 'New paradigms in social protection'

Eduardo Klien, Regional Representative, HAI Asia/Pacific

The broad definition of social protection includes three prongs: income, health and support in times of vulnerability. These three priorities are confirmed by older people themselves. The sources of social protection for older people have been family, community and state. Ideally there exists a balance between those three sources. In recent decades, however, we find that the balance is changing, with family care reducing in importance. In some cases neither communities nor the state are compensating for this traditional support. In the following sessions we will explore three aspects of social protection for older people: community support through home care, the challenges of meeting the growing demands of health services for poor older people, and issues around social assistance and income security.

1.1 Social protection and home care

Objectives of the session

- To disseminate the home care approaches developed by the ROK-ASEAN Home care project, and the experience and impact among HAI network members who have adopted the approaches.
- To make home care tools, including training manuals, and experiences available for non-ASEAN countries within the network.
- To suggest ways of integrating home care approaches in current or new projects by the network members.

Home care

Mr Cho Hyunse, President, HelpAge Korea (HAK)

Mr Cho presented the home care model. He provided a background on the home care model in Korea, and how home care projects are being implemented in 10 ASEAN countries. He also elaborated on how it could be replicated in other countries.

The home care model is based on volunteers providing older people with support in their houses. The volunteers visit older people once a week and provide companionship (100%), run errands (75%), assist with housekeeping (55%) and provide personal care (7%). They also provide health related care, such as assisting older people to take medicine as well as advice and information on basic health, prevention and nutrition.

Based on HAK's experience, the best way to influence the government to develop a home care policy is to set up a pilot project which can then be used as an example of 'good practice'. The demonstration project can then be used to lobby the government for funds to replicate and scale-up the programme.

The ASEAN home care project includes:

- The development of a home care model through a pilot project.
- The establishment of GO-NGO collaboration in order to influence government policy.
- Sharing of experiences among ASEAN member countries.

Group work

1. How to integrate home care in existing projects or programmes? The home care model can be promoted through programmes, such as:
 - Older citizens monitoring (Bangladesh)
 - Older people's associations (Philippines)
 - Sponsor-a-grandparent and mobile medical units (India)
 - Senior citizen clubs (Sri Lanka)
 - Older people's clubs (Vietnam)
 - Disaster rehabilitation (Indonesia)



A volunteer, who is trained by the home care project, regularly visits an older woman in Battambang province in Cambodia.

¹Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam.

2. How to establish collaboration with government institutions?
 - Seek governments involvement at the design stage
 - Identify relevant government officials and invite them to events
 - Involve government officials as resource persons
 - Links with other projects
 - Through national bodies and organisations focused on ageing
 - By showing positive examples
 - Demonstrate the effectiveness through a pilot project
 - Show the economic benefits of home care (long-run cost saving for the government)
 - Link with governments to get data/census information on age, health status and family structure
 - Providing regular feedback to government
 - Training of local administration officials
 - Working with government in securing some funding from other donors
 - Including home care approaches in the existing policies of the respective national government

Conclusion

The plenary concluded that there is room for expanding home care model to non-ASEAN countries through existing programmes and integration into the design of new programmes.

However, HAI and the network members need to:

- Demonstrate the economic and cost-savings benefits
- Utilise the network's expertise to develop a training manual and facilitate exchanges

Action point

HAI will make reports, evaluations, training manuals and other relevant materials about the home care approach available to those organisations requesting them.

1.2 Social protection and access to health: 'Health and older people'

Background

As societies age, the demand for health services increase. In the past, social security for those in the formal sector has usually been the norm. However, those schemes left vast segments of the population, especially those engaged in the informal sector, with limited access to core primary health. The trend in several countries in the region is to move towards paid access to private and even public health services. The free health services available have in many cases been reduced to basic low-quality services. It is in these circumstances that social insurance schemes, aimed at covering excluded sectors of the population, are being developed in the region. India, Thailand and Singapore have different schemes that should be analysed in relation to older people's needs. Within the scope of caring societies, access to health services is considered a right and as is the case with all rights, it needs to be preserved and strengthened. This session will analyse options for health care for older people in relation to the development of the country – whether it is a high-income, middle-income or low-income country.

Within the scope of caring societies, access to health services is considered a right and as all rights, it needs to be preserved and strengthened.

“The complexity of health issues increases as people get older; their illnesses are often multiple, complex and chronic.”

Dr Mary Ann Tsao, Tsao Foundation

Country presentations

This session was designed to be an introduction to the status of healthcare for older people in the region with country presentations from Singapore, Thailand, and India.

Singapore

Dr Mary Ann Tsao, Tsao Foundation

Dr Tsao spoke on older people, health care and accessibility in Singapore and the region. The complexity of health issues increases as people get older; their illnesses are often multiple, complex and chronic. Therefore additional levels of health services are needed. In the optimal health system there would be a seamless continuum of care (for example, primary care, acute hospital care, long term care) with no barrier to access to the right service at the right time.

Optimal health system	Reality of health systems
<p>Services for all sectors are:</p> <ul style="list-style-type: none"> ▪ Available ▪ Accessible: physically, socially, financially ▪ Appropriate: ‘age friendly’ facilities as well as staff attitude, knowledge and skills ▪ Equitably financed: ‘affordable’ ▪ Integrated with other health and social service providers 	<ul style="list-style-type: none"> ▪ Many services unavailable, especially for long term care ▪ Many barriers to services, especially financial ▪ Uneven access to essential goods: for example, access to primary health care but not to necessary chronic medications ▪ Age-unfriendly facilities and staff attitudes ▪ Insufficiently trained staff in care of older people ▪ Fragmented health care

A multi-country study found that primary care is generally not accessible nor appropriate for older people. The study noted the following conditions within the countries:

- Staff are not sufficiently trained in health care for older people or appropriate primary care approaches.
- Health care services are physically inaccessible and have an unfriendly clinic environment.
- Management systems are not appropriate for older people.

Therefore, there is a need for a more integrated approach for health services for older people. One tool that network members can use to advocate for change in the services of older people is the ‘Age-friendly primary care guidelines,’ which were developed by the World Health Organization (WHO)².

Thailand

Dr Pongsiri Prathnadi, Senior Citizens Council of Thailand (SCCT)

The Thai system aims at providing a coherent link between the multiple sources of care, including a) self-care at family level, b) primary health care at village level, c) primary health care at sub-district level, d) secondary care at hospital level (up to 500 beds), and e) tertiary care (general hospital: 500+ beds). However, there is a lack of institutional care such as nursing homes and palliative care for older people.

²www.who.int/ageing/projects/age_friendly_standards/en/

India

Dr Prakash Tyagi, GRAVIS

One out of every 10 older people in the world lives in India, and 40% of these older people live below poverty level. Life expectancy in India has increased from 36 years old in 1951 to nearly 65 in 2006. In India the majority of health services are offered by the private sector. The private sector provides 83% of the health services, whereas the government only covers 17%. Therefore, many individuals have large out-of-pocket expenditures, or cannot afford to access adequate health care.

The issue is compounded for older people who:

- live in rural areas that lack health care facilities
- live under the poverty line
- find the cost of health care prohibitive
- have not been educated on self-care in old age, and
- do not have access to medical professionals that are trained in geriatric health care.

A number of initiatives have been undertaken to tackle the problem of access. The government has recognised the need to improve health care for older people, which is evident in the National Plan for Older Persons (NPOP) that was adopted in 1999. NGOs have also taken up the issue and advocated on health care issues. They have also provided community-based health education and outreach medical services for older people.

However there is still a long way to go to achieve adequate health care. Below are some suggested ways to move forward:

- formation of older people's associations (OPAs) and develop their capacity in health-related issues
- set up rural health networks
- increase health education, especially health care for older people
- set up health-credit funds
- promote GO-NGO partnerships
- develop community health workers with specialised training on older people health issues, and
- advocate for an increase in geriatric medical training.

Group work

The groups looked at two questions: What are the barriers to access for health services for older people? And how can they be overcome?

1. Barriers in accessing primary health care include:

- A large proportion of older people have low or no incomes, making health and medication costs prohibitive
- Policies are unfavourable to older people
- In relation to availability and capacity, there is poor access and quality of health facilities
- Lack of health education and lack of specialists
- Infrastructure is neither age-friendly nor sufficient
- Health care for older people is not a priority
- Untrained private sector providers
- Lack of awareness of old age disease
- Poor referral system with a preference for secondary health care
- Exploitative private practitioners



One out of every 10 older people in the world lives in India, 40% of those live below poverty level.

2. How can we overcome these barriers? The barriers were grouped into three areas:
- Infrastructure is not age friendly or sufficient
 - Develop better understanding of health systems in order to assess viable options
 - Capacity building of health service providers
 - Promote accountable older person health care systems, such as case management of aged patients
 - Promote community advocacy, such as older citizens monitoring (OCM) and OPAs
 - Promote inexpensive health insurance systems
 - Promote mobile medical clinics
 - Decrease bureaucracy (decentralisation) of public health management financing, improving district-level health services, (so older people can access quality healthcare at local level)
 - Promote a co-payment system by the government and families
 - Health care for older people is not a priority
 - Sensitisation of health policy makers on issues that affect older people such as chronic diseases and mental health
 - NGO-GO partnerships which focus on ensuring accessibility of older people to health care facilities from primary to tertiary levels
 - Emphasise geriatric medical and nursing studies
 - Exploitative private practitioners
 - Sensitise and train on older people's needs
 - Collaboration with government health services
 - Education of communities
 - Better allocation of funding, especially subsidising for life-saving drugs for older people

Action Points

- We need more understanding on how poor older people access health services and the options for improving access and quality.
- Produce a study, documenting the status of home care in specific countries.
- Establish a working group to establish a mandate on health for the network.

1.3 Social protection and income security for older people

There is considerable experience accrued on the use and benefits of cash transfers and social pension schemes. The debate on social pensions is gaining ground. Discussions are taking place on the issues of affordability and sustainability of universal or means-tested approaches. There is a growing experience in monitoring of these pension schemes by older people themselves, in particular in India and Bangladesh.

The modalities of the provision of funds to older people are only one part of the equation. For a more comprehensive understanding of the challenges in providing basic income security to older people we also need to consider access to credit for older people and the sustainability of self-help groups. There exist several cases where sustainability of microcredit schemes to the poor has been achieved, e.g. the GRAMEEN Bank in Bangladesh³.

In India, Bangladesh, China and Cambodia, there are microcredit and revolving schemes that are clearly contributing to improved livelihoods for older people and their families. In some cases, microfinance institutions are being promoted as options to ensure access to small credit schemes for older people. There is room for exploration within the network of how cash transfer schemes, social pensions, revolving funds and other modalities can be utilised to ensure durable income support for poor older people.

³ It is no coincidence that the Nobel prize 2006 has been awarded to Dr Mohammed Yunus, pioneer of the GRAMEEN Bank.

Objectives of the session

- Review the emerging trends on social assistance and income security of older poor and their families
- Share good practices being developed by network partners towards promoting income security in old age
- Identify scope for shared agendas and approaches to add value to work of partner organisations and HAI.

Social assistance and income security: Objectives and overview

Mathew Cherian, Chief Executive, HelpAge India

In India, there are a number of factors that make older people vulnerable. For example a) 58% of women who are 60+ are widows/ unmarried/ divorced, b) 70.3% of older people are illiterate (2000), and c) 32% of labour force participants are aged 65+ in 2000, and d) 90% of older people are working in the informal sector.

Mathew defined social protection as “public actions taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or a society.” Social protection is important in this era of globalisation where inequality is increasing within and between countries. Freer movement of capital has led to a lowering of labour rights and lower labour protection.

HelpAge India pursues a number of interventions to protect older people, such as:

- Economic security: Income generation, microcredit, Sponsor-a-Grandparent, Self-Help Groups
- Health security: Mobile Medicare Units (MMU), cataract surgeries, health camps
- Emotional security: old age homes, day-care centres
- Social security: Advocacy at grass-root level in the poorest districts

However, there is room for HelpAge India to expand its role in assisting the elderly, for example, through long-term residences for older people, long-term care and home care programmes, through greater solidarity to end isolation, and through promoting the advancement of social security in rural areas.

How older people use cash transfers in India

Dr Shashi S Narayana, Director - Community Services, HelpAge India

Dr Shashi spoke on the Sponsor-a-Grandparent (SAG) Programme. There are 230 projects and 17,000 beneficiaries in India. The vast majority of the social assistance that is provided through direct handouts goes towards food (47.5%). The programme also provides health services, income generating activities, clothes and so on. The programme aim to provide: better health, participation, self-fulfilment, dignity and care, for its beneficiaries.

How older people use cash transfers in Cambodia

Meredith Wyse, Programme Manager, HAI Cambodia

Meredith presented the results of a research conducted in Battambang and Banteay Meanchey province on the spending habits of older people who had been provided with cash grants as part of the Sponsor-a-Grandparent programme. It was found that older people spent their money on food, income generating activities (IGA), medicine, schooling and their household; the majority being spent on IGA (37%), followed by food (19%), and household (19%). Of those that spent their money on IGA, 70% went to agricultural activities such as rice, vegetable, fruit production and livestock. The remaining 30% went toward non-agricultural activities, such as selling food, producing handicrafts and running small businesses.

“Social protection is a public action taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or a society.”

Mathew Cherian, HelpAge India

Older people monitor and advocate to improve access

Avijet Kumar, Director Programmes (M&E), HelpAge India

Avijet spoke about the Poorest Area Civil Society (PACS) groups that have been set up in the Northern Indian provinces of Uttar Pradesh, Madhya Pradesh and Jharkhand. This programme is based on older people's associations (OPAs) that are involved in monitoring and advocating about ageing issues. The OPAs target local government and try to bring about change through applying concerted public pressure.

Microcredit and sustainability

Haseeb Khan, Director, Resource Integration Centre

Haseeb described the vision of the Resource Integration Centre (RIC), and the targeted microcredit scheme for older people in Bangladesh. He discussed the processes that are required to start up a microcredit scheme and to assure sustainability. It has been found that the majority of IGA activities conducted by older people are in the area of small trade. The main impact of microcredit is the increased levels of economic empowerment. The key learning from this approach is that microcredit is highly effective in alleviating poverty of older people in Bangladesh. However, the approach requires technical inputs, as well as linkages to family and community resources. If HAI and the network wish to promote and replicate microcredit among older people, it will require advocacy with government, NGO and micro-finance institutions (MFIs).

Microcredit and sustainability

Rajeshwar Devarakonda, Head, Tsunami Programme, HelpAge India

Rajeshwar spoke about the benefits of micro-finance for older people in India. Microcredit provides older people with a pathway out of dependency, and enables them to borrow when faced with hardship instead of having to sell assets. There are a number of concerns about microcredit schemes, including financial viability and self-sustainability, the lack of age-friendly, micro-finance institutions, and the lack of understanding about older people's 'bankability'. Overcoming these obstacles will require advocacy with government, banks and NGOs, increasing their knowledge and awareness about older people and their capacity to repay loans. Older people's microcredit groups require assistance in the form of training, exposure visits to functioning groups/ federations and confidence boosting if they are to be sustainable and well-functioning.

Group work

The participants were divided into four groups. They discussed several themes – monitoring access, cash transfers, social pensions and microcredit – and reported back on their conclusions:

1. Monitoring access: How can OPAs play a role in removing the barriers to social welfare schemes?

Problem:

- There is a lack of awareness of government social assistance schemes.

Ways forward:

- OPAs need to be aware of the laws; and, how and who to lobby for change.
- Build capacity of OPAs to gather information on rulings, new provisions and ordinances.
- Provide linkages for OPAs with government agencies, media and other associations.
- Promote monitoring by older people, based on OCM and PACS approaches.
- Training of OPAs in leadership and management.
- Exposure visits to other OPAs that have been successful.
- Sensitisation of village level government institutions.
- Highlight good/positive responses of the government.
- Promote networking between OPAs.

“The key learning from this approach is that microcredit is highly effective, but requires special attention, and linking to family and community members for support.”

Haseeb Khan, Resource Integration Centre

2. Cash transfers: How can we monitor and manage the impact of cash transfer schemes? How can we make them sustainable?

- There is a lot of qualitative data on the impacts of cash transfers, and this information is needed so it can be used for advocacy.
- Measuring the impact is difficult because older people find it hard to analyse the impact.
- There is a need to have partners collect this kind of information.
- There is a role for baseline surveys, both pre- and post-cash transfer data.
- There is a place for both an external evaluation and for using OPAs
- A cost-benefit analysis is required.
- Sustainability can occur by linkages with local resources and funds, linkages with government schemes, involvement of the community and use some of the funds for IGAs.

3. Social pensions: What do you expect to achieve at the Social Pensions event in January in Bangkok? How?

This group discussed the objectives for the January meeting on social pensions that will be held in Bangkok. In this meeting they developed an action plan on how to take the meeting forward. The information on current schemes was also completed in order to feed into the presentation in January.

4. Microcredit: How do we ensure that older people are 'bankable'?

Problems:

- There are laws and regulation that establish age limits on accessing credit, thus excluding older people.
- There is lack of awareness that old people are good at repaying loans.
- In Vietnam the high failure rate among young people has spilled over into groups of older people.

Solutions:

- There is a need to raise awareness and provide evidence that older people are good at repaying loans. HAI and the network could provide governments with success stories and advocate for changes in policy.
- Loans could be tailored according to age; for example, older couples could be provided with family loans, and single older people could be a part of a group (groups tend to be more credit-worthy because of their group support, monitoring and guarantee).
- Partnerships could be developed between NGOs and GOs: by training older people and building the confidence of the decision-makers, then NGOs could use this credibility as leverage.
- HAI and the network could advocate on the 'bankability' of older people to national finance institutions.

Action point:

- Conduct research that demonstrates evidence of older people's reliability in financial terms.

Section 2: HAI network: active and evolving

Background



Cho Ki Dong, Mathew Cherian and Richard Blewitt (Left to right)

The network in Asia/Pacific has seen considerable growth in the last years. This is partly due to the growing awareness about issues of ageing in the region, and to the increased understanding of governments, international organisations and the network members themselves about the potential of collaboration.

In Asia/Pacific, the HAI network has become a regional web of shared interests, common platforms, joint initiatives, bilateral links and focused learning processes. We know what each other is doing and what we can learn from each other. Network organisations like ours promote internal interdependence to provide a rational basis for developing trust, cooperation and greater impact from working together.

Several relevant initiatives have been developed in the network, such as the regional home care project, the expansion of Older People Associations (OPAs), and the sharing of monitoring practices by older people.

The annual Regional Conferences have become a place for sharing approaches and developing initiatives. Mr Cho Ki Dong, senior member of the network, briefly took us through the topics covered in the previous Regional Conferences. A short presentation was also made on the current work in the region that can be replicated within the network.

Objectives of the session

- Share perceptions on the achievements and challenges of the Asia/Pacific network
- Update members on the current status of network initiatives
- Brainstorm about perspectives of the network

A lively discussion on how we, as a network, can achieve more. The following points were highlighted:

- We can do more work in the area of access to good quality and appropriate health services for older people.
- We can continue working for the rights of older people through advocacy for social pensions.
- We can share an updated contact database of the network members.
- APRDC should provide more training, similar to what was provided under Asia Training Centre on Ageing (ATCOA).
- In order to take the issue of social pensions forward, we could link with the UN and other international organisations.
- The Regional Conference is a key event for network development. However, we are now at a stage where we need to develop specific areas of work like health for older people.

A snapshot of social pensions programmes in Asia

Dr D Wesumperuma, Head of Programmes, HAI APRDC

Dr Wesum talked about the social pension situation in Asia. He noted that there is very limited coverage in the region. The current coverage and benefits are, in general, too small to raise poor older people above the poverty line. We have a role to play in advocating for adoption, expansion and increased coverage of social pension in the region.

Action point: HAI APRDC in collaboration with UNESCAP will host a regional seminar on 'Ensuring Social Protection in Old Age,' during 29-31 January 2007 in Bangkok.

Closing remarks to the sessions on social protection

Richard Blewitt, Chief Executive, HAI

“I feel that I have been enriched by the debate of the past few days. HAI has a role to support the journey around protection and empowerment of older people. I am impressed by the debate because it is not just philosophical but also practical, it has moved from macro down to the micro level. We should not be intimidated by a huge task, for example on health and older people. To move forward, we have to involve the government as a stakeholder and we need to have partnerships with them. There are still some challenges, for example we need to identify our focus in regard to older people access to health services. The example of home care shows that the network delivers results. However, this battle has not been won yet, there is still the need to move onto the next stage. There is still a need for the network to develop an action plan. I have an idea that there is the need to link this network with other networks. I think that HAI should have open, grounded and robust dialogue in an age of tough accountability. I am open, excited, challenged and humble.”

Action points

Action plan of the network for 2007/8 will include:

- A Health Working Group is established.
- A seminar on social protection/pensions will be organised in January 2007 to review the state of social pensions and design ways forward.
- Home care experience will be shared in non-ASEAN countries that request it.
- HAI APRDC will consider the option of a biennial regional conference with specific meetings in between.

Section 3: Disaster management in the Asia/Pacific

Background

The Asia/Pacific region has seen an increase in the number and the severity of natural disasters. Emergencies such as the Indian Ocean Tsunami of 26 December 2004, the Kashmir earthquake of 8 October 2005 and the Yogyakarta earthquake of 26 May 2006 have all resulted in massive loss of life and livelihoods with long term consequences for the populations. Older people are especially vulnerable in times of emergencies. Reports such as *Older people in Aceh, Indonesia 18 months after the tsunami* have found that older people's needs and capabilities have been largely overlooked in the relief and rehabilitation efforts.

In this session we learned from experiences within the network and discussed ways of influencing the change in policies and practices towards older people in emergencies.

Objective of the session

Learn from the experience of the network in order to identify what policies and practices in the region need to change so that the needs of the elderly are addressed in emergencies.

Gathering data in an emergency: Case of earthquake in Yogyakarta

Eva Sabdono, Executive Director, Yayasan Emong Lansia (YEL)

Eva described the process of data collection that was used in response to the earthquake in Yogyakarta. YEL arranged a team of volunteers to go to the affected areas and to assess the impact of the disaster on older people, based on a methodology that had been provided by HAI APRDC.

Introduction to assessment tools

Heywood Hadfield, Emergencies Programme Coordinator, HAI World Wide Emergencies

Assessment tools are commonly used following a disaster to understand the environment and context of the emergency, to understand the needs of people affected by the emergency and in turn the kind of strategy and activities which might be implemented to meet those needs (both in the short term and beyond). Although most humanitarian organisations target the most vulnerable, research by HelpAge International indicates that older people tend not to be considered amongst the most vulnerable. Many older people therefore have problems accessing relief aid. Even when agencies carry out participatory need assessments at community level, older people's needs and their potential contribution tend to be ignored. Needs assessments need to be more focused so older people can become more visible in emergencies.



Older people are especially vulnerable in times of emergencies.

Group work

In this session the participants were divided in four groups and asked to look at emergency assessment tools of Oxfam and Médecins Sans Frontières (MSF) and reflect on how they could be made more sensitive to the needs of older people. The findings are as follows:

1. Oxfam: Health

- Need to prompt Oxfam to include the special needs of older people.
- Need for disaggregated data by age.
- Issue is not just the availability of health services but also accessibility.
- The network could identify specialists in gerontology that could be deployed in times of emergencies.

2. MSF: Health

- Chronic diseases commonly affecting older people should be included in the checklists.
- Older women's health needs should be included, as well as issues of abuse and of disabilities.
- Need questionnaire on age sensitive services, and facilitating access.
- Planners should have an understanding of the needs of older people.
- Include specific health programmes for older people.
- Immunisation for older people, e.g. flu shots.
- Drugs should be available for chronic diseases.
- There are differing needs for older people at the different stages of a disaster and this could be recognised in the checklist.
- Older people could be trained to assist in the health interventions.

3. Oxfam: Food and nutrition

- Assessment tool needs to be simple and clear in order to be used by a wide range of partners.
- Information should be disaggregated by age and sex.
- Identify the most vulnerable and then have a 'special' needs assessment for them to determine what assistance they require.
- Differentiation between rapid and long-term assessment.
- We could provide a checklist of food items that are appropriate by age.

4. MSF: Food and food security

- The tool is very comprehensive, however it could cover immediate relief and longer-term needs.
- There could be analysis of food availability at the household level.
- Rations need to take into account older people's needs.
- Need for rapid surveillance of nutritional status, which could use arm circumference (although it was noted that this method does not seem very effective).

Learning from experience

Feedback from field trips: Presentations and plenary

There were six field trips into the surrounding area of Pondicherry. The participants visited areas that had been tsunami-affected and were receiving assistance from HelpAge India. The groups observed a variety of activities such as Self-Help Groups (SHGs), community-based granny care programme, agricultural demonstration plots, boat beneficiaries, mobile Medicare units and an eye-care facility.



Participants visited communities affected by the tsunami rebuilding their lives through the tsunami programme

The six groups provided feedback on their visits, a summary of their comments:

Strengths:

- Good for women's empowerment as older women were in leadership roles.
- Villages' social maps are a good tool for accounting for benefits, and very transparent.
- Record keeping: open to all members.
- HelpAge India provided good support.
- Community ownership and leadership could be observed.
- Self-help groups enable older people to continue their old professions and to start new ones.

Weaknesses:

- Lack of older men in SHG (one village).
- No training in use of management tools.
- Poor water and sanitation systems in villages.
- No obvious linkage between assisting organisations and with government agencies.
- Need for disaster preparedness trainings.
- Better coordination between NGOs, INGOs and local government officials required.
- Too much dependence on HI field staff could be observed in some SHGs.

To change policy and practice towards older people in emergencies

Presentation on issues emerging from the experience of the tsunami in Indonesia

Deepak Malik, Programme Manager, HAI Indonesia

HAI's Indonesia tsunami programme is based on an advocacy strategy. It strives to influence relief, rehabilitation and development actors, especially DEC members, to implement age-friendly relief and development programmes that recognise older people as actors for development. The focus is on health, livelihoods rehabilitation and disaster management.

Deepak also commented on HAI's recent publication, *Older people in Aceh, Indonesia 18 months after the tsunami: Issues and recommendations*, which showed the trend of non-inclusion of older people in tsunami responses. In order to insure that older people's rights are upheld at all times, their capacities and vulnerabilities must be recognised.

Presentation and discussion on advocacy priorities

The participants divided into four groups and discussed how to advocate for the inclusion of older people into emergency responses. Below is a summary of their findings:

Target

- Government and relief agencies.

Message

- Older people are a vulnerable group like children and women.
- Older people are a resource (they can contribute in terms of knowledge, wisdom, stability and continuity).
- Disaggregated data and information by age and gender: collect, release and utilise so agencies can identify older people as a target group.

Method

- Argue from human rights perspective, referring to:
 - Fine traditions of Asian culture in relation to older people.
 - International law, conventions, standards: use civil society to support and uphold.
 - Constitutional provisions about older people.
 - Judicial praxis. Make duty bearers aware of, and sensitive to, the rights of older people.
- Make duty bearers aware of, and sensitive to, the rights of older people
- Use older people as resource, e.g. through OPAs
 - Nothing for them, without them
 - At times of emergencies, older people could be volunteers
 - Use their knowledge and experience



In order to insure that older people's rights are upheld at all times, their capacities and vulnerabilities must be recognised.

The next emergency: Introduction to the Situation Report and resources

Bert Maerten, Regional Programme Manager, HAI APRDC

Bert introduced the newly developed documents: the Situation Report, Checklist and Fact sheets for discussion and comment. The Situation Report provides guidelines about how an organisation can review the extent of an emergency and request funds from HAI APRDC. The draft Checklist was conceived as a tool that partners in the network can use to evaluate whether emergency responses are age-friendly and inclusive of older people, as well as for advocacy purposes. The disaster management fact sheets which were disseminated in a CD-ROM provide the network members with fact sheets on funding opportunities, emergency contacts, publications and training opportunities.

Disaster management: Learning and advocacy priorities for HAI in the region in the next year

Eduardo Klien, Regional Representative, HAI APRDC

Eduardo summarised the presentations, and commented on several issues, including:

- Link between relief and development
- Capacities available in the network
- Tools for including older people

What shall we do in the coming year?

- Publish and disseminate experiences
- Finalise a draft set of protocols about a) what to expect from HAI, and b) what HAI expects from partners

In summary, the key messages for advocacy are a) disaggregated data, and b) inclusion of older people in relief, rehabilitation and preparedness

Comments

Silvia Stefanoni, Programme Director, HAI London

There are three challenges:

- Building capacity in the practice of responding to disasters.
- Building capacity to demonstrate research and evidence.
- Integrating vulnerable older people from disaster programmes into our ongoing programmes.

Action points:

- Conduct research on the role of OPAs and emergencies.
- Develop community-based disaster preparedness plans which are age-sensitive.

Re-introducing Help the Aged

Paul Cann, Director of Policy, Research and International Affairs, Help the Aged

Paul joined the regional conference and was asked to make a brief presentation on Help the Aged's current priorities.

Help the Aged is working on a number of fronts, with the key areas being:

- Combating poverty by campaigning for improved basic state pension, with more automatic benefits and less means-testing.
- Reducing isolation: In the UK they have services such as Senior Link, Handyvan, and Senior Mobility. Internationally, they have the Sponsor-a-Grandparent and Ophthalmic programmes.
- Challenging neglect of older people by a campaign against elder abuse.
- Defeating ageism by building on the platform of human rights.
- Preventing future disabilities through biomedical research into dementia, incontinence, arthritis, osteoporosis, the immune system and ageing.

Section 4: MIPAA +5 review

Background

In 2002, the Second World Assembly on Ageing took place in Madrid, Spain. The political declaration coming out of that event is now generally known as Madrid International Plan of Action on Ageing (MIPAA). There were clear commitments in three areas: first, older people and development, second, health and well-being in old age, and, third, ensuring enabling and supportive environments for older people. Although it is not a legally binding covenant, MIPAA is a clear resource for influencing policy making on issues related to older people.

Five years have now passed and the UN is undertaking a comprehensive and participative review (MIPAA+5), aimed at analysing changes in the priority areas in MIPAA. HAI and some members of the network are involved in the review. In this session, the review process was discussed, seeking members' participation at the country and regional level.

Objectives of the session

- Harmonise the understanding of MIPAA review process and key milestones for the coming year.
- Share some case studies where partner organisations are involved in the review.
- Facilitate the involvement of partner organisations in the reviews at country level.
- Discuss possible regional issues that could be assumed jointly by the network.

The sessions initiated with some brainstorming about MIPAA, where the processes of review in Vietnam and Bangladesh were highlighted. This was followed by a presentation by the Director of Programmes of HAI about the challenges of reviewing MIPAA and the potential covenants that could further improve the commitments towards older people. Osama Rajkhan of UNESCAP made a brief presentation of the review process in the region and made suggestions for involvement of HAI and partner organisations.

Introduction

Paul Cann, Director, Policy, Research and International Affairs, Help the Aged

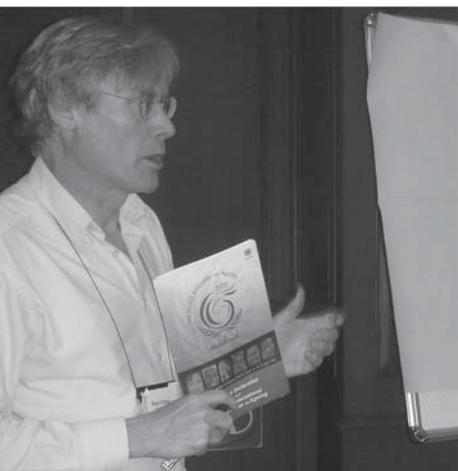
Paul Cann reviewed, in an interactive manner, the discussion of the Madrid International Plan of Action on Ageing (MIPAA), looking at the history of the declaration and how it can be used to influence policy makers. Those who attended the Second World Assembly on Ageing in Madrid in 2002 expressed their ideas and opinions about the event.

Vietnam's experience

Dr Vu Thi Hieu, Chief Executive, National Committee for Elderly

Dr Hieu talked about what Vietnam is doing to follow-up on MIPAA:

- Dissemination of MIPAA through the media, national seminars and parliamentary special session on monitoring the Ordinance For Elderly
- Older people and development: Promoting older people in local leadership roles, including the Vietnam Elderly Association in policy making; involving older people in the implementation and monitoring the national target programme on poverty alleviation; and establishing a fund to support older people (both at the national and local level).
- Improving health and quality of life through the Ministry of Health Ordinance on Healthcare for the Elderly, free Health insurance for older people (90+) which was developed in 2000, and strengthening health programmes for older people.
- Promoting and age-friendly environment for older people: creation of the National Committee for the Elderly (The first of NC in Vietnam having an executive office); development and implementation of the National Plan of Action on Ageing; passing the law on Social Insurance (2006); discussion by the National Assembly on prevention of Domestic Violence (including for elderly); reduction of air and bus fares for elderly (30%); establishment of 10,000 Commune Elderly Associations; and, a review of the implementation of the Ordinance on Ageing.



Paul Cann, Help the Aged

Vietnam continues the process of following-up on MIPAA by:

- Advocating for reduction of the universal minimum age requirement for social pension from 90+ to 85.
- Advocating for increase minimum monthly social pension.
- Reviewing mid-term implementation of National Plan on Ageing (NPOA) 2005-2010.
- More public awareness activities, such as media coverage about older people.

Bangladesh's experience

Haseeb Khan, Director, Resource Integration Centre (RIC)

Haseeb Khan spoke about RIC's role in monitoring and awareness-raising of MIPPA in Bangladesh. To begin with, they translated the English version of MIPAA into Bengali. They then distributed the report and brochure to the GO and NGO offices. As follow-up, they held consultations with NGOs and government officials on the issues raised in MIPPA. RIC is also implementing a programme on older person named 'Older Citizen Monitoring Project (OCMP)' since 2003, which is a governance initiative designed to hold the government accountable for the pensions and allowances for older people. They have also advocated for the development of a national policy on ageing.

The role of civil society in the MIPAA+5 review

Osama Rajkhan, Social Affairs Officer, United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP)

Osama spoke about the UN Guidelines for the Review and Appraisal of MIPAA in 2008. The aim is to assess progress made in implementing MIPAA [community, district, national and regional (UNESCAP)]. The guidelines advise on the kind of information that needs to be gathered to measure progress.

The indicators have been developed for the areas of:

- Older persons and development
- Advancing health and well-being into old age
- Ensuring enabling and supportive environments

The information for the indicators can be collected from a number of sources including surveys, government data, NGO information, UN data, etc. However, it is important to use triangulations when collecting data, ensuring that data is collected from multiple sources. It is important to use bottom-up, participatory analysis that is inclusive of older people. The aim is to arrive at an understanding of the nature, extent and trends with respect to ageing and development, health and enabling environments.

HelpAge International's strategy

Silvia Stefanoni, Director of Programmes, HAI London

Silvia spoke about HAI's plan to promote MIPAA and the options available to influence governments.

HAI is supporting the tripartite package:

- Non-contributory social pension for all
- Free-primary health care
- Anti-discriminatory legislation

Internationally, HAI is supporting the MIPPA review by:

- Providing input into the development of the United Nations, Department of Economic and Social Affairs (UNDESA) guidelines for bottom up reporting
- Supporting the development of 13 national reports
- Launching the 'pension watch' on the HAI website
- Attending the UN Commission on Social Development meetings in New York
- Working with governments to produce reports with a focus on specific older people issues
- Providing space and voice to older people

APRDC will hold a regional seminar on social pensions in January 2007 to review progress in this area and develop recommendations for the Macao intergovernmental meeting in 2007.

The HAI network in the Asia/Pacific and APRDC are:

- Holding a regional seminar on Social Pensions in January 2007 to review progress in this area and develop recommendations for building a regional strategy on social pensions.
- Expanding and further developing Older Citizens Monitoring (OCM) programmes that currently exist in Bangladesh and India, and possibly developing OCM programmes in Vietnam and Cambodia.
- Collecting evidence on the impact of cash transfers.
- Supporting the participatory review processes in Bangladesh and Vietnam, and the producing reports with governments and/or civil society that will be presented at the Macao intergovernmental 2007 meeting and at the Commission for Social Development in New York in 2007.

There are still a number of areas where we could work, such as:

- Teaming up with ministries responsible for ageing to mainstream older people's issues.
- Referring to MIPAA in all advocacy campaigns, and making strong reference to it in all planned publications and national level discussions and events.
- Establishing an Asia/Pacific project to record cases of violation of older people's rights in HAI target areas, e.g. with a special focus on the right to health, social protection, emergency assistance and barriers. This would build up a body of evidence at national and regional level for increased government action on MIPAA.

Group discussion

What can partners do at country level to promote MIPAA?

- Link with relevant ministries and government agencies. Also, link with international donors such as the UK Department for International Development (DFID) of the UK and the World Bank (WB), promoting their interests in social assistance/social pensions.
- Are there national coordinating committees for collection of MIPAA data? If not, can UNESCAP write to governments to establish them?
- Important to share regional data collection guidelines as then the data will be more comparative. UNESCAP will share these guidelines.
- Importance of using the media to promote MIPAA.

Regional Conference conclusions

Eduardo summarised the key conclusions and action points:

Home care

There is room for expanding the home care model to non-ASEAN countries through existing programmes and incorporating the approach into the design of new programmes.

However, we need to:

- Demonstrate the economic benefits of the approach.
- Utilise the network's expertise, including training manuals and experienced staff.
- Promote learning exchanges between ASEAN and non-ASEAN countries.

Health

- Develop a better understanding of issues related to access and quality of healthcare for older people.
- Produce a study on the effectiveness of home care in specific countries.
- Create a working group to establish a mandate on health for the network.

Social protection

- Achieved greater clarity in the network on what social protection means.
- A social pensions seminar in January will define further steps to advocate for income security in old age.

Livelihoods

- Demonstrate the role of OPAs in ensuring improvement in livelihoods, participation and monitoring of services.
- Social pension is increasingly becoming part of the agenda of donors, governments, NGOs.
- There is important experience acquired in microcredit schemes, but there is still a long way to go in convincing credit providers of the 'bankability' of older people.

Disaster management

- Positive contribution of older people in disasters.
- Use of credit and cash transfers have been demonstrated to be an effective approach.
- Disaster preparedness with age component is crucial.
- Key actors in rehabilitation are the communities themselves. This is sometimes overlooked.
- Disaster risk reduction strategy aims at linking short-term relief and rehabilitation to long-term development.
- Importance of evidence and clear messages to advocate for the inclusion of older people in disaster management.
- The network needs to better prepared for future disasters.
- HAI partner preparation is to be completed in next few months.

Network

- Will develop action plans.
- Possibility for a biennial regional conference with specific thematic meetings in between.

MIPAA +5 Review

- Opportunity to highlight issues of older people at national, regional and global level.
- Macao event in September 2007 will be a productive meeting between the UN and partners.

Evaluation comments

Comments about the regional conference are very positive. Participants expressed that the event was well organised. Some suggestions are: there could be fewer issues on agenda with more time for discussions and more actual experience from countries to be shared. Although the time available for the field trip was short, it was very informative. The facilitation of the conference was a good innovation and improved the regional conference.

Participants and honoured guests

Bangladesh

Mr Masudul Haque

Director – Community Based Programme
Bangladesh Women's Health Coalition (BWHC)
10/2 Iqbal Road, Mohammadapur
Dhaka – 1207 GPO Box #2295, Dhaka
Tel: +880 2 811 0974-5 | +880 2 812 2876
Fax: +880 2 811 7969
Email: bwhc@bdonline.com

Mr Abul Haseeb Khan, Director

Mr Tofazzel Hossain Manju, Committee Member
Resource Integration Centre (RIC)
9/2, Block – D, Lalmatia, Dhaka – 1207
Tel: +880 2 811 8475 Fax: +880 2 811 4034
Email: ricdirector@agni.com, ricdirector@yahoo.com, haseeb@bangla.net

Dr A S M Atiqur Rahman, Joint Secretary General
Bangladesh Association for the Aged
and Institute of Geriatric Medicine (BAAIGM)
Agargaon, Shere Bangla Nagar, Dhaka – 1207
Fax: +88 2 815 9315 Mobile: +88 171 215 4795
Email: baaigm@bdmail.net, asmar@spectrabd.net

Cambodia

Ms Meredith Wyse, Programme Manager

HelpAge International Cambodia
152 Romchek 4, Rattanak Commune, Battambang
Email: meredith-hai@online.com.kh
Tel: +855 12 333 059 | +88 53 953 797
Fax: +855 53 953 797 | +88 53 952 797

Dr Prak Piseth Raingsey, Director

Department of Preventive Medicine Department
Ministry of Health
No 151-153 Kampuchea Krom Blvd, Phnom Penh
Tel: +855 12 862 022
Fax: +855 23 426 034 | +855 23 880 407
Email: pisethsey@hotmail.com

Mr Sorn Savnin, Deputy Director

Retirement Department
Ministry of Social Affairs, Veterans and Youth
Rehabilitations (MOSAVY)
No. 788 B Preah Monivong Blvd
Boeng Trabek, Phnom Penh
Email: savnin012556636@mobil.com.kh
Mobile: +855 12 556 636
Fax: +855 23 222 386

China

Mr Cao Bingliang, Vice President

Email: cbl@cnca.org.cn

Ms Xiao Hongyan, Project Officer,

Email: xhy@cnca.org.cn

Ms Zhang Xiaoya (Sophie), Project Assistant

Email: zhxy@cnca.org.cn

China National Committee on Ageing (CNCA)

Jia 57 Andingmenwai Dajie, Beijing 100011

Tel: +86 10 8413 1166 | +86 10 8411 3991

Fax: +86 10 8413 1166

Mr Guo Ping, Deputy Director

China Research Centre on Ageing (CRCA)

Building No.16, Hepingli 7th Block

Dongcheng District, Beijing 100013

Tel: +86 10 8413 1166 | +86 10 8411 3991

Fax: +86 10 8413 1166

Email: ping_guo@crca.cn

Mr Deng Xueyi (Bob), Project Officer

HelpAge International Beijing office

Room 1703, Building No.2,

Dalong Apartment Block, Xinghua Road

Dongcheng District, Beijing 100013 China

Tel/Fax: +86 108 427 0908

Mobile: +86 139 1178 9836

Email: bobhai@126.com

India

Mr Vinod Chandiok, HelpAge India Board

Mr Mathew Cherian, Chief Executive

Email: mathew.cherian@helpageindia.org

Mr Anup Khosla, Chief financial Officer

Email: anup.khosla@helpageindia.org

Mr Avenash Datta, Country Head – Programmes

Email: avenash.datta@helpageasia.org

Mr Kapil Kaul, Country Head – Resource

Email: kapil.kaul@helpageindia.org

Ms Paromita Thomas, Country Head – Human Resource

Email: paramita.thomas@helpageindia.org

Ms Nidhi Raj Kapoor, Director – Communications

Email: nidhi.rajkapoor@helpageindia.org

Dr Sashi Narayana, Director – Community Services

Email: sashi.narayana@helpageindia.org

Mr Avijeet Kumar, Director – Monitoring & Evaluation

Email: avijeet.kumar@helpageindia.org

Mr Pradeep Loyal, Director – Corporate Fund Raising

Email: pradeep.loyal@helpageindia.org

Ms Anupama Datta, Deputy Director – Research

Email: anupama.datta@helpageindia.org

HelpAge India

C-14, Qutab Institutional Area, New Delhi 110016

Tel: +91 11 4168 8955-6 Fax: +91 11 2685 2916

Web: www.helpageindia.org

Mr H S Bakshi, Regional Director (North)

J-277, First Floor, Saket, New Delhi 110 017

Tel: +91 4176 4782-3 Fax: +91 5176 4781

Email: ronorth@helpageindia.org

Ms Susmita Ghose, Regional Director – East

162-B, A.J.C. Bose Road

Flat No. 404/405, Kolkata 700089

Tel: +91 33 2249 2526 | +91 33 2216 5913

Email: kolkata@helpageindia.org

Mr John Thattil, Regional Director – West

No. 34-A/44, Guruchhaya Manish Nagar

PO Azad Nagar, Andheri (W), Mumbai 400 053

Tel: +91 2637 0740 | +91 2637 0754

Email: helpage@bom3.vsnl.net.in

Ms Indrani Rajadurai, Regional Director – South

Ms Merlin Freeda, Communications and Advocacy

Manager, Email: merlfree@yahoo.com

HelpAge India; 3C, Thiagaraja Complex

853, Poonamallee High Road

Kilpauk, Chennai 600 010

Tel: +91 44 25 322 149 Fax: +91 44 26 480 874

Email: helpageind@touchtelindia.net

Mr Rajeshwar Devakonda

Head – Tsunami programme

HelpAge India

21, Seetharam Nagar, 1st Cross Street

Cuddalore 607001 Tamil Nadu

Tel: +91 41 4229 5515 Fax: +91 41 4229 5071

Mobile: +91 94 4214 4577

Email: rajeshwar@helpageindia.org

Mrs Nirmala Narula, President

Alzheimer's Related Disorders Society of India
(ARDSI)

1st Floor, PBC, 8 Community Centre

East of Kailash, New Delhi 110 065

Tel: +911 2643 5922

Email: ardsidc@hotmail.com

Dr Prakash Tyagi, Director

Gramin Vikas Vigyan Samiti (GRAVIS)

3/458, Milk Men Colony

Pal Road, Jodhpur 342 008 Rajasthan

Tel: +91 291 274 1317 Fax: +91 291 274 4549

Email: gravis@datainfosys.net

Web: www.gravis.org.in



Vinod Chandiok (left) and Wijewantha during the opening session

Dr S Irudaya Rajan, Associate Fellow
Centre for Development Studies (CDS)
Pasarang Nagar, Ulloor
Trivandrum 695 011, Kerala
Email: rajan@cds.ac.in, sirajan@vsnl.com
Tel: +91 471 244 8881-4 Fax: +91 471 244 7137

Indonesia

Ms Eva Sabdono, Executive Director
Yayasan Emong Lansia (YEL)
Jl. Brawijaya no.15 Jakarta 12160
Tel: +62 21 7279 8747 | +62 722 1981
Fax: +62 21 753 3651 Mobile: +62 816 734 553
Email: evasab@yahoo.com, yel@cbn.net.id

Dr Nugroho Abikusno, Associate Dean
Associate Professor in Public Health & Medical
Nutrition
Indonesian Research Centre on Ageing (InResAge)
Faculty of Medicine Trisakti University
Jalan Kyai Tapa, Grogol, Jakarta 10440
Tel: +62 21 566 3232 Ext 144 Fax: +62 21 566 0706
Email: abikusno_nug@yahoo.com

Mr Deepak Malik, Programme Manager
Email: dmalik123@yahoo.com
Mr Pradeep Kumar, Disaster Management Specialist
Email: pradeepkumar196@yahoo.com
HelpAge International in Indonesia
Jl. Tengku Daud Beureueh Lorong Metro No. 5
Banda Aceh 23124
Tel: +62 65 124 228 Mobile: +62 81 360 627 357

Republic of Korea

Mr Cho Ki Dong, Honorary President
Email: kdcho7@hanmail.net; hak@helpage.or.kr
Tel: +82 16 701 7244 Fax: +822 2631 3212

Mr Cho Hyunse, President

Ms Choi Myungja
Email: hyun@helpage.or.kr; hak@helpage.or.kr
Tel: +82 2 2631 3212 Fax: +82 2 2631 3215

HelpAge Korea
PO Box 59 Youngdungpo, Seoul 150-650
Tel: +82 22 631 3212 Fax: +82 22 631 3215
Email: hak@helpage.or.kr, hyun@helpage.or.kr

Dr Min-Sun Sung, Professor – Social Welfare
Catholic University, Seoul 137-701
Tel: +82 2 822 7738 | +82 19 220 7738
Fax: +82 32 345 5189
Email: mssung@catholic.ac.kr

Lao PDR

Ms Vilaylack Tounalom, Technical staff
Lao Woman Union, Department of Development
Munthatourath Road, PO Box 59, Vientiane
Tel: +856 21 214 300 Fax: +856 21 223 543

Dr Boualakoth Keomayphit, Vice President
Lao Red Cross
Seththathirath Avenue, Immpasse Xieng Ngen
P.O. Box 650, Vientiane
Tel: 856 21 212 647/ 216 610 Fax: 856 21 212 128
Mobile: 856 20 590 4075
Email: lrcadds@laopdr.com, hqcro@laotel.com,
lhqcross@laotel.com, lrcifdhq@laotel.com

Ms Monemaly Philasouk, Medical Assistant
Lao Red Cross
Ban Naviengkham, Luang Prabang
Fax: +856 71 212 966
Email: lrlcpg@laotel.com

Mr Bounneueng Sidavong, Deputy of Head
Division of Policy Older People
Ministry of Labour and Social Welfare
Pang Kham Road, Vientiane
Tel: +856 21 213 006 Fax: +856 21 213 287
Email: anousa@muonglao.com

Malaysia

Mr Mohd Darbi Hashim, Vice-President
National Council of senior Citizens Organizations
Malaysia (NACSCOM)
Room 9&10, 2nd Floor
Bangunan Sultan Salahuddin Abdul Aziz Shah
16 Jalan Utara, 46200 Petaling Jaya
Selangor Darul Ehsan
Tel: +60 37 958 5794 Mobile: +60 12 610 6148
Fax: +60 35 513 9344
Email: darbihashim@yahoo.co.uk

Mr Soon Boon Keng, Management Committee
Member
Senior Citizens' Association – Johor Bahru
JKR583, Jalan Petrie 80100 Johor Bahru
Tel: +60 7 226 6176 | +60 7 333 4157
Mobile: +60 16 717 4345
Fax: +607 224 5742 | +607 333 4157
Email: bk_soon71@yahoo.com, admin@nacscom.
org.my

Mr R S Vengadeson, Honorary Treasurer
USIAMAS, Ground Floor, Menara Perkim
150 Jalan Ipoh, 51200 Kuala Lumpur
Tel: +603 8042 2201 | +60 34 044 7640-1
Fax: +603 4042 2202
Mobile: 60 12 242 5792 Fax: 603 404 47705
Email: usiamas@hotmail.com, ncswm@po.jaring.
my

Myanmar

Mr Richard Saw Kaing, General Secretary
National Council of YMCAs – Myanmar
PO Box 722, GPO Yangon
Tel: +951 296 434 | +951 380 856
Fax: +951 296 898
Email: srkaing@yahoo.com; natymca@mptmail.
net.mm

Nepal

Mr Bhola Prasad Dahal, Chairperson
Nepal Participatory Action Network (NEPAN)
PO Box 13791 Kathmandu
Tel: +977 1 200 3550 Mobile: +97 98 510 1389
Fax: +977 1 433 9031
Email: nepan@mos.com.np; b.dahal@mos.com.np;
bholaprasadd@gmail.com

Pakistan

Dr Mohammad Shafi S Boikhan, Director
Pakistan Medico International (PMI)
Medico Health Centre, Orangi Town, Sector 4
Karachi 75800
Tel: +92 21 665 6831 Fax: +92 21 665 1910
Email: pmiboik@cyber.net.pk

Philippines

Ms Noraida Francisco-Guiyab
Coordinator – Capability Enhancement Programme
Unit
Coalition of Services of the Elderly (COSE)
Mezzanine, Mariwasa Building
717 Aurora Blvd., Quezon City
Tel: +63 2 722 0418, 725 6567
Fax: +63 2 722 0418
Email: cose@ideal-access.ph

Singapore

Dr Mary Ann Tsao, President/ CEO
Email: matsao@pacific.net.sg; tsao1@
tsaofoundation.org
Ms Susana Amargo Concorde, Programme
Manager – Interagency Collaboration Division
Email: susanaconcorde@tsaofoundation.org
Tsao Foundation
5 Temasek Boulevard
#12-06 Suntec Tower Five, Singapore 038 985
Tel: +65 433 2682, 433 2740 Fax: +65 337 9719



Cho Ki Dong presenting on previous
Regional Conferences

Sri Lanka

Mr N W E Wijewantha, Executive Director
Mr Samanta Liyanawaduge, Projects Coordinator
Mr Shridhar Lamichhane, Tsunami Operation Unit
 Mr Lakshman Perera, Tsunami Operation Unit
 HelpAge Sri Lanka
 Age-Care Centre, 102 Pemananda Mawatha
 Raththanapitiya, Boralesgamuwa
 Tel: +941 823 752-4 Fax: +941 811 147
 Email: helpage@slnet.lk

Thailand

Dr Sirirat Panuthai, Assistant Professor
 Faculty of Nursing, Chiang Mai University
 Chiang Mai 50200
 Tel/Fax: +66 53 949 093 Mobile: +66 86 116 7120
 Email: sirirat@chiangmai.ac.th

Mr Sawang Kaewkantha, Executive Director
 Foundation for Older Persons' Development
 (FOPDEV)
 6 Soi 17 Nimmanhem Road, Chiang Mai 50200
 Tel: +66 53 215 671/ 215676
 Mobile: +66 81 724 9256 Fax: +66 53 224 616
 Email: sawang@fopdev.org

Dr Anusorn Kunanusorn, FOPDEV's Chairman/
 Executive Committee
 c/o McKean Rehabilitation Institute
 PO Box 53 Chiang Mai 50000
 Tel: +66 53 817170-1 Mobile: +66 81 883 7308
 Fax: +66 53 124264
 Email: anusorn@mckeanhosp.org; mckeanrc@
 loxinfo.co.th

Mr Prayad Chaiyakiet, Member of Executive
 Committee and Honorary Treasurer
 Senior Citizens Council of Thailand (SCCT)
 Department of Public Welfare
 Krung Kasem Road, Bangkok 10110
 Tel: +662 282 7716/ 281 2386 Fax: +662 282 3251
 Email: pchaiyakiet@hotmail.com

Dr Pongsiri Prathnadi
 President – Chiang Mai Office
 Senior Citizens Council of Thailand (SCCT)
 54/9 Singharaj Road, Chiang Mai 50200
 Email: pongsiri@chiangmai.ac.th
 Tel: +66 53 221 884 Mobile: +66 81 021 2759
 Fax: +66 53 222 186

Vietnam

Ms Pham Hoai Giang, Head – International
 Relations Department
 Email: vwunion@netnam.org.vn (cc: pthgiang@
 yahoo.com)

Ms Tran Bich Thuy, Officer – International
 Relations Department
 Email: vwunion@netnam.org.vn, mecuan05@
 yahoo.com.vn, tranbichthuy2@yahoo.com

Vietnam Women's Union (VWU)
 International Relations Department
 39 Hang Chuoi, Hanoi
 Tel: +84 4 9 720 060 | +84 49 715 061
 Mobile: +84 9022 9193 Fax: +84 49 713 143

Madam Nguyen Thi Than, Vice President
 Vietnam Association of the Elderly (VAE)
 12 Le Hong Phong, Ba Dinh District, Hanoi
 Tel: +844 7344078 Fax: +844 733 4474
 Email: vae@fpt.vn

Dr Nguyen Van Tien, Director
 Social Affairs Division
 Commission for Social Affairs
 National Assembly
 35 Ngo Quyen, Hanoi
 Tel: +84 804 8155 Fax: +84 804 6328
 Email: CVDXH@qh.gov.vn, (cc: tienhatay2002@
 yahoo.com)

Ms Le Minh Giang, Expert
 Department of Social Protection
 Ministry of Labour, War Invalids and Social Affairs
 (MOLISA)

No. 12 Ngo Quyen, Hanoi
 Email: Gianglm02@yahoo.com
 Tel: +84 4 936 2912 | +84 4 852 5629
 Mobile: +84 91 309 6752 Fax: +84 4 936 1063

Dr Vu Thi Hieu, Director
 Vietnam National Committee on Ageing (VNCA)
 12 Le Hong Phong, Hanoi
 Tel: +84 4 733 3381 | +84 4 734 4628
 Fax: 84 4 734 4628
 Email: caska2kvn@yahoo.com; sapadaytuyet@
 yahoo.com.vn, tuyentrangdaigia@yahoo.com.vn

Mr Truong Tuan Dung, Director
 Older People Programme for VTV3
 Vietnam Television Agency, VTV3
 43, Nguyen Tri Thanh, Hanoi
 Mobile: +84 91 353 7287
 Email: vie011_vae@yahoo.com.vn

United Kingdom

Mr Richard Blewitt, Chief Executive
 Email: rblewitt@helpage.org

Mr Mark Gorman, Deputy Chief Executive
 Email: mgorman@helpage.org

Ms Silvia Stefanoni, Director of Programmes
 Email: sstefanoni@helpage.org

Mr Bill Gray, Emergency Manager
 Email: bgray@helpage.org

Mr Heywood Hadfield, Emergencies Programme
 Coordinator
 Email: hhadfield@helpage.org

HelpAge International, London office
 PO Box 32832, London N1 9ZN, UK
 Tel: +44 20 7278 7778 Fax: +44 20 7843 1840

Mr Paul Cann, International Director
 Help the Aged
 207-221 Pentonville Road, London N1 9UZ
 Tel: +44 20 7278 7778 Fax: +44 20 7713 7993
 Email: Paul.Cann@helptheaged.org.uk

REGIONAL

Mr Osama Rajkhan, Social Affairs Officer
 United Nations Economic and Social Commission for
 Asia and the Pacific (UNESCAP)
 United Nations Building
 Rajadamnern Nok Avenue
 Bangkok 10200
 Tel: +66 2 288 1845 Fax: +66 2 288 1090
 Email: rajkhan.unescap@un.org

Mr Eduardo Klien, Regional Representative
 Email: eduardo@helpageasia.org

Dr D Wesumperuma, Deputy RR/ Head of
 Programmes
 Email: wesum@helpageasia.org

Mr Godfred Paul, Senior Regional Programme
 Manager
 Email: goddy@helpageasia.org

Mr Quyen Tran, Regional Programme Manager
 Email: quyen@helpageasia.org

Mr Bert Maerten, Regional Programme Manager
 Email: bert@helpageasia.org

Mr Peter Morrison, Regional Programme Manager
 Email: peter@helpageasia.org

Ms Pajaree Suwannakarn, Communications and
 Information Manager
 Email: pak@helpageasia.org

Ms Dutduan Srisombat, Assistant to Regional
 Representative and Head of Programmes
 Email: tenn@helpageasia.org

Ms Anna Bowman, Project Officer
 Email: anna@helpageasia.org

Facilitator

Mr Jaime Cowan Coventry Tel: +34 952 180 346
 Email: jccoventry@yahoo.com

Selected resources

Social pensions

Why social pensions are needed now

This briefing outlines HelpAge International's call for a universal pension for all people over 60 years of age, in order to realise older people's rights, reduce poverty, tackle HIV and AIDS and effectively support the most vulnerable.

<http://www.helpage.org/Resources/Briefings>

Tsunami and older people

Older people in Aceh, Indonesia 18 months after the tsunami: Issues and recommendations

This publication centres on the situation of older people in Aceh, Indonesia, and provides a selective assessment of ongoing rehabilitation programmes regarding the inclusion of older people over the first 18-month period of crisis intervention.

Tsunami rehabilitation programme, Indonesia

HelpAge International's tsunami rehabilitation programme in Aceh, Indonesia, aims to secure the rights of older people in all aspects of the tsunami rehabilitation efforts. This leaflet summarises our work in the province and recommends ways in which humanitarian organisations can help older people.

The impact of the Indian Ocean tsunami on older people: Issues and recommendations

This report describes the impact of the Indian Ocean tsunami on older people in four severely affected countries – India, Indonesia, Sri Lanka and Thailand. The report is based on a rapid-assessment survey carried out during the initial relief phase following the tsunami.

<http://www.helpage.org/Worldwide/AsiaPacific/Resources>

Emergencies and older people

Protecting and assisting older people in emergencies

This paper summarises the major policy and practice issues affecting humanitarian protection and assistance for older people, and recommends measures to ensure that older citizens caught up in humanitarian crises enjoy equal rights and a fair share of humanitarian resources, and are included in decision-making in programmes that affect their lives.

<http://www.odihpn.org/report.asp?ID=2758>

Older people in disasters and humanitarian crises: Guidelines for best practice

Based on wide-ranging new research from Asia, Africa, Europe and the Americas – and 20 years of global disaster experience – these guidelines aim to help relief agencies meet the special needs of older people in emergencies.

<http://www.helpage.org/Resources/Manuals#1118336526-0-10>

HAI Asia/Pacific

HelpAge International Asia/Pacific regional conference 2005

This is the report of the HelpAge International annual regional conference held in Siem Reap, Cambodia during 14-18 November 2005. The main agenda was on disaster management, but other topics covered included social pensions, older people's organisations and the Millennium Development Goals.

HelpAge International Asia/Pacific regional conference 2004

This report is from the HelpAge International conference held in Hanoi during 2-5 November, 2004. The annual conference is a key tool in facilitating communication, and sharing information, resources and best practices. It is also an opportunity for networking and developing trust among organisations working for the rights of older people in the region. Topics covered include income-generating activities, social pensions and poverty, home-care initiatives, gender, HIV/AIDS and emergencies.

AgeNews Asia/Pacific

This regular publication aims to highlight issues of ageing and the rights of older people in Asia/Pacific as well as sharing experiences in working with and for older people.

<http://www.helpage.org/Worldwide/AsiaPacific/Resources>

CD – Disaster management resources

At the 2005 Regional Conference in Siam Reap it was agreed by the network to strengthen their capacity in terms of disaster management. As a follow-up to this we have developed this resource CD. The aim of this compilation is to provide an overview of resources available for disaster management.

For copies, please contact hai@helpageasia.org

HAI regular publications

Ageways

Exchanges practical information on ageing and development, particularly good practice developed in the HelpAge International network. Published twice a year for project staff, carers and older people's groups.

Ageing and Development

News and analysis highlighting ageing as a mainstream development issue. Published twice a year for policy makers, programme planners and researchers concerned with development and poverty reduction.

<http://www.helpage.org/Resources/Regularpublications>



Asia/Pacific Regional Conference 1993-2006

2006	Pondicherry, India <i>New paradigms in social protection</i>
2005	Siem Reap, Cambodia <i>Learning from the Tsunami: Older People and Emergencies</i>
2004	Hanoi, Vietnam <i>A Strong Network for the Rights of Older People</i>
2003	Chiang Mai, Thailand <i>Health, Social and Economic Challenges of Ageing in the Asia/Pacific Region: Including older people</i>
2002	Colombo, Sri Lanka <i>After Madrid - Linking Ideas and Action through the HAI Network</i>
2001	Beijing, China <i>The Voices of Older People</i>
2000	Delhi, India <i>A New Century of Independence and Better Quality of Life for Older People</i>
1999	Chiang Mai, Thailand <i>Changing Lives: Positive Ageing into the 21st Century</i>
1998	Singapore <i>Developing the HAI Network in the Asia/Pacific Region</i>
1997	Perth, Australia
1996	Macau, China
1995	Chiang Mai, Thailand
1994	Manila, Philippines

HelpAge International Asia/Pacific
6, Soi 17 Nimmanhemmin Road
Chiang Mai 50200 THAILAND
Tel +66 53 255 081 Fax +66 53 894 214
Email: hai@helpageasia.org
Web: www.helpage.org

 HelpAge India

Disasters  Emergency Committee
Working together

HELP THE AGED
WE WILL

Working together to improve
the lives of disadvantaged
older people around the world

HelpAge
International
Leading global action on ageing