

Older People's Associations: a briefing on their impact, sustainability and replicability

Briefing



The purpose of this briefing is to make the case for multifunctional older people's associations (OPA) as an approach for inclusive, sustainable community development that actively engages the growing population of people over 60 as agents of change rather than passive beneficiaries in their own lives and communities.

The evidence for the briefing is taken from the multi-country study *Older People's Associations in East and Southeast Asia* (forthcoming) conducted by the Oxford Institute on Population Ageing with Age International, the World Health Organization Regional Office for the Western Pacific and HelpAge International; the longitudinal study *Assessing Results of UNFPA's Piloted Community-Based Model on Care for Older Persons in Ben Tre and Hai Duong Provinces* conducted on behalf of UNFPA by the Development and Policies Research Center (2015); and project evaluations and experience gathered from more than 1,700 OPAs in 11 countries in Asia established in the past 15 years.

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Multifunctional Older People's Associations (OPAs)

Groups or organisations of and for older people are found throughout the Asia region and fall into two main categories. First, several countries have wide coverage of organisations for older people established by the government or semi-government agencies several decades ago (e.g. Vietnam Association of the Elderly, Senior Citizen's Council of Thailand, and Old People's Associations in China). These focus mainly on social activities for retired or older people, frequently are led by retired civil servants, and engage others with expendable time and resources. They often have national-level associations or federations that sometimes also represent the interests of older people to policy-makers or ensure that older people are receiving entitlements.

Second, building on the potential of such groups for broader developmental impact, a multifunctional older people's association (OPA) approach was developed. OPAs are community-based organisations that mobilise older people to improve their own lives and to contribute to the development of their communities across many domains. Though the model is adapted to specific country contexts, all OPAs share certain core traits:

1. They actively engage older people, including in leadership roles. They promote and ensure wide ownership and participation from diverse older people including women and men and people of all income levels, often prioritizing those from disadvantaged groups.
2. They are multifunctional, addressing interrelated needs of the older people in the community, such as: livelihoods and support for work in later life; health and social care; social connection; rights and entitlements; disaster preparedness; women's participation; transparent governance and community participation.
3. They draw upon the community's existing resources, particularly the capacities of older people themselves to serve as agents of change in their lives and communities.
4. They seek to strengthen links for older people at the community level with local government and services.

Often, community-based organisations that focus on just one dimension, (e.g., providing social care



Multifunctional OPAs offer multiple activities depending on community needs

or community-based disaster risk reduction) cannot sustain themselves after external project funding ends. Multifunctional OPAs conduct a wide range of activities that respond to older people's needs, thereby attracting and retaining an active membership. Livelihood support and access to microcredit are often the initial attraction for new members. Once they have joined, members report social connection as an essential reason for their continued involvement. With this foundation, volunteer-based work and civic engagement is facilitated as well, with OPAs providing services and care for the most vulnerable and frail in the community.

Each country's model of OPAs differs according to its context. Operationally, OPAs vary in the types of activities they conduct under each domain, sometimes based on the services local government and other providers offer. OPAs also differ organisationally, for example, in membership models (e.g., all older people or intergenerational) or method of establishment (e.g., by building the capacity and increasing the mandate of existing older people's groups or by creating new organisations).

A general format for the establishment and function of OPAs, adaptable for country specific settings is seen in the diagram below.

Four phases of OPA establishment

Decision to support replication

including secured funding and identification of technical and implementing agencies

Establishment of OPA with capacity building and technical support

- a. Introduce OPA model to community
- b. Identify and train leaders
- c. Recruit members
- d. Establish connections with local authorities

Implementation of OPA by community with regular monitoring and support

- a. Hold monthly meetings
- b. Establish sub-committees or working groups on areas of activity (e.g., livelihoods, disaster risk reduction (DRR), health)
- c. Conduct activities according to standardised model
- d. Technical trainings and monitoring visits by implementing and technical support agencies

Independence:

The OPA maintains its work, continuing to recruit members and leaders as needed. This process can be strengthened with support from federations of OPAs.

In some countries, OPAs are federated at district/township, provincial/state, and national level. In other countries, OPAs are linked into existing structures. These strategies are being used in several countries to:

1. **Strengthen links between OPAs and local authorities and NGOs:** In Cambodia, federations assist their member OPAs in developing proposals to garner funds from local authorities. In Myanmar, Township Network Committees organise technical trainings for their member OPAs conducted by the township level government ministries.
2. **Represent the voice of OPA members with policy-makers:** In the Philippines, the Confederation of Older People's Associations of the Philippines (COPAP) is part of the Alternative Budget Initiative-Health Cluster, a consortium of over 160 civil society organisations and researchers convened by Social Watch Philippines which successfully lobbied the Department of Health to propose full health insurance coverage by the state for all older people rather than just a portion of them. In January 2017, this was signed into law as the General Appropriations Act of 2017.
3. **Monitor OPAs and strengthen weak OPAs:** In Vietnam, while the multifunctional OPAs are not federated, they are connected with mass organisations at commune, district and provincial level, including the Association of the Elderly, the Women's Union and the Fatherland Front, which monitor OPAs that they have respectively established.
4. **Replicate new OPAs:** In Myanmar in 2015–2016, Township Network Committees independently established ten new OPAs, using their own funds, time and expertise to orient the new communities and build capacity through trainings.



The National Older People's Federation of Myanmar meets to discuss social protection advocacy strategy and annual plans for Township Network Committees

OPAs and community development

The following pages contain examples of activities and their impacts across four key domains: income security, health and care, crises and participation. Individual older people's associations offer different activities, selecting them based on the needs of the community, the capacity of local government and other available services, and the OPA approach prevalent in their country. The impacts demonstrate the potential of OPAs to improve the wellbeing of older people with various needs, useful as governments consider community-level interventions as a key component of ageing policies.



Income security:

Income from work often declines for older people, especially those whose income relies on physical labour. Age discrimination for loans, job trainings and work compound the challenges. Frequently, out-of-pocket health-related costs also burden households. *State support through pensions is one helpful source of income in later life, though not always available or sufficient. Older people often are and prefer to remain economically productive.*

Examples of activities

- Age-friendly livelihoods training and other information sharing
- Micro-credit for livelihoods or other low-interest loans, supporting older people to
- Encourage employment of older people including social enterprise
- Ensuring that eligible older people are receiving a social pension if available
- Through federations of OPAs at the national level, involvement in policy making on pensions, anti-discrimination laws, etc.
- Disbursement of small regular cash allowance to all members over an agreed-upon age threshold.
- Informal monitoring of signs of financial abuse
- Small group income-generating activities (rice bank, cow banks, small shops)
- "Cash support for economic shocks (e.g. funeral expenses, health costs)"



Weaving - a livelihood activity in Thailand

Impacts

Older people:

- Increased income
- Improved access to credit
- Reduced hard physical labour
- Diversified income sources
- Reduced dependence on relatives
- Improved self-respect and satisfaction in accomplishments
- Improved mental and physical health by being active

Wider community:

- Access to lower interest loans
- Increased household income for those living with older people (reduced burden)
- Income from purchase of livelihood inputs by older people
- Increase in overall community income and purchasing power of older people
- Improved perception of older people as active and contributing
- Seeds for rice are available locally and at a reduced interest rate



Health and Care:

Poor health has a significant impact on wellbeing and productivity. Key concerns for older people's health include: non-communicable diseases (NCDs), frailty, long-term care needs and mental health conditions such as dementia and depression. *Healthy ageing practices across the life course and in later life can enable older people to enjoy good health for longer.*

Examples of activities

- Health information sessions on a range of health topics at regular meetings
- Trainings for health volunteers
- Screenings by health volunteers- body mass index, blood glucose levels, blood pressure
- Exercise sessions
- Assistance accessing health insurance
- Health checks and trainings by formal health providers
- Volunteer based care for older people requiring assistance with activities of daily living, Services provided vary based on need and may include befriending, cooking, cleaning, physical labour, personal care and assistance getting out and about.
- Social connections through regular meetings, sub-committee meetings, volunteerism and social and cultural events
- Informal or formal monitoring of signs of physical, mental or emotional abuse
- Trainings and development of other new skills on a wide variety of topics (strengthening cognitive function)
- Through federations of OPAs at national level, involvement in health and care policy development.



Health screening at an OPA in Myanmar

Impact on physical health

For older people:

- Benefits of healthy and active ageing
- Adoption of healthier lifestyles towards prevention of NCDs, frailty, etc.
- Diagnosis of NCDs leading to treatment and management
- Increased health seeking behaviour
- Better ability to maintain physical and cognitive functioning
- Increased sense of self-esteem and respect, social interaction and access to services

- reduced conflict
- a sense of shared accomplishments, pride and self-respect through working with others on the OPA
- feeling fulfilled by helping others
- an increased sense of self-worth from learning new skills.

For community:

- Improved intergenerational relations
- Health information sharing by older people with their household members and friends
- Reduced perception of older people as a burden

Impact of home care

- Beneficiaries of home care report improved functioning, greater life satisfaction and improved quality of life
- Reduced risk of elder abuse including neglect, physical or financial abuse and abandonment
- Volunteer carers enable family members to work more hours and provide income for the household
- Family carers benefit from increased knowledge of best practice for providing care
- Family members report less stress and more ability to engage socially in the community
- Reduced family tension and conflict
- Volunteerism strengthens relationships and traditional support systems
- Volunteers report feeling positive about contributing meaningfully

Impact on mental health

Older people report:

- new and supportive social networks
- reduced sense of loneliness and isolation
- increased sense of trust and connection between neighbours

Crises:

Disasters such as major weather events, earthquakes, and fires cause loss of lives and livelihoods. These events significantly impact older people's economic, physical, social, cultural and environmental wellbeing. Older people have specific needs in times of disaster, are often invisible in the planning and delivery of emergency response and have a valuable role to play in both Disaster Risk Reduction (DRR) and emergency response. *Inclusive community-based DRR prepares and protects older people, mitigating the effects of disaster.*

Examples of activities

- Establishing DRR committees in collaboration with wider community and in conjunction with efforts by local authorities
- Developing DRR plans that include mitigation and preparedness for older people
- First aid training for OPAs and wider community
- Developing hazard maps identifying safe routes to evacuation centres
- Organising an emergency buddy system to ensure frail older people and people with disabilities are cared for in times of disaster
- Setting up early warning systems
- Checking weather updates and warning communities

- Ensuring that evacuation centres are able to meet the needs of all people with adequate medical, food and water supplies
- Engaging with local government units to make government policies and programmes inclusive
- Advocating with UN and international agencies on funding resilience programmes that are inclusive

In emergencies, older people can be trained to:

- Serve as key mediators, trusted to administer relief fairly
- Assist with situation assessment
- Provide psycho-social support to other older people
- Staff helpdesks in displaced camps
- Monitor relief efforts
- Through OPAs, contribute to sustainable recovery

Impacts

- OPA DRR committees recognised by government and linked with DRR activities in village and community
- Local authorities acknowledge role of older people in DRR plans and are responsive to include older people in their future DRR plan
- Through training, older people have knowledge on DRR and improve their capacity before/during/ after disaster
- When disaster strikes, people with disability and frail older people receive special support from the emergency buddy system
- Impact of disaster reduced by using early warning systems
- Members of community can find safe areas when natural disasters happen by using hazards maps
- Older people and community have first aid knowledge useful in disaster and for other accidents or injuries
- All community members can be involved and share the benefit or gain by improved DRR plan
- Other vulnerable groups (children, people with disabilities) benefit from DRR
- All community based DRR measures are community-specific



First aid and CPR training in the Philippines



Participation:

A common challenge facing governments is how to develop and implement policies that are responsive to people's needs, particularly those more likely to be excluded from engagement, such as older people, women, and the poor. *An engaged population can work to improve their own communities, provide needed feedback on the implementation of government policy and services, ensure that rights and entitlements are received by those who need them most and advocate for their interests with national policy-makers.*

Examples of activities

- Regular monthly meeting, and sub-committee meetings, exercise clubs, and other activities throughout the month
- Social calls for those who are ill, regular social care for those with limited mobility, and social and cultural activities.
- Community-wide problem solving
- Sharing of information on rights and entitlements
- Volunteer opportunities

- Connections with local authorities for trainings or accessing local government funds allocated for community-led development
- Participation by national federations of OPAs in ageing taskforces, thus giving older people a voice in national policy-making
- Collaboration with local authorities to improve the efficiency of state-led initiatives (e.g. DRR, health check-ups, pensions)
- Promoting (older) women's membership and leadership



Monthly meeting in Vietnam

Impacts

- Increased awareness and uptake of rights and entitlements (e.g., pensions, health insurance)
- Strengthened relationships between community and government
- More efficient implementation of policies and programmes at community-level
- Informed policy decisions

Older people:

- More confidence in communicating with local authorities
- More knowledge about local government processes
- Sense of increased self-worth, purpose and respect
- Appreciation for learning new skills and earning income
- Improved mental health outcomes (particularly for dementia and depression)
- Older women have more confidence to speak in meetings and share their opinions

Keys to success and sustainability

A review by the Oxford Institute on Population Ageing identified three key success criteria for OPAs:

Strong management is achieved through an initial investment in capacity building and technical support. Each OPA model must also consider how management skills can be transferred when OPA leaders change.

Sustained funding which is most often the result of income generating activities and an initial investment in start-up funding and capacity building. In Vietnam, financial sustainability is generally achieved within two years of establishment. In some cases in China, regular funding agreements have been made with local government.



Chinese homecare volunteer provides support on activities of daily living (ADL)

Active, engaged members are part of the participatory governance of the OPA, which has transparent financial dealings and is accountable to its members. They are often involved in sub-committees, volunteer, and are recipients of benefits of the OPA.

Other factors for success identified by the review include:

- **Support from local government and other external sources** strengthens the OPAs efforts
- **Volunteers** are increasingly crucial for some OPA activities, such as for social care. OPA models should include ways to recruit, recognise and replace volunteers. In some clubs, half of all members are volunteering their time.
- **Creating a federation of OPAs** has been shown to be one way that OPAs can receive ongoing support and monitoring

Successful OPAs (1) retain continued engagement by their members and (2) conduct valued activities widely and across multiple domains for members and in their wider communities.

Sustainable OPAs are able to run independent activities without external input after an initial period.

Policy recommendation: wide-scale replication

There is potential for multifunctional OPAs to be part of a national plan of action or strategy on ageing (see page 10). The effect of state level interventions, such as reorienting health systems and services to respond better to the needs of older people, providing social pensions, or developing DRR infrastructure, is strengthened when combined with community-based organisations that conduct volunteer-based social care, livelihoods and community-based DRR.

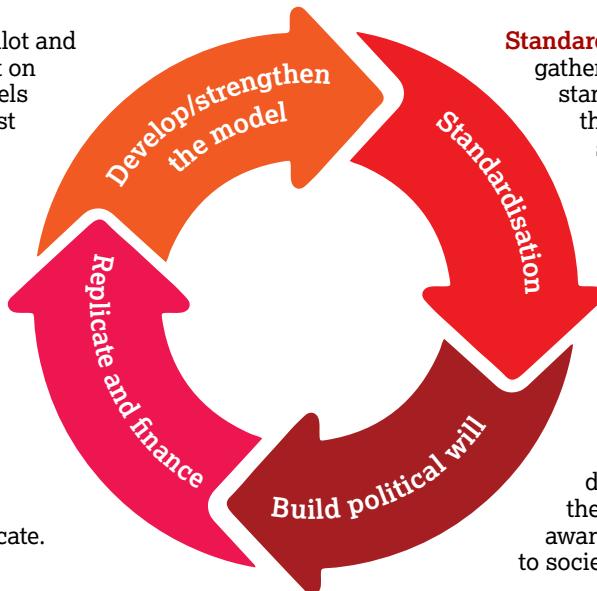
OPAs have effects in the communities where they are based but, from a policy perspective, only wide-scale replication can translate this into impact on the national economy, improved health status of populations, and national preparedness for disaster. Such wide-scale replication needs support by government at all levels, perhaps with technical or implementing partners from civil society, international organisations or others. Key factors that may influence the decision to replicate OPAs are affordability, availability of detailed standardised guidance for the OPA approach, and evidence of its success in various contexts within the country.

The case for affordability can be framed through the lens of investment. Establishing OPAs requires a short-term and limited financial investment, mainly to meet the costs of initial capacity building, technical assistance and monitoring, along with start-up funding for income generating activities. The return on investment is strong. As OPAs can become fully independent after the initial period of 2–3 years of support, they yield long-term benefits in their communities, such as increased and diversified income, better health status, and increased communal preparedness for disaster. These are significant benefits, particularly considering the rapid increase in the proportion of older people in many countries. Community-level interventions are comparably low-cost, and can be part of the solution, along with government interventions, for population ageing-related challenges such as older people's long-term care provision, income security, health and well-being and participation.

Many governments have adopted the OPA approach through suitable policies and planning or by including elements of the work of OPAs in national action plans and policy frameworks.

Four key elements of the OPA replication process

Develop/strengthen the model: Pilot and conduct research and improvement on the various OPA development models in the country to determine the most effective, affordable, appropriate model, strongly links to local authorities and government at all levels.



Standardisation: Based on the evidence gathered, document and agree on a standardised model, if possible at the national level, through a multi-stakeholder forum such as a taskforce on ageing. The model should ensure quality delivery of benefits at low cost and increase the efficiency of replication with easy-to-follow documentation and handbooks.

Replicate and finance: Identify partners to provide training and technical support, commit to replication in policy and financing, and develop an action plan to replicate.

Build political will: Share lessons and good practices from the OPA development model widely within the country and regionally to increase awareness of the model and its benefits to society.

Vietnam: an example of replication

In Vietnam, the multifunctional OPA model is the Intergenerational Self Help Club (ISHC). There are currently over 1000 ISHCs in 12 of 63 provinces, established mainly by implementing partners including mass membership organisations (e.g., the Vietnam Women's Union, the Fatherland Front and the Vietnam Association of the Elderly) as well as the Ministry of Labour, Invalids and Social Affairs (MOLISA) with technical assistance generally provided by HelpAge International Vietnam.

In 2006-7, the first ISHCs were established through consultation with older people and an initial model developed and piloted, incorporating activities to address the stated needs of the older people, including income security, health and social participation. In 2007, the first standardised training, technical and organisational manuals were developed. Both the model itself and the standardised manuals continue to be regularly improved and strengthened, facilitating replication by a wide range of actors.

From 2008, many stakeholders have visited and learned about the model, including an array of government representatives with a focus on MOLISA and Ministry of Health at local, district, provincial and national levels, the National Committee on Ageing and members of the National Assembly. Sharing the model and evidence of its impact and sustainability has led to participation by a growing number of implementing partners and funding sources and strengthened the political



A national workshop on ISHC replication in Vietnam

© Vietnam Association of the Elderly

will for appropriate policies at the provincial and national levels. In 2013, Thanh Hoa province approved an initial plan to replicate 200 ISHCs and, to date, another 8 provinces have followed suit, funding new ISHCs in their own provinces. A target of having established ISHCs or other similar model in at least 50 percent of communes by 2020 was included in the 2012–2020 National Action Plan on Ageing, and in 2016, the National ISHC Replication Proposal was approved by the Prime Minister, with funding for the Association of the Elderly to provide trainings towards establishing about 3,200 new ISHCs. The involvement and collaboration of many stakeholders and the support of the government are key factors in the efforts to replicate ISHCs nationwide.

Older people in development: a case for policy investment

Engaging older people in ensuring their own well-being and broader community development is more important than ever because:

1. **Populations are ageing:** Rapid population ageing is completely shifting the structure of populations in every country. By 2050, one in five people in Asia will be over 60 years old. In countries like Thailand and Vietnam, the share will be closer to one in three. The fastest growing age group is those over 80. It is imperative that societies find ways to ensure that as many older people as possible are active, healthy, productive and engaged.
2. **Older people are a resource:** Older people represent an often underutilised resource to their communities and society. The majority of older people are in good health and are productive in paid or unpaid labour. Older people are less likely to migrate and are more stable members of their communities.
3. **Poor health and dependency is not inevitable:** Much of what is stereotypically associated with ageing, such as physical frailty, poor health, and the related economic reliance on others, is not a natural or necessary part of ageing. Evidence is conclusive that good diet, sufficient exercise,

social connection and cognitive engagement can keep people in better health for longer, slow disease progression and even reverse physical and cognitive declines, enabling their continued social and economic participation.

4. **Community level interventions are effective:** Investing in health promotion and prevention, improving income earning opportunities, and encouraging volunteerism yields older people who are more self-sufficient, have better health status, and actively contribute to the community through volunteerism and civic engagement.



Policy frameworks and recommendations on Older People's Associations

Governments, United Nations agencies and other actors recognise the need for proactive community-based approaches for achieving sustainable, inclusive development. Furthermore, population ageing is increasingly featuring on the policy radar of national governments. Some countries have already recognised OPAs as an approach to replicate nationally and nearly all countries have policies related to ageing, which would be specifically strengthened through the actions and impacts of OPAs. A number of policy frameworks and recommendations highlight the OPA approach:

Sustainable Development Goals: OPAs can contribute to at least nine of the United Nation's 17 Sustainable Development Goals with efforts to improve income and health; ensure lifelong learning and reduce inequality; prepare communities for disaster; promote participation of older women and men; and strengthen accountability and inclusive action by local authorities.

The 2012 Bangkok statement on the **Asia-Pacific review of the implementation of the Madrid International Plan of Action on Ageing** includes several relevant recommendations for UNESCAP Member States:

- Support the formation of older persons' associations to provide an effective community mechanism for strengthening the voices of older persons;
- Enhance representation of older persons in policy formulation and implementation;
- Develop strategies to meet the rising demand for elderly care, emphasising especially home and community-based care and to improve the coverage and quality of care in formal and informal settings;
- Encourage community-based and non-profit organisations as well as the private sector to play a major role in the provision of elderly

- care services and training, in cooperation with government agencies;
- Create and promote enabling environments to support the active participation of older persons in community and society, including through increased investment in the universal design of housing, public buildings, public spaces and local infrastructure;
- Promote a positive image of ageing and of older persons through active engagement of the mass media and the voices of older persons, including recognition of the positive contributions made by older persons to their families, communities and society;

ASEAN's Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN includes as one of 10 concrete actions to “Encourage the development of older people’s associations or other forms of networking including elderly clubs and volunteers networks in each ASEAN Member State by strengthening their capacity, and providing them with multisectoral platforms of dialogue with the government on ageing issues.”

The World Health Organization's Global Strategy and Action Plan on Ageing and Health 2016 states that “Investing in older people through community groups, organisations of older people and self-help groups, for example, can facilitate older people’s engagement. When these organizations are suitably developed and funded, they can also play an important role in service delivery, including in emergency situations, by for instance identifying older people at risk of isolation and loneliness, providing information, peer support and long-term care, and ensuring that older people have the opportunity to continually build and maintain the skills they need to navigate, benefit from and influence a changing world.” It also calls for Member States to “Deliver community-based interventions to prevent functional decline and care dependency”, and recognises the

need for long-term care systems that allow people to age in place and retain community and social networks.

Older people’s associations also potentially contribute to each of the four action pillars of **WHO's Regional Framework for action on ageing and health in the Western Pacific (2014–2019)**, namely, fostering age-friendly environments through action across sectors; promoting healthy ageing across the life-course and preventing functional decline and disease among older people; reorienting health systems to respond to the needs of older people; and strengthening the evidence base on ageing and health.

The Sendai Framework for Disaster Risk Reduction 2015-2030 states that “Older persons have years of knowledge, skills and wisdom, which are invaluable assets to reduce disaster risk, and they should be included in the design of policies, plans and mechanisms, including for early warning” and recognises that a people-centered preventative approach to disaster risk management is important. It also notes that community-based organisations enhance collaboration among people of all ages at the local level in emergencies.

The World Bank confirms in *Live Long and Prosper: Aging in East Asia and Pacific* that “Aging in place’ is important because it not only provides positive experiences for older people, but also is more sustainable than other options as the elderly population grows,” affirms that older people in Asia/Pacific are often working full time after age 65, and states that “too little attention is paid to the prevention, early diagnosis, treatment, and control of health conditions.”

The United Nations Development Programme (UNDP) recommends “Promotion of a change in attitude in and towards older people away from passive recipients of benefits, to active agents of change in their own lives and of those around them.”

List of resources

Development and Policies Research Center (DEPOCEN) and UNFPA Vietnam, *Assessing results of UNFPAs piloted community-based model on care for older persons in Ben Tre and Hai Duong Provinces*, 2015

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HelpAge International, East Asia/Pacific Regional Office

6 Soi 17 Nimmanhaemin Rd., T. Suthep, A. Muang, Chiang Mai 50200 Thailand

Tel: (66) 53 225400 Fax: (66) 53 225441

hai@helpageasia.org

www.helpage.org

www.AgeingAsia.org

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